

Research Paper

Food security among young adults with disabilities in the United States: Findings from the National Health Interview Survey

Debra L. Brucker, M.P.A., Ph.D.

University of New Hampshire, Institute on Disability, 10 West Edge Drive, Suite 101, Durham, NH 03824, USA

Abstract

Background: Prior research has suggested that young adults with disabilities face economic, health and social disadvantage. Food security, an area of disadvantage that can influence overall health, has not been fully explored for this population.

Objective/hypothesis: To examine levels of food security between young adults with and without disabilities, controlling for individual characteristics.

Methods: Logistic regression analysis of a nationally representative sample of young adults (age 18–25) ($n = 32,795$) with and without disabilities, using pooled data from the 2011–2013 National Health Interview Survey.

Results: Young adults with disabilities have significantly higher odds (OR: 2.58, $p < 0.001$) of living in a household that is food insecure than young adults without disabilities, even when controlling for individual characteristics. Odds of living in a household that is food insecure are particularly high (OR: 5.35, $p < 0.001$) among young adults with high levels of psychological distress, controlling for other factors.

Conclusions: Young adults with disabilities have increased odds of living in a household that is food insecure. This study has important policy and community program implications. © 2016 Elsevier Inc. All rights reserved.

Keywords: Disability; Food security; Psychological distress

While most Americans have consistent access to adequate food to ensure a healthy, active life, certain populations are less likely to be food secure. Households which include a person with a disability, for example, are significantly more likely to be food insecure.¹ The population of persons with disabilities is heterogeneous, however, and it is likely that different sub-populations of persons with disabilities experience different levels of food insecurity. On the national disability policy stage, young adults with disabilities are a sub-population of particular interest. While a variety of national, state and local efforts are underway to ease the transition of youth with disabilities into adulthood, issues of food security are rarely discussed. Targeted research is needed to understand the risk of food insecurity for this population. The research conducted here

fills this gap in the literature, using national household survey data to estimate the odds of living in a household that is food insecure for three different populations of young adults with disabilities: young adults with any limitation, young adults with high levels of psychological distress, and young adults receiving Social Security Disability Insurance (SSDI) or Supplement Security Income (SSI).

In the U.S., an estimated 40 million people, or 13 percent of the population, have an ambulatory, cognitive or sensory disability.² Despite legal protections and the provision of a substantial amount of government income, in-kind, and service support, persons with disabilities continue to experience disadvantage across a broad array of economic, health and social outcomes, including food security.^{1,3–11} Young adults with disabilities confront a unique set of challenges which may further exacerbate levels of disadvantage. For young adults with disabilities, the usual pressures of entering the adult world are coupled with the added challenge of navigating the movement from a relatively comprehensive system of services designed to support children with disabilities to a more fragmented adult system. Youth who have special health care needs, for example, may face difficulties in transitioning from pediatric to adult health care systems.¹² Youth who are

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Corresponding author. Tel.: +1 603 862 1643.

E-mail address: debra.brucker@unh.edu

eligible to receive monthly Supplemental Security Income (SSI) support under a definition of disability that is tailored to children must be re-determined for benefits using an adult definition of disability.^{13,14} For young adults who are interested in pursuing post-secondary education, moving from the comparatively comprehensive systems of supports available within the secondary education system to the disparate levels of offerings available at the post-secondary level can be daunting.¹⁵ Young adults with disabilities are less likely to be employed than young adults without disabilities and those who do enter the workforce earn significantly lower wages than their counterparts.¹⁶ Furthermore, young adults with disabilities are less likely to have either their own checking account or their own credit card, suggesting additional limits on the ability to be financially independent.¹⁷ This combination of factors can decrease the likelihood of independent living among young adults with disabilities. Food security, an important component of independent living, has not yet been specifically examined for this population.

Among the general population, research has found that households in poverty, single-headed households that include children, and black- and Hispanic-headed households experience significantly lower levels of food security than other households.¹⁸ Food security has been tied to broad economic and health outcomes for the general population and for certain sub-populations such as children and older adults.^{19–24} Existing research on food security among persons with disabilities has primarily focused on adults with disabilities. In addition to finding evidence of greater levels of food insecurity among adults with disabilities, some research has identified the extra costs of living with a disability as a key factor influencing food security.^{25,26} Other research has focused more on factors that can improve food security for particular sub-groups of persons with disabilities, including those with intellectual disabilities.²⁷ None of these studies have focused particularly on the experiences of young adults with disabilities, however.

Persons who are food insecure may seek to participate in publicly funded nutrition assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP). SNAP is available to households that meet certain income, resource, and work participation requirements as set by federal and state governments. SNAP participation has been found to alleviate food insecurity.^{28–31} Average monthly benefits provided to households through SNAP are low, however, with the average SNAP recipient receiving approximately \$125 per month in 2014.³² Given the higher levels of food insecurity noted earlier, it is not surprising that increased rates of participation in SNAP have been found for different sub-groups of persons with disabilities. Child SSI recipients,^{33,34} working-age persons with disabilities,³⁵ households that include at least one adult with a disability,¹ and Social Security Disability Insurance (SSDI) and SSI beneficiaries³⁶ all participate in SNAP at higher levels than comparison groups.

As young adults with disabilities attempt to transition into more independent adult roles, issues of food security must be addressed. The research conducted here is designed to further our understanding of these issues for young adults with disabilities, providing information that can be used within the disability policy and nutrition assistance policy fields to improve food security for young Americans who have disabilities.

Methods

Data

Pooled cross-sectional data from the National Health Interview Survey (NHIS), years 2011–2013, was used. The NHIS is a nationally representative annual household survey conducted by the U.S. Center for Disease Control and Prevention (CDC). Using a complex sampling process, the NHIS routinely collects data on health behaviors, health conditions, health care utilization and health care coverage for the U.S. Additional modules to the survey collect complementary data. The Food and Nutrition Service of the U.S. Department of Agriculture began funding the collection of a 30-day adult food security module as part of the NHIS in 2011. This module was the source of the food security information analyzed here. The NHIS also includes information about disability, capturing not only a common set of six questions used by other federal surveys to identify persons with disabilities, but also more detailed questions about disabilities, other health conditions, and receipt of public disability benefits. The three year sample was restricted to adults age 18–25 (unweighted $N = 32,795$). Data was weighted using guidance from the CDC to achieve annualized results.³⁷

Measures

Food security

Food security was measured at the family level as access to enough food for active, healthy lives. Since 2011, ten questions have been included in the NHIS to assess adult 30-day food security. The questions measure different facets of food security: being worried that food would not last, food not lasting until there was money to buy more, not eating balanced meals, eating less than one should, being hungry but not eating, losing weight because there was not enough food, cutting or skipping a meal, not eating for a whole day, the number of days that a meal was skipped, and the number of days that a person did not eat for a whole day. Following NHIS guidance, a raw food security score was created to represent the number of affirmative responses (0–10) to the food security questions. Answers of “often true,” “sometimes true,” and “yes” were considered affirmative. Responses to questions that ask about the frequency of occurrence in the past 30 days were considered affirmative if the respondent’s answer was greater than

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