

Hunger In Los Angeles County Affects Over 200,000 Low-Income Adults, Another 560,000 At Risk

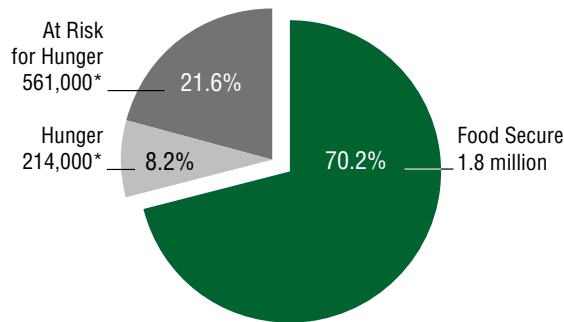
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June 2004

Almost one in three low-income adults in Los Angeles County (29.8%) frequently cannot afford to put food on the table. This means that about 775,000 adults are classified as “food insecure.” Among these food-insecure adults, an estimated 214,000 – 8.2% of all the county’s low-income adults – report experiencing episodes of hunger. The balance of 561,000 adults is at risk for hunger and thus is making daily tradeoffs with other essential expenses to feed themselves and their families (Exhibit 1).

A fundamental indicator of a society’s health is secure access to nutritious food. All adults should be secure in their ability to feed themselves and their children. If food security is a measure of a healthy community, then the presence of food insecurity reflects failure in meeting this most basic need. Lack of assured access to enough food, through socially acceptable means, is technically termed “food insecurity” by the U.S. Department of Agriculture.¹ In its extreme form, food insecurity results in hunger – going without food. Those who are food insecure yet not experiencing hunger are considered to be at risk for hunger.

Los Angeles County, the state’s most populous county, is home to about one-third of California’s low-income adults, or 2.6 million, with almost 40% of all adults in the county living below 200% of the Federal Poverty Level (FPL), including nearly 20% living below 100% FPL. A family of four with income below 200% FPL earns less than \$36,200 per year. These 2.6 million adults living below 200% FPL (including those living in poverty) are defined in this policy brief as the low-income adult population. Los Angeles County has more than one-third of all the low-income adults in California who are food insecure.²



*A total of 775,000 food-insecure adults

Exhibit 1:
Food Insecurity among 2.6 Million Adults with Family Incomes Less Than 200% FPL, Los Angeles County
Source: 2001 California Health Interview Survey

These are among the findings summarized in this policy brief, which examines the prevalence of food insecurity reported by low-income adults in Los Angeles County, based on data from the 2001 California Health Interview Survey (CHIS 2001).

Groups Vulnerable to Food Insecurity

While food insecurity affects all low-income population groups in Los Angeles County, some population groups are more vulnerable than others. At least one in three African-American adults (36.2%) and Latinos (33.2%) are food

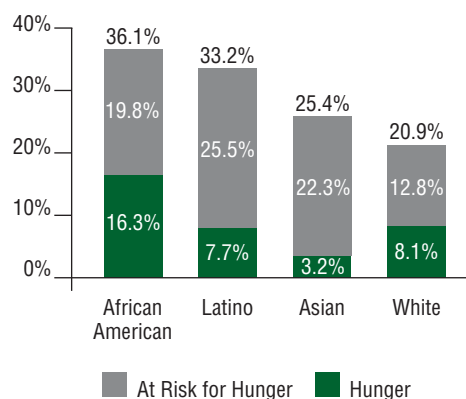
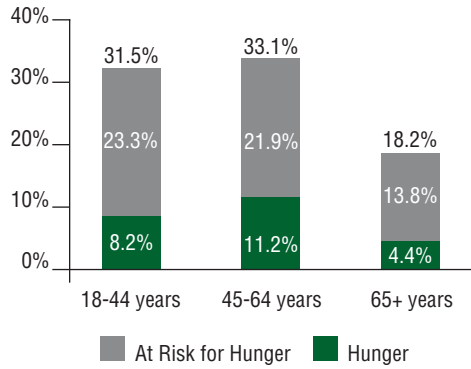


Exhibit 2:
Percent Food Insecurity and Hunger by Race/Ethnic Group among Adults with Family Incomes Less Than 200% FPL, Los Angeles County
Source: 2001 California Health Interview Survey

1 G Bickel, M Nord, C Price, W Hamilton, J Cook. *Guide to Measuring Household Food Security, Revised 2000*. Alexandria, VA: U.S. Dept of Agriculture, Food and Nutrition Service; 2000.

2 GG Harrison, CA DiSogra, G Manalo-LeClair, J Aguayo, W Yen. *Over 2.2 Million Low-Income California Adults Are Food Insecure; 658,000 Suffer Hunger*. Los Angeles: UCLA Center for Health Policy Research, November 2002.

Exhibit 3:
Percent Food Insecurity and Hunger by Age Group among Adults with Family Incomes Less Than 200% FPL, Los Angeles County
 Source: 2001 California Health Interview Survey



insecure, compared to one in four Asians (25.4%) and one in five Whites (20.9%). African-American adults also have the highest proportion reporting hunger (16.3%) compared to half that rate among Whites (8.1%) and Latinos (7.7%). Asians have the lowest proportion of low-income adults reporting hunger, only 3.2% (Exhibit 2).

Adults below age 65 have the highest rates of both food insecurity and hunger (Exhibit 3). Approximately one third of low-income adults below age 65 report being food insecure. Hunger among those who are ages 45-64 is significantly higher (11.2%) than among persons 18-44 (8.2%).

Employment is no assurance against food insecurity. Thirty percent (29.9%) of low-income adults who are employed report being food insecure. However, those adults who are unemployed and actively looking for work have a higher rate of food insecurity (39.4%) and are twice as likely to experience hunger than those who are employed (14.3% vs. 7.2%).

The pattern for the poorest adults is similar to that of unemployed job seekers. An estimated 39.0% of adults living below the poverty level (less than 100% FPL) are food insecure with 10.7% reporting hunger. Of adults in households

with incomes in the range of 100%-199% FPL, 22.3% are food insecure and 6.2% report hunger.

Low-income adults living in households with children have a higher prevalence of food insecurity than do adults who live in households without children (31.6% vs. 27.6%). As a conservative estimate, a minimum number of 160,000 children may be living in food-insecure households in Los Angeles County, and it is likely that this number is higher. With regard to hunger, there is no difference in the hunger rate among low-income adults with or without children present (approximately 8.2%). Although the hunger rates are similar, households with children present are more likely to be “at risk for hunger” because their overall food-insecurity rate is significantly higher.

About half of the low-income adults in Los Angeles County say they speak English well or very well and half say they are not proficient (speak English not well or not at all). The non-proficient group has a significantly higher proportion of food-insecure adults (35.9%) than the English-proficient group (25.5%), although both have approximately the same hunger rate (8.2%). Those who are not English-proficient are more likely to be at risk for hunger because their overall food-insecurity rate is significantly higher.

Food Insecurity and Hunger by SPA

The Los Angeles County Department of Health Services divides Los Angeles County into eight geographic areas for planning purposes. Each area is officially called a Service Planning Area (SPA) and each SPA is made up of one or more health districts for service delivery. All eight SPAs have their share of food insecurity and hunger (Exhibit 4).

The Antelope Valley SPA has the highest rate of food insecurity among low-income adults

Exhibit 4:
Food Insecurity and Hunger by Service Planning Area in Los Angeles County among Adults (Ages 18+) with Family Incomes Less Than 200% FPL

Source: 2001 California Health Interview Survey

Service Planning Area (SPA)	Food Insecure with and without Hunger			Food Insecure with Hunger		
	Percent	90% C.I.*	Est. Number	Percent	90% C.I.*	Est. Number
SPA-1 Antelope Valley	38.5	(29.9 - 47.1)	25,000	8.3	(4.4 - 12.2)	5,000
SPA-2 San Fernando	27.8	(24.7 - 31.0)	129,000	7.8	(5.9 - 9.6)	36,000
SPA-3 San Gabriel	27.5	(24.0 - 31.0)	118,000	5.5	(4.2 - 6.8)	24,000
SPA-4 Metro	27.9	(24.1 - 31.7)	115,000	7.3	(5.2 - 9.5)	30,000
SPA-5 West	22.5	(17.1 - 27.9)	31,000	6.9	(3.9 - 10.0)	10,000
SPA-6 South	34.9	(30.7 - 39.0)	109,000	9.4	(7.1 - 11.7)	29,000
SPA-7 East	31.8	(27.8 - 35.8)	122,000	9.5	(7.2 - 11.8)	37,000
SPA-8 South Bay	32.0	(28.3 - 35.6)	126,000	11.0	(8.5 - 13.4)	43,000
Los Angeles County	29.8	(28.4 - 31.3)	775,000	8.2	(7.4 - 9.0)	214,000

*The 90% Confidence Interval (CI) indicates a 90% chance that the true value lies within the presented range.

(38.5%), and the West SPA the lowest (22.5%). These two SPAs have the smallest estimated absolute number of food-insecure, low-income adults (25,000 and 31,000, respectively) due to their relatively small overall population sizes. More than 30% of low-income adults in the South, South Bay, and East SPAs are food insecure. In the Metro, San Fernando, and San Gabriel SPAs, approximately one in four low-income adults are food insecure. The San Fernando SPA, the most populous with 1.5 million adults, has 129,000 food-insecure, low-income adults. This is the largest number among the eight SPAs.

Hunger among low-income adults is most reported in the South Bay SPA. South Bay SPA has both the highest estimated number, 43,000, as well as the highest proportion of low-income adults reporting hunger (11.0%). The next two in order of hunger prevalence are East SPA and South SPA with 9.5% and 9.4%, respectively. The populous San Fernando SPA has an estimated 36,000 low-income adults reporting hunger. Relatively large numbers are also estimated for the Metro SPA, 30,000 adults, and the San Gabriel SPA, 24,000 adults.

In the South SPA, which has a total adult population in all income levels of just over 500,000, at least one in five of all adults are both low income and food insecure. This is the highest such ratio of all the SPAs in Los Angeles County and warrants urgent attention for broader action in this community.

Food Insecurity by Health District

The CHIS 2001 sample is large enough to examine food insecurity (with and without hunger) below the SPA level, allowing reliable estimates to be made for each of the county's 26 health districts. Since two SPAs, Antelope Valley and West, each constitute a single health district, their estimates are the same as reported in Exhibit 4. The sample is not sufficiently large for all health districts to make reliable estimates about hunger.

The estimates for the proportion of low-income adults who are food insecure vary widely across the 26 health districts (Exhibit 5). Despite this wide variation, given the limits of the CHIS 2001 sample size per health district, only a few are

found to be statistically different from each other. The health districts with the highest estimated proportion of food-insecure adults – Southeast (43.5%), Antelope Valley (38.5%), Long Beach (35.1%), and San Antonio (35.0%) – all are statistically higher than the more affluent West health district (22.5%). The health district with the highest prevalence of food insecurity, Southeast, is also statistically higher than Alhambra (23.4%). Although there appears to be a wide difference between the Southeast health district and the districts of Glendale (23.9%), Whittier (25.2%), and San Fernando (25.2%), each of these three are not statistically different from the Southeast health district.

The observed variation among health districts in the percent of low-income, food-insecure adults is noteworthy to view when mapped across the county (Exhibit 6). With the exception of the Alhambra and Glendale health districts, the districts with high proportions of low-income adults who are food insecure (i.e., 35% or higher) appear to wind down the center of Los Angeles County from Antelope Valley to the Harbor health district. These high areas also appear to cluster in the health districts of the South and South Bay SPAs.

Food Stamps – Helping the Few

The goal of the federal Food Stamp Program is to fight hunger, food insecurity and related health problems.³ The program is essentially an income supplement to assist eligible households to purchase nutritious foods. This program is designed to alleviate food insecurity and hunger among the poor. Although CHIS 2001 is limited in identifying who is eligible for the Food Stamp Program, information is collected on who receives food stamps among low-income adults below age 65. A general eligibility criterion for the Food Stamp Program is that household income is below 130% FPL. Additionally, only U.S. citizens and legal permanent residents are eligible to apply. Among this population in Los Angeles County, only one out of five (21.3%) say they receive food stamps. Only one out of four of all those who report hunger (24.9%) say they are getting food stamp assistance.

³ U. S. Department of Agriculture. Food and Nutrition Service. *Promoting Healthy Eating: An Investment in the Future*. Report to Congress. 1999.

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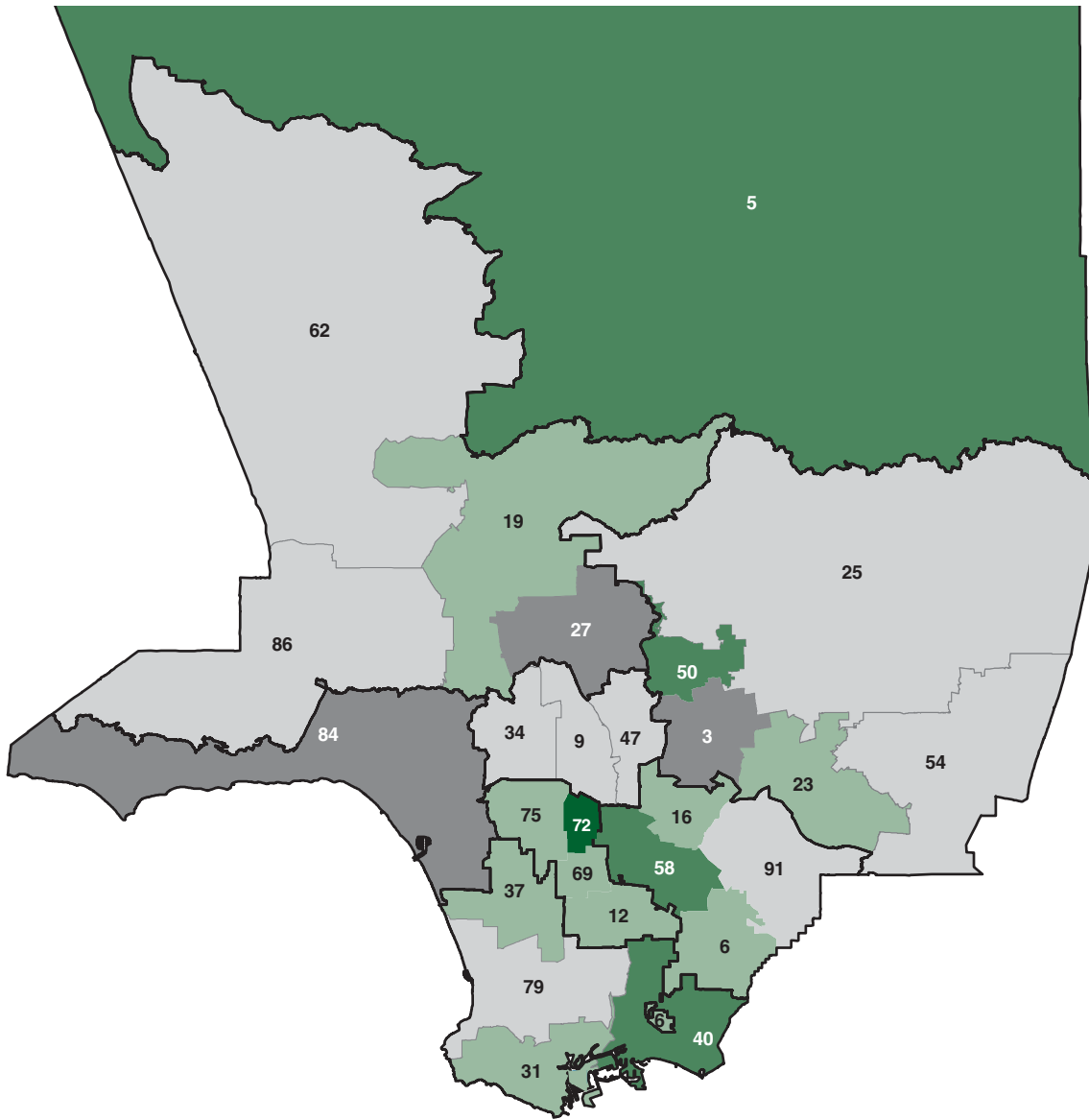
Exhibit 5:
Food Insecurity by
Health Districts in Los
Angeles County among
Adults (Ages 18+) with
Family Incomes Less
Than 200% FPL
 Source: 2001 California
 Health Interview Survey

Health District	Food Insecure with and without Hunger		
	Percent	90% C.I.*	Est. Number
Antelope Valley SPA			
Antelope Valley**	38.5	(29.9 - 47.1)	25,000
South SPA			
Southeast	43.5	(32.6 - 54.5)	32,000
Southwest	33.3	(27.4 - 39.3)	39,000
South	32.5	(22.8 - 42.2)	9,000
Compton	30.9	(23.6 - 38.1)	30,000
South Bay SPA			
Long Beach	35.1	(29.2 - 41.0)	38,000
Inglewood	33.3	(26.4 - 40.1)	43,000
Harbor	33.1	(21.5 - 44.6)	15,000
Torrance	26.8	(19.7 - 34.0)	29,000
East SPA			
San Antonio	35.0	(28.5 - 41.6)	62,000
East LA	32.7	(23.3 - 42.0)	19,000
Bellflower	30.3	(21.9 - 38.7)	21,000
Whittier	25.2	(17.6 - 32.8)	20,000
Metro SPA			
Hollywood-Wilshire	29.4	(23.6 - 35.3)	29,000
Central	27.6	(21.2 - 33.9)	52,000
Northeast	27.2	(20.5 - 33.8)	34,000
San Fernando SPA			
East Valley	29.5	(23.3 - 35.8)	35,000
West Valley	28.8	(23.9 - 33.7)	62,000
San Fernando	25.2	(17.5 - 32.9)	19,000
Glendale	23.9	(15.1 - 32.6)	12,000
San Gabriel SPA			
Pasadena	34.9	(25.7 - 44.0)	9,000
El Monte	29.8	(22.4 - 37.3)	35,000
Pomona	28.3	(22.0 - 34.6)	31,000
Foothill	25.8	(17.0 - 34.5)	19,000
Alhambra	23.4	(15.9 - 30.8)	24,000
West SPA			
West**	22.5	(17.1 - 27.9)	31,000

*The 90% Confidence Interval (CI) indicates a 90% chance that the true value lies within the presented range.

**Entire Service Planning Area (SPA) constitutes one health district.

*Exhibit 6:
Percent of Food
Insecurity by Health
District in Los Angeles
County among Adults
(Ages 18+) with Family
Incomes Less Than
200% FPL*
Source: 2001 California
Health Interview Survey



— SPA Boundary
— Health District Boundary

HD Percent Food Insecure

- <25%
- 25% – 29%
- 30% – 34%
- 35% – 39%
- 40%+

Key for Health District

- | | | |
|---------------------|-------------------------|-------------------|
| 3 = Alhambra | 25 = Foothill | 58 = San Antonio |
| 5 = Antelope Valley | 27 = Glendale | 62 = San Fernando |
| 6 = Bellflower | 31 = Harbor | 69 = South |
| 9 = Central | 34 = Hollywood-Wilshire | 72 = Southeast |
| 12 = Compton | 37 = Inglewood | 75 = Southwest |
| 16 = East L.A. | 40 = Long Beach | 79 = Torrance |
| 19 = East Valley | 47 = Northeast | 84 = West |
| 23 = El Monte | 50 = Pasadena | 86 = West Valley |
| | 54 = Pomona | 91 = Whittier |

Policy Recommendations

Food insecurity is a serious and broad-based public health problem. It is a condition recognized to pose a significant risk to physical and mental health resulting in higher utilization rates for health care services.⁴⁻⁸ The associated cost of food insecurity and hunger reaches well beyond the afflicted families, extracting a psychological and economic toll on all of Los Angeles County. Solving this can only be possible once poverty and its related issues are addressed effectively.⁹ However, there are programs and actions that can contribute to alleviating hunger and minimizing the number of the food-insecure persons in Los Angeles County. These are discussed as follows:

1. **Food Banks and Charitable Food Programs.** Charitable food programs allow people to temporarily avoid hunger, but they cannot end hunger. Based on the new SPA and health district food insecurity data presented, these programs should be available in all health districts and have the combined capacity within each health district to serve the population sizes estimated in this policy brief. Additionally, outreach efforts should be intensified so that those in need both know about and have access to food banks and other charitable food programs.
2. **Federal Government Programs.** The federal government administers assistance programs such as Food Stamps; Commodity Programs; School Nutrition Programs; Special Supplemental Nutrition for Women, Infants, and Children (WIC) Programs; and Senior Nutrition Programs. Because the high cost of living in Los Angeles County places an additional burden on low-income residents, the poverty and/or income eligibility guidelines for these food programs should be

increased. The maximum income guideline for WIC, currently 185% FPL, should be the same guideline for food stamps, child nutrition, and other food programs. In addition, the food stamp monthly allotment should be increased in order to help Los Angeles County's poorest residents. The average California allotment, estimated to be \$88.19 per month per person, is insufficient for families and individuals living in Los Angeles County.¹⁰ Finally, the federal government can reduce high rental costs by working with local municipalities to build more affordable low-income housing in Los Angeles County.

3. **State and County Government Programs.** State and county governments play important roles in administering federal nutrition programs and delivering services to people in need. It is necessary to increase the level of food stamp participation in Los Angeles County so that more food-insecure adults and children receive this benefit. California and Los Angeles County need to work cooperatively to fund increased food stamp outreach efforts to reach under-served populations. Critical to any such effort is program access. State and county governments should improve access to these programs by utilizing more creative and culturally appropriate ways to deliver services and increase participation.
4. **City Government and School Districts.** City government and school districts directly serve local residents and school-age children on a variety of levels. The economic development plans of local cities play an important role in determining the access of local residents to grocery stores, farmers' markets, community gardens, and other

4 CM Olson. Nutrition and health outcomes associated with food security and hunger. 1999. *Journal of Nutrition*, 129:521S-524S.

5 LB Dixon, MA Winkleby, KL Radimer. Dietary intakes and serum nutrients differ between adults from food-insufficient and food-sufficient families: Third National Health and Nutrition Examination Survey, 1988-1994. *Journal of Nutrition*. 2001. 131:1232-1246.

6 K Alaimo, CM Olson, EA Frongillo, Jr. Food insufficiency and American school-age children's cognitive, academic and psychosocial development. 1998, *Pediatrics*. 108: 44-53.

7 RE Kleinman, JM Murphy, M Little, M Pagano, CA Wehler, K Regal, MS Jellinek. Hunger in children in the United States: Potential behavioral and emotional correlates. 1998. *Pediatrics*. 101: 1-6.

8 JM Murphy, CA Wehler, ME Pagano, M Little, RE Kleinman, MS Jellinek. Relationship between hunger and psychosocial functioning in low-income American children. 1998. *Journal American Academy of Child and Adolescent Psychiatry*. 37: 163-170.

9 J Dalaker. Poverty in the United States: 2000. Current Population Reports, Series P60-214. 2001. U.S. Government Printing Office, Washington, DC.

10 U.S. Department of Agriculture. Food, and Nutrition Service, Office of Analysis, Nutrition and Evaluation (2004). Food Stamp Program: Average Monthly Benefit Per Person. Preliminary Estimate for FY2003. Retrieved from www.fns.usda.gov/pd/fsavgben.htm

venues that provide both reasonably priced staple food and fresh produce. The 88 cities of Los Angeles County should review their economic development plans to ensure that they are providing the proper incentives so that residents have access to nutritious and affordable food. Given that 160,000 children or more are experiencing food insecurity in Los Angeles County, it is critical that school districts focus on food insecurity and hunger within their framework of services to enhance outreach efforts and increase participation in food assistance programs.

Next Steps

Food insecurity and hunger are related to other issues facing Los Angeles County, such as the high percentage of residents lacking health insurance and the relatively low rate of pay for low- or semi-skilled jobs in relation to the area's high cost of living. It is easy for one to feel overwhelmed by the sheer magnitude of the problem and the numerous underlying causes of food insecurity and hunger. The government and charitable programs previously mentioned help drive the hunger rate downward, but there is still room for improvement in these programs.

Positive change will occur more rapidly if individuals demonstrate their support for eliminating domestic hunger. A 2003 national poll conducted by the Alliance to End Hunger found that 71.2% of American voters believe the hunger problem in this country over the last decade has either gotten worse (37.8%) or remained the same (33.4%). Additionally, 94.1% of voters polled said that despite budget cuts and tough times, it was important for the government to keep funding anti-hunger programs like School Lunch and WIC.¹¹

It appears that there is willingness by the general public to address the problem of hunger more substantively. It is the hope of the authors that this policy brief will lead to a more intensive dialogue about the extent of local food insecurity and hunger, and what actions can be taken to adequately address this problem.

Data Sources and Methods

This policy brief on food insecurity in Los Angeles County is based on findings from the 2001 California Health Interview Survey (CHIS 2001). CHIS 2001 covers a broad range of public health topics including health status and conditions, health-related behaviors, health insurance coverage and access to health care services. CHIS 2001 interviewed 55,428 households between November 2000 and September 2001. Telephone numbers were drawn from every county in a random-digit dial (RDD) telephone survey. Interviews were conducted in six languages. One sampled adult was interviewed in each household. The sample is representative of the non-institutionalized population. The survey only interviewed persons living in households with telephones; however, statistical adjustments were made to compensate for non-telephone households. The survey did not interview homeless adults.

The Los Angeles County data are weighted using health district, Service Planning Area, and county level data based on the 2000 Census. The findings on food insecurity are based on 4,320 Los Angeles County interviews of adults living in households with incomes below 200% of the federal poverty level (FPL). The food security measure used is an abbreviated six-item scale derived from the 18-item U.S. Household Food Security Module employed in national surveys.¹² Survey respondents reported on their food security over the 12 months prior to the interview. The Food Stamp analysis is based on 1,477 interviews with adults under age 65 living in households below 130% FPL who are U.S. citizens or permanent residents. All differences are statistically significant at the 0.10 level. Estimates with coefficients of variation exceeding 30% are considered statistically unreliable.

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Acknowledgements

The authors wish to thank Neetu Chawla, Yan Xiong, Cynthia Recio, and reviewers Gail Harrison, Roberta Wyn, Cheryl Wold, and E. Richard Brown for their contributions.

Citation

CA DiSogra, W Yen, M Flood, A Ramirez. *Hunger in Los Angeles County Affects Over 200,000 Low-Income Adults, Another 560,000 At Risk*. Los Angeles: UCLA Center for Health Policy Research, 2004.

11 Alliance to End Hunger. *Hunger: An Emerging Issue*. June 2003. Retrieved from www.bread.org/alliance_to_end_hunger/index.html

12 SJ Blumberg, K Bialostosky, WL Hamilton, RR Briefel. The effectiveness of a short form of the household food security scale. 1999. *American Journal of Public Health*. 89:1231-1234.

Funder

The Los Angeles Regional Food Bank funded the research and development of this policy brief.



The views expressed in this report are those of the authors and do not necessarily represent the UCLA Center for Health Policy Research, the Regents of the University of California, The Los Angeles Regional Food Bank, or other funding agencies.

PB2004-4

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