

FROM DISPARITIES TO DISCRIMINATION

GETTING AT THE ROOTS OF

FOOD INSECURITY IN AMERICA



“Our country is broken, fractured along racial lines. I am deeply hurt, deeply concerned, and calling on everyone who will listen to take action.”

— Tianna Gaines-Turner, *Witnesses to Hunger. Forum on 50 Years after Kerner Commission Report.*

Racial and ethnic disparities in food insecurity persist in the United States. In this report, we highlight the emerging research from our Philadelphia site that documents differences in food insecurity in relation to experiences with racial and ethnic discrimination on the street, in healthcare, school and work, with the police, and in other settings. We analyze discrimination and food insecurity in the context of the racial and ethnic disparities in food insecurity in the United States and in the twenty-year history of the Children's HealthWatch dataset from the front lines of pediatric care. Our analysis finds that lifetime experiences of discrimination are strongly linked to reports of household and child food insecurity. Placing these results into contemporary context we show how discrimination drives racial and ethnic disparities in food insecurity. With these findings, we know we can help reverse discrimination, and therefore food insecurity, by work-



ing to eliminate its presence in our country's systems of education, labor, housing, criminal justice and beyond, and ultimately create a more equitable society where all families — regardless of skin color and immigration status — can flourish.

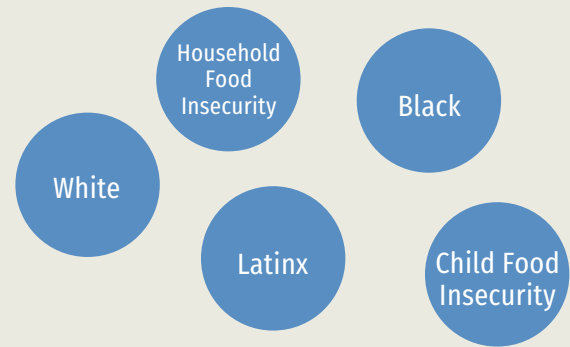
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Racial and Ethnic Disparities in Food Insecurity in the United States

The United States Department of Agriculture Economic Research Service (USDA-ERS) has measured household food insecurity annually since 1995. Every year, the gender, racial and ethnic disparities in rates of household food insecurity have persisted. In 2016, more than 31% of female-headed households reported household food insecurity. This is more than twice the rate for all households (12%). Additionally, households with children under age 6 also had significantly higher rates of food insecurity compared to all US households (16.6%). Such young children are in the most critical years of child development, and food insecurity threatens their development, health and wellbeing. Also, inequality clearly plays a role in the rate of food insecurity by race and ethnicity: over 20% of African American or Black households and 19% of Latinx households reported food insecurity, compared to 10% of white households.² Overall, trends in food insecurity demonstrate that for more than twenty years of national food insecurity measurement, there have been persistent and severe gender, racial and ethnic disparities.

Children's HealthWatch Five-Site Research: Disparities by race and origin of mother's birth

Children's Healthwatch has been reporting on food insecurity and other economic hardship among children and caregivers since 1998. As a pediatric research study that monitors the health and wellbeing of young children under age 4 and their families, our research shows how public policies and economic hardships affect children during critical periods of growth and development. In this report,



BOX 1

Definitions

- **Latinx:** Gender neutral term describing someone living in the United States with origins from , Mexico, Cuba, the Dominican Republic, Puerto Rico, and Central or South America (this is a newer term that encompasses people often referred to as Hispanic and Latino American). This is the largest ethnic group of color in the United States, and is the fastest growing population.
- **Black or African American:** Black is a term used to describe a socially based, racial classification of those with dark toned skin or what are thought to be non-European features, and frequently refers to those with ancestry in Africa. African American is a term that is often used to describe black Americans who share a long history in the US and whose ancestors were enslaved by whites. Black and African Americans constitute the third largest racial and ethnic group in the US.
- **White:** A term used to describe a socially based, racial classification of those with light toned skin who do not identify as People of Color or Latinx. It frequently refers to those with European ancestry living in the United States. People who identify as white comprise over 60% of the country's population.
- **Racism & Discrimination:** Racism and discrimination occur at multiple levels — internal, interpersonal, institutional and cultural — and are a form of devaluing, denigrating and exploiting others based on socially constructed ideas about skin color, ethnic backgrounds, sexual orientation and other characteristics.
- **Household food insecurity:** Inadequate access to enough food for all household members to lead active, healthy lives.
- **Child food insecurity:** A severe form of food insecurity for families with children. This occurs when the quality or quantity of food for children is diminished due to a family's insufficient economic resources.

we focus on experiences of female caregivers, people of color, and immigrants.

The Children’s HealthWatch sample consists primarily of female caregivers of young children, as almost 95% of respondents self-identified as female (mother, grandmother, relative, or foster parent). Information was gathered during an interview where the caregivers were asked to self-report race and ethnicity. In Spotlight Series 1, we provide an overview of the differences in characteristics by race, ethnicity and place of birth in the Children’s HealthWatch sample. When we examine how race and ethnicity interact with place of birth, we see that, compared to families with US born caregivers, families with

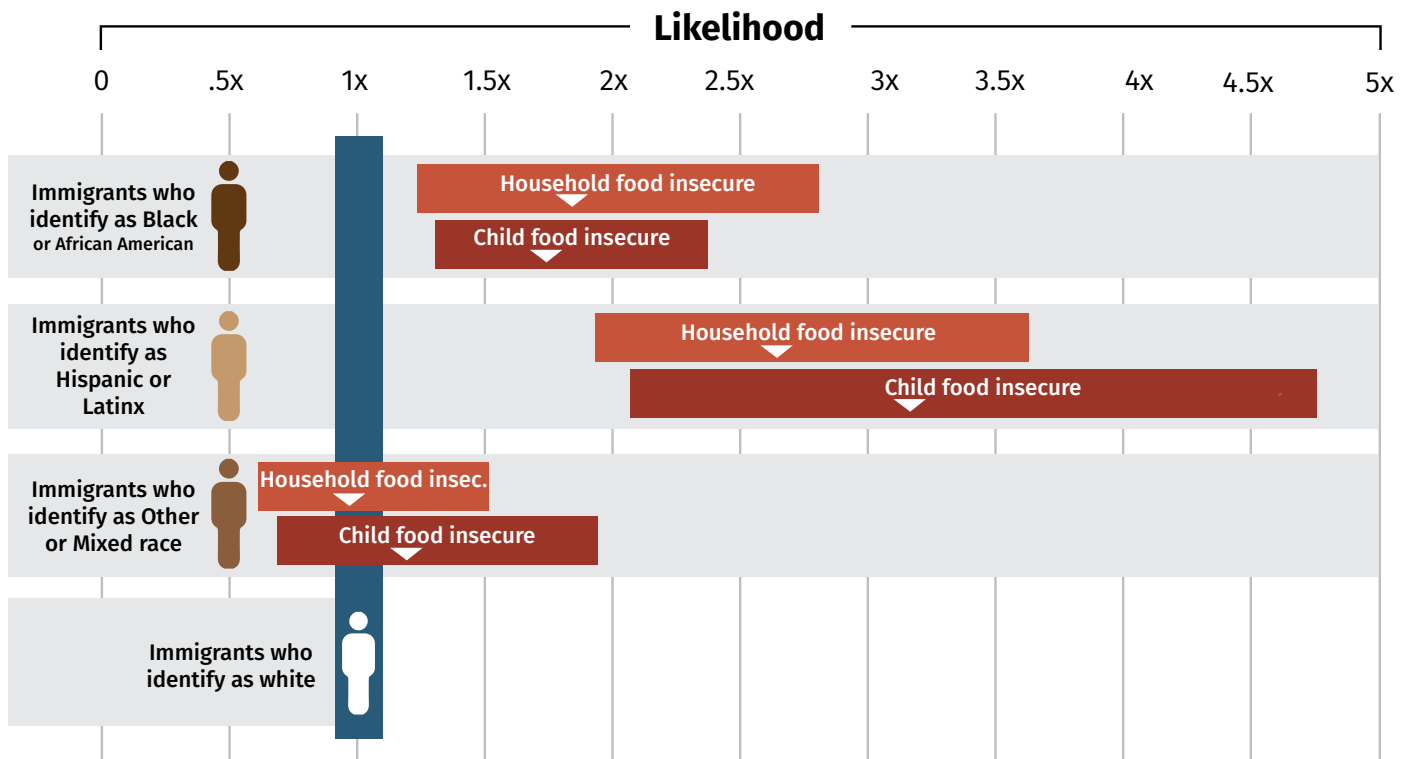
caregivers born outside of the US were twice as likely to report household and child food insecurity. As seen in Figure 1, compared to white caregivers born outside of the US, Latinx caregivers born outside of the US were:

- More than 2.5 times as likely to report household food insecurity
- Over 3 times more likely to report child food insecurity

In addition, compared to white caregivers born outside of the US, Black caregivers born outside of the US were (Figure 1):

- 1.73 times more likely to report household food insecurity
- 1.83 times more likely to report child food insecurity

FIGURE 1
Immigrants of Color (caregivers born outside the US) report higher levels of food insecurity than immigrants who identify as white



Arrows indicate the best estimate of likelihood. Bars indicate the range of likelihood within 95% statistical certainty (p<0.05).

Children’s HealthWatch – Philadelphia: Experiences of Discrimination and Food Insecurity

The Center for Hunger-Free Communities at Drexel University operates the Children’s HealthWatch site in Philadelphia. Interviews are conducted at St. Christopher’s Hospital for Children where over 11,000 families have been interviewed since 2005. In 2015, the Philadelphia Children’s HealthWatch site added the measure of Experiences of Discrimination to the standard Children’s HealthWatch survey. (See Box 2). The questions ask how many times someone has experienced discrimination at any time in their life. Discrimination includes having been prevented from doing something, having been hassled, or having been made to feel inferior in a variety of situations, such as in school, at work or receiving medical care, due to one’s race, ethnicity, or color.

We examined experiences of discrimination in two different ways. First, We created a cumulative score with three groups: 0 reported lifetime experiences, 1-2 lifetime experiences, and 3 or more lifetime

experiences. Secondly, we highlighted each area of daily life in which a person experienced discrimination and showed how it relates to household and child food insecurity.

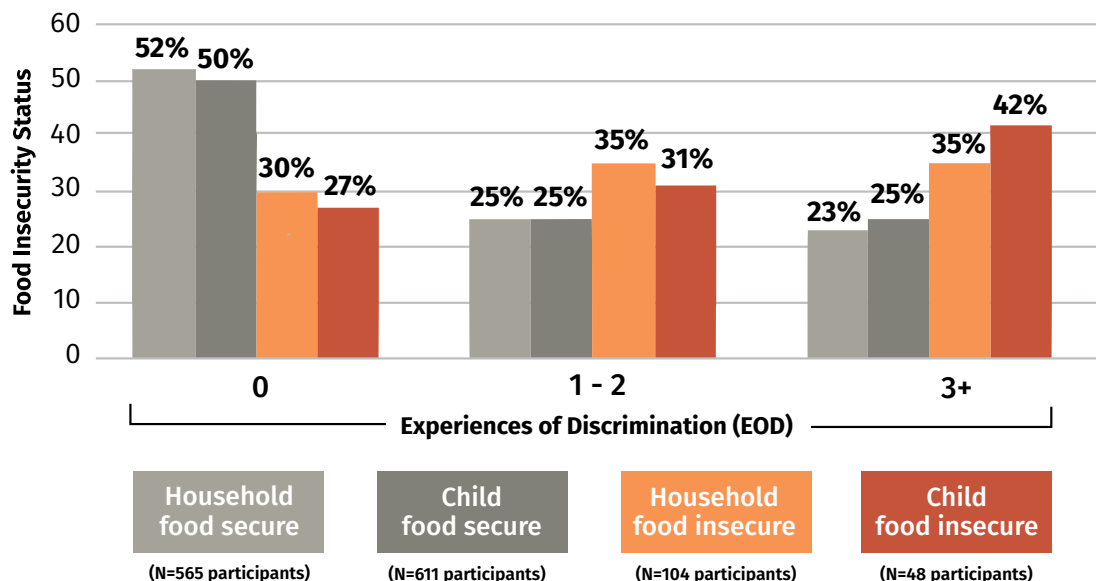
Number of experiences and food insecurity.

About one half of the Philadelphia caregivers interviewed responded that they experienced discrimination in their lifetimes (Figure 2).

The demographic characteristics of those who reported experiencing discrimination differ. There were significant differences by caregiver and child health status and by types of hardship, such as paying for housing and utilities. For instance, children’s health status was more frequently reported as being fair or poor by caregivers who had 3 or more experiences of discrimination.

Experiences of discrimination were strongly associated with household and child food insecurity (Figure 3). If the caregiver reported any number of experiences of discrimination (1-2 or 3+), they were more likely to report household food insecurity compared to those who did not experience discrim-

FIGURE 3
More experiences of discrimination are related to higher levels of household and child food insecurity



BOX 2

Experiences of Discrimination (EOD) Questions

The Children's HealthWatch interviewer reads the preamble, then the 10 questions adapted from the Krieger, et. al survey tool. After each question, the participant indicates one of the following: Never, Once, Two or Three times, Four or more times. If a person never encountered that situation, they would also indicate that experience. For instance, an option would be, "I have never gotten credit, bank loans, or a mortgage."

Preamble

These questions ask about possible experiences of discrimination at any time in your life.

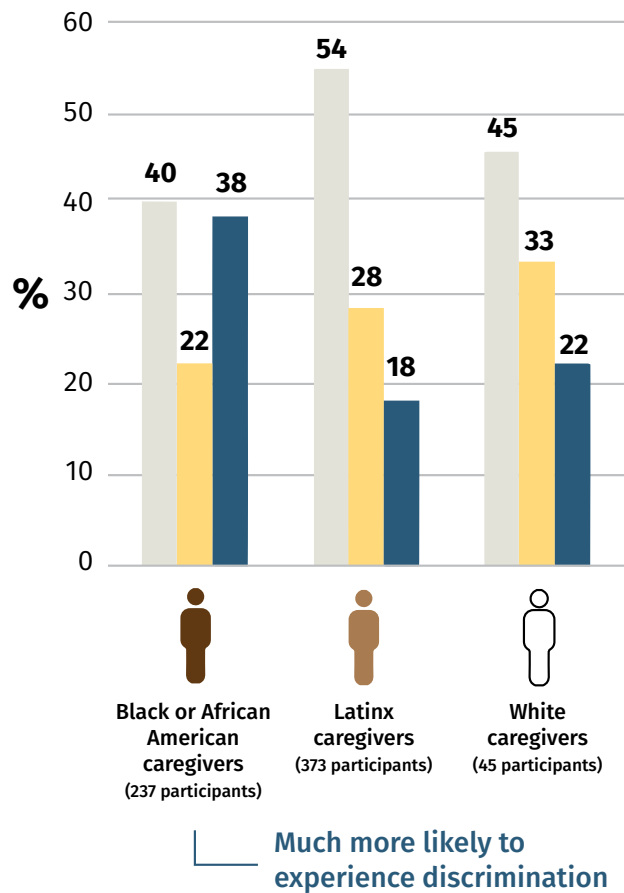
"Discrimination" includes experiences of being prevented from doing something, being hassled, or being made to feel inferior in any of the following situations because of your race, ethnicity, or color.

How many times have you experienced discrimination...

1. at school?
2. while getting hired or getting a job?
3. at work?
4. while getting housing?
5. while applying for assistance programs such as SNAP (food stamps), WIC, or welfare?
6. while getting medical care?
7. while getting services in a store or restaurant?
8. while getting credit, bank loans, or a mortgage?
9. while on the street or in a public setting?
10. by the police or in courts?

FIGURE 2
Percentage of female caregivers who reported experiences of discrimination based on race/ethnicity

Experiences of Discrimination (EOD)
0 1-2 3+
(N=669 participants)

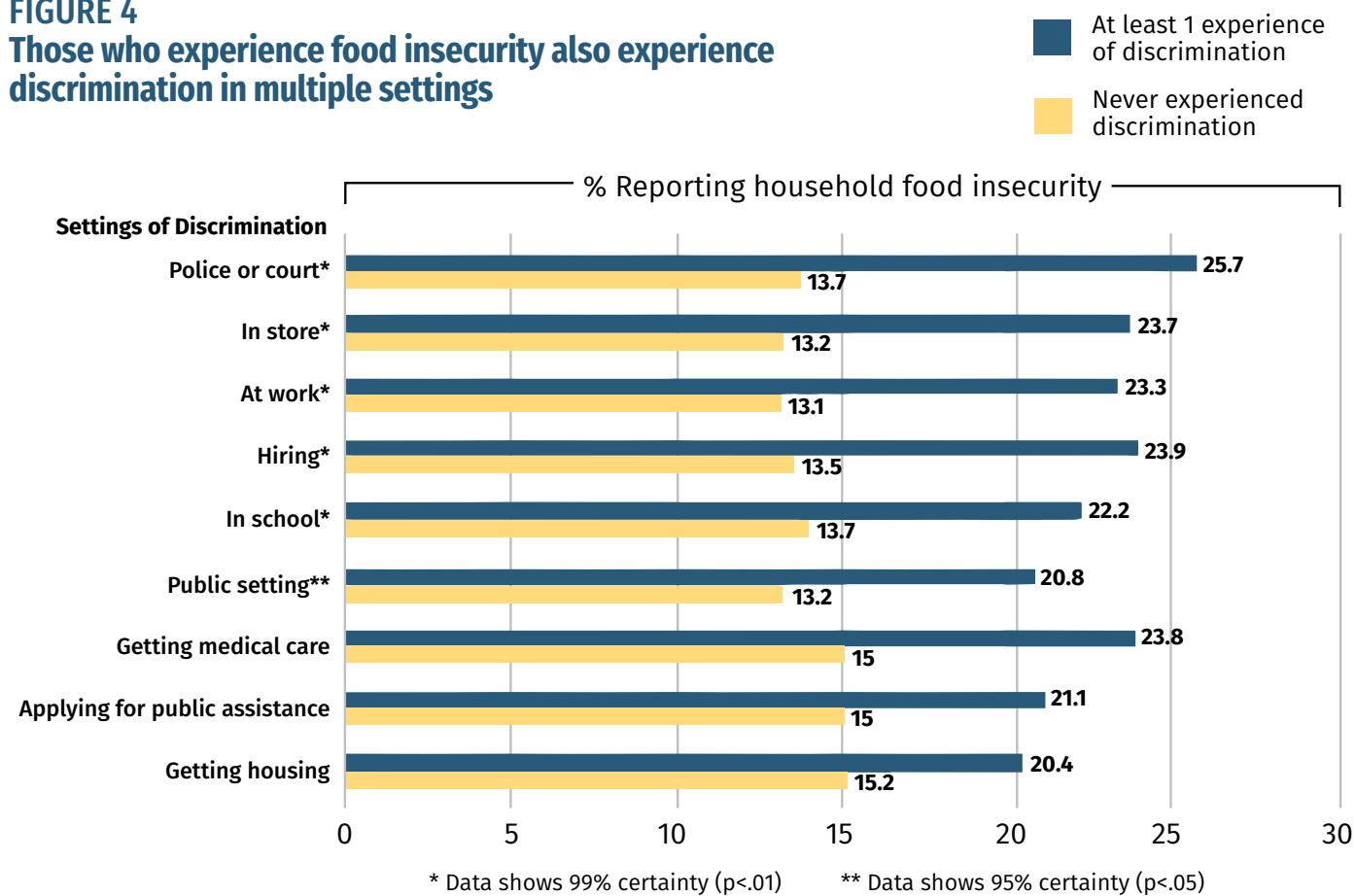


Data collected in Philadelphia

Scoring: Within each category, 0=never, 1=1 or more times. For a score of EOD, scoring is 0=no experiences, 1-3= 1 to 3 different types of experiences, 3+ three or more types of experiences.

This survey is from Krieger, et. al¹ we added one question: "How many times have you experienced discrimination while applying for assistance programs such as SNAP (food stamps), WIC, or welfare?"

FIGURE 4
Those who experience food insecurity also experience discrimination in multiple settings



ination. The magnitude of child food insecurity also appeared to increase as caregivers’ experiences of discrimination increase.

Types of experiences and food insecurity.

To understand the types of experiences of discrimination and their associations with food insecurity, we display the data according to specific domains of daily life in which caregivers may encounter discrimination, and we show how reports of food insecurity differ. Food insecurity was higher among caregivers who related any experience of discrimination regardless of setting. In Figure 4, it is clear that caregiver experiences of discrimination in school, hiring, at work, in public settings and in interactions with law enforcement show statistically significant associations with household food insecurity.

We also considered differences in food insecurity with experiences of discrimination in housing, public assistance and medical care. There were some significant differences in caregiver reports of child food insecurity, suggesting that experiences of discrimination in housing, public assistance and medical care have adverse associations on young children’s food security.

In a series of Spotlight Reports to be released separately, we outline a variety of experiences and their relationship to household and child food insecurity, and share recommendations on repairing and preventing discrimination.

Discussion

The patterns of racial and ethnic inequities in food insecurity are associated with discrimination in our schools, workplaces, courts, on the streets, and in healthcare settings. While this data was recently collected, and captures the lifetime experiences of caregivers of young children in this generation, it also reflects the history and legacy of racism in America.

Racism occurs at many levels. It can be interpersonal, systemic, cultural and internalized. What we captured in Philadelphia as discrimination is a form of interpersonal racism, a manifestation of the racism embedded within major institutions. This, in turn, is associated with to significantly higher rates of household food insecurity.

Structural racism also plays a major role in creating disparities in food insecurity. Throughout the US there are major disparities in household wealth and inequity in pay, despite level of education.³ Black Americans with a college degree earn less than whites with a college degree, suggesting potential discrimination in hiring and salary offers⁴. Wage discrimination is even worse when gender is considered. In 2017, a Latinx woman working full time earned on average \$603 per week, whereas a white man earned an average of \$975 per week.⁴ Inequality in wages contributes to stark differences in wealth. Median family wealth for white families is \$171,000, compared to \$17,600 for Black families and \$20,700 for Latinx families.³

Discrimination is also visible in housing and neighborhoods. Black families living in upper-income



neighborhoods were twice as likely as white households in lower-income neighborhoods to be victims of subprime loans, and during the recent recession they were nearly 50 percent more likely to face foreclosure than their white counterparts across all incomes.⁷ Further, persons of color are more likely than whites to report discrimination in getting any housing loan at all.⁶

Within the education system, there is proven discrimination in public school funding, as well as ir-

refutable evidence that school administrators and teachers disproportionately discipline boys and girls of color.⁸

Police have been routinely identified as a threat to the safety and wellbeing of people of color.⁹ In Philadelphia alone, “stop and frisk” was an officially condoned tactic that was used to disproportionately police people of color,¹⁰ and Black adults were 3.6 times more likely to be arrested for marijuana possession than white adults in 2016.¹¹ Though they report similar drug use rates, Blacks are imprisoned for drug offenses at six times the rate of whites.⁸ Though Black and Latinx individuals comprise just 32 percent of the US population, over half of all incarcerated people in 2015 were people of color. This is mostly a result of discriminatory, non-violent drug offense sentencing.¹² This causes harm for young children, as parental incarceration is associated with increased risk of food insecurity among children.¹³ The effects of imprisonment once released continue as such a record can limit access to gainful employment and restrict access to renting safe housing. Economic hardship for people returning from prison is extremely high. Research shows that 91% of recently released, formerly incarcerated persons were food insecure.¹⁴

Mass incarceration also affects immigrants. Recent actions of detaining, separating and incarcerating children and families perpetuate fear, anxiety and poor health among immigrant communities.^{15,16} Additionally, wages for immigrants have remained low in comparison to wages of those born in the United States.¹⁶ These and other forces help explain why our current and former research shows that immigrant mothers are at increased risk of fair or poor health and household food insecurity.¹⁷



DOCTOR-APPROVED POLICY RECOMMENDATIONS

Though it will be hard to reverse and prevent discrimination, we suggest that there are many things that researchers, advocates, legislators and community leaders can do to address discrimination and to reduce food insecurity. Solutions to reducing food insecurity must include more than creating access to more healthy food, increasing wages, and ensuring a strong safety net. They must first acknowledge that discrimination exists and causes harm. Solutions should also focus on reducing and eliminating the discriminatory and oppressive systems, societal norms and individual behaviors that are at the root of the inequities that harm family well-being. We briefly highlight some solutions below. In each of our Spotlight Reports, we provide more data and identify specific solutions to eliminating discrimination in a variety of institutions and settings.

Discrimination in Education

- Train all education professionals in implicit bias and hold schools accountable by tracking student outcomes based on race and ethnicity.
- Institute Full Funding Formulas in all states so schools have the resources needed for all children.
- Ensure parental involvement and control of schools with the requirement of elected school boards.
- Require school systems to consider other alternatives to suspending and expelling students. For example, the California state legislature passed legislation to curb suspensions for children in kindergarten to third grade.
- Create more community schools, which provide services for families and the surrounding communities.
- Ensure parents and students know their rights to access additional services or obtain an individualized educational plan (IEP) as needed.
- Make having a diverse teaching force a priority.

Employment & Wages

- Ensure that hiring practices focus on fair processes and equal pay for men and women, and that anti-discrimination policies in hiring and in workplace settings are properly enforced.
- Promote increased wages for women and for occupations where women outnumber men such as childcare, teaching, retail, and the food industry.
- Implement policies that require employers to provide supports, such as paid family leave and paid sick leave.

DOCTOR-APPROVED POLICY RECOMMENDATIONS *(Continued)*

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.

Healthcare

- Train all health professionals in implicit bias, support doctors and medical researchers of color, and hold hospitals accountable by tracking patient outcomes based on race and ethnicity.¹⁸

Police

- End the criminalization of minor offenses that are often used to police people of color such as marijuana possession, disorderly conduct, trespassing, loitering, and jaywalking.
- End profiling and “stop and frisk” tactics, and enforce the new accountability processes to ensure police follow legal standards.

Ourselves

- Identify the social and economic and systems that cause poverty and food insecurity. Investigate root causes — and not simply call poverty a root cause — in all research on disparities in food insecurity and poor health among children and families in the US.
- Listen to those who have experienced discrimination. Make sure their experiences are taken seriously, and work to remedy and prevent further discrimination.



“Racism and oppression can make us feel angry, fearful, and ashamed. How can we address this trauma?”

We need to address the root cause of racism. Why does it still exist?”

— Sherita M., *Witnesses to Hunger: Philadelphia*

Conclusion

Twenty years of Children's HealthWatch data collection and these preliminary findings from Philadelphia underscore how racism and discrimination affect food insecurity among families with young children. Our data do not show an isolated pattern, nor do they tell us that discrimination is a secondary problem to address when working on issues of food insecurity. Rather, all efforts to address food insecurity and poverty should also seek to dismantle racism and discrimination.

We ask colleagues, friends, policy makers and community leaders to join us in calling out and eradicating the racism that drives hardship and poor health in our country. There is much work to be done, and we owe it to ourselves, to each other, and most importantly, to our children to continue the work of creating a more just world so that all families may reach their potential.



About Children's HealthWatch Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts. Our network is committed to improving children's health in America. We do that by first collecting data in urban hospitals across the country on infants and toddlers from families facing economic hardship. We then analyze and share our findings with academics, legislators, and the public. These efforts help inform public policies and practices that can give all children equal opportunities for healthy, successful lives.

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Acknowledgements The authors would like to thank the staff and leaders of Children's HealthWatch and Witnesses to Hunger including: Richard Sheward, Kate Scully, Rebecca Kranz, Deborah Frank, Megan Sandel, Diana Cutts, Molly Knowles, and John Cook for their thoughtful review of their work.

This publication is the fourth in a series of reports made possible through generous funding from The JPB Foundation.

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