Food insecurity and immigration status are both social determinants of health. This brief explores the impact of food insecurity on immigrant health and the role the federal nutrition programs play in protecting the health and well-being of immigrant families in Washington, DC, Maryland, and Virginia.

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According to the World Health Organization:

*The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.*

Food insecurity, a social determinant of health, is associated not just with deprivation of adequate food in the household, but with some of the most common and costly health problems in the United States, including diabetes, heart disease, obesity, hypertension, chronic kidney disease, and depression. Immigration status also is regarded as a social determinant of health.¹ To better understand the problems faced by food insecure immigrant households, this brief examines barriers and opportunities in the region to improving the food security and the health of immigrant households. While immigrant households are at risk for the multiple harms emanating from food insecurity, many immigrant families face unique barriers not faced by U.S. citizen families in addressing their food insecurity. Despite compelling research demonstrating the positive contributions immigrants make to the economic and social fabric of the United States, false narratives disparaging immigrants are prevalent and too often take root in restrictive policies aimed at immigrants. These false narratives and harmful policies take a toll on immigrant health and their willingness to seek assistance, especially from public agencies. They heighten the struggles immigrant households face in terms of addressing

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¹ See Consumer Health Foundation 2016 Briefing Paper, “Immigration Status as a Social Determinant of Health.”
Obstacles immigrants face in accessing federal nutrition programs range from ineligibility for some programs to fear that accessing government nutrition programs, even when the applicant is legally eligible, may negatively impact his or her immigration status. Immigrant families - even families in which children are U.S. citizens - are underutilizing these programs. This underutilization occurs even though the programs - the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), school meals, and others - are a hugely important source of support for nutrition, health, learning, and economic security, and can help prevent obesity. Hesitancy to access programs among immigrants is reportedly growing, spurred by recent actions and threats from the new Administration that are exacerbating fears and discouraging families from participating in nutrition programs for which they are legally eligible.

These national dynamics are playing out in the District of Columbia, Maryland, and Virginia where many immigrant families struggle with the harms linked to immigration status, alongside the threats of food insecurity to health, nutrition, and well-being.
More than 41 million Americans live in food-insecure households. Food insecure households do not have access at all times to enough food for an active, healthy life.

Families in food insecure households may worry that food will run out, reduce the quality or variety of foods in their diets because of a lack of money, and cut the size of meals or skip meals altogether because of insufficient food resources. Food insecurity strikes jobless people, working families struggling to make ends meet, veterans, people with disabilities, seniors, and children. Many of these households include immigrants.

Data on national and state rates of food insecurity among immigrants are sparse, in large part due to lack of available data sources and sufficient sample sizes. Many smaller studies of immigrants’ and refugees’ food security status provide estimates of food insecurity that vary greatly, depending on the population identified (e.g., migrant farmworkers, Hispanic children, and children in a selected area).

FRAC conducted new research to estimate food insecurity rates among households with at least one immigrant member in the District of Columbia, Maryland, and Virginia.

In the District of Columbia, households with only U.S. citizen members were more likely to be food insecure than households with one or more immigrant members. The reverse was true in Maryland where the food insecurity rate for households with only U.S. citizen members was 11.1 percent versus a rate of 15 percent for households with one or more immigrant members. The differences were not statistically significant in Virginia.
Table 1

Prevalence of Food Insecurity for Households with at Least One Immigrant and U.S. Citizens-only Households in the District of Columbia, Maryland, and Virginia, 2010-2015 (Average)

<table>
<thead>
<tr>
<th></th>
<th>Households with One or More Immigrant Members</th>
<th>Households with only U.S. Citizen Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Food Insecurity Rate (%)</td>
<td>Margin of Error (%)</td>
</tr>
<tr>
<td>DC</td>
<td>9.4*</td>
<td>0.9</td>
</tr>
<tr>
<td>MD</td>
<td>15.0*</td>
<td>1.2</td>
</tr>
<tr>
<td>VA</td>
<td>8.9</td>
<td>1.2</td>
</tr>
</tbody>
</table>


* Indicates state has statistically significant difference between households with at least one immigrant and U.S. citizen-only households.

Note: Margins of error with 90-percent confidence (1.645 times the standard error of the estimated prevalence rate). Standard errors were estimated using balanced repeated replication (BRR) methods based on replicate weights for the Current Population Survey.
Immigrants whose social and economic statuses intersect with the factors discussed below may be especially vulnerable to food insecurity. Research shows that, in general, certain households are at greater risk for food insecurity in the U.S.:

- Households with children are nearly twice as likely to be food insecure as households without children.

- Children in large families, families headed by single women, families with less education, and families experiencing parental separation or divorce are at greater risk for food insecurity.

- Black and Hispanic households have food insecurity rates that are substantially above the national average.

- Households outside metropolitan areas are more likely to struggle with food insecurity compared to those inside metropolitan areas.

- Poverty, unemployment, and underemployment in households are factors strongly associated with food insecurity.²
Many immigrants arriving in the U.S. (or other similarly developed countries) bring with them health-promoting attributes and habits, including higher rates of breastfeeding, less maternal depression, fewer mental health problems, lower rates of low birth weight, and strong family and community structures (e.g., two-parent households, extended and multigenerational households, and extensive social networks). This pattern has been labeled the “Healthy Immigrant Effect.”

The longer immigrants are exposed to their new environment in the U.S., the greater the decline in healthy behaviors and attributes. For example, as immigrants stay longer, their dietary quality worsens, bringing higher rates of obesity and other diet-related diseases. And finally, despite many factors in their favor, some immigrants struggle with food insecurity.

The consequences of food insecurity – and even marginal food security – are especially detrimental to the health, development, and well-being of children. Research shows a link between food insecurity and lower health status, low birth weight, birth defects, iron deficiency anemia, more frequent colds and stomachaches, asthma, developmental risk, and poor educational performance and academic outcomes for children – all of which have developmental, health and economic consequences in the short-term and long-term.

Food insecurity – even at low levels – is associated with some of the most common and costly health problems and behaviors among adults, including fair/poor self-rated health status, diabetes, obesity (primarily among women), hypertension, pregnancy complications (e.g., gestational diabetes, iron deficiency), and depression (including maternal depression). Among older adults, food insecurity has been linked with poor or fair health status, diabetes, depression, hypertension, and lower intakes of calories and key nutrients (e.g., protein, iron, calcium, and vitamins A and C).
Because of limited financial resources, those who are food insecure also may use coping strategies to stretch budgets that are harmful for health, such as engaging in cost-related medication underuse or non-adherence, \textsuperscript{51,52,53} postponing or forgoing preventive or needed medical care, \textsuperscript{54,55} forgoing the foods needed for special medical diets (e.g., diabetic diets), \textsuperscript{56} or diluting or rationing infant formula.\textsuperscript{57} These coping strategies can exacerbate existing disease and compromise health.

Not surprisingly, research shows that household food insecurity is a strong predictor of higher health care utilization and increased health care costs.\textsuperscript{58} In 2014 alone, the direct and indirect health-related costs of hunger and food insecurity in the U.S. were estimated to be $160 billion.\textsuperscript{59}

\textbf{NOTE: While this research does not specify the citizenship status of the subjects, there is no reason to question the validity of the findings for all children residing in the U.S.}
The federal nutrition programs are the nation’s first line of defense against hunger.

These programs—the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), child care meals, school meals, afterschool snacks and meals, summer food, congregate meals, and home-delivered meals— are available in every community across the nation and are funded by federal dollars. The programs have a critical role not just in reducing food insecurity, but also in improving the health and economic security of the nation.

Federal Nutrition Programs Reduce Food Insecurity

- Access to school breakfast decreases the risk of marginal food insecurity and breakfast skipping, especially for low-income children.\(^\text{60,61,62}\)

- According to one estimate using national data, free or reduced-price school lunches reduce food insecurity prevalence by at least 3.8 percent.\(^\text{63}\)

- Among a sample of low-income children entering kindergarten, receiving a free or reduced-price school lunch reduces the probability of household food insecurity at school entry, whereas paying full price for school lunch is associated with a higher probability of household food insecurity.\(^\text{64}\)

- National School Lunch Program participation is associated with a 14 percent reduction in the risk of food insufficiency among households with at least one child receiving a free or reduced-price school lunch.\(^\text{65}\)

- Rates of food insecurity and food insufficiency among children are higher in the summer—a time when students do not have access to the school meal programs available during the academic year.\(^\text{66,67,68}\) Several studies demonstrate that greater summer meal...
availability or accessibility has beneficial effects on food insecurity, especially very low food security (the most severe level of food insecurity).66,70

- Attending a Child and Adult Care Food Program (CACFP)-participating child care program is associated with a modest reduction in the risk of household food insecurity, according to a study using national data on four-year olds.71

- WIC reduces the prevalence of household food insecurity by at least 20 percent, based on a national sample of children under the age of five who lived in households that were income-eligible for WIC.72

- Pregnant women in households with very low food security who enroll in WIC in the first or second trimester (versus the third trimester) have a reduced risk of any food insecurity post-partum.73

- Participation in SNAP for six months reduced the percentage of SNAP households that were food insecure by 6-17 percent, and reduced the percentage that were very low food secure by 12-19 percent, based on various estimates using a national sample of SNAP households.74

- SNAP participation reduces the likelihood of being food insecure and very low food secure by 31 and 20 percent, respectively, based on a national sample of low-income households.75

- According to one estimate using national data, SNAP reduces childhood food insecurity by at least 8.1 percentage points “and perhaps much more.”76

Federal Nutrition Programs Improve Health Outcomes

- Extensive research shows that SNAP improves food security, dietary intake, and health, especially among children, and with lasting effects.77

- The school lunch and breakfast programs reduce food insecurity and obesity, reduce school nurse visits, and improve attendance, student behavior, and educational achievement.78,79

- The summer and afterschool food programs boost nutrition and attract vulnerable children to school-based and community-based programs offering enrichment activities that keep them safe and engaged when school is out of session.

- CACFP improves preschoolers’ nutrition, reduces obesity, strengthens the quality of early care, and helps boost and stabilize caregivers’ incomes and services.80,81

- WIC participation improves rates of prenatal care, and is linked to lower rates of anemia, nutritional deficiency, failure to thrive, and obesity.82,83 Multiple studies also link the recently revised and improved WIC food packages to improvements in the consumption of fruits, vegetables, whole-grains, and lower-fat milk.84
According to Children’s HealthWatch, eligible children of immigrant mothers who received benefits from the Supplemental Nutrition Assistance Program (SNAP) were more likely to be in good or excellent health and live in a food-secure household. Those families were less likely to make health care trade-offs (e.g., paying for health care costs instead of paying for food or housing), when compared to people who were eligible for SNAP, but were not participating.¹⁰

**Federal Nutrition Programs Alleviate Poverty**

- Nationally, 3.6 million people – including 1.5 million children – were lifted above the poverty line in 2016 under the alternative poverty computation that counts SNAP benefits as income, based on Census Bureau data on poverty and income in the United States.¹⁶ However, these estimates understate SNAP’s anti-poverty effects due to the underreporting of program participation in Census surveys. For example, the Center on Budget and Policy Priorities recently corrected for this underreporting and estimated that SNAP lifted more than 8 million people out of poverty in 2014, including 4 million children.⁸⁷

- Overall, SNAP lowers the poverty rate by 5 to 10 percent in a typical year, and the anti-poverty effects are even stronger during recessionary periods, according to analyses using national data in *SNAP Matters: How Food Stamps Affect Health and Well-Being*. Based on these and other analyses contained in the book, the authors “conclude that SNAP is our nation’s most effective antipoverty program for the nonelderly when adjusted for underreporting, one that is especially good at reducing extreme poverty—by over 50 percent—and also especially effective for poor families with children.”⁸⁸

- Nationally, the National School Lunch Program lifted 1.4 million people above the poverty line in 2016, based on Census Bureau data on poverty and income in the U.S.⁸⁹ WIC lifted 264,000 people out of poverty.

- Families receiving housing subsidies, SNAP, and WIC benefits were 72 percent more likely to be housing-secure (i.e., defined as living without overcrowding or frequent moves within the last year), compared to those families receiving housing subsidies alone, based on a study of low-income caregivers of children younger than three years of age.⁹⁰

Connecting immigrants to the multiple strengths of the federal nutrition programs is a proven strategy to reduce food insecurity and improve health and family economic security.■
Despite the clear advantages that participating in nutrition assistance programs could provide, many eligible immigrant families are afraid to apply for SNAP or participate in other federal nutrition programs.

Organizations and agency staff interviewed for this brief recounted that the recent actions and threats of the Trump Administration were exacerbating fears and discouraging families from accessing nutrition programs for which they are legally eligible. The Administration’s actions and rhetoric are creating a climate where immigrants worry about congregating in public, lest they fall victim to an Immigration and Customs Enforcement raid, or about how changes in the law could impact their access to nutrition programs. Even with the national landscape hostile to immigrants, there are opportunities to address food insecurity among immigrant households.

Connecting immigrant households to the federal nutrition programs is an important way to reduce food insecurity, improve health, and reduce poverty. However, reducing food insecurity will require a broader policy agenda (e.g., increasing naturalization rates of eligible immigrants; enacting immigration reform to create a path to legal status for more people; and increasing income by assuring higher wages and enforcement of existing wage and hour rules for all workers.) A precursor to any approach is to not let the climate of fear win out when it comes to immigrant access to legally sanctioned nutrition benefits. Immigrants and their allies need to stand strong in protecting the use of federal nutrition programs and ensuring that no one goes hungry.

Nearly two million residents of the District of Columbia, Maryland, and Virginia are foreign-born. The harms of food insecurity to both children and adults—no matter their nation of birth—are too great to ignore.


68. Huang, J., Barnidge, E., & Kim, Y. (2015). Children receiving free or reduced-price school lunch have higher food insufficiency rates in summer. *Journal of Nutrition*, 145(9), 2161-2168.


