

A Report from



DISCRIMINATION & FOOD INSECURITY IN PHILADELPHIA: HOUSING, PUBLIC ASSISTANCE, AND HEALTHCARE

From Disparities to Discrimination: Getting at the Roots of Food Insecurity

INTRODUCTION

Discrimination in receiving housing, public assistance, and healthcare is linked to household and childhood food insecurity. These findings are based on interviews conducted by Children's HealthWatch–Philadelphia where we interviewed 669 caregivers of children under age 4 seen in the emergency room at St. Christopher's Hospital for Children. Caregivers were asked about household and child food insecurity and experiences of discrimination (EOD) based on race, ethnicity or color while applying for housing, getting public assistance and getting medical care.

Housing

Housing discrimination has led to concentrations of poor quality and affordable housing, which are linked to serious and lasting population health outcomes and racial and ethnic disparities in child health.^{1,2}



Substandard housing is related to increased exposure to lead and allergens that exacerbate asthma, and housing insecurity is associated with food insecurity and underweight among young children. Additionally, families living in neighborhoods with poor housing often experience inadequate access to public services that could intervene in food insecurity, including education, transportation, and safe places to play, exercise, and shop for food.

Historical housing discrimination supported by federal policies, such as redlining, has severely limited opportunities to access resources and build wealth for communities of color over several generations.³ Redlining is an extended race-based restriction of the amount of capital and resources allocated to communities.⁴ It continues to prevent communities that are largely African American from providing access to quality education, housing, parks, jobs, and food. Current housing discrimination in interpersonal contexts has reinforced this limited access to opportunities, segregation, and racial and ethnic inequalities in neighborhood resources.

"This is my daughter Asiya taking a bath, and I am glad that she doesn't need to worry about the safety of her bath water. I want to make sure that all children have access to safe, clean and affordable housing throughout their lives."

— *Tangela F., Witnesses to Hunger: Philadelphia*

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Health Care

Discrimination experienced while receiving health-care is associated with negative mental and physical health outcomes.⁵ Engaged cooperation with health-care providers is key in acquiring the healthcare needed to address the health problems associated with food insecurity. Discrimination inhibits trust and investment that caregivers would otherwise have with their healthcare providers and puts them at risk for substandard healthcare.⁶

Public Assistance

Facing discrimination at any point of the process in applying for public assistance imposes additional barriers for caregivers trying to get the help they need to get out of poverty and become food secure. Children whose families participated in public assistance benefits like SNAP are significantly more likely to be living in food secure families and to be food secure



"That's my door. It's like all of us — just all locked up. And sometimes I feel like welfare, that's what it is, is a locked door. Like we're tryin' to get through a locked door."

— *Tangela F., Witnesses to Hunger: Philadelphia*

themselves. They are also more likely to be in good health and have a healthy weight, and less likely to be at risk of developmental delays and to be hospitalized.⁷ Experiences of discrimination while applying for assistance impedes motivation to be present in public assistance offices to adhere to appointments, as well as trust that their cases are being handled fairly. Non-compliance leads to sanctions: federally mandated reductions in benefits. Individuals who receive sanctions are more likely to be facing barriers to their work performance and being present for appointments, such as having learning disabilities⁸ or physical⁷ and mental health problems⁷. People who face sanctions are also younger and more likely to be African American compared to the general population.⁹

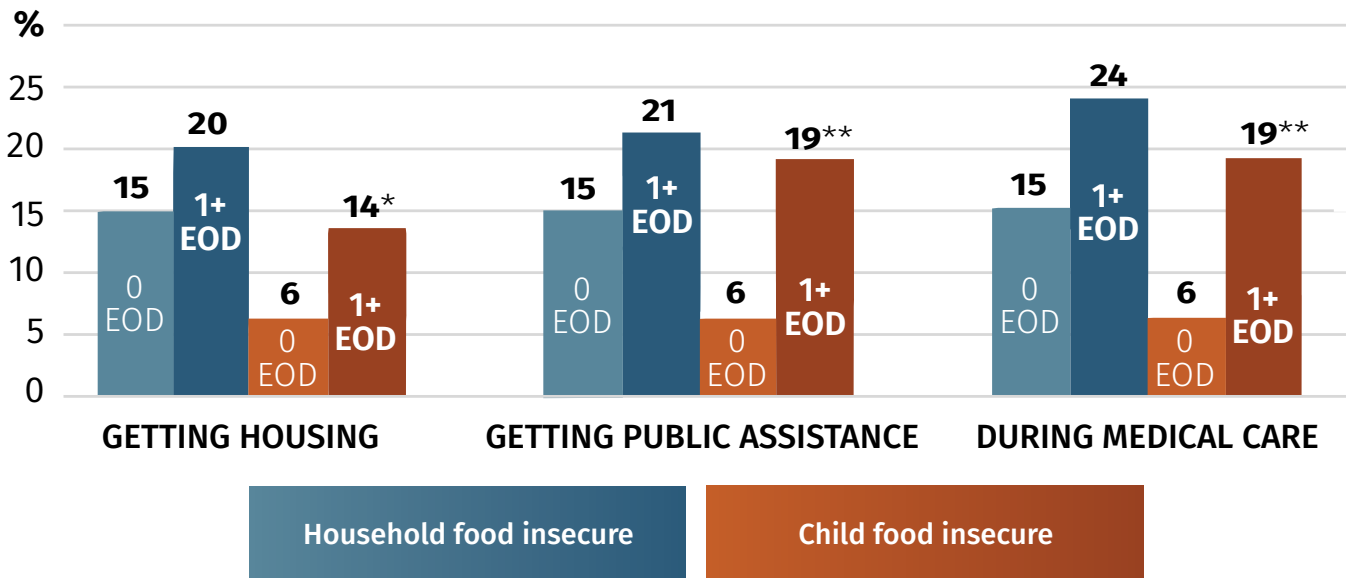
THE DATA ON DISCRIMINATION AND FOOD INSECURITY

Compared to caregivers who reported no discrimination, caregivers who had experienced discrimination at least once reported significantly higher levels of both household and child food insecurity while making efforts to get housing, public assistance, and health care. Caregivers who had experienced discrimination reported child food insecurity at about two to three times the rate of those that reported no discrimination, and these results were statistically significant across all three domains. Among caregivers who experienced discrimination in housing, 14% were in child food insecure households compared to 6% among those who experienced no discrimination. Among those who experienced discrimination in applying for public assistance or during medical care, more than 19% were from child food insecure households compared to 6% among those who did not experience discrimination. When caregivers experience discrimination, the impact is felt by the whole family, including young children. Caregivers' exposure to discrimination can manifest in the bodies and brains of their children. Child hunger can hospitalize a child: it

FIGURE 1

Household and Child Food Insecurity is higher among those with one or more Experiences of Discrimination (EOD) in getting housing, public assistance, and medical care *Number of participants: n=669*

* Indicates statistically significant differences at alpha ($p < .05$)
 ** Indicates statistically significant differences ($p < .01$)



exacerbates their asthma, and it affects their cognitive, emotional and social development.

SOLUTIONS

While these results are preliminary, it is evident that household food insecurity in Philadelphia is associated with caregivers’ experiences of discrimination in receiving housing, public assistance, and healthcare. Philadelphia lawmakers, employers, and educators can take action to reduce food insecurity through eliminating practices of discrimination in Philadelphia systems, institutions and policies. We specifically recommend the following:

Housing

- Strengthen and enforce the Fair Housing Act of 1964, which aims to protect renters and home buyers from discrimination based on race, ethnicity, gender, ability, and religion.

- Strengthen and enforce consumer protections and anti-discrimination policies for bank loans and access to mortgages.
- Support organizations that work to confront and reverse the ongoing effects of redlining.
- Update the Community Reinvestment Act to hold banks accountable for discriminatory lending and protect redlined neighborhoods from gentrification.

Public Assistance

- Train all caseworkers in how to understand and work against implicit bias.
- Incorporate trauma-informed language and practice into all policies and programs aimed at improving family economic security and well-being.
- Incorporate trauma-informed peer support into TANF education and training programs.

- Train state officials and workers to better understand the connection between social determinants of health (such as experiences of discrimination), economic security and health and well-being in order to tailor programs that produce the most meaningful social, economic, and health outcomes.

Healthcare

- Train all health professionals in implicit bias.
- Support doctors and medical researchers of color.⁶
- Hold hospitals accountable for discriminatory practices by tracking patient outcomes by race and ethnicity.¹⁰

Ease of access to housing, healthcare, public assistance is crucial for families to alleviate the symptoms of poverty and to flourish. Experiencing discrimination when interacting with health care providers, caseworkers, and mortgage lenders and landlords can keep families feeling humiliated and in a state of poverty and food insecurity, making them more vulnerable to poor health.

Philadelphia can and must do better.

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Acknowledgments The authors would like to thank the following people who contributed to this report: Molly Knowles, Kate Scully, Allison Bovell-Ammon, Richard Sheward and the invaluable teams of Children's HealthWatch and Witnesses to Hunger.

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This spotlight was made possible by generous support from The JPB Foundation.