

# Food Insecurity in Families with Children

October 2022





# Introduction

Food insecurity—the lack of consistent access to enough food for an active, healthy life—is a problem for people of all ages, but it is especially troubling for families with children. Across the United States, childhood food insecurity rates top overall food insecurity rates and have, of late, been rising.<sup>1,2</sup> In New York State, at the peak of the COVID-19 pandemic, more than one in five adults with children reported that their children did not have enough to eat in the prior week; rates were more than three times as high for Hispanic and Black families as for white families.<sup>3</sup>

“Money, transportation, the pandemic, a new baby on top of all that—making each thing that much more difficult.”

—Survey Respondent

Food insecurity jeopardizes children's health. Food-insecure children are more likely to have stunted development and asthma.<sup>4,5</sup> They have higher rates of hospitalization, but are less likely to have access to health care. Food insecurity can also permanently affect intellectual and social development. Children with uncertain access to food tend to have lower test scores and a greater likelihood of behavioral problems, including hyperactivity and anxiety.<sup>6</sup>

<sup>1</sup> U.S. Department of Agriculture, Economic Research Center. Food security in the U.S.: key statistics & graphics. April 2022. [https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#:~:text=Overall%2C%20households%20with%20children%20had,food%20insecurity%20\(9,5%20percent\)](https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#:~:text=Overall%2C%20households%20with%20children%20had,food%20insecurity%20(9,5%20percent)). Accessed May 2022.

<sup>2</sup> Hales L, Coleman-Jensen A. Food insecurity for households with children rose in 2020, disrupting decade-long decline. U.S. Department of Agriculture, Economic Research Center. <https://www.ers.usda.gov/amber-waves/2022/february/food-insecurity-for-households-with-children-rose-in-2020-disrupting-decade-long-decline/>. Accessed May 2022.

<sup>3</sup> New York Health Foundation. Continuing impact of the COVID-19 pandemic on food scarcity in New York. June 1, 2021. [https://nyhealthfoundation.org/resource/continuing-impact-of-the-covid-19-pandemic-on-food-scarcity-in-new-york/?utm\\_source=Food%20Scarcity%20Update%20June%202021&utm\\_medium=email&utm\\_campaign=Food%20Scarcity%20Update%20June%202021#key-findings](https://nyhealthfoundation.org/resource/continuing-impact-of-the-covid-19-pandemic-on-food-scarcity-in-new-york/?utm_source=Food%20Scarcity%20Update%20June%202021&utm_medium=email&utm_campaign=Food%20Scarcity%20Update%20June%202021#key-findings). Accessed May 2022.

<sup>4</sup> Zaslow M, Bronte-Tinkew J, Capps R, Horowitz A, Moore KA, Weinstein D. Food security during infancy: implications for attachment and mental proficiency in toddlerhood. *Mat Child Health J.* 2009;13(1):66-80.

<sup>5</sup> Thomas MMC, Miller DP, Morrissey TW. Food Insecurity and child health. *Pediatrics.* 2019;144(4).

<sup>6</sup> Kimbro RT, Denney JT. Transitions into food insecurity associated with behavioral problems and worse overall health among children. *Health Affairs.* 2015;34(11).



## Introduction (continued)

Based on a 1,507-person statewide [Survey of Food and Health](#) from the New York Health Foundation, this brief explores how food insecurity affects New York families and the steps policymakers and health care providers can take to improve the health and wellbeing of food-insecure families with children.

### Key findings include:

- Nearly half of all food-insecure households with children have children who have gone hungry in the last year.
- Nearly 90% of food-insecure adults with children have skipped meals, compared with three-quarters of childless food-insecure adults.
- Food-insecure adults with children are twice as likely to report poor or fair health and three times more likely than food-secure adults with children to report stress, anxiety, or depression.
- Food-insecure families with children are more than three-and-a-half times as likely as food-secure families with children to report that transportation is sometimes, often, or always a barrier to getting food.
- Food-insecure families with children are more than twice as likely as childless food-insecure New Yorkers to lack cooking equipment or a fridge and three times more likely to lack a stove.

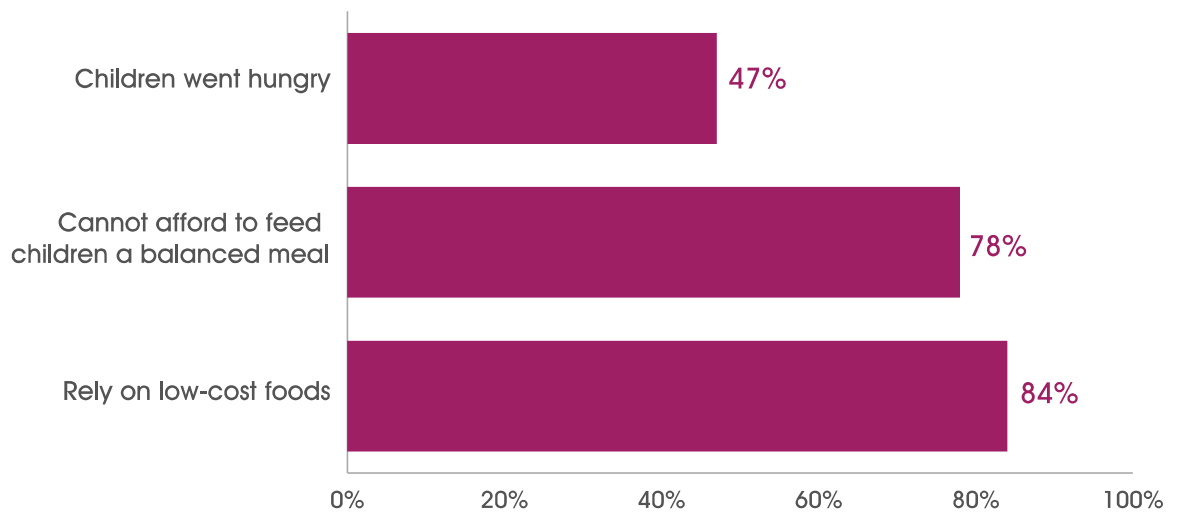


# Food Insecurity in Families with Children

## FOOD INSECURITY DISPROPORTIONATELY AFFECTS FAMILIES WITH CHILDREN

The NYHealth survey found that, across New York State, approximately half of all food-insecure households with children have children who have gone hungry in the last year. Three of every four such households cannot afford to feed their children a balanced meal, and more than 80% rely on low-cost foods.

FIGURE 1. Challenges Cited by Food-Insecure Families with Children



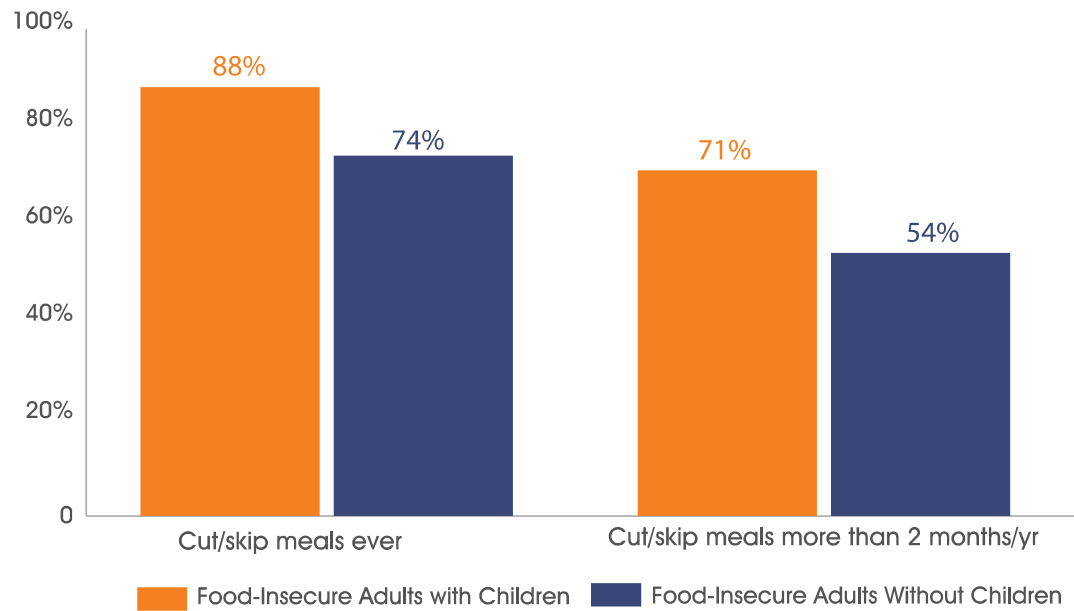
Typically, households with hungry children also include adults who are hungrier than their childless peers. Adults in food-insecure households with children cut or skip meals at higher rates and for longer periods than do food-insecure households without children. As one survey respondent put it, "After paying bills, there isn't much left to spend on food or anything else. So I buy food specifically for the kids."

"After paying bills, there isn't much left to spend on food or anything else. So I buy food specifically for the kids."



## Food Insecurity in Families with Children (continued)

FIGURE 2. Food-Insecure Adults Report Cutting or Skipping Meals



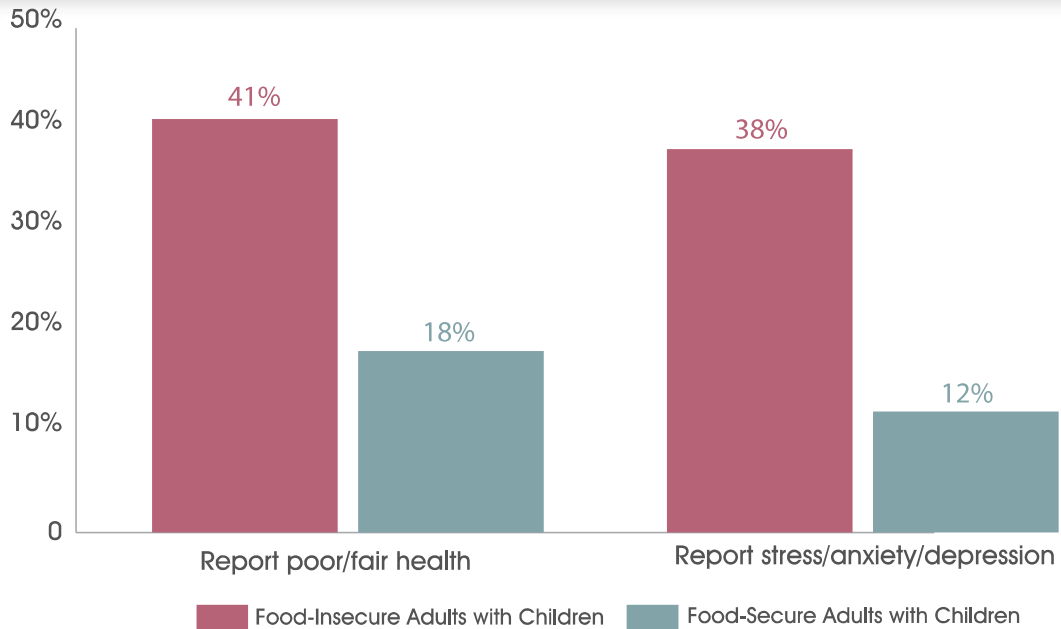
### FOOD INSECURITY HARMS PARENTS' HEALTH

In families with children, food insecurity has harmful long-term effects on children's health, and it has a more immediate impact on adults' health. Food-insecure adults with children are twice as likely to report poor or fair health and three times more likely than food-secure adults with kids to report stress, anxiety, or depression. Compared to their peers with no children, food-insecure individuals with children are more likely to delay or forgo both medical care and prescription medicine purchases to afford food.



## Food Insecurity in Families with Children (continued)

FIGURE 3. Food-Insecure Adults with Children Report Worse Health



### FAMILIES WITH CHILDREN FACE DISPROPORTIONATE BARRIERS GETTING AND PREPARING FOOD

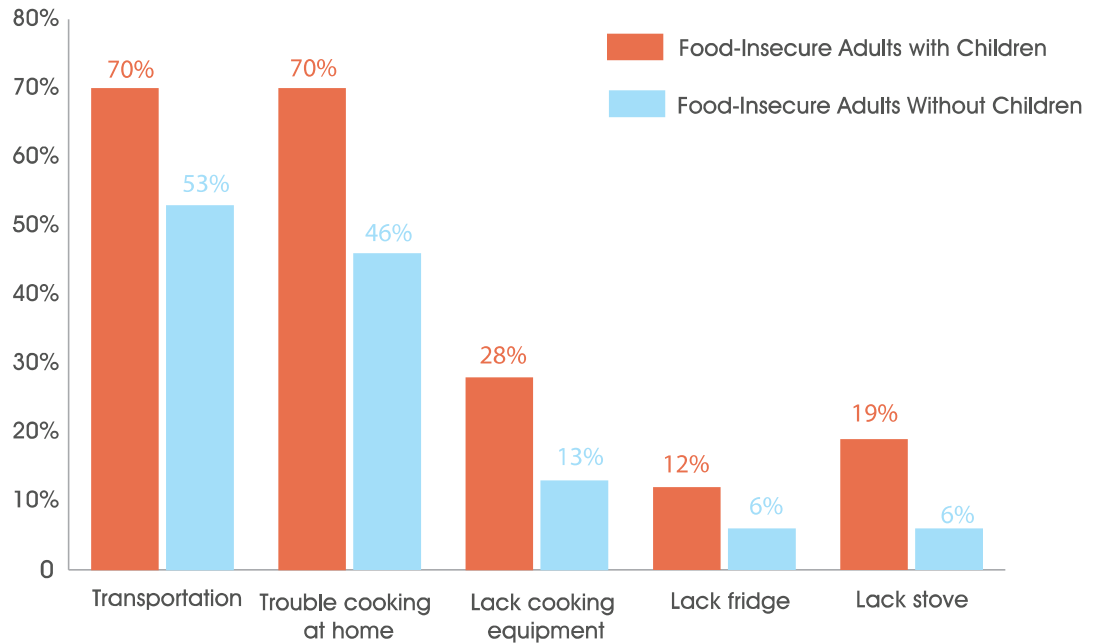
Food-insecure families with children are less likely than their peers without children to have trouble affording food, which suggests that nutrition programs designed to help families with children—like school meals and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—are working. But barriers to transportation and cooking remain challenges.

Food-insecure families with children are more than three-and-a-half times as likely as food-secure families with children to report that transportation is a barrier. Compared with their peers without children, food-insecure families with children are also more likely to have trouble cooking at home and to lack time to prepare meals. They are more than twice as likely as food-insecure individuals without children to lack cooking equipment or a fridge and three times more likely to lack a stove.



## Food Insecurity in Families with Children (continued)

FIGURE 4. Reported Barriers to Obtaining and Preparing Food



### FAMILIES WITH CHILDREN ARE MORE LIKELY TO PARTICIPATE IN FOOD AND NUTRITION PROGRAMS

Food and nutrition programs are available to help families with children get the food they need, in many cases increasing their food budgets. Two programs in particular, WIC and school meals, are designed to serve families with children. Participants rate these programs highly: nearly 90% of WIC participants find the benefits easy to use, and 82% agree that their local stores carry enough WIC-approved items. Similarly, 87% of families that participated in school meals in the last 12 months agree that the meals are helpful; three-quarters say their children like the meals provided, and two-thirds approve of the variety of meals offered.

Nearly 90% of WIC participants find the benefits easy to use, and 82% agree that their local stores carry enough WIC-approved items.

In addition to child-focused nutrition programs such as WIC and school meals, the Supplemental Nutrition Assistance Program (SNAP) and food pantries and banks help food-

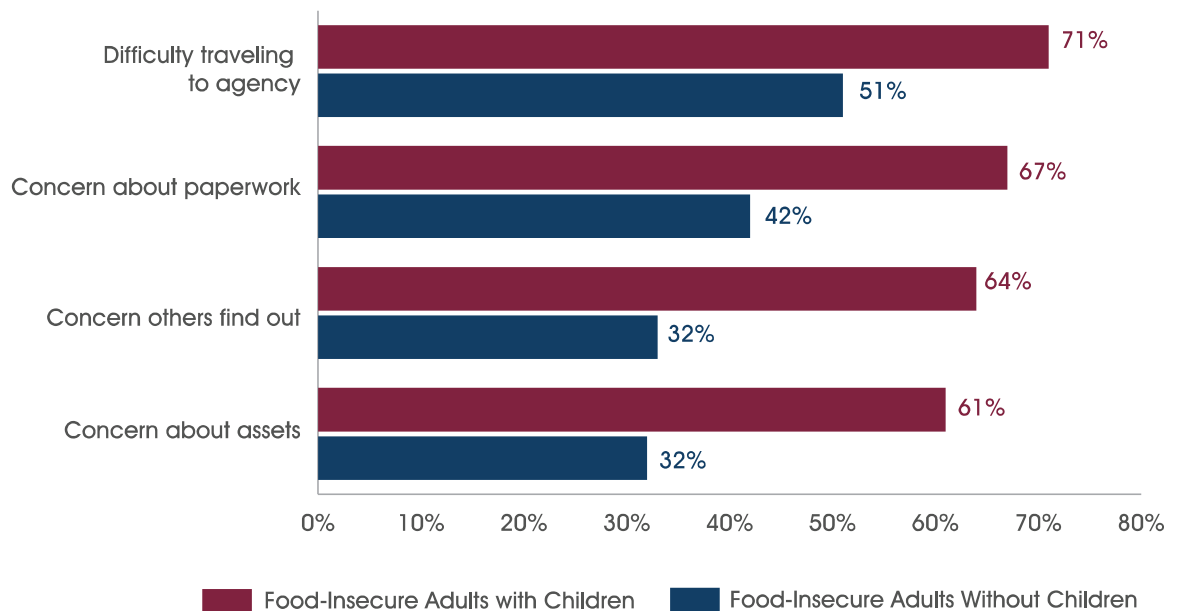


## Food Insecurity in Families with Children (continued)

insecure families with children get the food they need to thrive. These families are more likely than individuals without children to participate in SNAP and to frequent a food pantry or bank. And nearly 90% of SNAP participants with children say the program is easy to use. SNAP participants with children are also more likely than their childless peers to report that the benefits are adequate (61% compared with 44%).

Although families with children are more likely to participate in food and nutrition programs, for certain programs, they may face more barriers to participation than do food-insecure individuals without children. For example, at food pantries and banks, food-insecure individuals with children are more likely than those without children to find the hours inconvenient. They also report longer lines or waits compared to those without children. Across all programs, food-insecure families with children are more likely than their peers without children to be concerned about the required paperwork, travel to agency offices, people finding out they participate in programs, and having too many assets.

FIGURE 5. Barriers to Participation in Food and Nutrition Programs







# Recommendations

Stakeholders across New York can take steps to improve the wellbeing of food-insecure families with children, helping to ensure all children have an equal opportunity to grow and thrive.

## Government officials should:

- **Make universal school meals permanent.** New York State should continue to push the federal government to extend universal school meals permanently. In the absence of federal action, New York should consider covering the cost. Universal free school meals improve students' physical health, mental wellbeing, and academic performance. A number of school districts—including Albany, Yonkers, Rochester, and New York City—already offer universal school meals, but approximately 2,000 schools serving more than 700,000 students in New York State are no longer able to provide free school meals. Universal school meal programs are very popular—with support from 83% of food-secure New Yorkers and 93% of food-insecure New Yorkers—and states including California, Maine, and Nevada have all recently implemented such programs.
- **Increase outreach for food and nutrition programs.** Maximizing participation in these federal programs, for example in WIC, could help reduce food insecurity. The U.S. Department of Agriculture estimates that 41% of New Yorkers eligible for WIC are not currently enrolled.<sup>7</sup>
- **Make application and recertification measures easier for public benefits programs.** Food-insecure families with children report greater barriers traveling to public benefits offices and applying to programs. Streamlining the application and adopting some COVID-19 era measures, like telehealth options for WIC, could reduce barriers.
- **Work with federal partners to cover the costs of online grocery delivery.** Transportation remains a greater barrier for food-insecure families with children, and grocery delivery costs can put online ordering out of reach. Covering the cost of delivery for SNAP and WIC could also help to ease burdens families with children face.
- **Explore ways to prevent food insecurity in the summer.** Ninety-six percent of New York families that participated in the federal Pandemic Electronic Benefit Transfer (P-EBT) program think that it should be extended. The State should consider ways to provide cash benefits to students' families over the summer in the absence of federal action.

<sup>7</sup> U.S. Department of Agriculture, Food and Nutrition Service. SNAP participation rates by state, all eligible people. 2020. <https://www.fns.usda.gov/usamap#>. Accessed April 2022.



## Recommendations (continued)

### Health care providers should:

- **Implement food insecurity screening and referral processes.** Health care providers do not routinely screen for food insecurity, despite the high health care costs associated with the condition. The practice has been growing for children and should also be considered for their caregivers, given how many are forgoing food. Three-quarters of adults in households with children would welcome more conversations with their doctors about food and health.
- **Support Food Is Medicine interventions.** A growing body of evidence shows Food Is Medicine programs reduce food insecurity and improve health, but less research has been done in pediatric settings. Insurers and health care providers can help build the evidence base, investing in programs like the New York City Health + Hospitals' Food For Health Program, a home-delivered fruit and vegetable prescription program for low-income families with young children.<sup>8</sup>

---

<sup>8</sup> New York Health Foundation. Our grantees: Health & Hospitals, November 23, 2021. <https://nyhealthfoundation.org/grantee/new-york-city-health-hospitals/>. Accessed May 2022.



VOICE:  
212-664-7656

FAX:  
646-421-6029

MAIL:  
1385 Broadway,  
23rd Floor  
New York, NY 10018

WEB:  
[www.nyhealthfoundation.org](http://www.nyhealthfoundation.org)

---

*Improving the state of  
New York's health*