



Issue Brief: Food Insecurity in Maine

More than one in ten families lack access to adequate, nutritious food

by James Myall | December 23, 2019

People with enough nutritious food are healthier and better able to thrive at home, in their communities, and at work.



Food insecurity reflects broader economic insecurity — fueled in part by widespread income and wealth inequality.

As a nation and a state, we have the resources to ensure no one goes hungry. But millions of Americans and tens of thousands of Mainers still struggle to put food on the table.

Food is a fundamental to human life. But many Mainers don't have enough food to meet their basic needs. Many more cannot afford a diet that is suitably nutritious to live a happy, productive life. This lack of nourishment, known as food insecurity, is a hardship that leads families to have worse physical and mental health, and to struggle at work and in school.

In the three-year period ending with 2018, more than 77,000 Maine households — representing 13.6 percent of Maine families — were food insecure, on average, each year. That includes 33,500 families, or 5.9 percent, who were very insecure. On both measures, Maine performed worse than the national average.¹

Food insecurity in Maine reflects broader economic insecurity, fueled in part by widespread income and wealth inequality. As a nation and a state, we have the resources to ensure no one goes hungry. But millions still struggle to put food on the table.

In this issue brief, MECEP examines food insecurity in Maine — its extent, causes, and effects — and demonstrates that eliminating this problem would be much less costly than the status quo.

Who is food-insecure in Maine?

Despite steady GDP growth and low unemployment, Maine's rate of food insecurity remains high.

More than one in 10 Maine households goes without suitably nutritious food, while roughly one in 20 does not have enough food to meet basic caloric needs. In the three-year period ending with 2018, Maine had the 12th-highest rate of food insecurity nationally and the highest rate in New England.²

What is food insecurity, and how is it measured?

The US Department of Agriculture defines food security as a condition of having “consistent, dependable access to enough food for active healthy living.”

Researchers distinguish between low food security and very low food security. Broadly speaking, households with low food security may be consuming food adequate to their caloric needs but are doing so through diets that lack the nutrients conducive to good health. By contrast, households with very low food security cannot afford to meet their basic caloric needs. They often report going hungry or skipping meals entirely at some point.

The Department of Agriculture and the US Census Bureau have measured food security annually since 1995 as part of the Current Population Survey, with findings published as a “Food Security Supplement” to the full CPS.

Because family members tend to share groceries, food security is typically measured and reported at the household, rather than the individual, level. Due to the small size of the survey sample, state-level food insecurity rates are generally reported as the average of three years’ measurements.

Within the statewide population, however, there are significant variations in rates of food insecurity. Mainers who face barriers such as trouble securing child care, racial discrimination, and poor health are more likely to lack adequate and nutritious food.

The following populations are at greater risk for food insecurity:

- Single-parent households: Maine households headed by single parents have the highest food insecurity rate of any group, at 42 percent. That’s nearly four times the rate of those headed by married or cohabiting parents.³
- Households headed by Mainers of color: 28 percent of households headed by people of color are food-insecure. That’s more than twice the rate (13 percent) of white, non-Hispanic households.⁴
- Mainers with health problems: 26 percent of Mainers with a physical or mental difficulty live in a food-insecure household. Among those whose disability prevents them from working entirely, 39 percent live in food-insecure households.⁵
- Workers in low-wage industries: 33 percent of personal health aides, 22 percent of restaurant employees, and 17 percent of grocery stores

workers live in a food-insecure household.⁶

- Mainers without jobs: 23 percent of unemployed Mainers live in a food-insecure household.⁷
- Families with children: 16 percent of Maine households with children are food-insecure.⁸ These households typically have to stretch budgets further to feed more mouths and are often contending with higher other costs of living than households without children.

However, even those Mainers who do not face the barriers listed above are not immune to food insecurity.

While unemployed Mainers are more likely to live in a food-insecure household, 10 percent of working Mainers also live in households without enough nutritious food.⁹

Likewise, even as Mainers with a college degree are generally less likely to live with food insecurity,¹⁰ 12 percent of public K-12 teachers live in food-insecure households.¹¹

Maine seniors are less likely to go without the food they need, but there are still 17,200 Mainers age 65 and older living in food-insecure households.¹²

What causes food insecurity?

At its root, food insecurity is caused by a lack of resources. Families don't have enough money to buy the food they need while keeping up with all the other expenses that must be covered.

Mainers earn less than the national average, but pay more for basics such as housing, transportation, and health care (see Table 1, below).

On a per-capita basis, Mainers spend 41 percent of their income each year on health care, housing, transportation, and utilities, compared to Americans in general, who spend 35 percent of their income on the same costs.¹³ For example: In 2018, the average Mainer spent \$962 more on health care than the average American.¹⁴

The combined pressures of lower wages and a higher cost of living squeeze Mainers with low-to-moderate incomes, making them more likely to become food insecure.

Policy decisions at the state and federal level can also exacerbate food insecurity. Without a robust safety net, Mainers who fall on hard times are more likely to become food insecure.

Over the past decade, policymakers have weakened Maine's safety net by creating new barriers to eligibility for food assistance through the Supplemental Nutritional Assistance Program. For example, between 2014 and 2019, Gov. Paul LePage's administration made it harder for Mainers in high-unemployment areas to receive food assistance, a policy which has been shown to have caused material hardship for many of those affected.¹⁵ Between 2016 and 2019, Maine also enforced a strict asset test on SNAP applicants, denying assistance to many low-income families.¹⁶

Policymakers also enacted restrictions on cash assistance for households in poverty, such as Temporary Assistance for Needy Families and General Assistance. A lifetime 60-month limit was imposed in the TANF program in 2012, which contributed to a 50 percent decline in the number of families getting help and resulted in documented hardship for families with low incomes.¹⁷

Table 1: Mainers spent more of their incomes on basics than average Americans in 2018

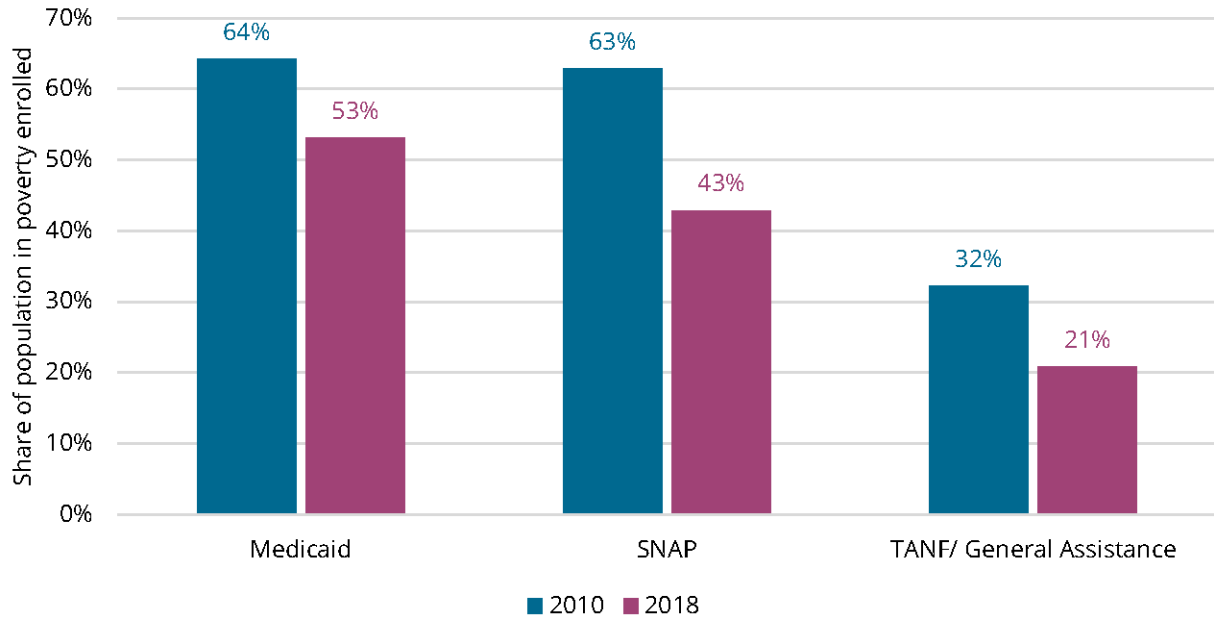
	Maine		United States	
	Amount	Share of income	Amount	Share of income
Per-capita income	\$48,905		\$51,731	
Per-capita consumption expenditures*	\$45,497	93%	\$40,878	79%
Health care	\$7,935	16%	\$6,973	13%
Gasoline and other energy goods	\$1,864	4%	\$943	2%
Motor vehicles	\$1,817	4%	\$1,530	3%
Housing and utilities	\$7,205	15%	\$7,515	14%
Transportation services	\$1,016	2%	\$1,342	3%
Total health care, housing, utilities, and transportation	\$19,837	41%	\$18,303	35%

* Per-capita consumption expenditures include all expenditures except gifts and business expenses.

Note: Totals do not sum, as a result of rounding.

Source: MECEP analysis of Bureau of Economic Analysis, Personal Income data and Personal Consumption Expenditure data, 2018.

Chart 1: From 2010 to 2018, many Mainers in poverty slipped through the safety net



Source: MECEP Analysis of US Census Bureau, American Community Survey, 2010 and 2018 public-use microdata.

Enrollment in MaineCare, the state’s health insurance program for low-income residents, was also drastically cut back between 2012 and 2018, as eligibility was restricted for parents, and eliminated for most adults without children, forcing more health care expenses onto low income families struggling to afford groceries.¹⁸

Gov. Janet Mills has taken a different tact, starting with expanding Medicaid eligibility and removing some barriers to food assistance. But the stigmatization and difficulty in receiving assistance over the past decade means fewer eligible Mainers are applying for SNAP and other programs. It will take time for utilization rates to recover.

What are the effects of food insecurity?

Food insecurity is linked with poorer health and education outcomes, both of which can stay with Mainers long after they escape food insecurity.

Food-insecure Americans are nearly three times as likely to report being in poorer overall health. Health problems range from relatively minor complaints such as being nearly twice as likely to

have headaches or stomach aches,¹⁹ to catching colds 50 percent more often²⁰ and hospital stays that are 33 percent longer than those of Americans in food-secure households.²¹ The impact of food insecurity on mental health is similarly broad. Food insecure Americans are twice as likely to be irritable or anxious,²² three and a half times more likely to be depressed,²³ and five times as likely to have suicidal thoughts or behaviors.²⁴

It’s no surprise, then that even after controlling for other factors, such as income, food-insecure families incur higher annual health care costs.²⁵ Given that inadequate income is a key cause of food insecurity, those health care costs only make it harder for food insecure families to afford the nutrition they need. Periods of illness also spur productivity losses in the economy. For many low-income families, illness also means lost wages.

Children from food insecure families do worse at school, as lack of food and adequate nutrition make it harder for them to concentrate and exacerbate behavioral problems. These children are more likely than average to miss school days, be suspended, and have to repeat a grade.²⁶ As a result, food-insecure children are more likely to drop out of school, which greatly reduces their future earning potential, and

ultimately their ability to lead full and healthy lives. What’s more, Maine’s schools spend additional money on special education and other measures to assist these students.

Between sickness, loss of productivity, and the impacts on education outcomes, food insecurity has a serious economic impact.

Based on national studies,²⁷ MECEP estimates the total cost of food insecurity on Maine’s economy at \$709 million annually²⁸ — or just over 1 percent of GDP.²⁹ This is many times larger than the cost of directly feeding food insecure families in Maine, which Feeding America estimates to be \$103 million a year.³⁰

Conclusion

Food insecurity is both a function and a driver of economic insecurity: Families in precarious economic sit-

uations are more likely to go hungry. That hunger is detrimental to their health and education outcomes, making it harder to gain a more secure foothold in the economy.

The cycle continues — with single-parent households, people of color, and people with health problems at highest risk of getting stuck in the loop.

Ensuring that no Mainer goes hunger will require a comprehensive approach that understands the dual role of food insecurity as cause and effect. Programs such as SNAP and TANF can mitigate the immediate damage by making it easier for families to afford the nutritious food they need to thrive. Policymakers should remove unnecessary barriers to eligibility to ensure the programs can meet their goals.

Simultaneously, policies to reduce economic insecurity – such as those that increase or protect workers’ wages — will tackle hunger at its root.

Table 2: Food insecurity costs Maine millions

Category	Cost
Health care services	\$629 million
Indirect productivity loss	\$20 million
Special education	\$19 million
Lifetime loss of earnings, annualized	\$40 million
Total	\$709 million

Sources: *Bread for the World, Cost of Hunger Study; Household Food Security in the United States, 2018; Bureau of Labor Statistics Consumer Price Index and Consumer Price Index for Medical Services 2010-2018; US Census Bureau, Population Estimates 2010-2018; National Center for Education Statistics; Maine Department of Education; Bureau of Economic Analysis, Gross Domestic Product data; US Census Bureau, American Community Survey, Median Earnings of High School Graduates 25 and older.*

About MECEP

The Maine Center for Economic Policy is a nonprofit research and policy organization dedicated to economic justice and shared prosperity by improving the well-being of low- and moderate-income Mainers. Since its founding in 1994, MECEP has provided policymakers, advocates, media organizations, and the public with credible, rigorous research and analysis. MECEP is an independent, nonpartisan organization.

About the author

James Myall is MECEP's lead policy analyst on labor, workforce, education, and health care. He has a master's degree in public policy and management from the University of Southern Maine and a master's degree in ancient history and archaeology from the University of St. Andrews in Scotland.

Endnotes

- 1 Coleman-Jensen, Alisha, Matthew Rabbit, Christian Gregory & Anita Singh, "Household Food Security in the United States, 2018," US Department of Agriculture, Economic Research Service, Sept 2019, p23. <https://www.ers.usda.gov/publications/pub-details/?pubid=94848>
- 2 Ibid, p23.
- 3 MECEP analysis of US Census Bureau, Current Population Survey, Food Security Supplement microdata 2016-18, retrieved by James Myall using DataFerrett, <https://dataferrett.census.gov> (November 26, 2019).
- 4 Ibid.
- 5 Ibid. Disability in the CPS is measured through six questions, which ask respondents if they have any difficulty with seeing, hearing, remembering or concentrating, walking or climbing stairs, leaving the home, or taking care of personal needs. "Physical or mental difficulty" refers to respondents who answered in the affirmative to any of the six questions. "Those whose disability prevents them working" refers to respondents who said they were not in the labor force due to a disability.
- 6 Ibid. "Personal health aides" refers to employed respondents working in Census industry codes 8170, 8270, 8290. "Restaurant employees" refers to those in Census industry code 8680. "Grocery store workers" refers to Census industry code 4970.
- 7 Ibid.
- 8 Ibid.
- 9 Ibid.
- 10 Ibid. Public K-12 teachers were respondents who said they were employed as state or local government workers, in Census occupation groups 2310, 2320, 2330, or 2340.
- 11 Ibid.
- 12 Ibid.
- 13 US Bureau of Economic Analysis, Personal Consumption Expenditures and Personal income data, 2018, accessed by James Myall, using BEA interactive data tables. Accessed November 22, 2019. <https://apps.bea.gov/iTable/index>

[regional.cfm](#)

14 Ibid. Per capita spending on health care services, 2018.

15 "Hunger Pains," Good Shepherd Food Bank and Preble Street, Feb 2017. <https://www.gsfb.org/wp-content/uploads/2017/02/Food-Pantry-Report-2-6-171.pdf>

16 Gallagher, Noel & Joe Lawlor. "Maine Plans to Deny Food Stamps When Applicant's Assets top \$5,000." Portland Press Herald. Sept 15, 2015. <https://www.pressherald.com/2015/09/16/maine-will-subject-food-stamp-recipients-to-new-asset-test/>

17 Butler, Sandra. "TANF Time Limits and Maine Families: Consequences of Withdrawing the Safety Net." Maine Equal Justice. March 2013. <https://www.mejp.org/sites/default/files/TANF-Study-SButler-Feb2013.pdf>

18 Medicaid expansion is associated with a 2.2 percentage point reduction in very low food security rates. Himmelstein, Gracie. "Effect of the Affordable Care Act's Medicaid Expansions on Food Security, 2010-2016," American Journal of Public Health, vol. 109, issue 9 (2019): pp 1243-1248. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305168>

19 Alaimo, K., C. Olsen, and J. Frongillo. "Food Insufficiency and American School-aged Children's Cognitive, Academic and Psycho-social Development." Pediatrics, vol. 108, issue 1 (2001): pp 44-53; <https://pediatrics.aappublications.org/content/108/1/44> Alaimo, K., et. al. "Food Insufficiency, Family Income and Health in U.S. Pre-School and School-aged Children," American Journal of Public Health, vol. 91, issue 5 (2001): pp 781-786. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446676/>

20 Alaimo et. al. pp 781-786.

21 Cook, J.T., et. al. "Food Insecurity Is Associated with Adverse Health Outcomes among Human Infants and Toddlers," Journal of Nutrition, vol. 134, issue 6 (2004): pp 1432-1438.

22 Dupont, R., et. al. "Economic Costs of Anxiety Disorders," Anxiety, vol. 2, issue 4 (1996): pp 167-172.

23 Vozoris, N. and V. Tarazuk. "Household Food Insufficiency is associated with Poorer Health," Journal of Nutrition, vol. 133, issue 1 (2003): pp 120-126.

24 Alaimo, Olsen, and Frongillo. pp 44-53.

25 Tarasuk, V, et. al. "Association Between Household Food Insecurity and Annual Health Care Costs," Canadian Medical Association Journal, vol. 187, issue 14 (2015): pp 429-436. <https://www.ncbi.nlm.nih.gov/pubmed/26261199>

26 K. Alaimo, C. Olson and E. Frongillo, "Family Food Insufficiency, But Not Low Income, Is Positively Associated with Dysthymia and Suicide Symptoms in Adolescents," Journal of Nutrition, vol. 132, issue 4 (2002): pp 719-725. <https://doi.org/10.1093/jn/132.4.719>; R. Kleinman et. al., "Hunger in Children in the United States: Potential Behavioral and Emotional Correlates," Pediatrics, vol. 101, issue 1 (1998): <https://doi.org/10.1542/peds.101.1.e3> ; K. Alaimo, C. Olsen, and J. Frongillo, "Food Insufficiency and American School-aged Children's Cognitive, Academic and Psycho-social Development," Pediatrics, vol. 108, issue 1 (2001): pp 44-53. <https://pediatrics.aappublications.org/content/108/1/44>

27 Cook, John, and Ana Poblacion, "Estimating the Health-Related Costs of Food Insecurity and Hunger," Bread for the World. 2016. https://www.bread.org/sites/default/files/downloads/cost_of_hunger_study.pdf.

28 Bread for the World estimates were adjusted for inflation where appropriate, scaled to Maine's population size, and adjusted to account for Maine's rate of food insecurity. Productivity loss was adjusted to account for Maine's GDP per capita rate, special educational costs were adjusted to account for Maine's per-pupil instruction costs, and lifetime earnings losses were adjusted for Maine's median annual earnings for high school graduates.

29 Nominal Gross Domestic Product by State, 2018, generated by James Myall using US Bureau of Economic Analysis interactive data tables. https://apps.bea.gov/iTable/index_regional.cfm (November 22, 2019). Maine's Gross Domestic Product was \$64.351 billion in 2018.

30 "Map the Meal Gap," Feeding America. Accessed November 22, 2019. <https://map.feedingamerica.org/county/2017/overall/maine>