Food Security and Low Income Families: Research to Inform Policy and Programs.

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Abstract
The purpose of this study was to understand how low-income families meet their food and nutrition needs. The low-income families studied used five primary strategies: (1) relying on others; (2) adjusting resources; (3) food consumption; (4) making trade-offs; and (5) acquiring nutrition and shopping knowledge and skills. To help families meet their food and nutrition needs, it is essential for (1) families to have a voice and involvement in food and nutrition policy and program decisions and (2) service providers to deliver family-centered services that respond to individual family needs. By accomplishing modest goals through family-centered nutrition education, people may become empowered, them to achieve greater personal responsibility and self-sufficiency.

Disciplines
Community-Based Learning | Demography, Population, and Ecology | Family, Life Course, and Society | International and Community Nutrition | Work, Economy and Organizations

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Food Security and Low-Income Families

ABSTRACT

The purpose of this study was to understand how low-income families meet their food and nutrition needs. The low-income families studied used five primary strategies: (1) relying on others; (2) adjusting resources; (3) reducing food consumption; (4) making trade-offs; and (5) acquiring nutrition and shopping knowledge and skills. To help families meet their food and nutrition needs, it is essential for (1) families to have a greater voice and involvement in food and nutrition policy and program decisions and (2) service providers to deliver family-centered services that respond to individual family needs. By accomplishing modest goals through family-centered nutrition education, people may become empowered, leading them to achieve greater personal responsibility and self-sufficiency.

INTRODUCTION

Food is a basic need and human right. Unfortunately, the majority of poor families have difficulty meeting this basic need. Despite America's growing economy, 32 million people were poor in the United States in 1999 (Dalaker and Proctor, 2000) and 31 million people (including four million children) were food insecure (Andrews et al., 2000). These individuals had difficulty accessing nutritionally adequate, safe food in socially acceptable ways (Anderson, 1990). Single mothers and their children are more likely to be poor and food insecure than other populations. Research shows that inadequately nourished children are not only at risk for developmental delays (Kleinman et al., 1998; Murphy et al., 1998), but present risks to society because poor nutrition can lead to increased health care costs and loss of productivity. Reducing the food budget without adequate consideration of the impact on nutrition may result in increased short- and long-term medical costs for families (Dinkins, 1997; Morton and Guthrie, 1997). Thus, poverty positions families to have less access to resources leading to greater likelihood of food insecurity and poorer health outcomes than for people who are not poor (USDHHS, 1998).

Women who are undernourished during pregnancy are at risk of giving birth to babies who are low-birth weight (LBW). LBW babies are at risk for suffering developmental delays (Center on Hunger, Poverty, and Nutrition Policy, 1998) and in severe cases, mortality.

The social and financial costs of supporting children with developmental delays (Litchfield et al., 1995) far outweigh the costs of providing adequate nutrition and health care to poor women and children.

This article focuses on understanding how low-income families meet their food and nutrition needs. Understanding human behavior is essential to helping families become food secure and obtain nutritionally sound diets. Understanding how families in poverty meet food needs is important to understanding how to support families most effectively.

METHODS

To better understand families' abilities to meet food needs, we conducted focus groups, in-depth interviews, and case studies in seven Iowa counties in 1999 to gather data from 49 low-income mothers of young children. The case study interviews included an observation component that researchers used to observe families grocery shopping, planning, preparing, and consuming meals. A participatory research component was includ-
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Low-Income Families: 

to Inform Policy and Programs

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ed that allowed the women to research their own situations by keeping track of their monthly income, expenditures, and assistance sought and recording their perceptions of the situations and the stressors experienced. The use of multiple methods, along with involving a team of researchers in the study, served as a form of triangulation to ensure credibility of data (Brotherson and Goldstein, 1992; Creswell, 1994; Lincoln and Guba, 1985).

Purposive sampling was used to select participants who could communicate both depth and breadth of experience (Morgan, 1988). The researchers sought to include participants who represented diversity on selected characteristics, yet had sufficient homogeneity on issues or context upon which participants could share and build discussion. Key characteristics for selection included females who graduated from either the Expanded Food and Nutrition Education Program (EFNEP) or the Family Nutrition Program (FNP). Graduation criteria for both of these programs includes participation in a minimum of eight nutrition lessons typically lasting 1 to 1½ hours each, completion of both an entry and exit 24-hour food recall, and a behavior checklist. Other criteria for selection included living in one of the six counties identified that represented a range of rural to urban communities; having various family structures, size of families, and ethnicities of the local community; and varying education attainment and employment status and participation in community resources (e.g., food assistance programs, Head Start). Because the primary purpose of EFNEP
and FNP is to help families increase their knowledge, understanding, and skill level in meeting the food and nutrition needs of their members, it is hypothesized that after participation in EFNEP or FNP families will be better able to meet their food and nutrition needs. The researchers in this study wanted to see if there were other factors, in addition to nutrition education, that influenced how families coped with meeting their food and nutrition needs. Some of the individuals who participated in this study had been in EFNEP or FNP on a voluntary basis. Others were required to participate in EFNEP or FNP by a local workforce development agency in which they received services.

Data analysis was guided by the grounded theory approach outlined by Strauss and Corbin (1998), as well as widely recognized procedures for qualitative research (Glaser and Strauss, 1967; Guba, 1981; Lincoln and Guba, 1985). All the interviews were audiotaped and transcribed verbatim. Approximately 1,350 pages of text were generated. After the tapes were transcribed, the researchers read the transcriptions several times to familiarize themselves with the data and to identify emerging categories by using the process of constant comparative analysis (Glaser and Strauss, 1967). Through this process, the researchers reduced the material and began to analyze, interpret, and make meaning of the data. Through member checks, the researchers interacted with respondents to see if what they identified as meaningful was consistent with what respondents identified as meaningful. Discussion of the transcripts continued until a consensus was achieved. Eventually, the organized categories were refined to a point where saturation of the data was reached and interviewing ceased. After a consensus was reached on all categories and codes were assigned to categories, the raw data were entered into QSR NUD*IST 4.0, a data management computer program.

Twenty-one initial categories were developed from the data. These categories were further examined to identify relationships. The number of categories was reduced to five overarching categories with several subcategories. Through the process of relating categories to one another, a visual model was developed that included a central phenomenon, conditions, strategies, and outcomes. This article reports one part of the visual model—strategies used to meet food needs.

**FINDINGS**

Forty-nine mothers were interviewed (46 mothers interviewed via focus group and in-depth interviews, and 3 mothers interviewed via case study interviews), ranging in age from 16 to 46 years with an average age of 31 years. The majority of the mothers were Caucasian 78% (n = 39). Small numbers were of other ethnic heritage, as follows: 7% (n = 3) Hispanic; 4% (n = 2) Asian; 9% (n = 4) African American; and 2% (n = 1) Native American. Fifty-nine percent (n = 29) of the mothers reported that another adult lived in their household; 22% (n = 11) reported being the only adult living in their household, and 18% (n = 9) did not comment. Eighteen percent (n = 9) of the mothers had earned a bachelor’s degree; 6% (n = 3) were currently in college; 59% (n = 29) were high school graduates or had earned a G.E.D., and 16% (n = 8) had less than a high school education or G.E.D. The number of children in the households ranged from one to eight, and two of the mothers were pregnant. Children ranged in age from 10 weeks to 19 years (average age was 6 years). Median household income per month was $1,050. The families participated in a range of public assistance programs: 65% (n = 32) Women, Infants, and Children Supplemental Food Program (WIC), 49% (n = 24) food stamps, 33% (n = 16) Temporary Assistance for Needy Families (TANF), 27% (n = 13) School Lunch and/or School Breakfast, and 18% (n = 9) Head Start.

Analysis of the data revealed five primary strategies that low-income families used to meet their food and nutrition needs: (1) relying on others; (2) adjusting resources; (3) reducing food consumption; (4) making trade-offs; and (5) acquiring nutrition and shopping knowledge and skills. Some of these strategies are positive and enhanced the quality of life for families, whereas others did not.

**Relying on Others**

The women in this study depended on extended family members, friends, and community
resources to help meet their food and nutrition needs. For some, grandparents provided childcare so parents could work or transportation to the grocery store. In addition, if grandparents lived near their adult children, they often brought food or invited them and their grandchildren for meals. The women in the study discussed the helpfulness of friends and how they all saved money by sharing the costs of buying food in bulk, gardening and exchanging produce, providing transportation to the grocery store, and watching for good buys for one another at garage sales. Some rural families waited to buy groceries until their neighbors who owned a car were going to the supermarket in a larger city (e.g., town 20 miles away) so they could save money and have better food choices. Many women tapped into a range of community food resources as illustrated by one mother, "I have other food resources besides food stamps. I know places where I can get free bakery items, free donations. I use those as part of our total family meals." For some, food vouchers from WIC helped to feed young children and "free up" income that could go toward other family expenses (e.g., rent, utilities, clothing).

Adjusting Resources
The women discussed conscientious decisions they made on how to use government benefits (e.g., save TANF check to pay utilities and rent vs. purchase food). They viewed food stamps as their primary resource for food, although in theory food stamps are a supplement to other food resources (e.g., earned income). One mother said, "After 5½ years of getting off assistance ... we don't eat nearly as well as we did when we were on food stamps ... I had more money in my budget then because I knew that you can't take your food stamps and pay your babysitter." Many families shared that they would spend all of their food stamps at the beginning of the month so their stamps would not be stolen or they would hide their food to avoid neighbors stealing it. For some mothers, delaying employment or quitting a job was the answer to not having their food stamps cut. Edin and Lein (1997) revealed that for every dollar earned, food stamp benefits roughly decrease by 25 cents.

Some mothers worked multiple jobs that included evening and "third-shift" hours to earn enough income to pay their bills. Additionally, to feed their children and meet other basic needs such as clothing and housing, some mothers avoided paying bills or only paid a portion of their bills each month.

Some of the mothers who were child-care providers and participants in the Child and Adult Care Food Program (CACFP) spoke of using their reimbursement check to pay food, rent, and utility bills until other income became available. "I guess I kind of lucked out. With the food
program [CACFP] they reimburse me for meals so I got that check and that helped. Otherwise, it would have been tough. I would have had to look at things differently." These mothers closely managed their food budgets and were often able to use their reimbursement check to subsidize family meals. Some mothers went without health insurance for themselves to save money while trying to ensure that their children had health insurance.

Reducing Food Consumption

For some of the mothers in this study, coping meant food was secondary to other family needs. If families were short on money, they reduced their food budgets. They felt it was important to pay rent and utility bills before buying food. The rationale for this, as expressed by several mothers, was that if they did not pay the rent, they would lose their housing. However, if they skipped a meal, or ate less, they would not starve. One mother shared, "you have to pay the babysitter so you can have the job; you have to pay the bills so you have a place to live, so the food suffers." Some mothers provided small servings on children's plates to make certain all family members had some food. In some homes, children ate first and the parents consumed what was left.

Making Trade-offs

To balance time and energy demands, mothers often reported preparing meals that were quick and easy, but not what they knew was ideal for their families. Mothers spoke of "giving in" to children and a spouse for certain foods to reduce the stress resulting from a complaining family member. This was viewed as a trade-off between less family conflict and better nutrition. One mother shared that she realized she needed to cut down on the amount of red meat served in meals to help lower her husband's cholesterol and to save money. However, her husband demanded that "plenty of meat" be served with his meals.

Acquiring Nutrition and Shopping Knowledge and Skills

All 49 mothers interviewed in this study were, or had been, participants in either FNP or EFNEP delivered through the Cooperative Extension Service. FNP is funded through USDA-FNS, Food Stamp Nutrition Education Program. This program reimburses states 50% of allowable costs incurred. Congress annually appropriates funds to USDA-Cooperative Extension to deliver EFNEP Nutrition education through EFNEP and FNP, as well as WIC and CACFP, helped these mothers increase their understanding and knowledge of the nutritional needs of their children, as well as develop strategies to stretch their resources to feed their families.

Nutrition education through EFNEP and FNP, as well as WIC and CACFP, helped these mothers increase their understanding and knowledge of the nutritional needs of their children, as well as develop strategies to stretch their resources to feed their families. "... it gives you more information and then you are a better parent because you can make more choices, more informed choices" and "I portion the money. ... I still have like $20 or $30 left in food stamps that I can save for next month." Nutrition education was credited by the mothers for helping them increase their confidence and belief that they had the power to improve their situations. "It strengthened my family... my family's health. It's made me feel like a better person, a better mom, a better spouse... it's given me self-confidence." Mothers reported that they gained knowledge and developed skills related to planning menus, using grocery lists, comparing prices before purchasing food items, reading food labels, stocking up on sale items, and buying food products in bulk.
RECOMMENDATIONS

Based on input from the study participants, two recommendations are put forth. The families identified a variety of approaches that support them as they make decisions that contribute to meeting their food needs. These approaches can inform policy choices.

*Involve Families in Informing Policy*

Families in poverty are typically not connected to community policy processes and power structures (McLeroy et al., 1988). Family voices can enter public policy dialogues and serve as a foundation for the development of responsive public policies (Turnbull, Friesen, and Ramirez, 1998). Professionals can help families expand their capacity so that they “share their stories” and become involved in informing policy.

Professionals can help families access policy makers and provide experiences to assist families in developing skills to communicate their life experiences. The upcoming reauthorization of the Food Stamp Program provides families and professionals with an opportunity to inform policy by sharing individual experiences and current research results.

One question that professionals and families can respond to is *Do the benefits of the Food Stamp Program and nutrition education for low-income families outweigh the cost?* Findings from this study and others (Amstutz and Dixon, 1986; Brink and Sobal, 1994; Virginia Cooperative Extension, 1999; Wessman et al., 2000) can help answer this question. This study revealed that families perceived food stamps as their primary resource for food. Nutrition education along with food stamps enhanced family well-being as well as the ability to manage food resources. Nutrition education in concert with federal food assistance programs can positively affect family nutritional status, shopping knowledge and skills, and manage resources.

*Promote Family-Centered Services*

Helping families to feel empowered to meet their food needs is a family-centered approach to services. This model is built on three primary principles that guide family-centered practice: (1) establish the family as the focus of the services; (2) support and respect family decision-making; and (3) provide intervention services designed to strengthen family functioning (McBride et al., 1993). Skills that are essential in family-centered practices include the ability to actively listen and support families as they critically think through choices. Family-centered practices include approaching each family individually and respecting their strengths and needs. Professionals problem solve with families on the basis of their individual needs for support and services (Schorr, 1997).

Nutrition educators collaborate with families as they critically think through food and nutrition choices. Educators establish learning environments that help families explore options to questions such as What are the food and nutrition problems of each member of the household? What information will contribute to solving the problems? What type of plan will help to achieve goals? What knowledge is needed? Skills? What resources might community agencies and other people contribute? Through reflection and action, educators can assist families in identifying relevant solutions to food and nutrition problems.

Family-centered practice supports families in identifying their social support networks and accessing people who might help them meet their food needs. Neighbors and members of faith communities may contribute. Helping families identify and access community support such as food pantries may be of value.

Professionals can offer knowledge and resources; however, they will be of little use if families do not believe they have the power to make changes in their lives (Kent, 1988). Supporting families over time through a family-centered process enhances their sense of empowerment. A sense of empowerment evolves through experiences in which families identify and expand their decision-making and problem-solving skills (Abey, 1994). As families are empowered, they expand their ability to evaluate themselves, advocate for themselves, and set realistic goals (Doll et al., 1986). Programs such as the EFNEP and FNP promote development of such skills.
MOVING FAMILIES FORWARD
There is a direct link between improved nutrition and reduced health care costs. A recent cost-benefit analysis study of the Iowa EFNEP revealed that for every $1 spent on nutrition education through EFNEP, $10.75 is saved in future health care costs (Wessman et al., 2000). These savings resulted from fewer unsafe food storage and preparation practices, fewer low birthweight babies, more mothers initiating breastfeeding and breastfeeding longer, and improving diets to reduce the risks of chronic diseases. In 1998, a cost-benefit analysis of the Virginia EFNEP also revealed future health care savings. The Virginia study suggested that for every $1 spent on nutrition education, $10.64 is saved in future health care costs (Virginia Cooperative Extension, 1999).

Unfortunately, public policy is often focused on the short term. It is important for educators and researchers to help policymakers focus on costs/benefits and recognize nutrition education as an investment in the future. In addition, it is important to realize that modest, first steps are valuable and valid outcomes. For many families, participation in nutrition education may be the first, positive educational experience they have ever had in their lives. By accomplishing modest goals through family-centered nutrition education, people may develop a sense of empowerment in their lives, leading to greater personal responsibility and greater self-sufficiency (Braun, 1997).

"Unless children are adequately nourished, they cannot learn. If they cannot learn, they cannot earn. If they cannot earn, they cannot become personally responsible and self-sufficient" (Braun, 1997). This quote speaks to the role nutrition education can play in welfare reform as families strive to become self-sufficient. Given the proven benefits of nutrition education to low-income families (Amstutz and Dixon, 1986; Brink and Sobal, 1994; Virginia Cooperative Extension, 1999; Wessman et al., 2000) and the life skills needed for self-sufficiency, it seems desirable that food assistance programs such as the Food Stamp Program and Cooperative Extension collaborate to involve families in nutrition education. In a nation with many resources and 16.9% of its children living in poverty (Dalaker and Proctor, 2000), it appears that continued and increased investments in nutrition education and food assistance programs are both doable and necessary.

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