

## National Commission on Hunger Sharkey Testimony

### Introduction

I thank the National Commission on Hunger for the opportunity to share my experiences and thoughts regarding domestic hunger and food insecurity.

### Personal Introduction

My name is Joe Sharkey. I am a Professor in the Department of Health Promotion and Community Health Sciences at the Texas A&M School of Public Health in College Station, TX; I am also Founding Director of the Program for Research and Outreach-Engagement on Nutrition and Health Disparities Solutions at the Texas A&M School of Public Health. I currently direct a three-state USDA project to improve the nutritional and physical health of children who reside in underserved areas along the Arizona, New Mexico, and Texas borders with Mexico. I received a Masters in Public Health and Doctor of Philosophy in Nutrition from the School of Public Health at the University of North Carolina at Chapel Hill.

### Experiences of hunger and inadequate food through the experiences of *colonia* residents

I have learned much from the experiences of individuals and families who reside in the many *colonias* in the Lower Rio Grande Valley of Texas and *promotoras de salud* [community health workers] who serve these underserved and often forgotten communities. For almost 10 years, I have been collaborating with *promotoras* in areas of *colonias* in Hidalgo County, primarily areas that are considered functionally rural. There is a national health epidemic of non-communicable disease, such as obesity, type 2 diabetes, and cardiovascular disease, which is more pronounced along the border. All three have a nutrition component. We could also say that there is a national epidemic of very low food security and hunger, also more pronounced along the border.

The *colonias* are in areas of persistent poverty and persistent food insecurity and hunger. Some of the population characteristics include country of birth (Mexico), Spanish language, low education, high unemployment, household crowding, and increased stress and mental health issues; and children spend a great deal traveling by school bus to and from school each day, restricting their access to after-school activities. Residents face locational disadvantage for food, activity, service, and health care resources. The population is hard-to-reach and underrepresented in national surveillance and surveys and are often disconnected from major programs. The structural and contextual challenges are great: lack of public transportation, crime, basic infrastructure, and other environmental hazards. Of added importance is that these communities may serve as an archetype for new immigrant destination communities throughout non-gateway areas of the United States. My experiences have benefitted greatly from the support of foundations and the Federal government: the AARP Foundation, Robert Wood Johnson Foundation, United States Department of Agriculture, Centers for Disease Control and Prevention, and National Institutes of Health.

My work takes a life span approach, with the priority population being children, adolescents, adults, and seniors. We engage community partners in our projects. Our community-based participatory approach integrates surveys, interviews, group discussions, participant

observations, and training. Key to our work is the active engagement of *promotoras*, who have identified themselves as “*promotora*-researchers”. They have received comprehensive training in research methods, which sets them apart from other *promotoras* and helps them be better *promotoras*; but they are first and foremost *promotoras*, with a heart for the communities and residents they serve. I have come to observe and appreciate the resilience and community connectedness of many *colonia* residents, who have become entrepreneurs and started part-time or full-time micro-enterprises or small businesses out of their homes in order to pay bills. They may sell food plates, tamales or fruit cups; or have a *tiendita* or small store in their home to market snacks and other items in the neighborhood. These parents also strive for their children to succeed in school and life; this requires proper nutrition – everyday, on weekends, and during the summer.

*Colonia* residents face challenges to several components of access to food security. One is economic access to food (i.e. having enough money or benefits to purchase food and the affordability of food); a second is physical access to food (i.e. ability to acquire safe, quality, appropriate food given available transportation); and finally having a sustainable supply of safe and nutritionally adequate foods, with proper storage and refrigeration.

Our understanding the experiences of community residents along the food security continuum (food security → hunger) is the result of several research and outreach initiatives in South Texas *colonias*. I’ll highlight several of these initiatives.

The first was an examination of availability and accessibility of foods within homes through household food inventories conducted multiple times during a single month in order to capture the cycles of food access within a month. Overall, we found a lack of quality and quantity of foods and variability in the quality of storage and refrigeration. In many homes you could see the difference in food availability depending on how long it had been since they received SNAP benefits.

In 2009, our *promotora*-researchers recruited 610 women from two communities who participated in a face-to-face, Spanish-language interview in their homes. This was one of the first reports to document the alarmingly high rates of household and child food insecurity along the border. We identified the following experiences from these 610 women:

- 78% of households were food insecure; 61.8% of households with children were food insecure which was related to income and employment
- In 17.9% of households, there was no adult employed full-time or part-time
- 51% report that sometimes/often “children are hungry, but cannot afford food.”
- At the time of the surveys, many homes had little or no food.
- 55% received SNAP; benefits last less than 20 days
- The severity of food insecurity was an increased problem during the summer
- Very few utilized Emergency Food Programs; reasons often stated were lack of knowledge of availability, requirements for participation that varied, and frequency of distribution.
- The factors that affected child hunger included level of financial assistance, length of time benefits last, budget management skills, and the amount of competing demands for limited resources

In 2012, our *promotoras* completed 2,591 Spanish-language surveys going door-to-door in *colonias* throughout Hidalgo County (did not include the *colonias* from 2009). Residents reported the following dimensions of food insecurity: anxiety and worry about having enough food to eat (50%); lacking sufficient quality of food in the household (77%); inadequate quantity of food available for household members (27%); and experiencing some form of hunger (26%). Some households had NO food in the household (7%) and 23% reported that they ran out of food. In one household, there was only some chicken parts in the refrigerator. The mother stated: “by having that there, her children would see that they had something.” Although SNAP benefits were important, there were several reasons given that affected the overall value of SNAP benefits: adequacy of the benefits, given the household size and food cost; cost-time trade-offs; geographic variation in food prices; and spatial access to affordable foods.

As part of a multiple year initiative with mother-child pairs, we examined the food security experiences of 204 children (ages 7-11 years) in the summertime and during the school year. Overall, children’s perceptions and experiences are important; child food insecurity is worse during the summer; children worry about enough food in the household; they know and adopt different strategies, such as trying not to eat a lot. Within households, there was a difference between siblings with regard to food insecurity and coping strategies. Although there was some benefit from the NSLP, it was not enough to prevent child hunger. When asked about school meal (almost all children were eligible for SBP and NSLP), children talked about the food that was thrown out. Part of this may be due to restrictions on school breakfast (e.g., cannot take into the classroom and miss breakfast if the school bus is late) and limited time, variety, and taste for school lunches. Surprisingly, this initiative provided our first indication of high depressive symptoms among children (43.6%).

The last initiative I’ll mention was to reduce the risk for hunger among Mexican-heritage seniors. The project was titled *No Mas Hambre*, and included group discussions with 95 seniors, surveys completed by 508 seniors, and the development and pilot-testing of a nutrition education and skill building curriculum to be delivered in the home.

Among the discussion group participants, 48% lived in households with children; 39% received SNAP benefits (lasted about 16 days); 68% reported very low food security; and some participated in congregated nutrition programs. What we learned from the discussion group participants included the following:

- Ways of coping, interpersonal support systems, financial management strategies, acquisition of formal and informal financial assistance, spirituality or faith-based coping strategies, nutrition-related resource management, and need for nutrition education and skills for resource maximization.
- One of the most striking examples of coping with hunger was stated by a women: “*Amarranos las tripas*” [mentally “ties her guts in a knot” so that hunger becomes a tolerable sensation]
- One participant admitted that she and her husband went to a nutrition class and were taught how to read food labels. She stated that “This is all good information, but we don’t

know how to read.” These individuals are not unlike many older adults in the *colonias* who have experienced difficulties throughout the life cycle due to illiteracy.

- Alluding to the point that hands-on education will be a critical element for developing nutrition education programs in this particular population, another women stated: “If I can see what you are doing, I could do it too.”
- They agreed that potential skill-building discussions should include strategies on how to budget their money, how to acquire and budget SNAP benefits, etc., as well as learning how to purchase, prepare, and store their food supply to make it last. Also, participants collectively believed that there exists a great deal of need for health and nutrition information within the *colonias*.

Universally, seniors asked for the knowledge and skills that would help them and take into consideration their contextual and compositional factors.

From the surveys of 508 surveys, there were very high rates of food insecurity and limited access to safe and reliable refrigeration and food storage.

### **Experience and expertise with delivering programs that assist people with food insecurity**

We have been involved in program delivery through several initiatives: REACH Progreso, Summer Enrichment Program, *No Mas Hambre*, Emergency Food Boxes, and Back-to-School and Christmas Activities.

REACH Progreso was a community engagement initiative to develop a community coalition to improve community-wide health. REACH *promotoras* worked with community partners to recruit members of a Community Health Advisory Council (P-CHAC), which included faith-based, school, business, and city representatives, along with one-third of the membership composed of community residents, many who felt that they never had a voice in community activities. The P-CHAC formed workgroups, developed a mission statement, created a community action plan, and began work to improve nutrition and increase physical activity for the community.

In order to help children from food insecure families, a Summer Enrichment Program was implemented to link the USDA summer food program with an activities program under the direction of *promotoras*. With our partners, we changed the name to Summer Enrichment Program, which was applauded by community members who felt stigmatized when referring to the program as a summer food program or summer feeding program. In the past, there was a lack of child participation. Reasons cited included lack of awareness, transportation, distance, hours of operation, capacity at the site, and activities. The Summer Enrichment Program responded to awareness by having *promotoras* going door-to-door in several *colonias*. Food waste had been a regular occurrence. *Promotoras* recognized that whole fruit (oranges and apples) were being thrown away; so they peeled and sectioned the oranges, sliced the apples, and eliminated the waste. It took recognizing that food has to be accessible; that is, in a form that children would accept. At the end of the summer, parents were interviewed for their feedback on the program. Although everyone appreciated the meals and how the meals reduced home food budget demands, what really mattered to parents were the following: activities to keep their children moving and get them away from television and video games, learning social skills and how to share, and doing

creative activities. This illustrated the importance of linking education and learning with food, especially for children.

Based on the experiences of seniors in the group discussions and surveys, *No Mas Hambre*, was developed by one of my doctoral students, MAJ Brenda Bustillos [U.S. Army Dietician] to provide intrinsic value for *promotoras* and participants; address and combat hunger through pragmatic solutions that included socio-ecological context, cultural and linguistic considerations, nutrition education and skill building, and delivered by *promotoras* in the homes of seniors. There were weekly lessons that included general nutrition for aging, food budgeting, food shopping, food safety, and food preparation. The lessons were well received and shared by the participants with their friends and neighbors. During this project, *promotoras* developed a booklet of formal and informal resources for distribution to seniors.

The Emergency Food Boxes was an activity initiated by the *promotoras* who had noticed an absence of food in homes in which we were conducting projects. As *promotoras*, they said “We have to do something.” With financial support from faculty and staff, *promotoras* purchased shelf stable and fresh (chicken, fruit, vegetables, and dairy) items for individuals and families they identified to be in immediate need. The cost for each food box was approximately \$60.

This year is our 7<sup>th</sup> year to provide backpacks, school supplies, and resources for new shoes for children in the *colonias* whose families could not afford these without having to reduce household food supplies. Our *promotoras* identified families in great need; and our Program recruited sponsors. We do a similar activity at Christmas time.

### **Recommendations for effective ways of reducing very low food security**

- Multi-sector partnerships that engage the community and community residents; involve existing partnership to expand their focus to include food security; develop partnerships designed to link programs to increase utilization of programs and improve outcomes.
- Cross-talk among USDA Older Americans Act and other programs at federal, state, and local levels
- Linking organizations with different purposes (e.g., summer meals with life skills); engaging 4H, Teen Health Advisors, after-school and other programs
- Reduce travel cost; encourage partnerships with supermarkets in providing transportation from *colonias* not close by – increase frequency at which food may be purchased as needed and in smaller amounts
- Increase participation AND utilization of NSLP and SBP: acceptable meals and sufficient time for consumption
- Potential need for supplemental nutrition programs for school-age children for evening meals and meals on weekend
- Must incorporate knowledge AND skill-building (in a form, content, and mode of delivery preferred by priority population)
- Actively engage *promotoras de salud*, community health workers, and lay health advisors (empowerment and training) and provide training modules with Continuing Education Units.
- Expand demonstration projects

- For all food assistance programs, there is a need to identify what's important to parents and child – what's meaningful? How this can be used to increase utilization, not just participation?
- Enhanced evaluation, especially longitudinal evaluation that is culturally responsive and addresses the food system
- Partner to increase employment skills, learn marketable crafts, and advice on microenterprises.
- Hospital discharge planning to include and assessment of food security and solutions
- Development of creative materials
- Ongoing measurement of outcomes – food security, diet, etc.
- Increase the utilization of early childcare nutrition
- Improve the formulas for benefits allotment