Exploring Health Implications of Disparities Associated with Food Insecurity Among Low-Income Populations

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KEYWORDS

• Community-academic partnerships • Food insecurity • Low-income populations
• Qualitative research

KEY POINTS

- Food insecurity correlates with the development and exacerbation of chronic health conditions among low-income adults and children.
- Results from a qualitative focus group study with food-insecure parents of young children and agency staff working in the food assistance field reinforces how health and well-being are negatively impacted by food insecurity.
- Using social determinants of health framework, nurses can make positive strides to reduce health disparities associated with food insecurity among low-income populations.

INTRODUCTION

Research with priority populations has been emphasized and encouraged by the Agency for Healthcare Research and Quality (AHRQ), but research outcomes lag in their ability to identify evidence-based solutions to improve health care safety, quality, efficiency, and effectiveness.[1] AHRQ's priority populations, specified by the Congress in the Healthcare Research and Quality Act of 1999 (Public Law 106–129), include

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women, children, racial and ethnic minorities, populations with special health care needs (those with chronic illness, disabilities, and end-of-life care needs), as well as the elderly, low-income, inner city, and rural populations.[1] This article focuses on 2 AHRQ-designated priority categories: the Hmong, an ethnic minority group, and low-income populations.

Target Population: Ethnic Minority

Hmong residents comprised the largest ethnic minority group in the county in which the study was conducted.[2] The Hmong served as a US ally in the Vietnam War from the 1960s to 1975.[3] The first Hmong migration of notable size to the United States began with the fall of Saigon and Laos to Communist forces in 1975.[4] Many from the Hmong group had worked with pro-American anti-Communist forces during the conflicts in Vietnam and Laos, and as a result, they were subject to violence and retribution. Many Hmong people escaped Laos to Thailand where they were incarcerated in refugee camps.[4] The Hmong group emigrated from Southeast Asia to the United States from 1975 to 1994, when the final refugee camps were closed.[4] It has been 40 years since the first Hmong refugees settled in western Wisconsin.[3] Despite immense progress in adapting to the culture and geographic differences, the journey to the United States and Wisconsin continues to be fraught with challenges.[3]

Economically, Hmong residents have made dramatic gains, because of a strong work ethic and dedication to education. However, more than one-third (36.2%) of Hmong county residents live at the federal poverty level.[5] Many older adults struggle with language barriers, which affect their employability. At present, for most Hmong youth, speaking basic English is not an issue[3]; however, significant differences in performance measures exist.[6] For example, recent local school district data indicate that Asian students lag behind white students in reading and math proficiency.[6] Specific county data on food insecurity among the Hmong population do not exist; however, poverty does increase the risk of food insecurity and hunger. As 36% of Hmong county residents are poor,[5] many of the poor are also likely to be food insecure. One unique issue for Hmong residents' food intake is that in their native countries, they ate fresh produce exclusively. This preference for fresh versus frozen or canned fruits and vegetables contributes an added cost to the food budget, especially in the winter (EC Hmong agency staff, personal communication, April 15, 2015).

Target Population: Low Income

According to the 2011 AHRQ national health disparities report, of all the measures of health care quality and access that are tracked and evaluated for trends over time, "poor individuals had worse care than high-income individuals in the most recent year for 52 measures" with most of these measures showing no significant change in disparities over time.[7(p244)] These health disparity trends persist today. According to the 2014 AHRQ quality and disparities report, few disparities have been eliminated and "people in poor households generally experienced less access to and poorer quality of care."[8(pvi)] To more accurately evaluate the impacts of food insecurity, the authors considered low income to be at 200% of poverty.[9] This is the percentage used by the federal government to set program eligibility thresholds for nutrition programs including Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Education (SNAP).[10] Based on this poverty threshold, 1 of 3, that is, 33%, of county residents where the study was conducted are considered to have low income.[11]

The US Department of Agriculture (USDA) definition of food insecurity,[12] a household-level economic and social condition of limited or uncertain access to adequate food, recognizes that access to healthy food is affected by social as well