

FOOD INSECURITY



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A Legislative Research Office FAQ

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Each day in the United States, most households are able to put an adequate amount of healthful food on their tables – they are food secure. The United States Department of Agriculture (USDA) estimates that in 2018, nearly nine out of 10 households had consistent access to enough food to live healthy, active lives. Unfortunately, other households struggle to meet their daily food needs. In 2018, 11.5 percent of the population was [food insecure](#) at some time during the year. The food insecurity rate for children was even higher — 15.2 percent.

Nebraska’s farmers and ranchers help feed the world. Nonetheless, some within the state have a hard time feeding themselves and their families. Food insecurity exists across the state, in both large urban areas and small rural communities. Nebraskans of all ages, and in all demographic categories, experience food insecurity.

People are food insecure for many reasons — not simply because they are poor. Poverty contributes to food insecurity, but it is not the sole cause. Even the non-poor may face food insecurity at times. This complexity presents a challenge to policy makers seeking solutions.

This FAQ answers some common questions about food insecurity and its significance as a public policy issue.

Hopefully, the answers to these questions help raise awareness and add to the conversation about food insecurity in Nebraska.

What does it mean to be food insecure?

The USDA defines food insecurity as a “household-level economic and social condition of limited or uncertain access to adequate food.” Food-insecure households are those that at times during the year are unable to acquire enough food for one or more household members because they have insufficient money or other resources.

Why is food security important?

Food security is an indicator of overall well-being and is the basic foundation for sustaining a well-nourished, healthy population. Food insecurity has been linked to a variety of negative economic and health outcomes, especially for children, and its presence weakens the social fabric of a nation, state, or community.

Are food insecurity and poverty related?

Food insecurity is strongly [associated with income](#). In 2018, 35.3 percent of households with annual incomes below the official poverty line (\$20,780 for a family of three) were food insecure compared with just 5.4 percent of those with incomes at or above 185 percent of the poverty line.

What other factors lead to food insecurity?

Although current income strongly predicts food security, almost two-thirds (64.7 percent) of poor households are not food insecure. Individual households are affected by

other factors that make them substantially more or less likely to be food insecure. Lack of financial management skills, lower education levels, renting rather than owning a home, limited savings, lack of access to credit, and sudden sharp changes in income or asset levels can tip the balance for a household from food security to food insecurity.

The onset of the COVID-19 pandemic shows just how quickly a household can go from being food secure to being food insecure.

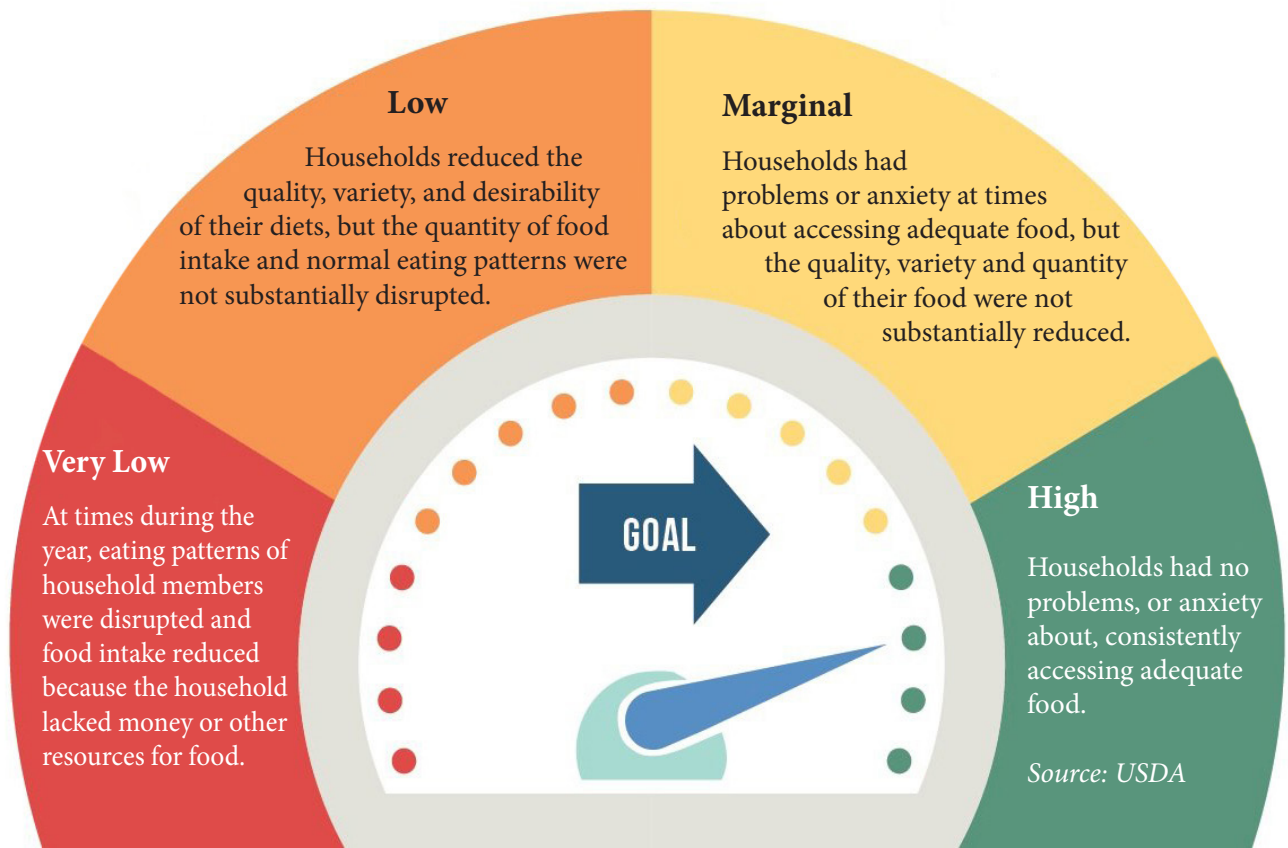
How is food insecurity measured?

The USDA uses an annual survey to collect information on food access and adequacy, food spending, and sources of food assistance for the U.S. population.

The survey asks one adult in each household questions about experiences and behaviors that indicate food insecurity during the year, such as being unable to afford balanced meals, cutting the size of meals, or being hungry because of too little money for food. Based on the responses, households are classified as food secure or food insecure.

Are there different levels of food security?

The USDA uses four categories to rate a household’s level of food security: high, marginal, low, and very low. Households classified as high or marginal are considered



to be food secure, while those classified as low or very low are deemed food insecure. Low and very low food security differ in the extent and types of adjustments a household makes to its eating patterns and food intake.

How many in the U.S. are food insecure?

Over 37.2 million [people in the U.S.](#) — 11.5 percent of the population — were [food insecure](#) at some time during 2018. Almost 11.2 million children — 15.2 percent — experienced food insecurity.

The prevalence of food insecurity [varies considerably by state](#). In 2018, food insecurity ranged from 6.8 percent in North Dakota to 18.7 percent in Mississippi. Food insecurity for children ranged from 9.6 percent in North Dakota to 24.6 percent in Louisiana.

How many Nebraskans are food insecure?

[In Nebraska](#), in 2018, 237,440 individuals were food insecure — 12.3 percent of the state’s population. Nebraska’s children had a food insecurity rate of 16.7 percent, translating into 79,310 children.

[Food insecurity varied](#) from 9.2 percent in Sarpy County to 18.4 percent in Thurston County. Food insecurity for children varied from 12.5 percent in Colfax County to 26.7 percent in Thurston County.

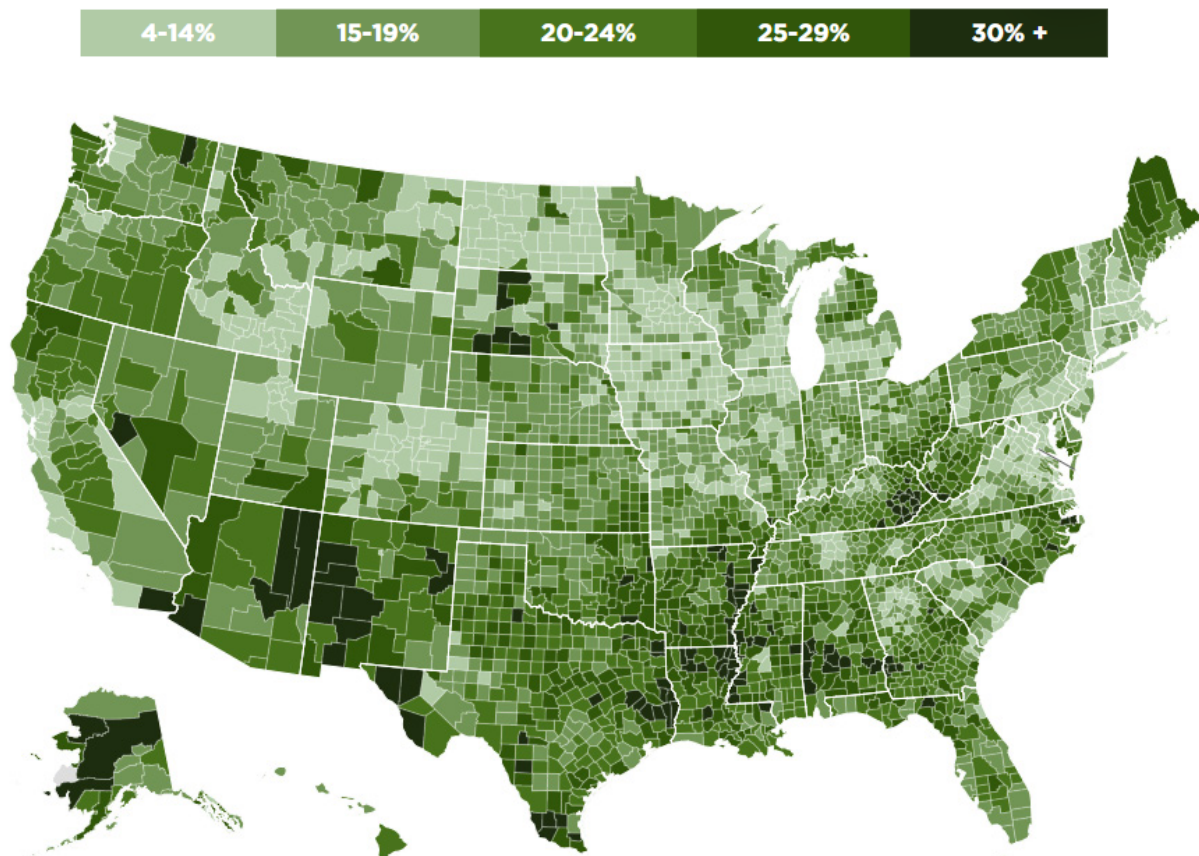
Has the prevalence of food insecurity changed over time?

From 2001 to 2007, the food insecurity rate for U.S. households was relatively steady at about 11 percent. The rates increased more than 30 percent after the onset of the Great Recession in December 2007, and peaked at 14.9 percent in 2011. In recent years, food insecurity rates have been declining, but in the wake of the economic downturn resulting from COVID-19, rates have been on the rise since February 2020.

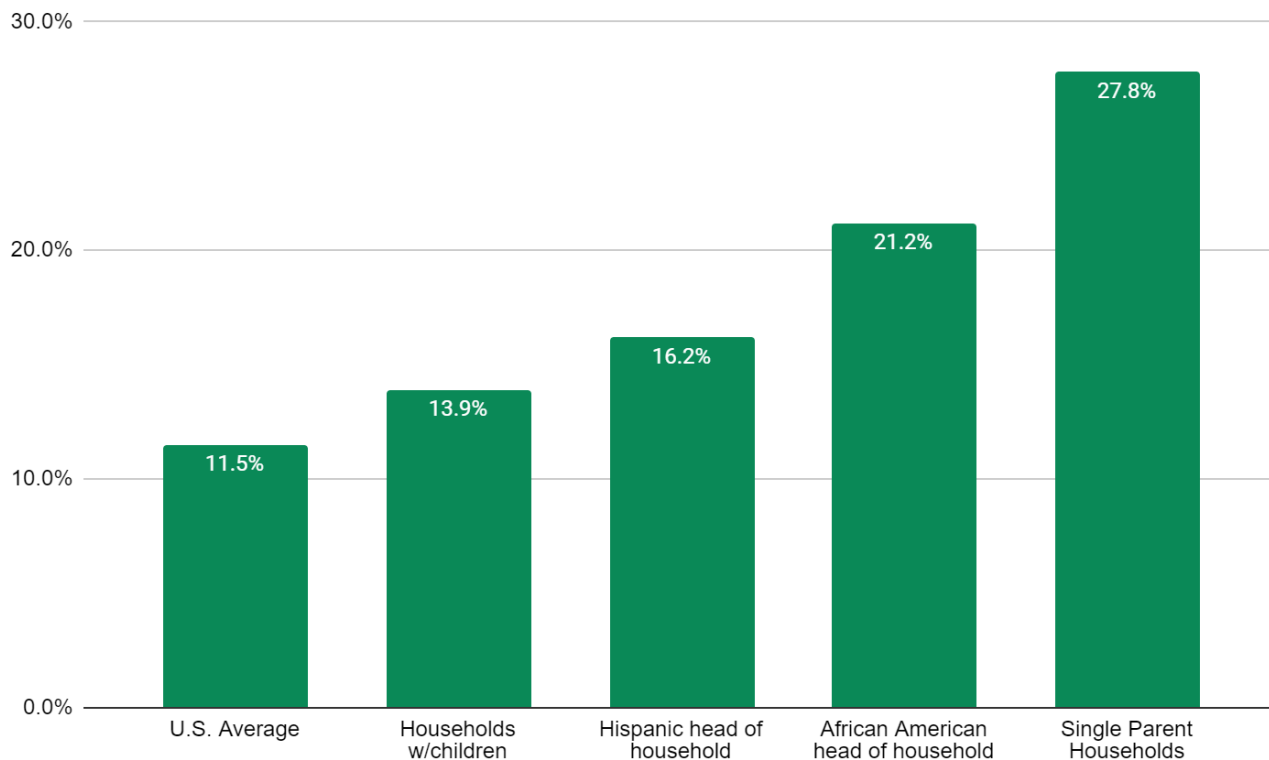
How does food insecurity vary within families?

Within a food-insecure household, each household member may be affected differently. Some members — particularly young children — may experience only mild effects, while some adults may be more severely affected. Parents and caregivers are often able to maintain normal

Percent of children living in food insecure households



Food Insecurity in Different U.S. Populations



or near-normal diets and meal patterns for their children, even when the parents or caregivers themselves are food insecure.

How long does food insecurity last?

Spells of food insecurity are generally of short duration. Households move in and out of food insecurity. On average, households that were food insecure at some time during the year were food insecure seven months of the year.

How do demographics affect food insecurity?

In 2018, [food insecurity rates were higher](#) than the national average for households with children (13.9 percent). They were even higher for households with children under age six (14.3 percent). Single-parent households, especially those headed by women, had the highest rates of food insecurity (27.8 percent). Households with African American (21.2 percent) and Hispanic (16.2 percent) heads of household also experienced higher rates of food insecurity.

Certain [occupational groups](#) have higher food insecurity rates. Service occupations and the leisure and hospitality industry experience higher rates of food insecurity (16-17 percent). Jobs in these fields often come with low pay, irregular work hours, and no sick leave or vacation benefits. Turnover is high and periods of unemployment are not uncommon. Taking time off to tend to a sick child or family emergency may result in termination or require the worker to quit.

How does food insecurity affect children?

Food insecurity has a [tremendous impact](#) on children. The nutritional content of a child's diet affects not only his or her current health, but also his or her physical, mental, and social development, and thus his or her future health and well-being. Food-insecure children experience 2-4 times as many health problems as food-secure children.

At school, food-insecure children are at increased risk of falling behind both academically and socially. Childhood food insecurity is linked to lower reading and math test scores. Children in food-insecure households may be more likely to exhibit behavioral problems, including



In Nebraska, 237,440 people are struggling with hunger — 79,310 of them children. Nebraskans facing hunger are estimated to need \$114,880,000 more per year to meet their food needs. Source: [Feeding America](#)

hyperactivity, aggression, and anxiety. Limited educational attainment has significant negative implications for an individual's health and future employment prospects, as well as reduced economic productivity and higher public health expenses for society as a whole.

Are seniors affected by food insecurity?

Studies have found that [food-insecure seniors](#) (individuals age 60 and older) are 2.3 times more likely than their food-secure peers to report being in fair or poor health and are more likely to have limitations in activities of daily living similar to a food-secure senior 14 years older. [Food-insecure older adults](#) are 19 percent more likely to have high blood pressure; 57 percent more likely to have congestive heart failure; 65 percent more likely to be diabetic; and 66 percent more likely to have experienced a heart attack. In addition, food insecurity significantly increases the risk for falls, which are the leading cause of injuries — fatal and nonfatal — for older adults.

Older adults who are food insecure have more difficulty managing chronic health conditions and face [higher](#)

[health-care costs](#) — on average, food insecurity adds about 11 percent to the health-care costs of older adults.

How many seniors are food insecure?

In 2018, 7.3 percent (5.3 million) seniors were [food insecure](#) with 2.7 percent (2.0 million) experiencing very low food security. [In Nebraska](#) in 2018, approximately 4.4 percent of seniors were food insecure and 2.1 percent experienced very low food security.

How are food insecurity and disease related?

Food insecurity increases the risk of chronic disease, and suffering from a chronic disease increases the risk for food insecurity.

Food insecurity is associated with numerous chronic health conditions, including diabetes, hypertension, coronary heart disease, and chronic kidney disease. Individuals suffering from a chronic disease may have a decreased ability to find and maintain work. People facing food insecurity may choose to purchase food rather than medication, take less

Cycle of Food Insecurity and Chronic Disease



Source: Seligman HK, Schillinger D., *New England Journal of Medicine*, 2010; 363:6-9.

medication than prescribed — or not take it at all — which can exacerbate chronic health conditions.

How does food insecurity affect mental health?

Food insecurity is associated with higher rates of depression and mental health problems. Poor mental health may affect an individual’s capacity to manage his or her overall health. He or she may have difficulty adhering to medical recommendations, such as following a diabetic diet.

How does insecurity affect health-care costs?

On average, [health-care costs](#) are substantially higher among food-insecure adults than among food-secure adults. Food-insecure individuals have higher levels of service use, such as emergency department visits and hospitalizations, and higher overall health-care costs. In 2016, food-insecure adults had annual health-care expenditures that were \$1,834 higher than those of food-secure adults. The excess costs associated with food insecurity translate to approximately \$52.9 billion in additional health-care expenditures for adults and children.

Higher out-of-pocket expenditures for health-care costs decrease the amount of money available to spend on food,

exacerbating food insecurity and potentially leading to household debt.

Is food insecurity associated with higher health-care costs in Nebraska?

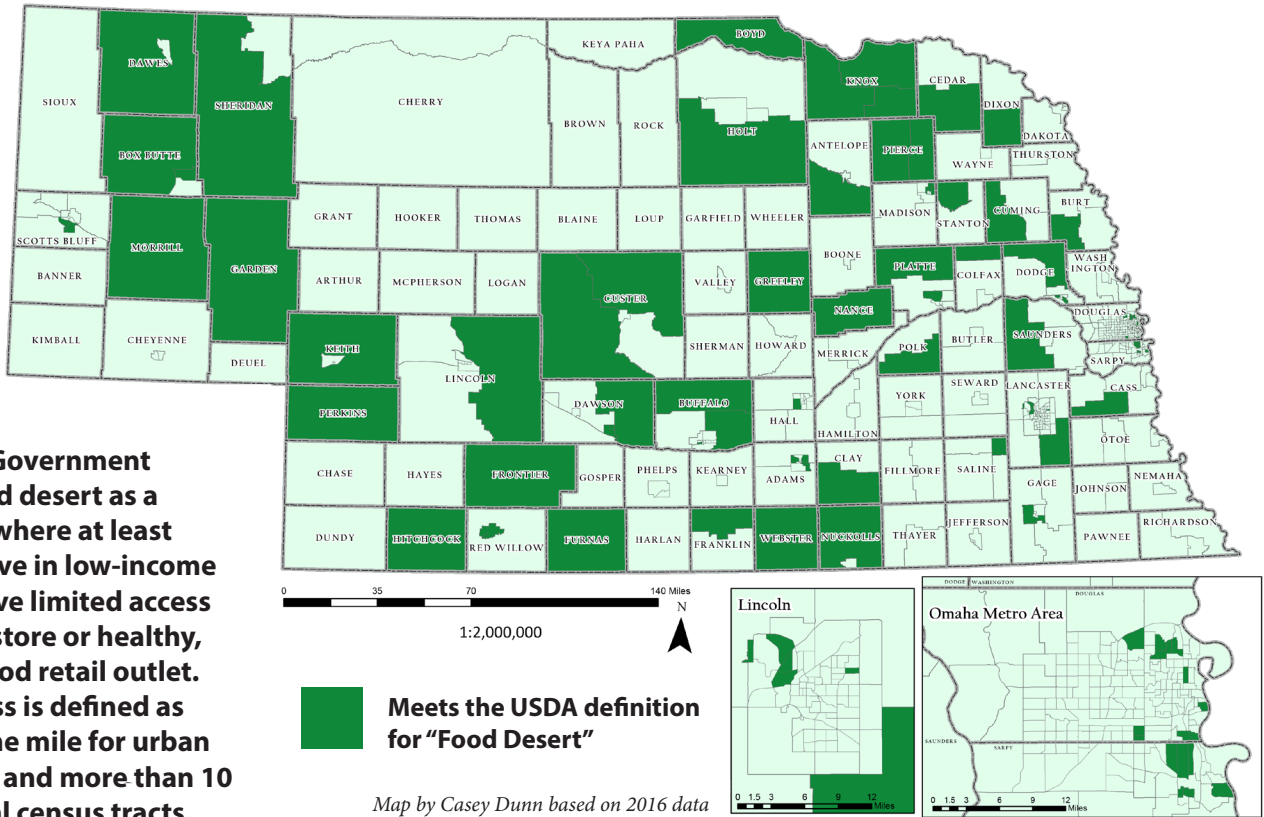
In 2016, almost \$258 million in [additional health-care costs](#) were associated with food insecurity. This amounts to \$137 per capita or an additional \$1,659 per food-insecure adult in the state.

Additional health-care costs per capita associated with food insecurity were highest in Hitchcock County (\$191) and Thurston County (\$190), and lowest in Colfax County (\$77).

Does food quality impact food insecurity?

Some health conditions such as obesity are related to the quality, as well as the quantity, of food consumed. Food-insecure households are less likely to purchase foods like fruits and vegetables that help maintain a healthy weight, relying instead on cheaper, highly processed foods such as boxed meals and frozen dinners that are nutritionally poor and often have high amounts of fat and sodium.

Where are “food deserts” located in Nebraska?



The Federal Government defines a food desert as a census tract where at least 500 people live in low-income areas and have limited access to a grocery store or healthy, affordable food retail outlet. Limited access is defined as more than one mile for urban census tracts and more than 10 miles for rural census tracts.

What is a food desert?

Some areas have been dubbed “food deserts” because residents do not live near grocery stores or other food retailers that carry affordable and nutritious food. Many impoverished neighborhoods and communities only have convenience-type stores that are more expensive and do not stock healthy foods. Living in a food desert is not the same thing as being food insecure, but food-insecure individuals are often hardest hit by living in a food desert, especially those without access to a car, or who live in remote rural areas.

How do urban and rural areas vary in their rates of food insecurity?

In 2018, food insecurity was higher in core cities of metropolitan areas (13.2 percent) and in [rural areas](#) (12.7 percent) than in suburbs and other metropolitan areas outside core cities (8.9 percent).

Counties with high food insecurity are [more likely to be](#)

[rural](#) compared to the average U.S. county. While rural counties make up 63 percent of all counties, they represent 78 percent of counties with the largest overall rates of high food insecurity, and 85 percent of counties where children experience high food insecurity.

People in rural counties spend [more of their household income](#) on food than those in urban counties — 19 percent to 17 percent. High food costs may contribute to food insecurity.

What resources are available to help fight food insecurity?

There are resources at both the federal level and the local level to help mitigate food insecurity. At the federal level, the USDA administers 15 domestic food and nutrition assistance programs. In 2018, spending on all its nutrition assistance programs totaled \$96.1 billion – over two-thirds of the USDA’s annual budget. Together, these programs, which vary by size, type of benefits provided, and target

population, form a nutritional safety net for millions of children and low-income adults. Over the course of a year, about one in four Americans participates in at least one of these programs. At the local level, the charitable food system — food banks and food pantries — provides assistance to individuals facing food insecurity.

What is the SNAP program?

The Supplemental Nutrition Assistance Program (SNAP) is the largest government-sponsored food assistance program and is the cornerstone of the USDA's food and nutrition assistance efforts. Formerly known as the Food Stamp Program, it provides monthly benefits to low-income households to purchase food items at SNAP-authorized retailers. In fiscal year 2018, federal expenditures for SNAP benefits totaled \$60.9 billion.



How many households receive SNAP benefits?

SNAP is the first line of defense against hunger for millions of American households. In FY2019, approximately 12 percent of the U.S. population participated in the program. In an average month, [SNAP provided benefits](#) to approximately 18 million households with 35.7 million people. With the onset of the COVID-19 pandemic, SNAP receipt increased by almost 24 percent to 22.2 million households with 43 million people receiving benefits.

In Nebraska, in FY2019, an average of 67,643 Nebraska households with 148,768 persons received [SNAP benefits](#) each month. The onset of the COVID-19 pandemic also resulted in a significant increase in the use of SNAP benefits in the state. In April 2020, 76,281 [households](#) with 165,801 [people](#) received SNAP benefits, an increase of almost 13 percent from the FY2019 levels.

[Nebraska counties](#) vary significantly in their rate of SNAP receipt. In 2018, rates ranged from 1.1 percent in Loup County to 21.6 percent in Thurston County.

What is the average monthly SNAP benefit?

In fiscal year 2019, the average monthly SNAP [benefit in the U.S.](#) was approximately \$258 per participating household or \$130 per person per month. Monthly SNAP [benefits in Nebraska](#) averaged \$273 per household and

\$124 per person.

What are the characteristics of SNAP participants in the United States?

In 2018, 44 percent of [SNAP participants](#) were children; 33 percent of participants were non-disabled, non-elderly adults, including parents, caregivers, and a few able-bodied childless adults aged 18-49; 14 percent were age 60 or older; and nine percent were nonelderly adults with a disability.

SNAP households have very low incomes. In 2018, over 80 percent of SNAP households had gross incomes at or below the poverty line (\$21,720 for a family of three in 2020 and \$12,760 for a person living alone). The majority of all SNAP benefits (92 percent) go to households with incomes below the poverty line; over half (55 percent) of benefits go to households in deep poverty (those having incomes below half of the federal poverty level).

Approximately 36 percent of households receiving SNAP benefits were white, 25 percent were African American, and 17 percent were Hispanic.

What are the characteristics of SNAP participants in Nebraska?

Of the [Nebraska households](#) receiving SNAP benefits, 46.1 percent had children under 18, 20.8 percent had at least one person over 60, and 24.2 percent included someone with a disability.

Almost 81 percent of households had gross incomes at or below the poverty line. Households in deep poverty received 35.5 percent of benefits.

Approximately 56.7 percent of Nebraska SNAP households were white, 17.3 percent were African American, and five percent were Hispanic.

Do rural and urban households use SNAP benefits at the same rate?

Rural households use SNAP benefits at a [higher rate](#) than their urban counterparts. USDA data shows that since 2012, the SNAP participation rate has been highest among households in rural areas and small towns (under 2,500 people).



Do SNAP benefits alleviate food insecurity?

SNAP reduces the overall prevalence of food insecurity by as much as 30 percent, and helps reduce the depth of food insecurity, but [SNAP benefits](#) — about \$4.17 a day or \$1.39 per meal — are often not adequate to lift a household over the threshold from food insecurity to food security.

In a typical household receiving SNAP benefits, 80 percent of benefits are exhausted by the second week of the month.

Are there food assistance programs for kids?

Yes. The National School Lunch Program (NSLP) started in 1946 and the School Breakfast Program (SBP) begun in 1975, provide nutritious free or reduced-price meals to low-income students. Families with incomes at or below 130 percent of the federal poverty level are eligible for free meals, and children with household incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, which cannot cost more than 40 cents.

NSLP is the second largest federal food program with spending of \$13.8 billion in fiscal year 2018. The SBP is much smaller. In 2018, spending totaled only \$4.4 billion.

How many children participate in school-based food assistance programs?

In fiscal year 2018, the NSLP provided lunches to an average of 29.7 million [children each school day](#). Over two-thirds (68 percent) of participants received a free lunch; six percent received a reduced-price lunch; and 26 percent received a full-priced lunch. Only about half as many children (14.7 million) participated in the SBP.

Approximately 80 percent received a free breakfast; five percent received a reduced-price breakfast; and 15 percent received a full-price breakfast.

How many Nebraska children participate in school-based food assistance programs?

The number of [Nebraska children](#) receiving free or reduced-price lunches has been steadily increasing. The ten-year period between the 2008-2009 school year and the 2018-2019 school year saw an increase of over 15 percent. During the 2018-2019 school year, approximately 147,377 (45.2 percent) of Nebraska's school children qualified for free or reduced-price lunches.

Nebraska has one of the [lowest participation rates](#) in the SBP program, with only three states — Iowa, Utah, and Hawaii — having lower rates. For the 2018-2019 school year, only about 44.7 percent of children who participated in the school lunch program also participated in the school breakfast program. West Virginia topped the list with 83 percent.

What role do local charities play?

Many food-insecure individuals do not qualify for federal assistance and turn to charitable resources in the community to help meet their food needs. In 2017, 4.7 percent of all U.S. households reported getting emergency food from food banks or food pantries. Approximately 26 percent of households that were food insecure relied on the charitable food system. Since the onset of the COVID-19 crisis, food bank usage is up across the country, including an increase of over 40 percent in Nebraska.

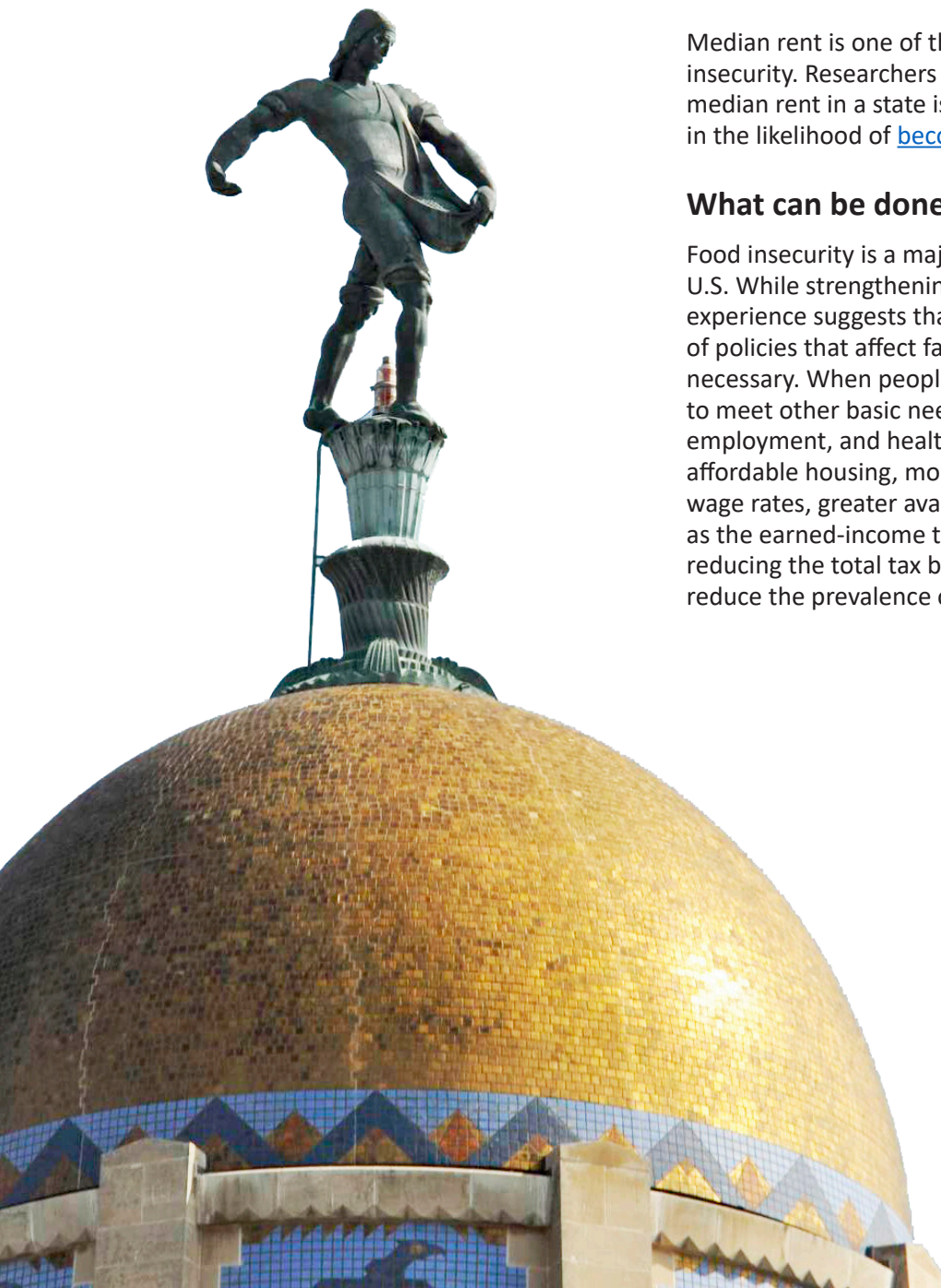
How do state and local government policies affect food insecurity?

State and local economic policies and conditions can have a substantial effect on the prevalence of food insecurity. In particular, a lower tax burden for low-income individuals lessens the chances of food insecurity. There is an especially strong association between lower food insecurity and higher state earned-income tax credits. Other factors affecting food insecurity include average wage rates, the cost of housing, ease of access to nutrition assistance programs, and the unemployment rate.

Median rent is one of the strongest predictors of food insecurity. Researchers have found that a \$100 increase in the median rent in a state is associated with a 20 percent increase in the likelihood of [becoming food insecure](#).

What can be done about food insecurity?

Food insecurity is a major public health problem in the U.S. While strengthening nutrition programs is a first step, experience suggests that a broader focus on a full range of policies that affect family economic well-being will be necessary. When people face hunger, they often struggle to meet other basic needs as well — such as housing, employment, and healthcare. Increasing the supply of affordable housing, more and better job opportunities, higher wage rates, greater availability of work-related supports such as the earned-income tax credit and child care subsidies, and reducing the total tax burden on poor families may help to reduce the prevalence of food insecurity.



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