CHILDREN'S HEALTHWATCH: DISPARITIES IN HOUSEHOLD FOOD INSECURITY BY IMMIGRATION, RACE AND ETHNICITY

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

Children's HealthWatch is an ongoing study that began twenty years ago. During that time, we have interviewed more than 60,000 low-income* caregivers of young children in emergency departments and primary care clinics in urban hospitals. This spotlight describes the Children's HealthWatch five-site dataset and illuminates disparities in food insecurity by caregivers' race, ethnicity, and country of origin.

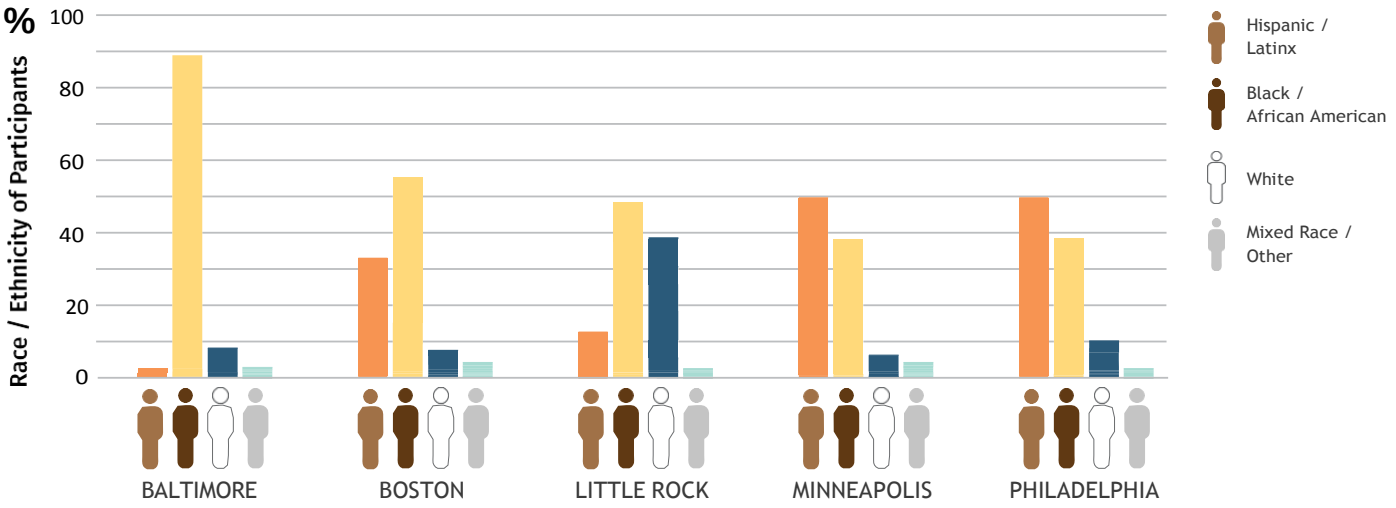
This report provides more specific information on disparities in food insecurity by race and ethnicity that is highlighted in the research brief entitled "From Disparities to Discrimination: Getting at the Roots of Food Insecurity in America." Altogether, the Children's HealthWatch sample is made up of a heterogeneous mix of caregiver backgrounds. It is important to note that the distribution of people of color and of immigrants is quite different in each of the five sites of Children's HealthWatch, in part reflecting the local population. Even so, the Children's HealthWatch sample represents only a portion of the diversity in the United States. (Figure 1)

Since we began tracking data in 1998, we have consistently seen disparities in food insecurity by caregivers' race and ethnicity, which are not currently analyzed or

FIGURE 1

Racial and ethnic composition of Children's HealthWatch participants for all five sites from 1998-2018

**Note: Philadelphia was added as a Children's HealthWatch site in 2005.*



* As a proxy for low-income, families in the Children's HealthWatch study with private health insurance are excluded from this analysis, leaving a final study sample of caregiver/child pairs with public or no insurance.

Learn More: childrenshealthwatch.org/publication/SPOTLIGHTPADISCRIMINATION

FIGURE 2

Household food insecurity by mother's race/ethnicity *All U.S. Households data points represent national data from the USDA. All other lines represent Children's HealthWatch data.*

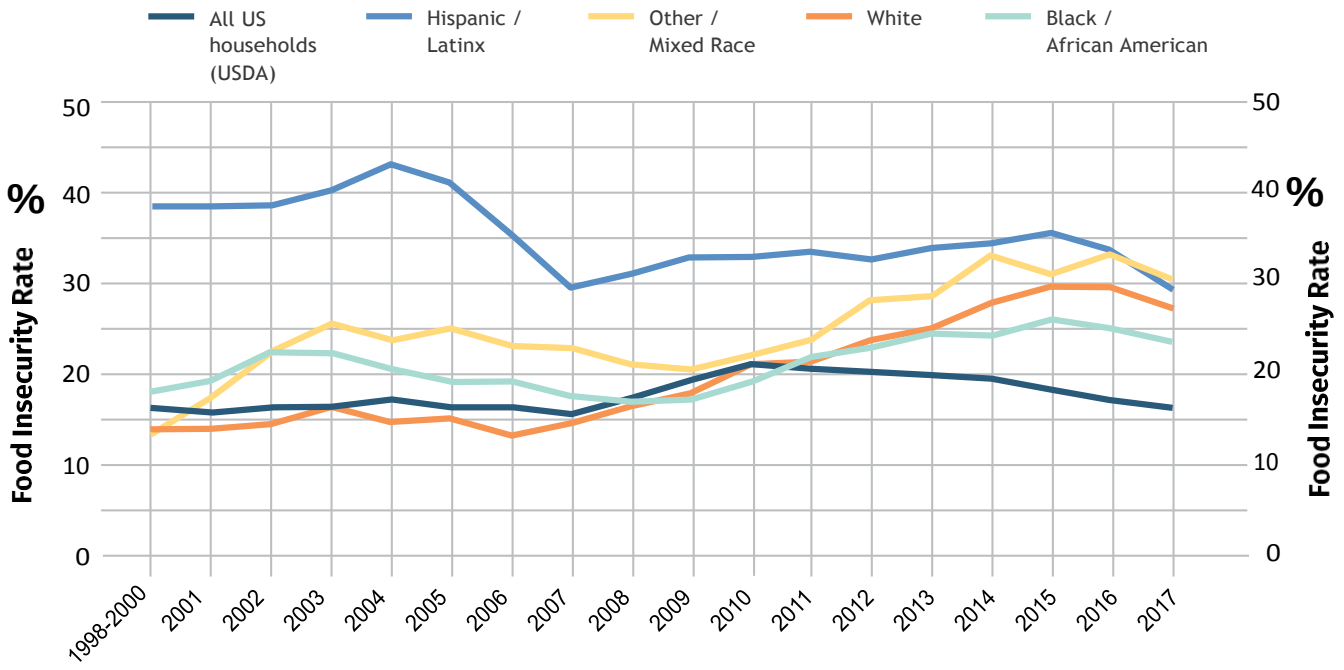
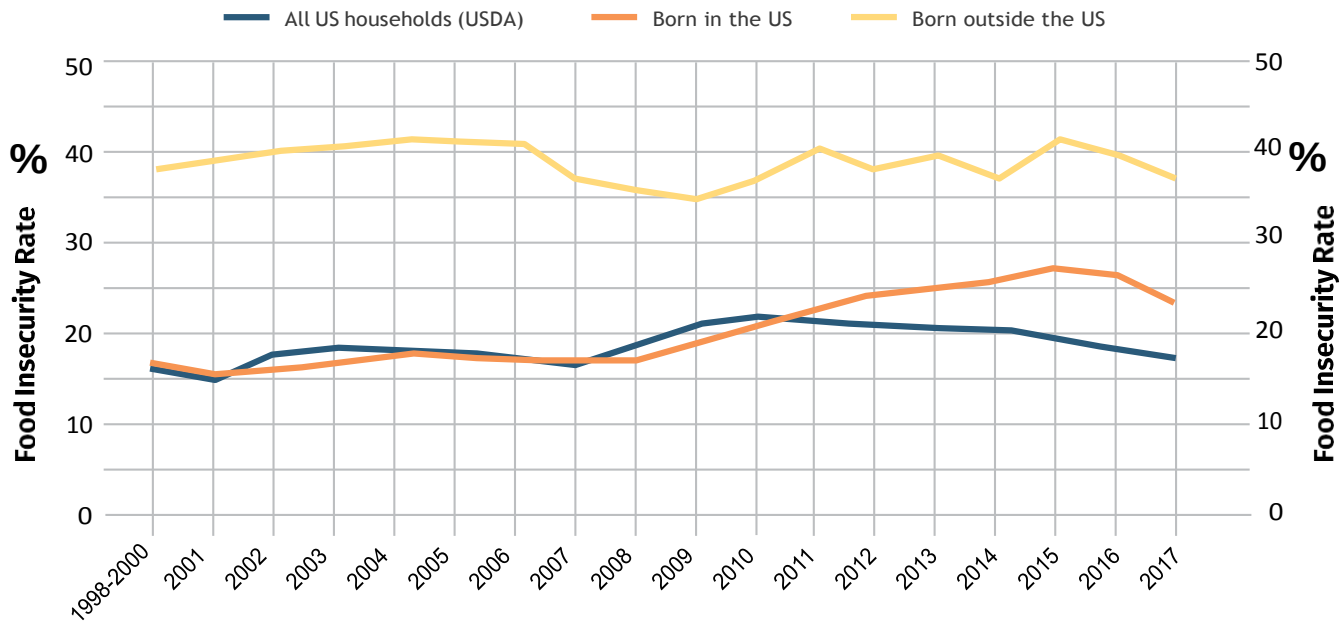


FIGURE 3

Household food insecurity by mother's place of birth *All U.S. Households data points represent national data from the USDA. All other lines represent Children's HealthWatch data.*



published in national reports from the U.S. Department of Agriculture (USDA). In our sample, households led by a Latinx mother have experienced the highest rates of food insecurity, followed by Mixed Race/Other mothers, during all twenty years of the Children's HealthWatch study. Households led by a Black/African American caregiver reported higher food insecurity than white households until 2008 during the Great Recession, at which point White and Black/African American households reported similar food insecurity rates through the latest data collection period. Food insecurity rates increased starting in 2008 for people of all races and ethnicities, although food insecurity increased by a notably lower rate for Latinx households. During all twenty years of our study, the combined food insecurity rates observed at our pediatric research sites have been higher than the national average. Families with young children and those with low incomes tend to have higher rates of food insecurity than the population as a whole. (Figure 2)

An examination of differing rates of household and child food insecurity shows families of immigrants — regardless of their race or ethnicity — report the highest rates of food insecurity among Children's HealthWatch families. (Figure 3) High rates of food insecurity among immigrant families have been well documented in other research. Our research has previously shown despite healthy birth weights and breastfeeding rates, children from immigrant families that had been in the US for fewer than 5 years had higher rates of food insecurity than children from US born families.[2,3] This may be attributable to the fact that immigrants may not be hired to work stable jobs even when qualified, earn lower wages, have minimal access to nutrition and housing assistance, or other types of supports that can buffer families from food insecurity.[4,5] This new way of looking at our data shows that there are major disparities in food insecurity not only by where a person is born — but also by race and ethnicity.

SOLUTIONS

Harmful rhetoric and policies — including immigration bans on majority Muslim nations, heightened immigration enforcement, separating families at the border, and proposals to force families to choose between accessing critical assistance for food, health care, and housing — create a culture of fear.[6] This culture has a chilling effect that prevents immigrant families from accessing basic necessities, including seeking medical care and/or social service agencies to apply for programs like SNAP, for which they or their children are eligible.[7] Promoting policies and engaging in public dialogues that uphold respect for all our neighbors and confront the xenophobic and anti-immigrant rhetoric that perpetuates fear among all of us are necessary to promote racial equity.[8]

Policy changes can help fill the gaps in family budgets and promote positive health and development for all families with young children, particularly for immigrant families who are disproportionally impacted by low-wage employment.

1. Reject any proposed changes to public charge that force parents to make agonizing choices between providing healthful food, a safe, stable home, and medical care for their families.
2. Reduce barriers to nutrition assistance and other programs that promote optimal child and family health.
3. Increase access to stable employment for immigrants by integrating language learning into workforce development strategies and expanding programs that incorporate immigrants into the labor market.[5]
4. Enforce anti-discrimination policies across sectors that promote economic stability and family health including in employment, education, assistance programs, and health care.

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