

Food Security in San Bernardino County

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San Bernardino County Department of Public Health Nutrition Program

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Community Network to Provide Assistance Project
San Bernardino County Department of Public Health Nutrition Program

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Executive Summary

The purpose of this report is to examine the level of food security in San Bernardino County. With an area of 20,164 square miles, San Bernardino County, California is geographically the largest county in the contiguous United States and is larger than the combined land masses of New Jersey, Massachusetts, Delaware, and Rhode Island. Its diversity of urban centers, suburban cities, rural mountain and desert regions and even remote communities presents unusual challenges for meeting the needs of low - income residents.

From 1980 to 1990, San Bernardino County was one of the two fastest growing metropolitan statistical areas in the country. The county population grew by 58% from 1980 to 1990. The growth, however, slowed from 1990 to 1997 with an increase of 12%. It is estimated that San Bernardino County is currently home to over 1.58 million people.

Hunger and Food Security

Hunger and Food Security are complex and related issues. Distinguishing the two issues and determining specific definitions for each has historically been challenging. “Hunger” is a word with enormous emotional content and has a continuum that ranges from a simple craving for the next meal to the widespread unavailability of food that leads to malnutrition, starvation, and death.

In the 1970’s and 1980’s a conceptual and operational definition of hunger was sought. In 1984, the President’s Task Force on Food Assistance determined both a “medical” and “social” definition of hunger. During this same period of time, it had become clear that for policy issues it was even more important to define conditions of food deprivation that lead to hunger. By the time hunger is documented, the damage may already be irreversible. The concept of food insecurity or the *risk* of hunger had finally become a key policy issue in the United States by the late 1980’s. Several definitions of food security and insecurity arose. However, the most widely adopted definition of food security is the one developed in 1990 by the Life Sciences Research Office (LSRO) of the Federation of American Societies of Experimental Biology, an expert panel on hunger and food security.

Food security is: “Access by all people at all times to enough food for an active, healthy life and includes at a minimum: (1) the ready availability of nutritionally adequate and safe foods, and (2) the assured ability to acquire acceptable food in socially acceptable ways (e.g. without resorting to emergency food supplies, scavenging, stealing and other coping strategies)”.

Food insecurity, therefore, identifies those individuals or communities that are unable to procure food through normal channels (e.g. grocery stores, household gardens, farmers’ markets) as being at risk for hunger. Thus, hunger is a severe manifestation of food insecurity.

Examining the level of food security allows us to use the public health approach by examining the food system as a whole and taking into account both community and individual resources including adequate personal income, access to transportation, cooking and storage facilities, as well as the existence of competitively priced food, nutritious, culturally acceptable food choices, and adequate local conventional food sources.

Health Consequences of Hunger and Food Insecurity

Persistent hunger and food insecurity resulting in undernutrition have serious and complex effects on all people, especially those groups that are the most nutritionally vulnerable, which include pregnant women, infants, children, and the elderly. Unfortunately, many of the adverse effects associated with food deprivation are irreversible.

Americans in poor households (hungry households) are more likely to be undernourished than those households with better access to food. In general, the risk of nutrition-related disorders is greater in low-income groups than in groups with higher incomes

Acute and prolonged hunger leads to increased infant mortality, low-birthweight babies, anemia, retarded physical growth and permanently impaired brain development. In San Bernardino County, the infant mortality and childhood anemia rates exceed the State's levels for these conditions.

Poverty and Food Insecurity

Hunger and food insecurity are closely linked to poverty. Living at or below the poverty line places tremendous strain on a household budget, which adversely affects the ability to purchase a nutritionally adequate diet. The "poverty line" was originally set at a point at which people lacked the resources to obtain an adequate diet. However, this cutoff was probably set too low originally because it was based on an "emergency" food plan, the USDA Economy Plan, and not one adequate for long term use. The Poverty Index currently used by food assistance programs, which is based on the USDA Thrifty Food Plan, is also considered by many scientists to be inadequate to meet nutritional needs.

According to data available from the Census Bureau, the number of County residents below the poverty level increased by 55% from 174,727 to 271,693 from 1989 to 1993 respectively. The proportion of the total population living below the poverty level increased from 12.7% in 1989 to 17.6% in 1993.

A disproportionate number of San Bernardino County children live below the poverty level. For children ages 5 to 17 years, the number below the poverty level rose from 48,682 to 74,010, and the proportion below poverty level went from 16.7% to 22.1% from 1989 to 1993. The number of children living in poverty under the age of five is not available in the 1993 estimates. However, the 1990 census revealed there were 25,571 children under the age of five living in poverty. Almost one out of every four children under eighteen years of age in San Bernardino County lives in poverty.

Food Insecurity in San Bernardino County

Based on an analysis of the real cost of living in the County and the number of households below 175% of the poverty level, it is estimated that as many as 400,000 persons in San Bernardino County are food insecure.

Access to readily available, nutritionally adequate, and safe foods is a major determinant of food security. Access to food requires a geographical distribution of resources, e.g. competitively priced supermarkets, farmers' markets, community gardens and a transportation system that connects people with vital goods and services on a daily basis. For the poor, inadequate transportation significantly limits their access to food and plays a role in their health and nutrition. The vast geographic size of the County contributes to the problem of food insecurity.

Food Assistance Programs Serving San Bernardino County

Federal food assistance programs play a vital role in helping to feed poor families and individuals. Unfortunately these programs do not have adequate funding to assist all of those who are in need. As a result, the private sector has attempted to fill this gap by providing services to low-income persons primarily in the form of food pantries and soup kitchens. This network of private programs provides valuable services, but is not able to meet the needs of all of those who fall through the federal "food safety net."

Virtually all food assistance programs, both federal and private, have experienced an increase in the demand for food assistance over the past several years. In San Bernardino County, food pantries and soup kitchens surveyed confirmed that they have seen an increase in demand for food assistance over the past couple of years without a significant increase in resources, primarily funding, food, and volunteers. To serve as many clients as possible with their limited resources and to minimize abuse of services, many agencies limit the number of times a client can utilize their services often to once every three months. Although the provision of emergency food has traditionally been based on the crisis model, many food providers have begun to change their focus toward self-sufficiency and client empowerment. Food providers can play a valuable role in helping to change the climate from dependency to self-sufficiency. Unfortunately, the ability to provide these additional services depends on the adequacy of resources including staff, volunteers, and funding.

While there are a large number of caring and committed food providers in the County, their limited resources fall short of meeting the needs of the County's estimated **400,000 food insecure** individuals at risk of hunger. The *private sector alone* can not fill the gap in providing food assistance to all who are in need nor improve the level of food security in the County.

Conclusions and Recommendations

This report examined the level of food security in San Bernardino County and has revealed that, although, there are numerous public and private programs providing food assistance, *food insecurity is a problem in the County*. Despite the evidence, many are

still unaware of the severity of food insecurity in their communities. A primary goal of this report is to increase community *awareness* of the problem of food insecurity. The public needs to be informed about the problem and about what role they can play in finding a solution. Without recognizing that there is a problem, solutions can not even begin to be identified.

The food security approach focuses on developing long term solutions based on self-reliance and available community resources. Any realistic solution to hunger and food insecurity will need to be planned and implemented at the service, system, and policy levels. This, in turn, will require: 1) a higher level of hunger and food insecurity awareness; 2) more visible community and political leadership; 3) openness to change; 4) new approaches to community-level problem-solving; and 5) a realignment of resources and programs serving poor individuals and families.

Some initial steps toward improving the level of food security in San Bernardino County include the following:

- Educate the community about hunger and food insecurity
- Expand the level of food resources in San Bernardino County
- Provide financial and other assistance to the emergency food network
- Improve access to food in low-income neighborhoods
- Improve areas in economic distress
- Form a Food Policy Council to raise awareness and address the food security issues presented in this report

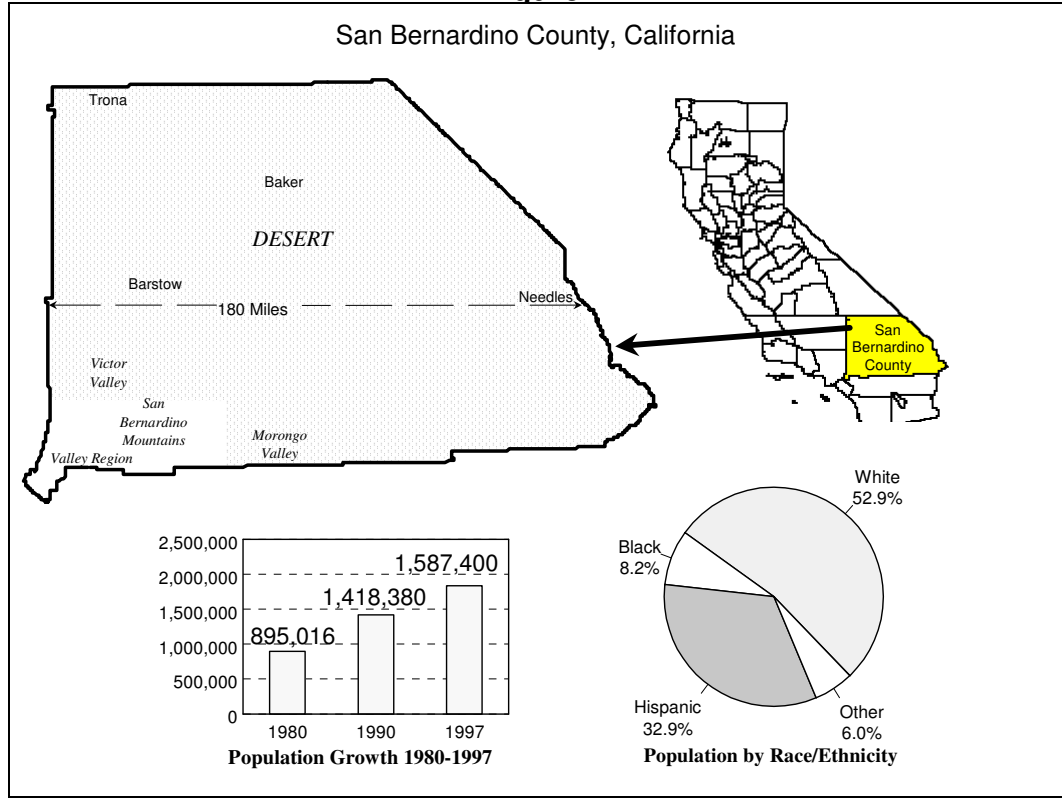
The findings of this report are a call to action for elected officials, government, community and religious leaders, food providers, funders, and advocates to make the improvement of food security a high priority in San Bernardino County.

I. Introduction

The purpose of this report is to examine the level of food security in San Bernardino County. With an area of 20,164 square miles, San Bernardino County, California is geographically the largest county in the contiguous United States and is larger than the combined land masses of New Jersey, Massachusetts, Delaware, and Rhode Island. Its diversity of urban centers, suburban cities, rural mountain and desert regions and even remote communities presents unusual challenges for meeting the needs of low - income residents. As illustrated in Figure 1, the County is culturally diverse as well with an ethnic composition of 53% White, non-Hispanic, 33% Hispanic, 8% Black, non-Hispanic, and 6% all other race/ethnicities (1).

From 1980 to 1990, San Bernardino County was one of the two fastest growing metropolitan statistical areas in the country. The county population grew by 58% from 1980 to 1990. The growth, however, slowed from 1990 to 1997 with an increase of 12%. It is estimated that San Bernardino County is currently home to over 1.58 million people.

Figure 1



In the following sections of this report, the concept of “food security” is defined and the level of food security in San Bernardino County is assessed utilizing data sources which include income and poverty, access to grocery stores and food assistance sites, and food assistance program participation. The sections of this report are organized as follows:

Section II defines hunger and food security and describes the associated health consequences.

Section III presents the relationship between poverty and food insecurity and provides measures of poverty for San Bernardino County, California, and the United States.

Section IV provides “self-sufficiency profiles”, which are estimates of the minimum income required to be food secure in San Bernardino County, followed by an estimate of the number of food insecure persons in the County. Other measures of food insecurity such as transportation and access issues are also addressed.

Section V identifies food assistance programs, both government and private, currently available in the County and program participation.

Section VI discusses the conclusions and recommendations.

Section VII identifies the references used.

Section VIII includes the appendices, which contain tabulations of persons below poverty level and below 175% poverty level by city and ZIP code, vehicle ownership by city, food assistance sites, and a food assistance provider survey tool.

II. Hunger and Food Security

Definitions

Hunger and Food Security are complex and related issues. Distinguishing the two issues and determining specific definitions for each has historically been challenging. The California Policy Seminar (CPS) report, *Hunger and Food Insecurity in California*, however, eloquently defines and distinguishes the two.

Webster's Dictionary defines hunger as “a compelling need or desire for food; the painful sensation or state of weakness caused by need of food” (2). The CPS report expands on this simple definition. “ ‘Hunger’ is a word with enormous emotional content. Literally, it denotes a condition in which food deprivation leads to certain psychological and physiological changes that cause a person to become ‘uncomfortable’ and then seek food in order to alleviate the discomfort. However, the hunger continuum ranges from a simple craving for the next meal to the widespread unavailability of food that leads to malnutrition, starvation, and death” (3).

It was not until the 1970's and 1980's that a conceptual and operational definition of hunger was sought. “In 1984, the President's Task Force on Food Assistance designated both a ‘medical’ and ‘social’ definition of hunger. The *medical definition* was that ‘hunger is a condition in which the level of nutrition necessary for good health is not being met because of a lack of access to food.’ The *social definition* was that ‘hunger also means a situation in which someone cannot obtain an adequate amount of food, even if the shortage is not prolonged enough to cause health problems’ ” (4). “The concept of ‘adequate’ food meant not only enough to supply caloric needs, but also to meet the Recommended Dietary Allowances and the U.S. Dietary Guidelines for dietary composition” (3).

During this same period of time, it had become clear that for policy issues it was even more important to define conditions of food deprivation that lead to hunger. By the time hunger is documented, the damage may already be irreversible. The concept of food insecurity or the *risk* of hunger had finally become a key policy issue in the United States by the late 1980's. Several definitions of food security and insecurity arose. However, the most widely adopted definition of food security is the one developed in 1990 by the Life Sciences Research Office (LSRO) of the Federation of American Societies of Experimental Biology, an expert panel on hunger and food security (3).

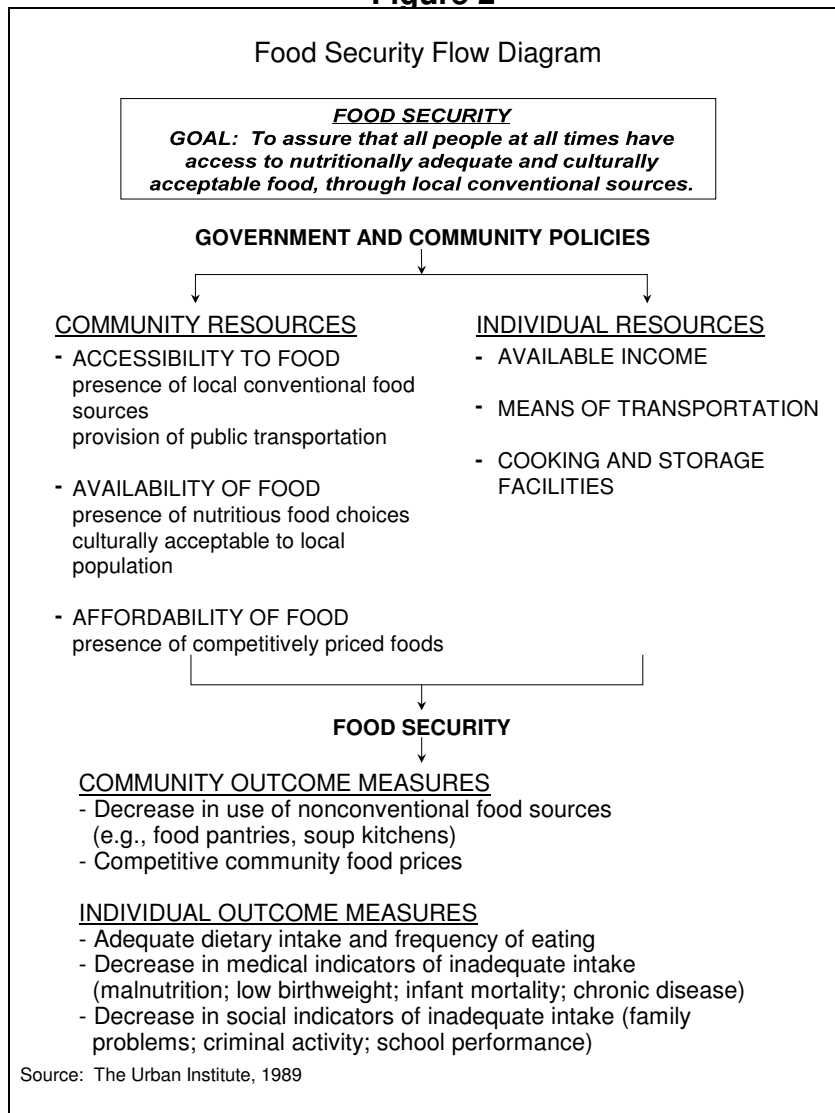
Food security is: “Access by all people at all times to enough food for an active, healthy life and includes at a minimum: (1) the ready availability of nutritionally adequate and safe foods, and (2) the assured ability to acquire acceptable food in socially acceptable ways (e.g. without resorting to emergency food supplies, scavenging, stealing and other coping strategies)” (5).

Food insecurity, therefore, identifies those individuals or communities that are unable to

procure food through normal channels (e.g. grocery stores, household gardens, farmers' markets) as being at risk for hunger. Thus, **hunger is a severe manifestation of food insecurity**. This also means that the very existence of "emergency food programs" such as food pantries and soup kitchens indicates food insecurity (3).

Examining the level of food security allows us to use the public health approach by examining the food system as a whole and taking into account both community and individual resources including adequate personal income, access to transportation, cooking and storage facilities, as well as the existence of competitively priced food, nutritious, culturally acceptable food choices, and adequate local conventional food sources. Measuring hunger in terms of food security has the advantage of being able to identify the necessary conditions for its prevention (6). This approach is diagrammed in Figure 2 (7).

Figure 2



Health Consequences of Hunger and Food Insecurity

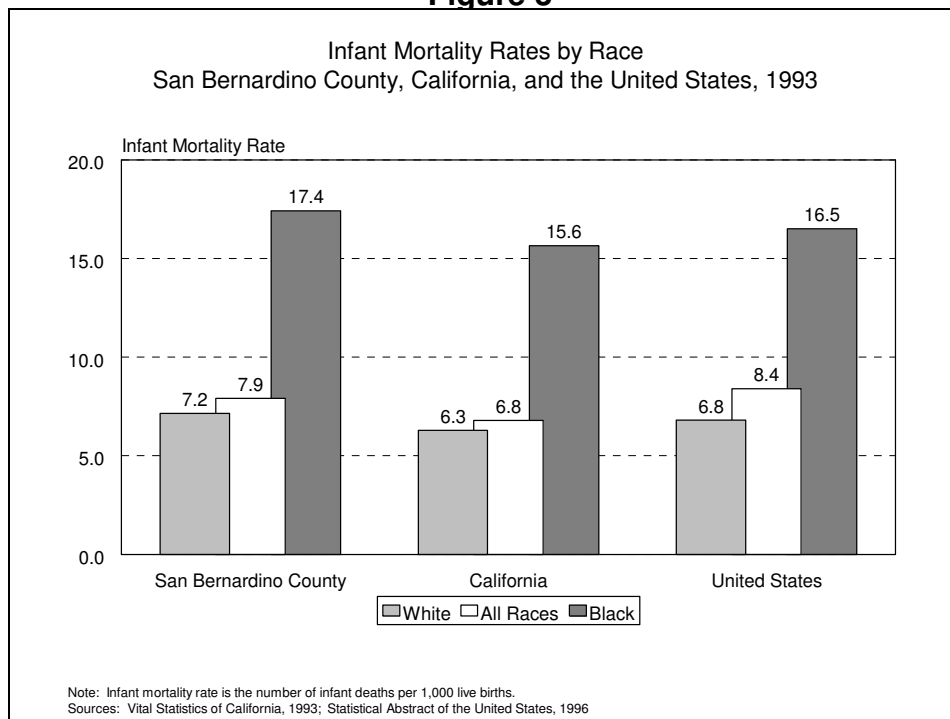
Persistent hunger and food insecurity resulting in undernutrition have serious and complex effects on all people, especially those groups that are the most nutritionally vulnerable, which include pregnant women, infants, children, and the elderly (3,8). Unfortunately, many of the adverse effects associated with food deprivation are irreversible (3).

Americans in poor households (hungry households) are more likely to be undernourished than those households with better access to food. In general, the risk of nutrition-related disorders is greater in low-income groups than in groups with higher incomes (3).

Hunger and undernutrition contribute to a variety of adverse health consequences. “At all ages, undernutrition reduces resistance to infections. Infections frequently cause a loss of appetite, higher energy requirements, increased nutrient losses, and reduced immune response. Therefore, a cycle is established in which undernutrition predisposes one to infection, contributing further to undernutrition, and ultimately to excess levels of morbidity and mortality” (8).

The infant mortality rate is closely linked to the adequacy, quantity or quality, of the diet of the infant’s mother and is universally recognized as an index of health and nutritional status (8,9). The infant mortality rate in the U.S. placed it 30th in 1994 (10) in comparison with other countries worldwide with the rate for African Americans being twice that for Whites (8). In San Bernardino County, infant mortality rates were 7.2 for Whites and 17.4 for Blacks in 1993. Figure 3 compares infant mortality rates for Whites, Blacks, and all races combined in San Bernardino County, California, and the United States.

Figure 3



The Community Childhood Hunger Identification Project (CCHIP) (11), regarded as a model for measuring hunger in the low-income population, surveyed families living below 185% of poverty. The CCHIP study revealed that hungry children suffer from two to four times as many individual health problems, such as unwanted weight loss, fatigue, headaches, irritability, inability to concentrate, and frequent colds. They are more likely to be absent from school than children from low-income families who do not experience food shortages. Hungry children are also more likely to be anemic than non-hungry children (9,11).

Recent research conducted by Tufts University Center on Hunger, Poverty, and Nutrition Policy, revealed the following relationship between nutrition and cognitive development in children (3,9,12).

- Undernutrition, along with environmental factors associated with poverty, can permanently retard growth, brain development, and cognitive functioning.
- The longer a child's nutritional, emotional, and educational needs go unmet, the greater the likelihood of cognitive impairments.
- Iron deficiency anemia, affecting nearly 25% of poor children in the United States, is associated with impaired cognitive development.

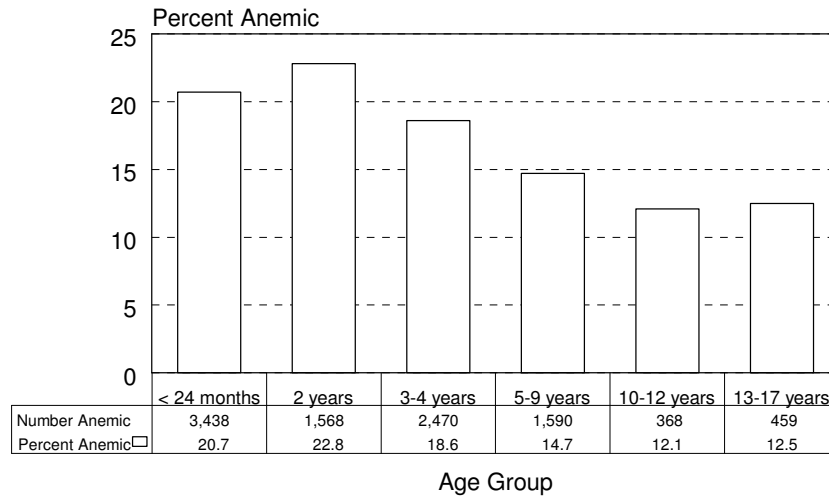
According to the Centers for Disease Control (CDC), anemia is a significant health problem among low-income children (9). Iron deficiency both with and without anemia, among preschool children, has been associated with deficits in attention and difficulty learning new concepts in problem-solving situations. "Among school-age children, even mild iron deficiency anemia leads to shortened attention span, irritability, fatigue, and decreased ability to concentrate. Children with chronic undernutrition attain lower scores on standardized achievement tests, especially those of language ability. Such psychosocial sequelae of mild to moderate undernutrition present obstacles to school achievement, helping to perpetuate the cycle of poverty and undernutrition in future generations" (8).

It is estimated that for every child with iron deficiency anemia, there is at least one suffering from undetected iron deficiency without anemia. This is a disease that may have permanent impact on their development and is completely preventable (3).

California's Child Health and Disability Prevention program (CHDP) has participated in a national Pediatric Nutrition Surveillance System with the U.S. Centers for Chronic Disease Prevention and Health Promotion since 1989 to monitor health and nutrition (not hunger) of children from low-income families (3). According to 1995 data collected on CHDP children, the proportion of hemoglobin and hematocrit (hematology) levels below the CDC thresholds for anemia (13) for children in San Bernardino County exceeded the State's proportion (18.2% versus 15.5% respectively) (14). Figure 4 identifies the number and percentage of CHDP screenings showing anemia by age group.

Figure 4

Child Hemoglobin Screening Results By Age Group
San Bernardino County CHDP* Patients Receiving Hemoglobin Screening, 1995



* CHDP=Child Health Disability Prevention Program.
Source: Pediatric Nutrition Surveillance, 1995 Annual Summaries

Another nutritionally vulnerable group of individuals is the elderly. The elderly, who have reduced immune capacity and greater fragility, are at high risk for nutritional problems and health consequences related to hunger (3,8). “Hunger and malnutrition exacerbate chronic and acute diseases and speed the onset of degenerative diseases among the elderly. This not only leads to an unnecessary decrease in the quality of life for many older people, but also increases the cost of health care in the United States. National data for people ages 65 to 75 show that a majority are not consuming even two-thirds of the nutrients they need to stay healthy” (9). It was estimated in 1986 that 65% of elderly persons admitted to hospitals had serious nutritional deficiencies. Because the diseases/conditions associated with these deficiencies require weeks and sometimes even months to resolve, the costs of extended medical care and treatment exceed the costs of adequately nourishing these individuals (15).

III. Poverty and Food Insecurity

Relationship Between Poverty and Food Insecurity

Hunger and food insecurity are closely linked to poverty (3,8,9). Living at or below the poverty line places tremendous strain on a household budget, which adversely affects the ability to purchase a nutritionally adequate diet (9). The “poverty line” was originally set at a point at which people lacked the resources to obtain an adequate diet. However, this cutoff was probably set too low originally because it was based on an “emergency” food plan, the USDA Economy Plan, and not one adequate for long term use (3).

The first official government definition of *poverty* was developed in 1965 by Molly Orshansky, a Social Security Administration economist. The poverty index identified the least amount of money needed for households of a given size and composition to purchase a diet that would meet minimum nutritional requirements, multiplied by three. The multiplier was derived from a survey conducted in 1955 which showed that an average family (*not* average poor family) of three or more spent approximately one-third of their after-tax income on food (3,16).

The Poverty Index currently used by food assistance programs, which is based on the USDA Thrifty Food Plan, is also considered by many scientists to be inadequate to meet nutritional needs. In addition, a variety of studies have concluded that the Thrifty Food Plan underestimates the cost of food by 15-35% if compared to today’s prices. Therefore, most low-income households would need even more money to obtain just a borderline nutritious diet (3).

Although the Poverty Index is updated every year to take into account inflation, there remain major flaws in the theory behind the guidelines. The original multiplier chosen, one-third, has remained unchanged over the years and does not reflect what proportion of the average low-income family’s available income is currently spent on food, housing/rent, utilities, and transportation (3,16).

In 1980, for example, the “average” American spent about one-fifth of their income on food, yet the government figures continue to use one-third to calculate the Poverty Index. In 1980, if the poverty line had been set based on a one-fifth amount, a family of four would be at the poverty line with an income of \$13,000. However, the official poverty line based on one-third was \$8,414. In 1990, figures showed that families were spending even less – about one-sixth – of their budgets on food. “The multiplier chosen, therefore, is significant because it affects the number of people considered to be living in poverty” (16). “Because other household costs (rent, utilities, transportation) are relatively *inelastic*, food becomes the only available area of *elasticity* in the family budget” (3). Therefore, people at or below the poverty line are at most risk of food insecurity and hunger (3,6,8,9,11).

Illustrated in Table 1 are the 1997 poverty guidelines that are used mainly for administrative purposes to determine financial eligibility for certain federal programs.

These guidelines are a simplification of the poverty thresholds which are used primarily for statistical purposes to determine estimates of the number of Americans in poverty (17).

Table 1
1997 Department of Health Services Poverty Guidelines

Size of Family Unit	Income
1	\$7,800
2	\$10,610
3	\$13,330
4	\$16,050
5	\$18,770
6	\$21,490
7	\$24,210
8	\$26,930
For each additional person, add	\$2,720

Source: *Federal Register*, 62 (46): 10856-10859, March 10, 1997.

Poverty in the United States and California

In the U.S., 36.4 million Americans or 13.8% of the population lived in poverty in 1995 according to data released by the U.S. Census Bureau in September 1996, (9) and many of those are the working poor (3,8,9,11). In 1995, 41% of poor persons 16 years and older worked, and 11% worked full time, year round (9).

Children, however, continue to be the poorest age group in the country (9,11). “In 1995, 20.8% of all American children under age 18 were poor, a larger percentage than any other group” with “23.7% of all children under age six living below the poverty level” (9). The 1993 State and County Income and Poverty Estimates are the most current estimates of persons in poverty in California and San Bernardino County. In California, 5.4 million or 17.4% of Californians lived at or below the poverty line (18). A significant percentage of California’s children lived in poverty totaling 1.4 million or 24.1% of children between ages of five and seventeen. This figure does not include the number of children under the age of five. However, this figure does indicate that approximately *one in four children in California are living in poverty* (3,18).

Table 2 compares the number of persons in poverty in the county, state, and the U.S. It illustrates the significant increase in the numbers of persons in poverty from 1989 to 1993.

Poverty in San Bernardino County

Since the cost of living has increased dramatically in Los Angeles County over the past fifteen years, many residents have moved to San Bernardino County, where housing is more affordable. Although the cost of living may be somewhat less than in Los Angeles County, San Bernardino County still has a significant number of people who are not

able to make ends meet without some form of assistance, e.g. food stamps, emergency food bags, etc. Based on Census Bureau data shown in Table 2, the median household income for San Bernardino County residents increased only 2.8% from 1989 to 1993, \$33,443 to \$34,390 respectively (18).

Table 2

**Income and Poverty In San Bernardino County, California, and the United States
1989 and 1993**

Poverty/Income Measure	San Bernardino County			California			United States		
			% Change			% Change			% Change
	1989	1993	1989 to 1993	1989	1993	1989 to 1993	1989	1993	1989 to 1993
Number of persons below poverty level	174,727	271,693	55.5%	3,627,585	5,449,483	50.2%	31,528,000	39,265,000	24.5%
% of persons below poverty level	12.7	17.6	38.6%	12.5	17.4	39.2%	12.8	15.1	18.0%
Number of related children ages 5-17 below poverty level	48,682	74,010	52.0%	894,202	1,388,380	55.3%	7,918,000	9,814,000	23.9%
% of related children ages 5-17 below poverty level	16.7	22.1	32.3%	17.2	24.1	40.1%	17.7	20.4	15.3%
Median household income	\$33,443	\$34,390	2.8%	\$35,798	\$34,129	-4.7%	\$28,906	\$31,241	8.1%

Sources:

- 1) U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population and Housing, Summary Tape File 3A
- 2) U.S. Department of Commerce, Bureau of the Census, *State and County Income and Poverty Estimates - 1993* (www.census.gov/hhes/www/saipe/saipe93/ftpdoc.html)

The number of persons below the poverty level in San Bernardino County has increased dramatically according to the data available from the Census Bureau. As illustrated in Table 2 from 1989 to 1993, the number of County residents below the poverty level increased by 55.5% from 174,727 to 271,693 respectively. The proportion of the total population living below the poverty level increased from 12.7% in 1989 to 17.6% in 1993 (18).

A disproportionate number of San Bernardino County children live below the poverty level. For children ages 5 to 17 years, the number below the poverty level rose from 48,682 to 74,010, and the proportion below poverty level went from 16.7% to 22.1% from 1989 to 1993. The number of children living in poverty under the age of five is not available in the 1993 estimates. However, the 1990 census revealed there were 25,571 children under the age of five living in poverty. In addition, there were 9,713 individuals sixty-five years of age or older reported to be living below the poverty level according to the 1990 census (19). Table 3 shows the number of San Bernardino

County residents below the poverty level by age group for 1989 (age group detail is not available for 1993, except for the age group from 5 through 17 years). The data are presented graphically in Figure 5.

Table 3
Poverty Status By Age Group
San Bernardino County, 1989 and 1993

Age Group	1990		1993	
	Persons With Income Below Poverty Level	% Below Poverty Level This Age Group	Persons With Income Below Poverty Level	% Below Poverty Level This Age Group
Under 5 years	25,571	19.1%		
5 years	4,989	19.3%		
6 to 11 years	26,192	17.8%		
12 to 17 years	20,016	16.4%		
Subtotal: 5 to 17 years	51,197	17.4%	74,010	22.1%
18 to 24 years	23,268	16.8%		
25 to 34 years	31,637	11.9%		
35 to 44 years	17,374	8.4%	(1993 data available only for ages 5-17 years, and for all ages combined)	
45 to 54 years	8,741	7.0%		
55 to 59 years	3,451	7.5%		
60 to 64 years	3,775	8.1%		
65 to 74 years	5,057	6.7%		
75 years and over	4,656	10.6%		
All Ages	174,727	12.7%	271,693	17.6%

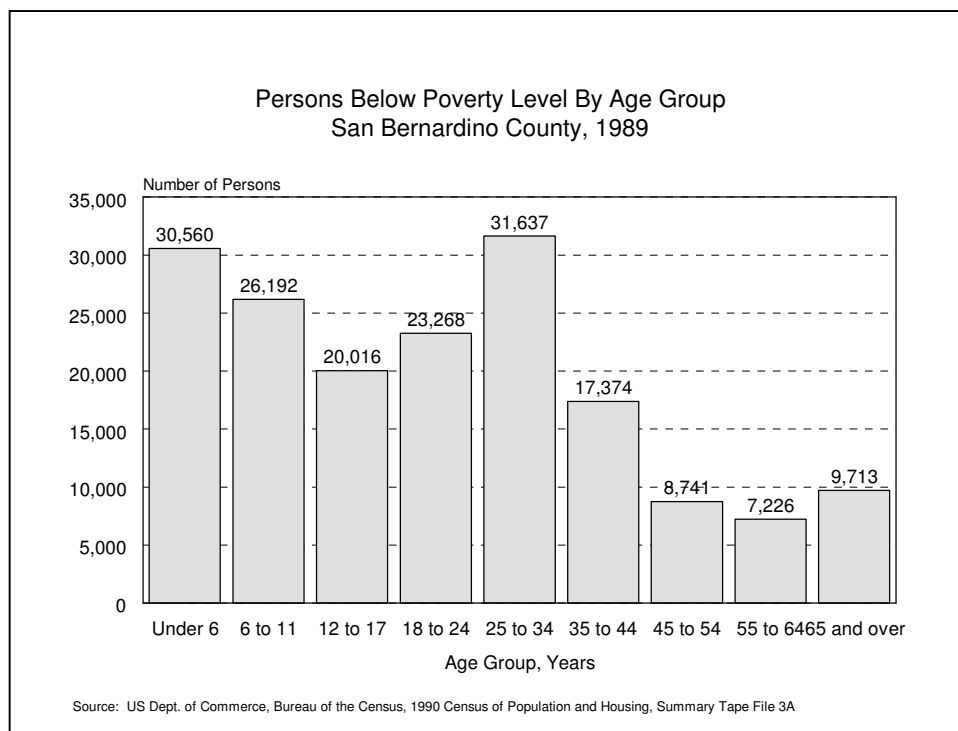
Note: Universe = Persons for whom poverty status is determined.

Sources:

US Dept. of Commerce, Bureau of the Census, 1990 Census Of Population And Housing Summary Tape File 3A

US Dept. of Commerce, Bureau of the Census, State and County Income and Poverty Estimates - 1993

Figure 5



Income as Percentage of Poverty Level

Another important and useful measure of income and poverty is income as a percentage of poverty level. In the 1990 Census data, the number of persons with incomes at various percentages of poverty level were provided. These percentages are frequently used as qualifying criteria for assistance programs, e.g. income below 130% poverty level for food stamps; income below 185% poverty level for Women, Infants, and Children Supplemental Food Program (WIC). The number of persons with income at specified percentages of poverty level is available at all levels of geographic detail, e.g. county, city, zip code, census tract; however, age group and race/ethnicity breakdown are not available.

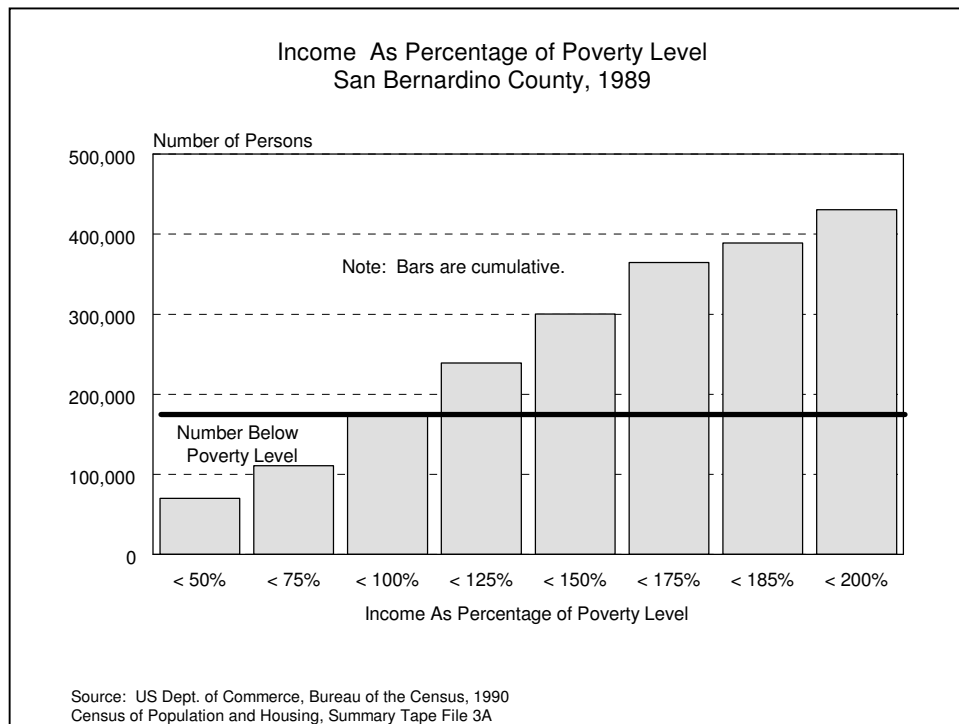
Table 4 shows, for example, in San Bernardino County in 1989, there were 61,130 persons with incomes from 125% to 149% times the poverty level. Table 4 and Figure 6 present the number of persons with income in 1989 at specified percentages of poverty level for San Bernardino County. These percentages are used in Section III to estimate the number of food insecure individuals in San Bernardino County.

Table 4
Income as Percentage of Poverty Level
San Bernardino County, 1989

Income in 1989 as Percentage of Poverty Level	Number of Persons
Under 50%	70,003
50% to 74%	40,749
75% to 99%	63,975
100% to 124%	64,367
125% to 149%	61,130
150% to 174%	64,219
175% to 184%	24,389
185% to 199%	41,520
200% and over	947,133

Source: U.S. Dept. of Commerce, Bureau of the Census, 1990 Census of Population and Housing, Summary Tape File 3A

Figure 6



IV. Food Insecurity in San Bernardino County

Self-Sufficiency Profiles

How much money does a family of a given size and composition need to make ends meet and be self-sufficient? How much money does a family need to pay for basic needs without public or private assistance in the form of cash or cash-like benefits, such as Temporary Assistance for Needy Families (TANF), food stamps, etc.? To determine what it would take for a San Bernardino County family of a given size and composition to be self-sufficient, *The Self-Sufficiency Standard for California*, developed by Dr. Diana Pearce with The Women and Poverty Project of Wider Opportunities for Women was used as a guide (20). This document contains detailed “budgets” for every county in California for many different household configurations, e.g. number and ages of children and adults.

The self-sufficiency profiles that follow were calculated using real costs in San Bernardino County based on a family’s size, composition, and age of children. The profiles were calculated using a market basket approach, meaning each component was individually priced. This allows each component to vary independently, so that over time, if one cost rises faster than others, the profile can reflect these changes.

The self-sufficiency profiles identify the *minimum* amount of money needed to meet a family’s basic needs and are very conservative in several ways. No personal vehicle was assumed; transportation expenses are limited to monthly bus passes. It is debatable whether this is realistic for a family in which a working parent must drop off a child at day care and then arrive to work on time. For food expenses, the lowest cost food plan defined by the USDA was used. Again, it may be unrealistic to assume that a family without a car can buy food at the lowest cost sources so that this budget can be met. It is also assumed that no food is eaten away from home.

Self-sufficiency profiles are presented in Table 5 for four different household types: A single parent (working) with two children, two adults (*both* working) with two children, two adults (*one* working) with two children, and two seniors (retired). The two children are assumed to be one school age and one under two years.

For each household, monthly totals are converted to annual figures to enable comparison to federal poverty thresholds. The “Percentage of Poverty Threshold” shown is simply the household’s annual income (required for self-sufficiency) divided by the federal poverty threshold, expressed as a percentage. This percentage was computed because the 1990 Census income and poverty data includes the number of persons at each percentage of income to poverty threshold, and is used to estimate the number of food insecure persons in the County. Finally, for each household, the difference between the self-sufficiency cost and the household’s income if each worker earns minimum wage (assumed to be \$5.15 per hour) is shown.

Table 5
Self-Sufficiency Profiles for San Bernardino County

Expense	Monthly Expenses			
	1 Adult, 1 School Age Child, 1 Child < 2 Years	2 Adults (both working), 1 School Age Child, 1 Child < 2 Years	2 Adults (1 working), 1 School Age Child, 1 Child < 2 Years	2 Senior Adults
Housing and Utilities	\$618	\$618	\$618	\$507
Child Care	\$586	\$586	\$0	\$0
Food	\$284	\$387	\$387	\$228
Transportation	\$53	\$83	\$83	\$26
Medical	\$177	\$225	\$225	\$169
Miscellaneous	\$108	\$123	\$123	\$90
Taxes	\$234	\$317	\$225	\$165
Total Self-Sufficiency Cost				
- monthly	\$2,060	\$2,339	\$1,661	\$1,186
- annual	\$24,722	\$28,062	\$19,930	\$14,230
Minimum Wage Earnings (\$5.15 per hour)	\$10,712	\$21,424	\$10,712	Retired
Difference Between Cost and Income	(\$14,010)	(\$6,638)	(\$9,218)	n/a
Federal Poverty Threshold	\$12,641	\$15,911	\$15,911	\$10,507
Percentage of Poverty Threshold	235%	267%	190%	135%

The sources for each of the expenses shown in Table 5 are as follows:

Housing: Fair Market Rents, which are calculated annually by the U.S. Department of Housing and Urban Development for every metropolitan housing market and non-metropolitan counties, are used for housing costs. These costs include utilities, but not telephone. Rents are at the 40th percentile level, i.e. 40% of the housing in the area would be less expensive, and 60% would be more expensive. The assumption is made that parents and children should not share the same bedroom. Therefore, one or two parents with one or more children need a two bedroom apartment and two adults with no children need only a one bedroom apartment. These housing costs were substantiated by the Fair Housing Council of San Bernardino and Riverside Counties.

Child Care: Child care costs are derived from Market Surveys of Child Care conducted by each state (as mandated by the Family Support Act of 1988). The costs are based on the assumptions that children less than three years old are in day care homes full time, preschoolers are in day care centers full time, and school age children (ages 6 to 12) need before and after school care. The costs shown are consistent with "The California Child Care Portfolio" published by the California Child Care Resource & Referral Network.

Food: Food costs were obtained from the United States Department of Agriculture publication, *Cost of Food at Home Estimated for Food Plans at Four Cost Levels, June 1997, U.S. Average*, and are based on the lowest cost food plan, the "Thrifty Plan" (21).

Transportation: Transportation costs are based on a monthly bus pass from the local bus company for each person age 5 years and older.

Medical: The costs shown assume that a working person has health insurance coverage provided by an employer. Costs are limited to the employee's share of insurance premiums and additional out-of-pocket expenses, including co-payments, uncovered expenses (such as costs for dental care and prescriptions), and deductibles. Figures are based on estimates from *Families USA* and the National Medical Expenditure Survey.

Miscellaneous: This cost includes items such as clothing, shoes, paper products, diapers, non-prescription medicines, cleaning products, household items, personal hygiene items, and telephone. Miscellaneous expenses are calculated as 10% of food, housing, and medical costs. This is a conservative estimate based on suggested percentages used in prior research.

Taxes: Taxes include sales tax, state and federal income tax, and payroll tax. The figures include earned income tax credits and child care tax credits.

Estimated Number of Food Insecure Persons in San Bernardino County

California ranks among the top ten food insecure states in the country, according to the recent Food Security Measurement Survey sponsored by the USDA (22). It is estimated that 14.4% of households, or 4,767,000 persons, are food insecure in California. In San Bernardino County, the number of food insecure persons is also significant. Based on the USDA study, the Self-Sufficiency Profiles, and Census Bureau poverty data, it is estimated that there are **at least 238,000 and possibly as many as 400,000 food insecure persons in San Bernardino County**. These estimates are derived as discussed below.

Deputy Director of the Tufts University Center on Hunger, Poverty and Nutrition Policy and principal investigator of the USDA study, John T. Cook, advised that a reasonable county level estimate of food insecure persons could be obtained by multiplying the number of food insecure households in California by the proportion of the State's households below poverty level which are in the County. Multiplying the USDA study's estimated 1,641,600 food insecure households in California by 4.84% yields approximately 79,525 food insecure households in San Bernardino County which represents approximately 238,600 persons.

The higher estimate of 400,000 was obtained via analysis of the Self-Sufficiency Profiles and the ratio of income to poverty level in the County. As the Self-Sufficiency Profiles demonstrate, households require a minimum income ranging from 135% to greater than 200% of poverty level to meet basic expenses, depending on household composition and child care costs. In order to estimate the number of food insecure persons, the distribution of household types in the County was analyzed. As shown in Table 6, the 1990 Census reported that 33% of the County's households were married-

couple families with children under 18 years, 10% were single-parent families with children, and 57% were families with no children under 18 years or “non-family” households. Based on the Self-Sufficiency Profiles shown in Table 5, and the distribution of household types from Table 6, we postulate that the number of food insecure persons in the County can be estimated by the number of persons with incomes below 175% of the poverty threshold. This is estimated to be as many as 400,000 (364,443 persons below 175% poverty level in 1989, rounded up to reflect the probable increase from 1989 to 1993). Appendices A and B provide the number and percent of persons below poverty level and below 175% poverty level, by city and ZIP code respectively, in San Bernardino County.

Table 6

Number and Type of Households, San Bernardino County, 1990

Household Type	Number of Households	Percent of Households
Family households:		
Married-couple family:		
With own children under 18 years	153,626	33.0%
No own children under 18 years	125,965	27.0%
Other family:		
Male householder, no wife present:		
With own children under 18 years	11,498	2.5%
No own children under 18 years	9,848	2.1%
Female householder, no husband present:		
With own children under 18 years	35,164	7.5%
No own children under 18 years	19,633	4.2%
Nonfamily households	110,143	23.6%

Source: U.S. Dept. of Commerce, Bureau of the Census, 1990 Census of Population and Housing, Summary Tape File 3A

Access to Food

As defined previously, *Food security* is: Access by all people at all times to enough food for an active, healthy life and includes at a minimum: [1] the ready availability of nutritionally adequate and safe foods, and [2] the assured ability to acquire acceptable food in socially acceptable ways (e.g. without resorting to emergency food supplies, scavenging, stealing and other coping strategies) (3).

Access to readily available, nutritionally adequate, and safe foods is a major determinant of food security. Access to food requires a geographical distribution of resources, e.g. competitively priced supermarkets, farmers' markets, community gardens and a transportation system that connects people with vital goods and services on a daily basis. For the poor, inadequate transportation significantly limits their access to food and plays a role in their health and nutrition (23).

"A 1979 report to the Presidential Commission on World Hunger found that low-income Americans 'do not have easy or consistent access to supermarkets' and that this lack of access 'results in dependence on smaller local grocers who often charge more and offer less variety and lower quality foods'. ... According to a 1988 USDA report on food cost variations, 'indexes for the Government's Thrifty Food Plan were higher in locations where high proportions of the population are without a car'." In addition, the 1988 U.S. House Select Committee on Hunger report confirmed that the poor primarily depend on walking or inconvenient mass transit to get to grocery stores. Families dependent on public transit are more likely to be food insecure because their access to locations where competitively priced foods is very limited or unavailable (23).

Figures 7, 8, and 9 on the following pages present maps of the County, the Valley region, and the High Desert region with bus routes, grocery stores, and areas of economic distress, where there is a *concentration* of economically disadvantaged persons characterized by twenty percent (20%) or more of the population below poverty (24). Public transportation and the availability of competitively priced grocery stores are critical in these areas of economic distress.

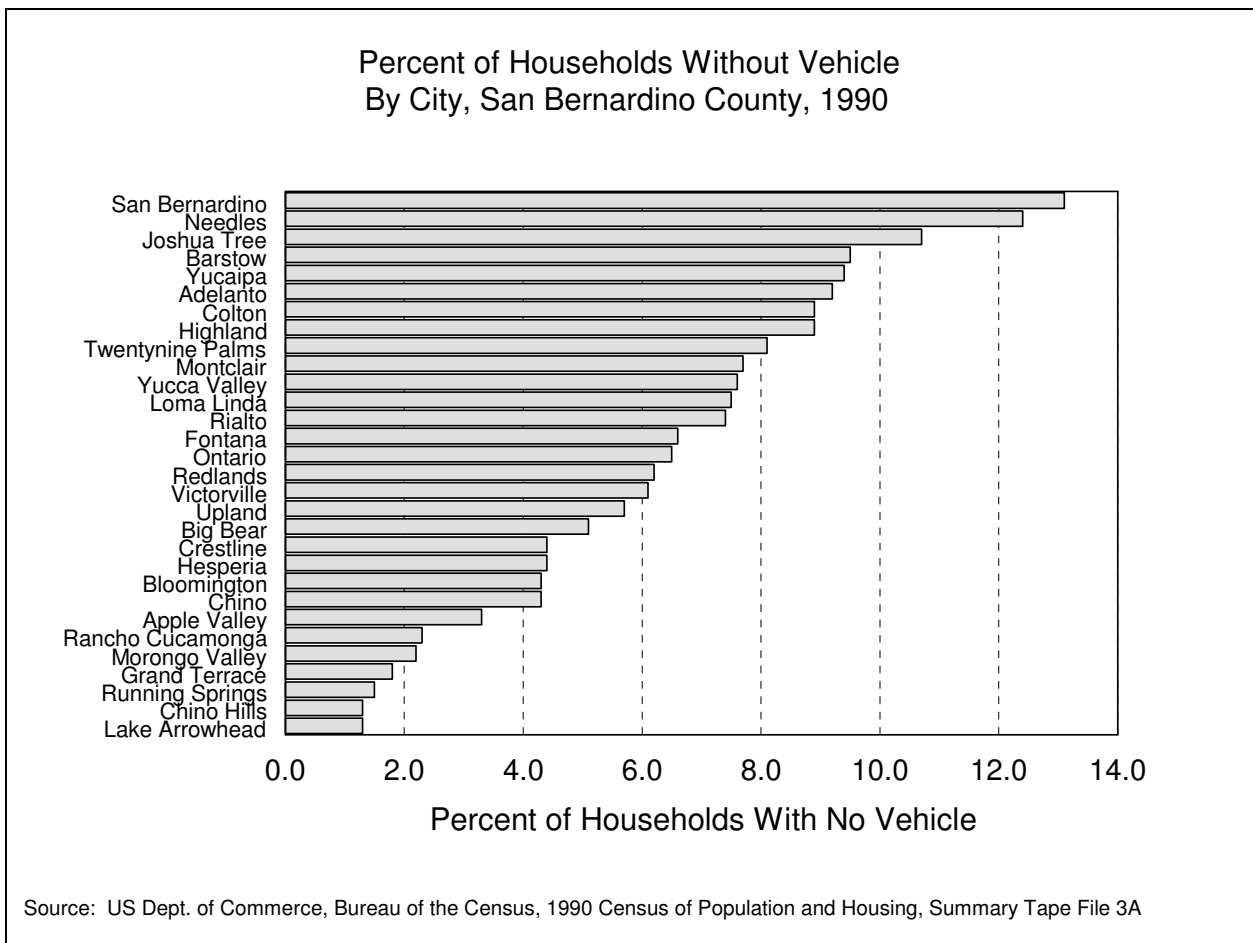
Figure 7 demonstrates that the vast geographic size of the County contributes to the problem of food insecurity, especially in the less densely populated desert and mountain regions. Public bus service is available in the mountain communities and in the Morongo Basin, Yucca Valley and Twentynine Palms, but detailed route information was not available for incorporation in these maps.

Examination of Figure 8 reveals the largest concentrations of economic distress are in the cities of San Bernardino, Ontario and Colton. Additionally, smaller concentrations appear in Redlands, Highland, Rialto, Fontana and Montclair. The map indicates bus service to most grocery stores is available. However, in certain economically distressed neighborhoods of San Bernardino, Colton, Ontario and Montclair there are bus routes, but no grocery stores present.

Figure 9 illustrates the same problem. The largest concentrations of economic distress are in Adelanto and Victorville and to a lesser degree in Barstow. The map indicates there is inadequate access to grocery stores for residents in Adelanto. Victorville has a limited number of grocery stores and public transportation is minimal. Barstow has a similar problem.

The percent of households without a vehicle, from 1990 Census data, is shown by city in Figure 10. The percentages provided reflect *households* of which the average size in San Bernardino County is three persons. Figure 10 indicates that five of the ten communities with the lowest vehicle ownership are in desert areas where public transportation is limited and services are more scattered making vehicle ownership more crucial than in the urban areas. Tabulations of the number and percentage of households without a vehicle by city and by zip code are also included in Appendix C and D respectively.

Figure 10



V. Food Assistance Programs Serving San Bernardino County

Federal food assistance programs play a vital role in helping to feed poor families and individuals. Unfortunately these programs do not have adequate funding to assist all of those who are in need. As a result, the private sector has attempted to fill this gap by providing services to low-income persons primarily in the form of food pantries and soup kitchens. This network of private programs provides valuable services, but is not able to meet the needs of all of those who fall through the federal "food safety net." The mere existence of these private programs is an indicator of food insecurity.

Government Programs

Food Stamp Program - This is the largest of the federal food assistance programs. This program, which is no longer an entitlement program, supplements the diets of approximately one in ten Americans and is available to *eligible* persons at or below 130% of the Poverty Index (3,11). California, however, is the only state where individuals receiving Supplemental Security Income (SSI), which includes the elderly poor and disabled of all ages, are ineligible for food stamps (3).

The Food Stamp Program has been the nation's primary hunger prevention program since 1964. This program is tied closely to Aid to Families with Dependent Children (AFDC), now called Temporary Assistance to Needy Families (TANF) at the federal level and the California Work Opportunity and Responsibility to Kids program at the state level. The Food Stamp Program is largely perceived as a welfare, or income supplement program instead of a *nutrition program*. "Except for the poorest families, food stamps are intended to be a supplement to a household's monthly food budget. In reality, a great many families depend on them entirely, and routinely end up at food pantries and soup kitchens at the end of the month when coupons run out" (3).

The changes that have occurred as a result of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, the federal welfare reform law, has decreased the number of people who are able to receive food stamps, which in turn increases the number of people at risk for hunger. The recent Second Harvest Survey completed by Tufts University, Center on Hunger, Poverty, and Nutrition Policy, revealed some startling data. It is projected that the \$27.7 billion Food Stamp spending cut over the next six years will result in a \$3,987,000 reduction in Food Stamp funding for California. This equates to almost 3.5 billion pounds of food lost over the next six years from 1997-2002. This quantity of food could feed 2.7 million people three meals per day for one year (25).

In California, over 3.5 million Californians participated in the Food Stamp Program in March 1994. This was a significant increase from 1.8 million in 1989. However, according to estimates of the Statewide Food Stamp Outreach Task Force, only about half of potentially eligible Californians receive food stamps (3). Children make up the greatest number of food stamp recipients (3,11). In California, according to the CPS report, 70% of the food stamp recipients are children (3).

As of January 1, 1996, public assistance programs supported 20% of San Bernardino County residents with payments totaling nearly \$1 billion (26). The concentration of poverty is most severe in the central valley area of San Bernardino County (Highland, San Bernardino, Colton, Rialto, Fontana), where 29% of residents received public assistance. The worst poverty was in the county seat, the city of San Bernardino, where 36% of residents were receiving public assistance. The percentage of San Bernardino County residents receiving assistance was higher than Los Angeles County and nearly twice the statewide average.

The San Bernardino County Department of Public Social Services (DPSS) has had a tremendous growth in residents in need of TANF, formerly called AFDC, Food Stamps and other Social Services programs. As shown in Figure 11, from 1989 to 1997, the caseload for food stamps increased by 82%; the caseload as of April 1997 was 197,476. Table 7 compares the average food stamp participation in San Bernardino County, California, and the United States from 1989 through 1994. The table illustrates that the County's annual rate of increase in the number of food stamp participants was larger than California's and the nation's rates over this time period.

Figure 11

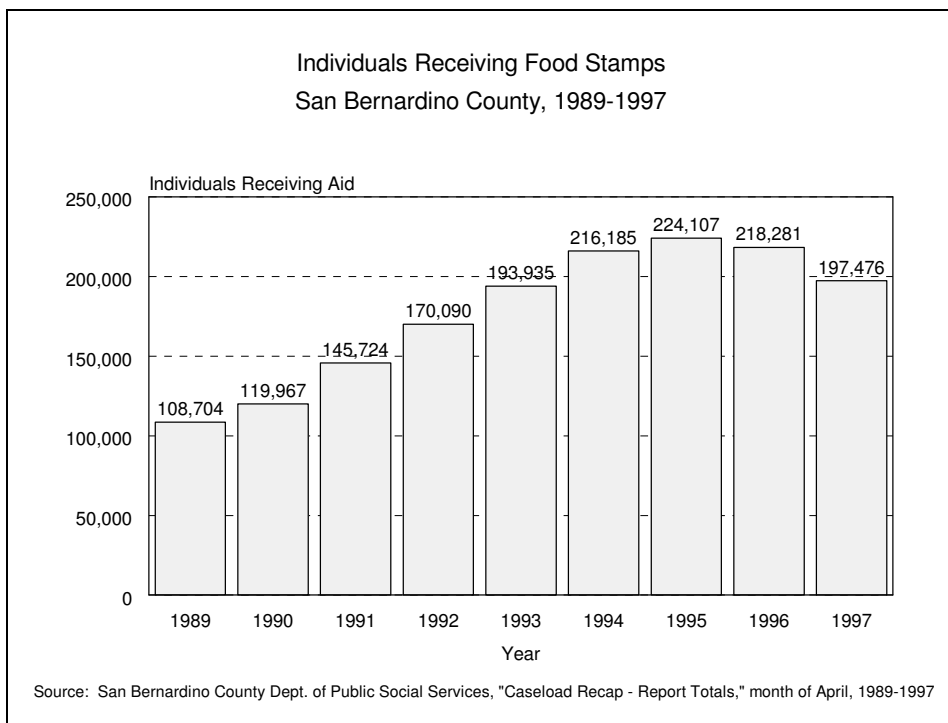


Table 7

**Average Food Stamp Participation, 1989-1994
San Bernardino County, California, and the United States**

Year	San Bernardino County		California		United States	
	Number	% Change from Previous Year	Number	% Change from Previous Year	Number	% Change from Previous Year
1989	108,704		1,775,834		18,806,463	
1990	119,967	10.4%	1,954,751	10.1%	20,066,750	6.7%
1991	145,724	21.5%	2,211,932	13.2%	22,624,627	12.7%
1992	170,090	16.7%	2,557,925	15.6%	25,405,615	12.3%
1993	193,935	14.0%	2,865,833	12.0%	26,982,399	6.2%
1994	216,185	11.5%	3,154,602	10.1%	27,469,177	1.8%

Women, Infants, and Children Supplemental Food Program (WIC) - This program provides vouchers for specific nutritious foods, nutrition education, and health care referrals for low-income pregnant, postpartum, or breastfeeding women, and infants and children up to age five at nutritional risk. Unfortunately, not all of those who are eligible are able to be served (3,11). The Department of Health Services estimates that 600,000 people in California are not being served. Annual federal and state appropriations determine the number of people who can participate in the program (3).

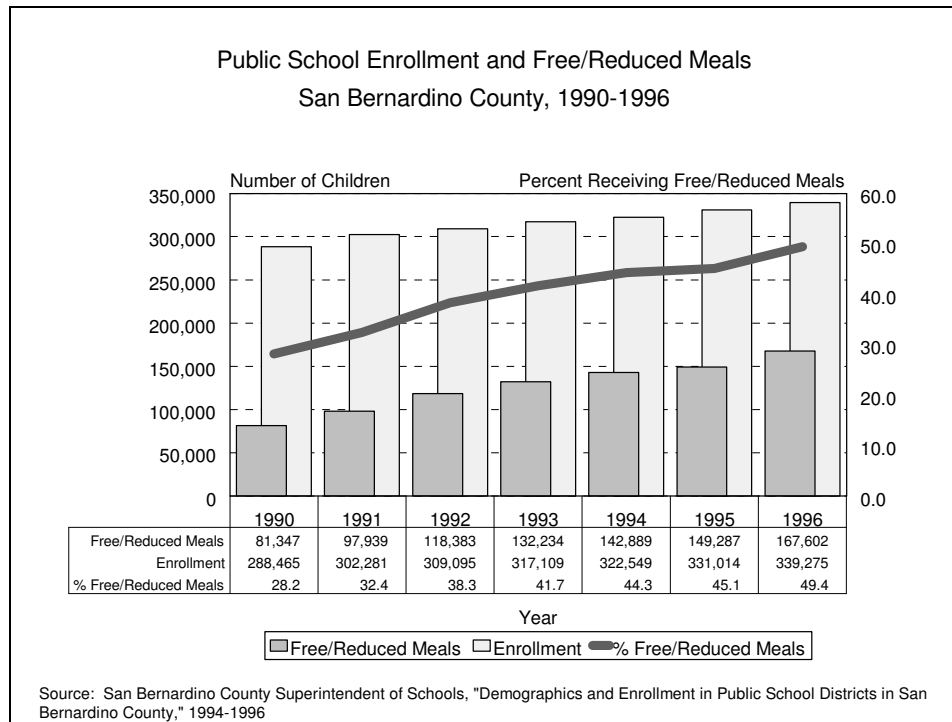
The WIC Program in San Bernardino County is currently able to serve pregnant, breastfeeding, and postpartum women and children up to 5 years of age. Although WIC's allocated caseload for the month of April 1997 was 53,675, it is estimated that the San Bernardino County WIC Program is able to serve only 51% of the eligible women, infants, and children in the County. National evaluations of the WIC Program have demonstrated its effectiveness in preventing poor birth outcomes, such as infant mortality and low birthweight, and improving the nutrition and health of participants (3).

School Lunch and Breakfast Programs - The National School Lunch Program was created by Congress in 1946 as a "measure of national security, to safeguard the health and well-being of the nation's children." The program provides school children with one-third or more of the Recommended Dietary Allowances for key nutrients.

Since 1975, the School Breakfast Program has enabled schools already participating in the School Lunch Program to serve nutritious breakfasts (3) providing one-fourth or more of the Recommended Dietary Allowances for key nutrients (11). "This program is designed to fill an important nutrition gap for children whose parents may not have the money or the time to provide an adequate breakfast. Studies have clearly documented improved test scores and attendance among children who eat a school breakfast" (3). Depending on the child's family size and income, students receive meals free, at reduced price, or pay full cost.

In San Bernardino County, the number of children eligible for free or reduced meals has more than doubled from 1990 to 1996, 81,347 to 167,602 respectively. Figure 12 illustrates this increase over the six year period and compares it to the school enrollment for the county (27, 28).

Figure 12



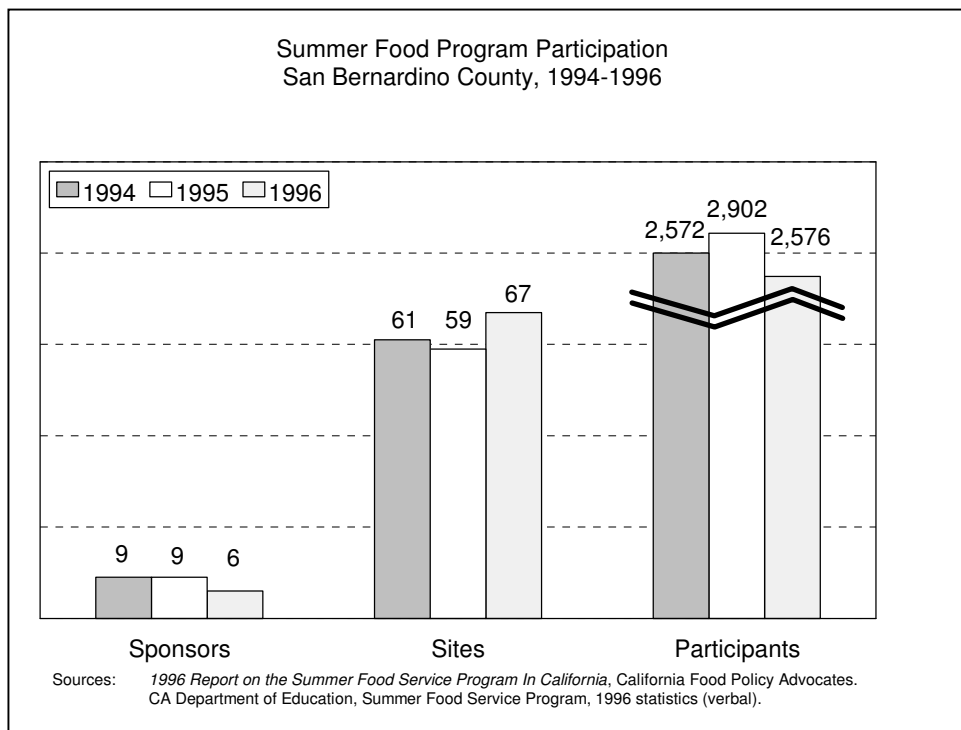
Summer Lunch Program - The Summer Food Service Program (SFSP) is a federally-funded entitlement program that provides nutritious meals to children when school is not in session, primarily during the summer months. Over two million children in California who depend upon free and reduced-price school meals as the source of much of their daily nutrition while school is in session are at risk of being undernourished five or ten meals per week when they are let out for vacation.

The summer lunch meals meet specific nutritional requirements and provide one-third of children's Recommended Dietary Allowances for key nutrients. This program is free to all children under the age of 18 who attend the meal site of a sponsoring organization, which may include public or private nonprofit school food authorities; units of local, municipal, county, tribal or state government; residential camps or National Youth Sports Programs; and private nonprofit organizations. Meal sites are located in areas where the majority of children are low-income (3,9,11,12,29).

Figure 13 presents the number of authorized sponsors, sites, and the average number of daily participants in San Bernardino County in 1994, 1995, and 1996. In 1995/96, there were 67 approved meal sites that provided a total of 188,370 nutritious, free meals to low-income children in San Bernardino County (30). The city of San Bernardino alone provided 86,180 meals in 1995/96 (29). The reduction in funding for the Summer Food Service Program as part of the new federal welfare reform law, however, may lead to the closure of a number of feeding sites and fewer new sites opening.

In California in 1995, only 159,084 children participated in the summer food program, or 6.7% of the 2.38 million children eligible. In San Bernardino County, only about 2% of the more than 140,000 children eligible were served in 1995 (31). Although this is a valuable program, it is significantly underutilized. Lack of awareness of the program and transportation are two key issues contributing to the underutilization of this program.

Figure 13



Head Start - Head Start preschools, a federally funded program, provide services to low-income children between the ages of three and five. Their services focus on four major areas, education, health, parent involvement, and social services. As part of the health component, children are served a minimum of one hot meal and snack per day to meet at least one third of their daily nutritional requirements. The meals provided by Head Start are a valuable source of nutrition for these low-income children since many of the children enrolled in Head Start do not receive adequate meals at home.

Preschool Services Department is the primary administrator of the Head Start preschools in San Bernardino County. With 37 sites throughout the county, they provide services and meals to more than 4,500 low-income children. In June 1997, they served 4,584 children between the ages of three and five. Unfortunately, they are not able to serve all of the children who are eligible. At any time during the school year, there are approximately 2,000 children on the waiting list. On the average, 60% of those eligible are able to be served (32).

Nutrition for Senior and Meals on Wheels - Congregate and home delivered meals are provided to the elderly as a result of a 1973 amendment to the Older Americans Act of 1965. The program created was The Nutrition Program for the Elderly. Although federal support has been constant, the costs of producing the meals have increased and, therefore, available funds to operate the program have decreased. The need for home delivered meals is increasing greater than the resources available. In some parts of California, there are even waiting lists for seniors to participate (3).

In San Bernardino County, the Department of Aging and Adult Services administers The Nutrition Program for the Elderly. From June 1996 to June 1997, forty senior congregate meal sites and home delivered meals programs served 1,093,551 meals to seniors in the County (33). The services provided through this program are designed to provide nutritious meals, nutrition information, and social interaction. Maps included in Appendices E and F identify the locations of senior nutrition and Meals on Wheels Program sites in the County and the areas where there are 20% or more of seniors below poverty.

Brown Bag Program - The Brown Bag Program, administered by the Department of Aging and Adult Services and contracted out to local agencies, distributes food from the Salvaged Food Program to low-income seniors 60 years of age or older. Once a month participating seniors receive a bag of groceries, which weighs about 23 pounds, that helps to supplement their limited income (34).

The San Bernardino County Food Bank is the contracting agency that administers the program locally. This valuable program has 400 seniors enrolled (34).

EFAP - The Emergency Food Assistance Program (EFAP, formerly TEFAP), a federal program administered by the United States Department of Agriculture, provides a variety of surplus and purchased farm commodities to low-income households in order to supplement their purchased food or food stamp allocations (3). This program is

especially important to those individuals who are not eligible for food stamps, such as, SSI recipients. Beginning October 1, 1997, the distribution of commodities via the Soup Kitchen/Food Bank Program will be consolidated with TEFAP and be administered by one lead agency, the state Department of Social Services, under the revised EFAP.

Locally, EFAP is administered by the San Bernardino County Food Bank. In 1997, the Food Bank distributed 2,013,229 pounds of USDA food products to 61 agencies for distribution to low-income households. In addition to the commodity foods, the Food Bank receives food from Donate Don't Dump, the Salvaged Food Program, and other private donations. In 1997, the Food Bank distributed a total of 3,972,461 pounds of food throughout San Bernardino County to assist those in need (34). Unfortunately, the Food Bank is not able to provide food to all who need food assistance.

Private Sector Programs

The federal food assistance programs are a valuable resource to help decrease hunger in the low-income population. However, they are unable to meet the needs of all who are poor. As a result, the private sector, which includes non-profit community based organizations, churches, family service organizations, concerned individuals, etc. try to fill the gap primarily by providing food through soup kitchens and food pantries. These community based emergency food programs are not available in all communities. The availability of these services is significantly affected by the voluntary nature of many of these programs (11)

The private sector does not have the resources to meet the increase in demand for emergency food that has occurred over the past decade. The U.S. Conference of Mayors has documented an annual increase in the demand for emergency food in major cities across the nation since 1983. In 1994, requests for emergency food increased in the survey cities by an average of 12%. The number of families with children requesting assistance increased by 14% (11).

Since we have defined food security and the absence of hunger as the ability to procure food through regular channels, the presence of these private sector programs as the ultimate safety net is itself an indication of food insecurity and hunger (3).

In San Bernardino County, there are over **100** private sector feeding programs in the form of food pantries and soup kitchens that help meet the emergency food needs of low-income individuals and families. Although this may appear adequate, this number is misleading. The majority of these feeding programs offer services on a limited basis. Most food pantries provide services on specific days of the week during selected hours and often are able to serve a client(s) only once every three months to try to meet the needs of as many people as possible. The majority of food pantries provide food on an "emergency" basis. They are not a source of food individuals/families can use on a regular basis like a grocery store.

Food pantries typically distribute bags or boxes of food that must be taken home and prepared. Soup kitchens differ from food pantries in that they serve meals that are consumed on site. The meals provided by soup kitchens are also served at specific times and typically on selected days. Unlike emergency food pantries, individuals/families are not limited to the number of times per week or month they can receive the free meals.

According to the CCHIP survey, “69% of the households using each of these services has an income at or below the poverty line. They have average incomes equal to about 80% of the federal poverty line. Yet, half of the families using food pantries and soup kitchens work and about two-fifths have at least one full-time worker. Although more families seek assistance from food pantries than soup kitchens, the characteristics of food pantry users and soup kitchen users are similar” (11).

Maps identifying the locations of food assistance sites, bus routes, and the areas where 20% or more of persons are below poverty are outlined in Figures 14 and 15. These maps illustrate the areas of greatest need and where there are gaps in services. The areas with the greatest need and gaps in services are in the high desert, especially Adelanto and Victorville. Similar problems exist in the valley region, primarily in the northwest and southeast portions of San Bernardino, Colton, and Montclair. Public transportation is limited, but food pantries and/or soup kitchens are basically nonexistent in these areas.

Access to food assistance sites is an important issue especially if there is inadequate public transportation that provides services near these locations. A frequent comment from food providers is that clients do not have transportation to get to their site to receive the food. Many clients walk to receive the services provided by the food assistance agencies. Callers to the “Hotline for Food” operated by the County Public Health Department Nutrition Program, which refers low-income County residents to food assistance resources, frequently state they do not have transportation to get to the food assistance sites. Transportation is an even greater issue in the desert areas because the distance to the food assistance locations is often too far to walk if bus routes do not provide service to that area.

To evaluate whether food pantries and soup kitchens in San Bernardino County are able to meet the need of those seeking food assistance, a survey was conducted in May 1997 by the Community Network to Provide Food Assistance Project, a grant funded project coordinated by the County Public Health Department Nutrition Program. A total of 45 food pantries and soup kitchens participated in the survey which used a tool that was based on The Emergency Food Provider Survey developed by the University of California Cooperative Extension Service. A sample survey is available in Appendix G.

The goal of the survey was to obtain the food providers' perspective of their ability to meet the needs of those seeking food assistance. Listed below are the significant data collected.

- Eighty-one percent (81%) of respondents have seen an increase in the requests for food assistance over the past two to three years.
- Ninety-three percent (93%) of the respondents indicated an increase in clients needing food assistance toward the end of each month.
- Fifty-two percent (52%) of food pantries place a limit on the number of times clients can utilize their services.
- Services provided by the food pantries averaged 3.6 days per week while many agencies will see clients by appointment only.
- Soup kitchens provide meals an average of five (5) days per week with the majority of meals being served Monday through Friday. Eighteen percent (18%) of the soup kitchens provide meals on Saturday and Sunday.
- Thirty-seven percent (37%) of agencies reported having to "occasionally" reduce the portions of food provided in the food bags in order to meet the needs of those requesting assistance.
- An average of twenty (20) additional bags of food would be needed per week in order for food providers to meet the demand for food assistance without reducing the portions.
- Twenty-nine percent (29%) of respondents indicated that the continuation of their food program is threatened due to lack of money.
- Sixty percent (60%) of those surveyed provide nutrition or food preparation information to their clients at least "sometimes" which is often in the form of handouts.
- The average agency has 1.9 paid staff and utilizes an average of 19 volunteers per week.
- Fifty-two percent (52%) of the agencies have shown an increase in the need for volunteers over the past two years.

The results of the survey provide some insightful information. The results reveal that emergency food providers have seen an increase in the demand for food assistance over the past couple of years without a significant increase in resources, primarily funding, food, and volunteers. To serve as many clients as possible with their limited resources and to minimize abuse of services, many agencies limit the number of times a client can utilize their services often to once every three months. Other strategies to somewhat control the demand for services include limiting the number of referrals the agency will accept or providing services via appointment only. Many providers also require paper work to be completed and proof of address, income, and some form of identification (ID), e.g. picture ID and/or social security card which may further limit the number of clients who are served. These requirements are often requested by the food provider's funding agency(s) for documentation of the clients served.

In order to serve all of the clients requesting assistance and to avoid turning anyone away, greater than one third of the agencies surveyed occasionally have to reduce the

portions of food provided. Although the provision of emergency food has traditionally been based on the crisis model, many food providers have begun to change their focus toward self-sufficiency and client empowerment. More than one half of the providers surveyed offer food preparation and/or nutrition information to their clients. Others provide assistance with job training and offer English as a Second Language classes. Food providers can play a valuable role in helping to change the climate from dependency to self-sufficiency. Unfortunately, the ability to provide these additional services depends on the adequacy of resources including staff, volunteers, and funding.

While there are a large number of caring and committed food providers in the County, their limited resources fall short of meeting the needs of the County's estimated **400,000 food insecure** individuals at risk of hunger. The *private sector alone* can not fill the gap in providing food assistance to all who are in need nor improve the level of food security in the County.

VI. Conclusions and Recommendations

This report examined the level of food security in San Bernardino County and has revealed that, although there are numerous public and private programs providing food assistance, *food insecurity is a problem in the County*. Despite the evidence, many are still unaware of the extent of food insecurity in their communities. A primary goal of this report was to increase community *awareness* of the problem of food insecurity. The public needs to be informed about the problem and about what role they can play in finding a solution. Without recognizing that there is a problem, solutions can not even begin to be identified.

The food security approach focuses on developing long term solutions based on self-reliance and available community resources. Community food security complements the emergency food system and relates to traditional anti-hunger approaches. The traditional anti-hunger approach focuses on strengthening federal food assistance programs such as food stamps, WIC, and school lunch. Community food security builds upon this safety net to “allow individuals to invest in endeavors that will give them self-sufficiency for the long term.” Thus, community food security works with the needs of low-income people, but includes broader objectives such as: “job training, business skill development, urban greening, farmland preservation, and community revitalization”. The community is the focus of the community food security model and it expands a local communities’ resources to include new options such as: Incentives for competitively priced supermarkets to do business in low income neighborhoods, farmers’ markets, community gardens, transportation routes to markets and jobs, community based food processing ventures, and urban farms (35).

What can be done to improve the level of food security in San Bernardino County? Any realistic solution to hunger and food insecurity will need to be planned and implemented at the service, system, and policy levels. This, in turn, will require: 1) a higher level of hunger and food insecurity awareness; 2) more visible community and political leadership; 3) openness to change; 4) new approaches to community-level problem-solving; and 5) a realignment of resources and programs serving poor individuals and families (36).

Some initial steps toward improving the level of food security in San Bernardino County include the following:

- *Educate the community about hunger and food insecurity* - Educational programs through the media, schools, and industries could be sponsored both publicly and privately to increase awareness and educate the public (and policy makers) about hunger and food insecurity (7).
- *Expand the level of food resources in San Bernardino County* - Initiate a higher level of information-sharing and collaboration than previously has been done in the County. This will enable those entities who can provide food to communicate regularly with emergency food providers so they can function more effectively as a system of service

(36). Expand and mobilize food recovery to supplement emergency food providers and federal food assistance programs by making better use of food sources that already exist. Food recovery includes: Gleaning remaining crops from fields after mechanical harvesting, collecting perishable produce from wholesalers and retailers, collecting prepared foods from the food service industry, and collecting nonperishable processed foods with long shelf lives. Collaboration will mobilize existing and new food resources aimed at decreasing the number of individuals and families who are food insecure (37).

- *Provide financial and other assistance to the emergency food network* - The emergency food network is in need of additional funding, transportation, freezer and storage space, access to varied and nutritious foods, and additional volunteers. Businesses, industries, and government could work with their local emergency food providers to assess the needs in their community and provide funding or in-kind resources (7).
- *Improve access to food in low-income neighborhoods* - Access to food in low-income neighborhoods is a problem. As the previous maps illustrated, there are very few or no grocery stores in the areas of greatest need. Local governments should work with the private sector to develop appropriate incentives for grocery stores to be opened in low-income neighborhoods (7). Bus routes should be evaluated in low-income areas to add or modify existing routes to further improve access to more competitively priced grocery stores.

Expand community gardening to provide a catalyst for neighborhood and community development, to encourage self-reliance, to beautify neighborhoods, produce nutritious food, and reduce family food budgets (38).

- *Improve areas in economic distress* - Place job training and economic development programs in areas of economic distress, e.g. poverty rate of 20% or greater (24) through innovative partnerships between businesses, industries, community based organizations, and government.
- *Form a Food Policy Council* - hold a “Food Policy” meeting to raise awareness and address the food security issues presented in this report. The creation of a Food Policy Council is recommended as a means to continue the dialogue and share information on food access issues. While Food Policy Councils often take years to institutionalize, their mission and visibility provide an organizational structure to focus action toward improving local food security (23).

The findings of this report are a call to action for elected officials, government, community and religious leaders, food providers, funders, and advocates to make the improvement of food security a high priority in San Bernardino County.

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