Characteristics of Food Stamp Households: Fiscal year 2006

By Gayle Coleman

In an average month in fiscal year 2006, the Food Stamp Program (FSP) provided benefits to nearly 26.7 million people living in over 11.7 million households across the United States. Compared to fiscal year 2005, the total number of FSP participants increased by 4%. The average monthly food stamp benefit for all participants in fiscal year 2006 was $214 per household, including those receiving disaster assistance.

In Wisconsin in the same year, the FoodShare program provided benefits to approximately 363,000 people living in 152,000 households. Households with children represented 58% of all households receiving benefits. The average monthly food stamp benefit was $185 in Wisconsin.

Excluding those receiving disaster assistance, 42% were non-elderly adults, and 9% were elderly people. 49% of all participants were children, continuing a slight downward trend since fiscal year 1998. Almost 30% of food stamp households had earned income, 27% received Supplemental Security Income (SSI), 24% received Social Security income, and 13% received support from Temporary Assistance to Needy Families (TANF.)

Approximately 87% of food stamp households lived in poverty, as measured by the federal poverty guidelines issued by the Department of Health and Human Services. Food stamp benefits were concentrated among poorer households – 39% of all food stamp households had a gross income less than or equal to half of the poverty guidelines, and these households received 56% of all benefits.

Households with children received a relatively large average monthly food stamp benefit ($303), reflecting their larger household size. The average household with children had 3.3 people compared with an average of 1.1 people for households without children. A majority, 63%, of the food stamp households with children were single-adult households. 80% of food stamp households with an elderly member consisted of an elderly person living alone. Elderly persons living alone who received food stamp benefits received an average monthly benefit of $74.

Implications for Extension Educators: The Food Stamp Program continues to provide millions of Americans with the means to purchase food. Nutrition education focused on food resource management can help these individuals and families maximize the value of these benefits, and make informed choices for a healthful diet.
In Wisconsin, the number of people participating in FoodShare more than doubled between October 1999 and October 2006. This recent increase has been among the highest in the nation. Wisconsin has worked hard to reach more eligible families with food stamps. One of the most visible strategies has been the creation of the on-line screening and application tool, ACCESS. Extension educators can help with this outreach by sharing the existence of this new tool with low-income families and community partners. The ACCESS tool can be found at http://www.access.wisconsin.gov

Sources:

Wisconsin Department of Health and Family Services—Eligibility Management: http://dhfs.wisconsin.gov/em/rsdata
What do kids think of as “healthy” vs. “unhealthy”?  

Susan Nitzke

A group of Extension and family/consumer sciences researchers from Colorado State University and Iowa State University conducted 4 focus groups with 64 children, ages 5-12, at the beginning of a “Fun LIFE” summer camp. The themes that were identified from students’ comments led to a model representing thoughts on healthfulness and unhealthfulness. Antecedents to healthfulness were good foods, active lifestyle and good hygiene habits. Healthfulness outcomes were growth and physical effectiveness, wellness/avoidance of disease, and attractive physical appearance. Conversely, unhealthfulness antecedents were bad foods, sedentary lifestyle, and bad hygiene habits. Sickness/disease and unattractive physical appearance were the outcomes of unhealthfulness. This summary highlights the children’s comments about food choices.

Students (especially younger students) had a “dualistic” logic in which foods were classified as either “good” or “bad.” Good/healthy foods included fruits, fish, low-fat items, meats, salads, vegetables, milk, orange juice, and water. Junk foods, hamburgers, hotdogs and foods high in salt and sugar were identified as potentially unhealthy. The associations between foods and healthful lifestyles were more complex. For example, some children mentioned the need for balance and acknowledged that limited amounts of fat and sugar could be part of a healthy lifestyle.

Some children were very aware of needing “the right proportions” of food. Girls were especially likely to mention unpleasantness and denial as part of healthful eating. Some older girls defined healthful eating as "not eating too much."

Healthy eating was associated with growth, especially for younger children, and with efficient body functions such as strong immune systems and muscles. Being healthy was also viewed as necessary for avoiding sickness and doing things you enjoy such as playing sports and having fun. Being thin and being fit were viewed as signs of having a well body. For example, a healthy body “looks like a pencil,” “has muscles and not too much fat,” “is skinny,” and “is fit, strong, and lightweight.”

The students commented that being overweight was a grave threat to health. A few students acknowledged that being too thin could also be a health risk. Attractive appearance was interpreted as a sign of good health and unattractive appearance was thought to be unhealthy. Perhaps the most troubling comments that thinness and healthful appearance were necessary to avoid teasing, e.g., “people won’t pick on you and say you’re a freak and stuff.”

Implications for Extension Educators: Although nutrition education messages need to be simple enough for children to understand and use, educational materials addressing health and obesity should help move children--in developmentally appropriate ways--beyond the dualistic “good food/bad food” model and emphasize the overall diet as a more important determinant of a person’s health. Whenever possible, educators are advised to help students realize that a diverse array of sizes and shapes can be normal and healthy.