

Strategies for reducing very low food security among U.S. households

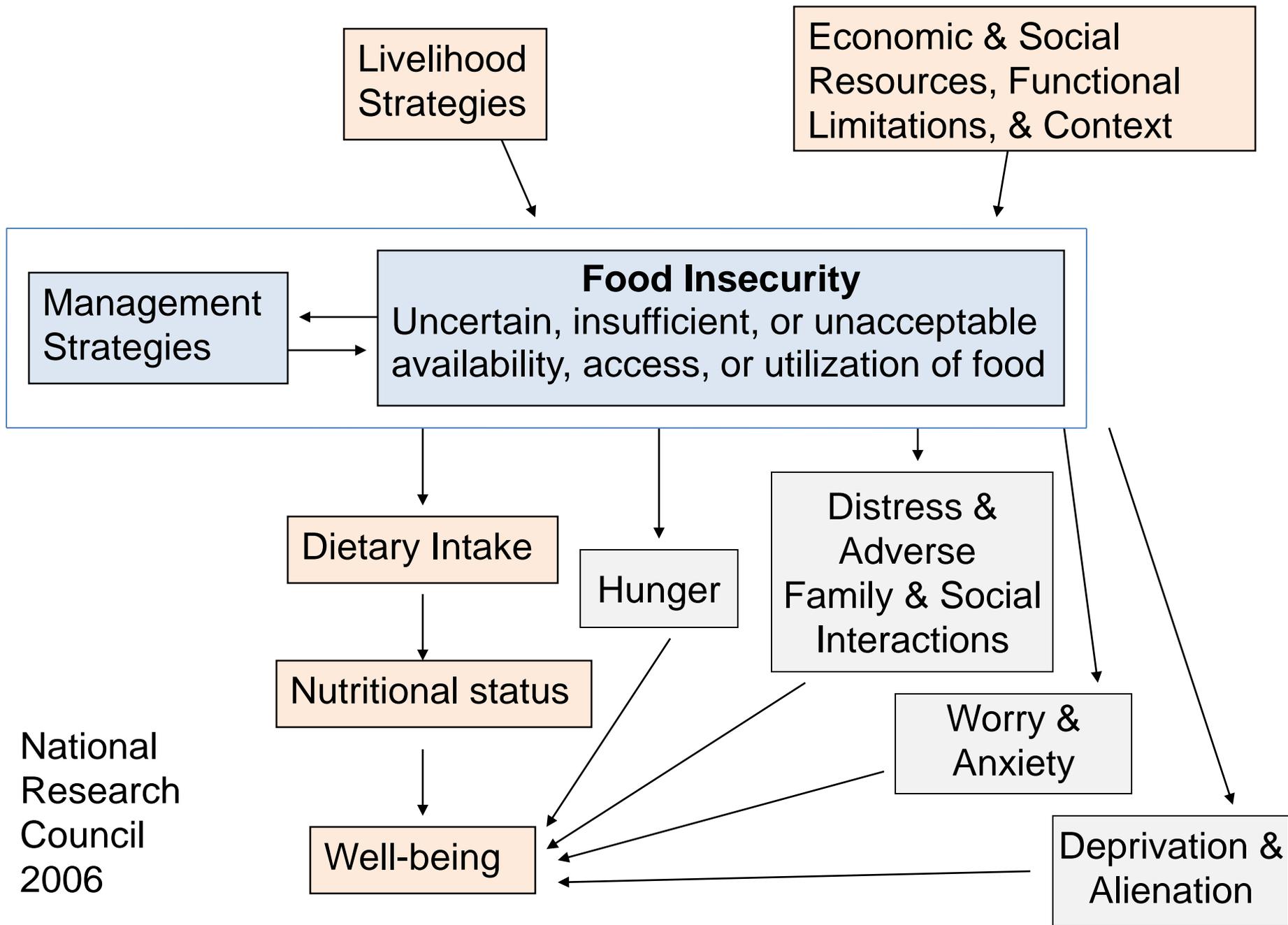
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National
Research
Council
2006

Children in (even marginally) food-insecure households do poorly in many ways

- Behavior
- Mental health
- Social
- Academic
- Developmental trajectories
- Hospitalizations
- Diet quality
- Physical activity
- Obesity (adolescent girls)

National Research Council 2006; Alaimo, Olson & Frongillo 2001, 2002; Slack & Yoo 2005; Jyoti, Frongillo & Jones 2005; Cook et al. 2006; Cook et al. 2013; To et al. (2014); Fram et al. (in press)

Why focus on the 6.8M VLFS households?

- Multiple indications of disrupted eating patterns and reduced food intake
 - For $\frac{3}{4}$ conditions are recurring, experienced ≥ 3 months/year
 - For $\frac{1}{3}$ conditions are chronic, experienced almost every month
- High likelihood and intensity of psychological and social experiences part of and closely linked to household food insecurity
- Marker for toxic stress \rightarrow life-long damage to development and economic productivity

VLFS more prevalent for households that are:

- All VLFS households
 - Single female-headed or complex household with child
 - Black non-Hispanic
 - Below 185% of poverty line
- VLFS among children
 - In principal city of MSA
 - Not in labor force for disability or have other disability
 - Less than high-school education
 - Teenage child
 - ≥ 3 children

9 SC households with VLFS

(of 26 households: 9 VLFS, 7 LFS, 10 FS)

Characteristic	Count
Savings \geq \$50	0
SNAP	3
Food pantry	7
Some earnings	5
Health problems	7
Child with special needs	6
Recent reductions in income	6
Behind on payments	6
Problems with utility bills	5

1. Receiving SNAP, and meeting food needs in ways they think are satisfactory

- Increased SNAP amounts has helped
 - Able to afford more balanced meals
 - Able to afford some extras – celebratory foods/meals from time to time
- One of these two households went to food pantry every other month, but reported that SNAP is enough
- Both of these were larger households (5 children, 2 children and 3 adults)
- Food-secure despite serious economic challenges (i.e., no work income, care-giving for multiple children and grandchildren)

2. Not currently receiving SNAP, but experiencing food hardship

- All but one household with VLFS reported was in this group
- Not eligible – income over the threshold
- Have applied and was waiting – using informal resources and inexpensive foods until SNAP comes through
- Have not applied or did not do recertification
 - Amount too low, not worth it
 - Do not have time for the process
 - Have not kept up with recertification requirements
- Some had complex problems (e.g., schizophrenia) that made maintaining SNAP difficult

3. Receiving SNAP, but still cannot afford food they think they need

- Only one reported VLFS (next slide)
- Budgeting carefully, making healthy choices, but still coming up short
- Some perceived food-needs we might question
 - Convenience foods, soda, chips, and snacks
 - Meat

3. Receiving SNAP, but still cannot afford food they think they need

- Only one reported VLFS 
- Budgeting care but still coming
Parent with complex problems that were barriers to using SNAP
 - No refrigerator
 - No car
 - History of trauma
 - Indicators of generally poor parenting
- Some perceived question
 - Convenience
 - Meat

What are most salient causes of VLFS?

- Lack of money (major cause)
- Parental physical and mental health
- Transportation barriers to accessing food in stores or food assistance (or food storage)
- Parent work demands and schedule (e.g., cannot cook)
- Stigma
- Negative life events
- **Result is vulnerability**
 - Insufficient resources to be protected from volatility of both income and expenses
 - When stressor pops up, starts chain reaction that escalates to food shortage

Possible strategies to reducing VLFS in households

1. Improve household food security overall to pull VLFS into a better situation by pulling all food-insecure households into a better situation
(Whole-population strategy)
2. Improve household food security for only VLFS to pull them into a better situation
(Targeted strategy)
 - Identify households with VLFS & with potential to benefit from proposed solution(s)
 - Deliver solution
 - Take up solution
 - Generate benefit

HFSSM for households with no child present

Score	Food security
0	High
1	Marginal
2	
3	Low
4	
5	
6	Very low
7	
8	
9	
10	

How do we find households with:

- Need (i.e., VLFS)
 - Have screening tools
 - Household Food Security Screening Module (USDA)
 - Child Food Security Assessment (Fram et al., 2013)
 - Have to have system to apply screening tools
- Potential to benefit
 - Not all those in need will benefit from a particular solution
 - Have to understand and know causes for households

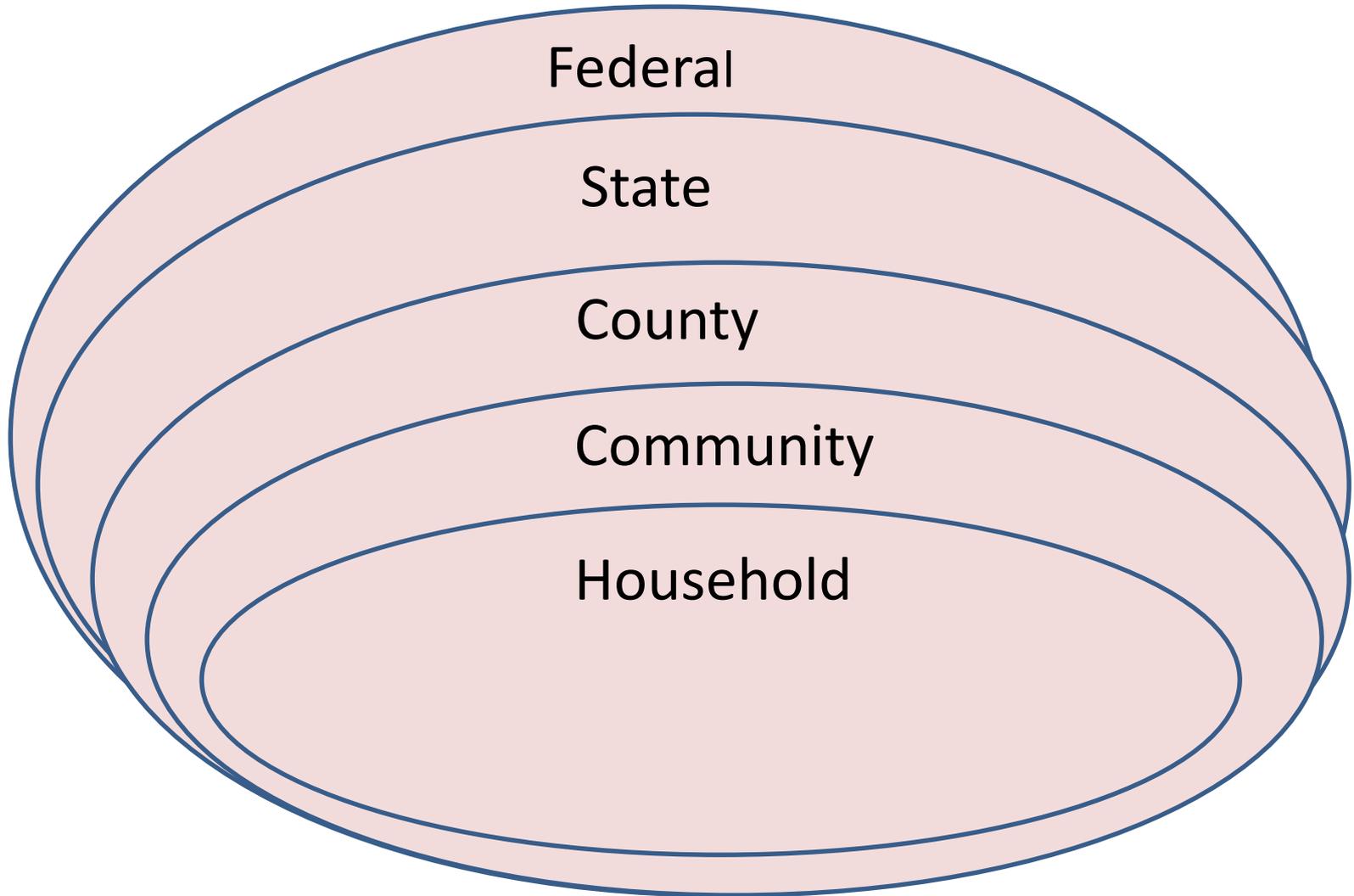
Worst-off often have low potential to benefit from existing, usual solutions

- Their resources and/or capabilities are too low
- Immediate community and organizational environment is not supportive

Potential to benefit from SNAP in part may depend on parental capabilities

- Get and maintain SNAP when eligible
- Combine SNAP effectively with other resources as needed
- Budget and make good food choices with whatever resources (e.g., car, refrigerator, stable housing, or employment) they can access that provide platform for making sustainably good food choices

Locations for solutions



Possible solutions: Federal to household

- SNAP
 - Increase participation (e.g., easier to apply and maintain, coordinate or combine programs)
 - Increase benefits
- Support working families economically (wages)

Possible solutions:

Other levels

- States (e.g., reward ones that do well)
- Community
 - Keep more food-assistance dollars in community
 - Promote community economic development (e.g., small businesses and stores, rural agriculture)
 - Promote community partnerships
 - Help parents acquire capabilities to balance demands, find missing resources, improve parenting
- Non-profits

Identifying and responding to households with VLFS through schools

- Existing system that already responds formally and informally in haphazard ways
 - Formal lunch, breakfast, and snack programs
 - 53% of teachers nationally purchased extra food to give to students without sufficient food to eat (Share Our Strength, 2012)
 - Holiday food baskets, pantries, and backpacks
- Potentiate schools as system
 - Education and training of school personnel
 - Systematic attention to problem and responses
 - Meaningful assessment and tailored, holistic response

Community systems

- Need for other community systems to augment school systems
 - Schools only reach school-age children
 - Schools cannot operate effectively in a vacuum
 - Giving food often not best response, can be harmful
- Community-based tailored, holistic assessment and response works for other similar problems such as child abuse and neglect

Example of U.S. Triple P System Population Trial

- 18 counties randomly assigned to Triple P system vs. usual
- Training for existing workforce (>600 service providers), universal media and communication strategies
- Large effects on reducing
 - Substantiated child maltreatment
 - Child out-of-home placements
 - Child maltreatment injuries

Reducing VLFS requires

1. Assessment methods and systems to accurately identify households with VLFS
 - Questionnaires for adults, children
 - Observation
 - Community input
2. Developing resources and protocols for tailored actions that help identified VLFS household attain capabilities to then benefit from existing, usual resources
3. Training school personnel, nurses, physicians, social workers, clergy, program staff, and other professionals to assess, identify, target, act, and monitor
4. Community-based response through networked organizations (e.g., United Way, Elderly Nutrition Program home-delivered meals)