



FOOD JOURNAL

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KATRINA ONE YEAR LATER: 251,000 EVACUEES REMAIN IN TEXAS

One year after hundreds of thousands of Louisiana residents fled Hurricane Katrina, several challenges remain in meeting the short-term and long-term needs of this population, many of whom now call Texas home. Of the 251,000 Katrina evacuees still in Texas, approximately 50,000 displaced students are enrolled in Texas public schools. A recent comprehensive state survey, conducted by the Gallup Organization, provides a glimpse into the challenges facing the evacuee population as well as the issues confronted by the state and localities in providing necessary services.

Texas commissioned the survey to urge the federal government to provide the state with continued funding to meet the health care, housing, employment, and education needs of these new residents.

The evacuees certainly need statewide attention. Most are low income. Before the hurricane, 61% of evacuee households earned less than \$20,000 a year. Today, these low wages persist — 41% earn less than \$500 a month.

Employment

According to the survey, 59% of evacuees were unemployed. Before the hurricane, only 6% of

this population reported being out of work. For workers affected by Hurricane Katrina, Disaster Unemployment Assistance (DUA) payments ended in early June. The Texas Workforce Commission (TWC), in conjunction with local workforce boards and other local officials, have held dozens of job fairs connecting thousands of evacuees with employment and/or job training. TWC has used the U.S. Department of Labor's National Emergency Grants to provide services related to child care, crisis counseling, and financial aid. For more information on employment, visit www.twc.state.tx.us/news/disaster_response.html.

Housing

Long-term housing remains a critical issue for most Texans affected by Hurricane Katrina.

High unemployment, low incomes, and high reliance on Federal Emergency Management Agency (FEMA) rental and utility assistance indicate a looming long-term housing crisis. According to the survey, as of May, over half (54%) were using federal housing assistance to pay most or all of their rental expenses. Nearly 135,000 evacuees, including 55,000 children, live in homes that receive FEMA housing subsidies that are set to expire within the next few months. In most Texas localities, the demand for very low-income housing units and Section 8 housing vouchers far outweighs the supply of affordable rental housing.

URGENT MESSAGE

Dear Readers: With the loss of Community Food and Nutrition Program funding, please be aware that production of the *Food Journal* may soon end.

In early August, the U.S. Department of Housing and Urban Development (HUD) allocated \$428.7 million in Community Development Block Grant (CDBG) funding to assist Texas in meeting this potential long-term housing crisis for hurricane evacuees. The Texas Department of Housing and Community Affairs (TDHCA) will be the lead state agency in disbursing these funds to local entities.

Most evacuee households expressed a desire to become Texas homeowners in the near future. Although only 27% of survey respondents were homeowners pre-hurricane, 64% of evacuees plan to own a home in Texas by May 2008.

To begin a disaster-related housing search, visit <http://hrc-ic.tdhca.state.tx.us/hrc/DisasterHousing.m>.

Health Services and Access

Health care is another significant issue. Employer-based health coverage among Texas evacuees dropped dramatically, from 37% of workers before Katrina to 19% now. Surprisingly, rather than filling the resulting gap, evacuee coverage under public health insurance programs for low-income people also declined (from 41% of households on Medicaid to 33% of households. CHIP went from 23% of households to 11% of households). As a result, the overall uninsured rate for evacuees in Texas doubled, from 18% before Katrina to 36% today.

Since the hurricane, the rate of individuals reporting poor physical and mental health has doubled. Additionally, 44% of evacuee households have visited a hospital emergency room during their stay in Texas.

Food and Cash Assistance

Texas enrolled more than 100,000 Katrina evacuee households in the Food Stamp Program last fall. Some of these households also received cash assistance through the Temporary Assistance for Needy Families (TANF) program. One year later, evacuee households report

continued need for and use of these services compared to pre-hurricane rates. About 4% of evacuee households are enrolled in Texas' TANF program, while 39% of households are enrolled in the Food Stamp Program.

Additional Characteristics

- 39% of the evacuees in Texas are children, and 60% of the adults are women.
- 63% of adult evacuees are 18-44; only 8% are 65 or older.
- 83% of the adult evacuees have a high school education or better, and 19% are college graduates.

For more information regarding the Center for Public Policy Priorities' analysis, call Lynsey Kluever, 512/320-0222, x112 or e-mail kluever@cphp.org. To download the HHSC survey, go to www.hhsc.state.tx.us/survey/KATRINA_0806_FinalReport.PDF.

TANF AT 10: WAS WELFARE REFORM A SUCCESS IN TEXAS?

Ten years ago, Congress overhauled the nation's welfare system with the promise of helping poor families become self-sufficient by replacing welfare with work. Known as "welfare reform," the Temporary Assistance for Needy Families (TANF) block grant replaced the entitlement program Aid to Families with Dependent Children (AFDC).

Under TANF, states were given great flexibility to design their own rules for cash assistance programs, as well as the authority use the block grant for other programs besides cash assistance. The law imposed a lifetime limit of 60 months on receipt of cash assistance and required that recipients work in order to qualify for benefits. Caseloads have fallen dramatically over the last decade, but has welfare reform been a success?

"What we've found is that although the number of people receiving cash assistance has dropped dramatically, 10 years after welfare reform, child

poverty is on the rise and poor families are still struggling to make ends meet,” said Celia Hagert, senior policy analyst at the Center for Public Policy Priorities in Austin.

To qualify for TANF in Texas, families must have an income below 14% of poverty — less than \$2,256 annually for a family of three in 2005. In addition, Texas families poor enough to qualify receive one of the nation’s lowest benefits: \$213 a month for a family of three in 2003 (the national average was \$396 a month).

Over the past 10 years, the number of families receiving welfare in Texas has decreased by 75%, from 275,000 families to 150,000. Supporters of welfare reform hail these declines and the growth in employment among single mothers as proof that welfare reform was a success. However, a look beyond caseload declines at a broader set of indicators on family and child well-being reveals mixed results.

- Child poverty did decline in the mid-1990s, but has risen since 2000, and the number and share of Texas children living in extreme poverty (below 50% of the federal poverty level) has increased.
- The number of poor Texans has increased since 1996, although the share of Texans living in poverty has not changed.
- TANF serves a smaller share of the poor than it did 10 years ago. Only 7% of poor Texans now receive TANF, down from 22% in 1996.
- Though the earnings of single poor mothers have increased, research on those going off the welfare TANF rolls shows that those who find jobs do not earn enough to make ends meet and face various material hardships.
- Many families leaving TANF do not make the transition from welfare to work. In Texas, the majority of the significant recent caseload decline is not the result of recipients finding employment. Instead, an increasing number of families are being sanctioned off the program for failure to comply with TANF program rules.

- The decline in cash assistance caseloads did not occur because fewer Texans sought help. The monthly average number of TANF applications rose from 43,400 in 1996 to over 61,000 in 2004.

New requirements in the federal Deficit Reduction Act (DRA) may worsen these trends. The DRA raised the states’ “work participation” targets (the percentage of recipients meeting work requirements) without giving them significant new resources to fund child care or employment and training programs. The regulations recently issued to implement the law make it harder for states to design effective welfare-to-work programs and meet the higher participation targets.

Together these changes create an incentive for states to serve fewer families, particularly those recipients who face the greatest barriers to employment and are therefore the hardest and most expensive to serve.

Over the last decade Texas has spent an increasing share of the block grant on child protection and foster care — first to replace the general revenue that used to fund these services and later to expand funding for these services. As a result, fewer TANF funds are spent on cash assistance and other work support programs designed to help parents make the transition from welfare to work. For example, spending on cash assistance accounted for 67% of the block grant in 1997; now it makes up only 22%. Further, funding for employment and training has not increased since 1999, and no federal TANF funds are used to fund child care for “working poor” families — families who make too much to qualify for TANF but too little to afford child care. Texas’ use of the TANF block grant to supplant state spending on child protection also leaves funding for child protection vulnerable to potential changes at the federal level, both in the form of cuts to the TANF block grant or changes in how child protection is financed.

For more information, visit www.cppp.org/research.php?aid=473&cid=6.

**2005 POVERTY DATA
UNDERScore NEED FOR ACTION**

Thirty-seven million people lived in poverty in the U.S. in 2005, according to U.S. Census Bureau data released in August (see next column for poverty rates reported for the U.S., including the District of Columbia and Puerto Rico). This was unchanged from 2004. Despite four years of economic growth, poverty is more widespread than in 2001. The number of Americans without health insurance rose in 2005.

While the national economy continues to grow, stagnant wages, rising health and energy costs and an inadequate government response mean that the economic growth is not reaching the bottom half of Americans. Families find themselves struggling more to cover basic necessities such as food, housing, transportation and health care.

“These numbers only highlight the need for a robust national commitment to address poverty and growing economic insecurity,” said Jim Weill, president of the Food Research and Action Center (FRAC). “While federal nutrition programs are helping families put food on the table, the nation needs to take steps to bolster families’ incomes and health coverage, and we need to do more to strengthen and ensure accessibility to programs such as food stamps, the school meals programs and WIC.”

While the Census Bureau’s numbers that were released last month do not tell how many Americans were suffering from hunger and food insecurity in 2005, anti-hunger groups around the nation cite an increased need in their communities. The U.S. Department of Agriculture will release the latest hunger and food insecurity numbers in the fall.

***For the full press release, go to
www.frac.org/Press_Release/08.29.06.html.
Get the Census Bureau’s report,
Income, Poverty and Health Insurance
Coverage, at [www.census.gov/prod/
2006pubs/p60-231.pdf](http://www.census.gov/prod/2006pubs/p60-231.pdf).***

**POVERTY RATES FOR 50 STATES
& WASHINGTON, D.C.**

Geography	TOTAL POOR PEOPLE	TOTAL POVERTY RATE	TOTAL POOR CHILDREN	CHILD POVERTY RATE
Alabama	754,258	17.0%	266,510	24.8%
Alaska	71,266	11.2%	26,623	14.5%
Arizona	824,008	14.2%	314,658	20.3%
Arkansas	461,842	17.2%	164,510	24.9%
California	4,673,274	13.3%	1,766,647	18.6%
Colorado	504,106	11.1%	165,586	14.2%
Connecticut	281,408	8.3%	94,909	11.6%
Delaware	84,811	10.4%	27,780	14.5%
District of Columbia	97,617	19.0%	35,310	32.2%
Florida	2,214,381	12.8%	713,162	17.9%
Georgia	1,266,205	14.4%	469,302	20.2%
Hawaii	121,418	9.8%	37,396	12.7%
Idaho	192,390	13.9%	64,926	17.7%
Illinois	1,483,873	12.0%	524,729	16.4%
Indiana	740,371	12.2%	260,496	16.7%
Iowa	310,230	10.9%	92,227	14.0%
Kansas	309,608	11.7%	99,784	15.1%
Kentucky	680,151	16.8%	215,901	22.5%
Louisiana	864,277	19.8%	319,092	8.4%
Maine	160,627	12.6%	46,872	17.5%
Maryland	448,038	8.2%	148,210	10.8%
Massachusetts	637,043	10.3%	194,294	13.6%
Michigan	1,299,688	13.2%	459,304	18.5%
Minnesota	456,642	9.2%	139,801	11.6%
Mississippi	600,288	21.3%	226,148	30.9%
Missouri	748,023	13.3%	256,046	19.0%
Montana	130,441	14.4%	40,385	20.1%
Nebraska	186,178	10.9%	62,915	14.8%
Nevada	262,092	11.1%	89,648	14.9%
New Hampshire	95,090	7.5%	28,044	9.4%
New Jersey	738,969	8.7%	251,999	11.8%
New Mexico	347,759	18.5%	124,303	26.0%
New York	2,565,836	13.8%	865,102	19.4%
North Carolina	1,262,770	15.1%	448,699	21.3%
North Dakota	68,199	11.2%	17,896	13.5%
Ohio	1,450,650	13.0%	505,642	18.6%
Oklahoma	564,544	16.5%	192,417	23.0%
Oregon	498,854	14.1%	152,142	18.4%
Pennsylvania	1,420,396	11.9%	460,616	16.7%
Rhode Island	126,150	12.3%	46,894	19.5%
South Carolina	638,643	15.6%	229,001	22.7%
South Dakota	101,286	13.6%	33,245	18.2%
Tennessee	899,717	15.5%	290,932	21.4%
Texas	3,905,148	17.6%	1,548,069	24.9%
Utah	246,047	10.2%	79,854	10.9%
Vermont	68,793	11.5%	20,194	15.4%
Virginia	728,947	10.0%	238,312	13.3%
Washington	729,470	11.9%	219,214	15.1%
West Virginia	317,240	18.0%	95,381	25.6%
Wisconsin	545,650	10.2%	176,832	13.9%
Wyoming	46,809	9.5%	12,311	11.1%
Puerto Rico	1,718,373	44.9%	543,691	54.7%



2006 OBSERVANCE

The Food and Agriculture Organization of the United Nations celebrates World Food Day each year on October 16, the day on which the Organization was founded in 1945. It has since been observed every year in more than 150 countries. The World Food Day theme for 2006 is “Investing in agriculture for food security.”

Agriculture may have become a minor player in many industrialized economies, but it must play a starring role on the world stage to bring down the curtain on hunger. Only investment in agriculture — together with support for education and health — will turn this situation around.

Most of the world’s farmers are small-scale farmers. As a group, they are the biggest investors in agriculture. They also tend to have inadequate or precarious access to food themselves. If they can make a profit with their farming, they can feed their families throughout the year and reinvest in their farms by purchasing fertilizer, better quality seed and basic equipment.

A new model for cooperation between the public and private sectors in rural development is evolving. The model includes new ways to (1) bring together producers and agribusiness, (2) establish and enforce grades and standards, (3) improve the investment climate for agriculture, and (4) provide essential public goods such as rural infrastructure.

For additional information, visit www.fao.org/wfd/2006/index.asp.

INCREASED CHANCE FOR OBESITY

Children who are overweight as toddlers or preschoolers are more likely to be overweight or obese in early adolescence, report researchers in a collaborative study by the National Institutes of Health (NIH) and several academic institutions.

The researchers periodically collected height and weight measurements of a sample of children, beginning at age 2 and continuing until age 12. Their analysis, appearing in the September issue of *Pediatrics*, provides some of the strongest evidence to date that overweight in early childhood increases the chances for overweight in later life.

A large number of studies have found that obesity persists from childhood, through adolescence, and into adulthood. Obese adolescents are likely to become overweight adults and, as such, at risk for the complications of obesity—cardiovascular disease, high blood pressure, stroke, and diabetes.

Most previous studies have collected height and weight information only from a few intervals in childhood and one or two intervals in later life. The strength of the current analysis is that it was conducted on data collected during frequent intervals over an extended period of time, from age 2 through age 12.

The analysis was conducted on data collected as part of the National Institute of Child Health and Human Development (NICHD) *Study of Early Child Care and Youth Development*. For the study, researchers followed the development of more than 1,000 children from across the U.S., enrolled in the study at birth. Although the study sample was not nationally representative of the U.S. as a whole, the sample did include children from ethnically diverse and economically disadvantaged households. More than 80% of the children in the study grew up in two-parent families. For the most part, the study focused on gathering information relevant to children’s experience in various child care arrangements.

However, measurements of the children's height and weight were collected when the children were ages 2, 3, 4 ½, 7, 9, 11, and 12.

For the current analysis, the researchers calculated body mass index (BMI) for children in the study. BMI is a standard measure calculated from an individual's height and weight. Children were classified as overweight if their BMI was at or above the 85th percentile in comparison to national statistics for children their age.

The researchers found that children who were overweight at least once from ages 2 to 4 ½ were five times more likely to be overweight at age 12 when compared to children who were not overweight from ages 2 to 4 ½. The more times a child was overweight from ages 7 through 11, the greater the chances the child would be overweight at age 12 in comparison to children who were not overweight from ages 7 through 11. For example, a child who was overweight once during the elementary school years was 25 times more likely to be overweight at age 12 than was a child who was not overweight during the elementary school period. Similarly, when compared to children who were not overweight, children who were overweight twice during the elementary period were 159 times more likely to be overweight at 12, and children overweight three times during elementary school were 374 times more likely to be overweight at 12.

The study results strongly suggest that parents concerned about their children's weight should speak to their children's pediatricians about helping their children establish more healthful diet and exercise patterns. Because pediatricians regularly measure their patients' height and weight, they are in an excellent position to proactively advise parents if they see signs of unhealthful weight gain.

The researchers also reported some risk of overweight at age 12 for children who were not overweight during the preschool and elementary years but still had relatively higher BMIs at those ages. Given the study findings that preschool

and elementary age children with BMIs between the 50th and 75th percentile are at risk for overweight at age 12, it would be advisable for parents and physicians to observe children in this BMI range and to begin corrective action if the children's weight edges upward.

The study authors also found that no children in the study who were below the 50th percentile at preschool or elementary school age were overweight at age 12.

For information about the NICHD study, go to www.nichd.nih.gov/od/secc/index.htm.

PUBLICATIONS

The Food Research and Action Center (FRAC) has some new materials available.

Guide to Food Stamp Outreach Collaborations provides an overview of promising partnerships to increase participation in the Food Stamp Program. Download it from www.frac.org/html/news/fsp_guide2006.html.

A number of FRAC postings on the afterschool and summer nutrition programs for afterschool providers can be downloaded from www.frac.org/Out_Of_School_Time/Afterschool/back_schoolres.html.

FRAC has several publications targeting Boys and Girls Clubs. For FRAC's afterschool and summer outreach materials specifically targeted to Boys and Girls Clubs, go to www.frac.org/Out_Of_School_Time/Afterschool/boysgirlsclub.html.

The Food Journal is available by electronic notification by e-mailing foodjournal@tcaa.org.

Archived issues of the Food Journal are available on-line at www.tcaa.org.

The Food Journal welcomes your comments and ideas for stories. Call 800/992-9767, ext. 206, or e-mail comments and suggestions to foodjournal@tcaa.org.

TEXAS REGISTER

- **Texas Department of State Health Services (DSHS)**, 08/18/06, p. 6459. DSHS proposes amendments concerning licensure of food manufacturers, food wholesalers, and warehouse operators, and concerning licensing of device distributors and manufacturers. Submit comments regarding §229.182 by 09/17/06 to Julie Loera, Policy/Standards/Quality Assurance Unit, Environmental and Consumer Safety Section, Division for Regulatory Services, DSHS, 1100 W. 49th St., Austin, TX 78756, or e-mail Julie.Loera@dshs.state.tx.us. Submit comments regarding §§229.435, 229.439, 229.441, 229.443, and 229.444 by 09/17/06 to Tom Brinck, Policy/Standards/Quality Assurance Unit (see previous address) or e-mail to Tom.Brinck@dshs.state.tx.us. The earliest possible date of adoption is 09/17/06. For more information, call 512/458-7111 x 6972.
- **DSHS**, 08/25/06, p. 6746. DSHS adopts new §229.210 and amendments to §§229.211 - 229.222, concerning the current good manufacturing practice and good warehousing practice in manufacturing, packing or holding of human food. Amendments to §§229.219 and 229.222 are adopted with changes to the proposed text published in the 03/10/06 *Texas Register*. New §229.210 and amendments to §§229.211 - 229.218 and 229.220 - 229.221 are adopted without changes. The effective date is 08/31/06. For further information, call 512/458-7111 x 6972.

FEDERAL REGISTER

- **Food and Drug Administration (FDA)**, 08/17/06, p. 47439. The FDA is correcting a final rule that appeared in the *Federal Register* on 07/25/06. The document amended the voluntary nutrition labeling regulations and was published with incorrect units of measures for nutrients and an incorrect number in the Final Regulatory Impact Analysis section. The effective date is 01/01/08. For more information, write Mary Brandt, Center for Food Safety

and Applied Nutrition (HFS-840), FDA, 5100 Paint Branch Pkwy., College Park, MD 20740 or call 301/436-1788.

- **U.S. Department of Agriculture (USDA)**, 08/24/06, p. 50249. This rule proposes to revise and clarify requirements for the processing of donated foods, in order to incorporate processing options tested in demonstration projects, to more effectively ensure accountability for donated foods provided for processing, and to streamline current reporting and review requirements. Comments, identified by RIN No. 0584-AD76, must be received by 11/22/06 by mail or delivery: Lillie F. Ragan, Asst. Branch Chief, Policy Branch, Food Distribution Division, Food and Nutrition Service, USDA, Rm. 500, 3101 Park Center Dr., Alexandria, VA 22302-1594; e-mail: Robert.Delorenzo@fns.usda.gov; fax: 703/305-2420; or go to www.regulations.gov. For more information, call Lillie F. Ragan at 703/305-2662 or e-mail Robert.Delorenzo@fns.usda.gov.
- **FDA**, 08/31/06, p. 51726. FDA is amending its nutrition labeling of dietary supplements regulations in order to ensure the accuracy of FDA's regulations. This rule is effective 08/31/06. For further information, contact Susan Thompson, Center for Food Safety and Applied Nutrition (HFS-810), FDA, 5100 Paint Branch Pkwy., College Park, MD 20740, call 301/436-1784, fax 301/436-2639, or e-mail Susan.Thompson@fda.hhs.gov.
- **USDA**, 09/01/06, p. 52209. USDA makes corrections to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages published in the 08/07/06 *Federal Register*. "Exhibit G.—Number of Powder Infant Formula Containers Issued to an Infant Participant Born 01/01/ 2006, for Food Packages I & II Fully Formula Fed (FF) Using Rounding Up" and "Table 1.—Maximum Monthly Allowances of Supplemental Foods For Infants In Food Packages I, II and III" are being reprinted in their entirety.



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