



WELCOME BACK to the Food Research & Action Center's (FRAC) ResearchWIRE!

This quarterly newsletter focuses on the latest research, reports, and resources from government agencies, academic researchers, think tanks, and elsewhere at the intersection of food insecurity, poverty, the federal nutrition programs, dietary quality, and health.

APRIL 2021 IN THIS ISSUE

- **Data 101:** Measuring Food Hardship During COVID-19
- **In Focus:** COVID-19's Impact on the Relationship Between Food Security, Poverty, and Health: Executive Summary (a new FRAC report that will release soon)
- **Research Highlights:**
 - Food Insecurity During COVID-19
 - Inequity in Food Insecurity During COVID-19

It has been a while since the last installment at the end of 2019. A lot has happened in the past year:

- the COVID-19 pandemic increased food insecurity;
- widespread use of flexibilities and waivers in the federal nutrition programs to increase access;
- the creation of the Pandemic Electronic Benefit Transfer program; and
- emergency government assistance, while important, has been insufficient to help Americans cope with the depth and duration of food hardship and economic dislocation.

To start the *ResearchWIRE*'s relaunch, FRAC is releasing a special extended issue on research related to COVID-19's impact on food insecurity and the federal nutrition programs. There has been an unprecedented effort among researchers to develop quick measures of food insecurity, understand changing disparities in food hardship, and evaluate the effects of relief efforts.

Other important research on food insecurity was published in 2020, and these studies will be covered in future issues.

Measuring Food Hardship During COVID-19

Since the national state of emergency due to COVID-19 was declared on March 13, 2020, it has been necessary to track food hardship in real time to advocate for economic aid and expansions for the federal nutrition programs. Rapid tracking of food hardship will continue to be one of the most important indicators of whether government policies are reducing food hardship.

Key Takeaways

1. Food insecurity and food insufficiency are both measures of food hardship that indicate limited access to food due to the economic or social conditions of a household, but they mean different things, which is important to keep in mind when comparing surveys.
2. The Current Population Survey Food Security Supplement (CPS-FSS) is the gold standard for measuring food insecurity, which is a more detailed representation of the true degree of food hardship, but it's expensive and only happens once a year.
3. The Census Household Pulse Survey (Pulse) measures food insufficiency, but is a less detailed representation of food hardship; however, it can be measured and released quickly, which is important during the pandemic.
4. Compare general patterns between surveys (for example, disparities by income, geography, or race and ethnicity).
5. Avoid comparing specific numbers across surveys (for example, food insecurity rates from the 2019 CPS-FSS compared to food insufficiency rates from the May 2020 Pulse to look at the percentage increase in food hardship).

Food Hardship Definitions

- **Food insecurity:** “Households were, at times, unable to acquire adequate food for one or more household members because they had insufficient money and other resources for food.”¹
- **Food insufficiency:** “Sometimes” or “often” not having enough to eat.²
- **Hunger:** “A physiological condition affecting specific individuals that may be a result of food insecurity.”³

Food insecurity is the primary measure of food hardship; however, official estimates of food insecurity⁴ come from the CPS-FSS, and data for 2020 will not be released until September 2021. Instead, the primary source of data during 2020 has been the Pulse survey, which captures data quickly on economic and social hardship brought on by COVID-19.

FIGURE 1: Understanding Food Insecurity and Food Insufficiency



DATA 101

Differences in surveys may impact estimates as summarized in Table 1. In the past, national estimates of food insecurity have differed according to which survey the data came from, although all estimates have followed parallel downward trends prior to the pandemic.

TABLE 1: Comparing the Current Population Survey Food Security Supplement (CPS-FSS) Versus the Household Pulse Survey (Pulse)

Source	CPS-FSS	Pulse	Effect on Estimation of Food Hardship
What is measured?	Food insecurity	Food insufficiency	
Questionnaire	<ul style="list-style-type: none"> ■ The CPS-FSS is a series of 10 questions (18 if children are in the household). ■ Households are food insecure if they respond affirmatively to 3+ questions and have very low food security if they respond affirmatively to 6+ questions (8+ with children). 	<ul style="list-style-type: none"> ■ Food insufficiency is a single question and is asked twice, once about the respondent's experience prior to COVID-19, and once about their current experience. ■ Food insufficiency corresponds to selecting "Sometimes not enough to eat;" "Often not enough to eat." 	<ul style="list-style-type: none"> ■ The CPS-FSS is a more detailed picture of the severity and persistence of a household's food insecurity. ■ Food insufficiency implies disrupted eating patterns and is therefore more similar to the more serious condition of very low food security rather than to food insecurity in general.
Who is measured?	Households (50,000)	Individuals (1,000)	More respondents means the sample can be matched to the U.S. population along more dimensions (income, race, employment, place, etc). This then allows rates to be compared among more specific groups of people.
How is the survey conducted?	Phone and in-person interviews, once a year in December	Online, every two weeks	The type of person who responds to a survey on the phone versus online might be different.
Reference period for food insecurity	Last 12 months and last 30 days	Last seven days; prior to COVID-19	A respondent is more likely to have been food insecure sometime over the past year compared to only the past week.
Method	Households are screened using income ⁵ and are asked survey questions in stages — households reporting food security in early questions are not asked later questions.	There is no screening process, every participant is asked the food insufficiency questions.	Research ⁶ finds that not including the screening process yields higher estimates of food insecurity.

IN FOCUS

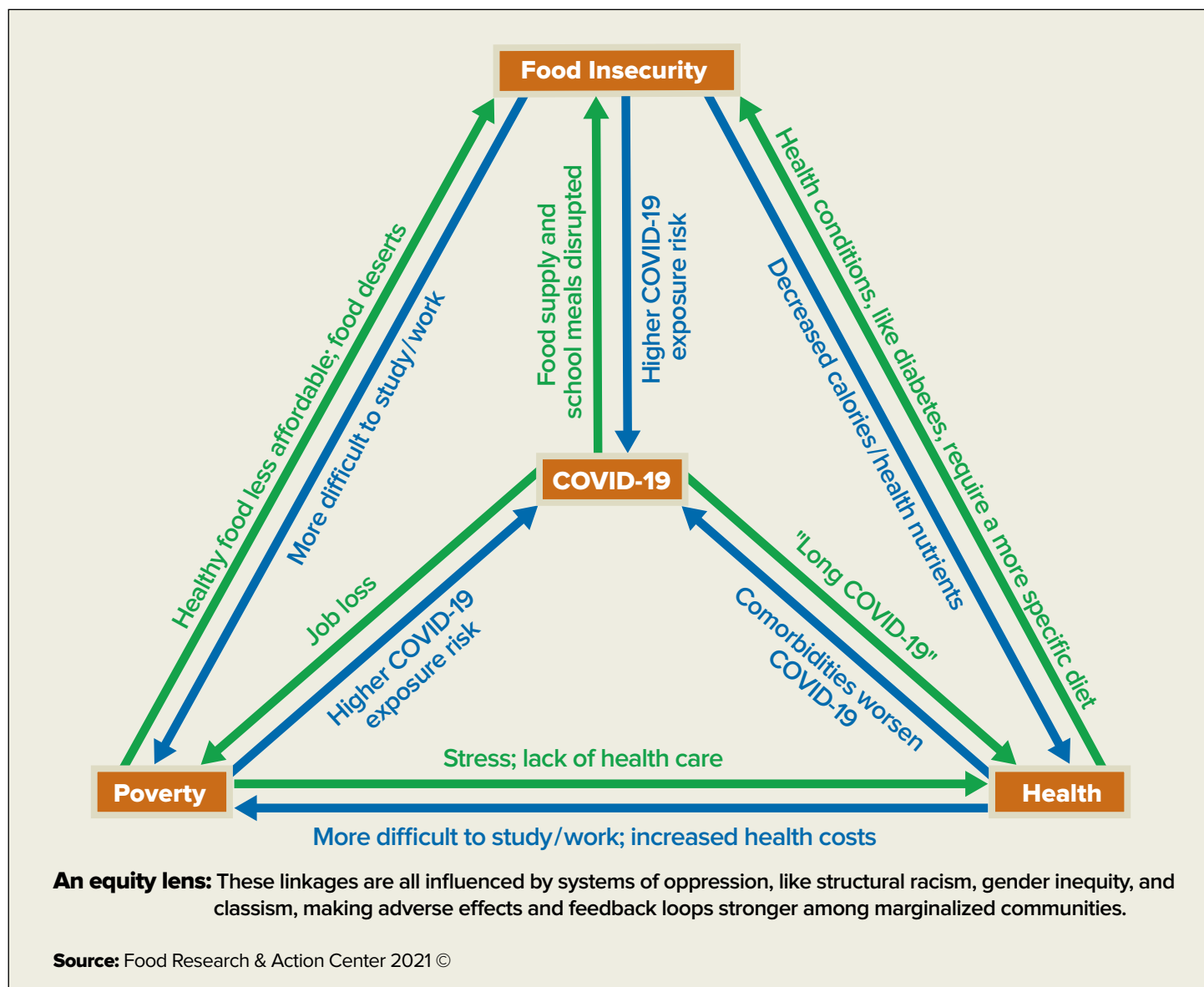
COVID-19's Impact on the Relationship Between Food Security, Poverty, and Health: Executive Summary

Food insecurity increased sharply at the beginning of the COVID-19 pandemic due to sudden unemployment and financial hardship, an increase in food prices, and difficulty relying on community support due to social distancing.⁷ The pandemic also has led to an increase in poor health outcomes directly related to COVID-19 and indirectly due to

financial hardship, which has made it more difficult to afford other essential needs besides food, e.g., medication, housing, and transportation.⁸ Delaying non-emergency medical care also has taken a toll on the overall health and well-being of millions.⁹ Poverty has increased, particularly from August through December, due to the expiration of supplemental

unemployment insurance in the face of continued unemployment.¹⁰ While the pandemic has thrown some individuals into severe food and economic hardship for the first time, it also has increased hardship among those already struggling before the pandemic.

FIGURE 2: Linkages Between Food Insecurity, Poverty, and Health During COVID-19



IN FOCUS

Persistent Disparities Have Been Exacerbated

Disparities in food security are linked to the root causes of hunger, such as poverty, systemic racism, and access to healthy and affordable foods.¹¹ Food insecurity is higher among households with low incomes, children or teenagers (especially single-parent households), members who represent marginalized racial or ethnic groups, and located in rural or metropolitan areas.¹² The economic and public health crises from COVID-19 have exacerbated existing disparities in food security by placing added pressures on different populations that follow preexisting disparities in health and poverty. For example, prior to COVID-19, hospitals in rural areas struggled to stay open.¹³ Latinx communities have experienced hardship due to immigration enforcement efforts, resulting in decreased participation in federal nutrition programs and increased feelings of stress and distrust of public services because of mandated discrimination.¹⁴

The Food Research & Action Center (FRAC) will be releasing a series of briefs focused on how COVID-19 has impacted disparities among multiple populations: older adults, young adults, women, people representing marginalized racial and ethnic groups, individuals with low incomes, individuals with low educational attainment, and rural areas. FRAC also will release briefs on essential workers who live at the intersection of multiple systems of oppression.

What We Learned About the Federal Nutrition Programs From the Great Recession

Lessons from the Great Recession are particularly important when considering policies to recover from the current COVID-19 recession. During the Great Recession, unemployment reached a peak of 10.1 percent in 2009. After

the recession ended, poverty peaked at 15.1 percent in 2010 and food insecurity peaked at 14.9 percent in 2011. To aid low-income Americans, the 2009 American Recovery and Reinvestment Act (ARRA) expanded the Supplemental Nutrition Assistance Program (SNAP) by increasing benefits for all families by 13.6 percent until it expired in 2013.¹⁵

Compared to other social safety net programs administered during the Great Recession, SNAP was one of the most responsive programs to increased need and was more likely than any other program to distribute resources to households in deep poverty (below 50 percent of the federal poverty line).¹⁶ Food expenditures increased and food insecurity rates decreased among SNAP households. SNAP's benefits can be attributed to its structure. SNAP is the only program with near-universal eligibility, accessible to individuals regardless of age, disability status, family structure (with or without children), and employment status (with some restrictions for adults without children), and allocates the most funding for those families with the lowest incomes. This universality also makes SNAP one of the most equitable assistance programs. SNAP's positive impacts are not limited to affecting only program recipients. During the Great Recession, the "multiplier effect" of SNAP increased. For every \$1 spent on SNAP, \$1.74 was generated in economic activity, higher than the return of any other social program during the recession.¹⁷

In comparison to ARRA, the Coronavirus Aid, Relief, and Economic Security (CARES) Act expanded SNAP by allowing families to receive the maximum benefit for their household size, which did not increase funds for the 40 percent of families with the lowest incomes already receiving the maximum benefit. The COVID-19 Economic Relief Bill passed in December 2020 and the American Rescue Plan passed in March 2021 raised benefits for all families by 15 percent; however, this provision expires at the end of September

2021. After ARRA ended in 2013, food insecurity increased, particularly among households with the lowest incomes.¹⁸ Current expansions to SNAP and other food and government assistance programs should not expire according to arbitrary dates, but rather should be phased down following indicators of economic recovery.

Equitably Reducing Food Insecurity in the Recovery From COVID-19

Policy in response to the pandemic must be a combination of short-term interventions that respond to immediate needs and longer-term efforts that address systemic drivers of hunger, poverty, and disparities. For example, racially equitable responses for short-term COVID-19 relief must be designed and implemented to target communities of color, particularly Black and Indigenous communities that suffer the highest rates of food insecurity, and long-term strategies to address food insecurity must address structural racism, like the racial wealth gap and concentrated poverty.¹⁹ In order to not further exacerbate disparities in food security, policies should either increase access to affordable and healthy foods, reduce deterrents to enrolling in food programs, improve individual social and economic resources, and/or build community assets and capacity.²⁰

Immediate action, including leveraging the multiple benefits of the federal nutrition programs, can support the growing number of struggling households that are missing out on the nutrition they need for their health and well-being. Gains in access and benefit adequacy during COVID-19 provide important lessons for strengthening and expanding the federal nutrition programs. Recommendations to improve the accessibility and enhancement of the federal nutrition programs include extending the SNAP benefit boost until sufficient economic recovery has been realized, offer summer electronic benefit transfer, and make healthy school meals available for all students.

Research Highlights

STUDY INDEX: Study Title and Summary Measures

Authors, Date	Measure of Food Hardship	Food Hardship Rate, Month	Food Hardship Rates, by Subpopulations
1: Food Insecurity During COVID-19			
1A: Rates of Food Insecurity, Academic Papers			
1A-1 Measuring Food Insecurity Using Online Surveys			
Ahn and Norwood	Food insecurity	15% in May	20% among households with children 25% among households where someone lost a job 30% among households that experienced COVID-19
1A-2 Unemployment Insurance Has Reduced Food Insufficiency During COVID-19			
Berkowitz and Basu, March 2020	Food insufficiency	n/a	30% of adults who lost a job and did not receive unemployment insurance (UI) benefits 22% of adults of who lost a job and did receive UI
1A-3 Assessing Food Insecurity Among Adults During COVID-19			
Fitzpatrick et al., 2020	Food insecurity	38% in January–March	55% among Black adults 57% among unemployed adults 54% low-income adults
1A-4 Mapping Food Insecurity During COVID-19			
Gundersen et al., 2020	Food insecurity	16% projected rate for 2020	23% projected rate for children
1A-5 Food Insufficiency Associated With Poor Mental Health During COVID-19			
Nagata et al., 2021	Food insufficiency	8.1% in March, 10.0% in June	
1A-6 The Effect of Unemployment on Food Spending and Food Adequacy			
Restrepo et al., 2020	Food insufficiency	8% in April–June	7% among employed, 21% among those unemployed due to COVID-19-related work closure
1A-7 Long-Term Health Implications of Food Insecurity During COVID-19			
Wolfson and Leung, 2020	Food insecurity	n/a	In June: 43% low-income adults (below 250% poverty) 51% Latinx adults 40% White adults 58% adults with children 64% of adults who lost a job
1A-8 Food Hardship During the COVID-19 Pandemic and Great Recession			
Ziliak, 2020	Food insufficiency	11% in July	5% among seniors ages 60+

Research Highlights

STUDY INDEX CONTINUED FROM PREVIOUS PAGE

Authors, Date	Measure of Food Hardship	Food Hardship Rate, Month	Food Hardship Rates, by Subpopulations
1B: Rates of Food Insecurity, Series of Research Reports			
1B-1 Brookings Institution			
	Food insecurity	23% in April	34% of households with children in April 12% of children in April 10% of children in October
1B-2 Institute for Policy Research (IPR)			
	Food insecurity	23% in April/May	36% Black adults 32% Latinx adults 18% White adults 30% of households with children 41% Black households with children 36% Latinx households with children
1B-3 National Food Access and COVID Research Team (NFACT)			
	Food insecurity	33% in April–August	55% among households that experienced a job disruption
1B-4 Urban Institute			
	Food insecurity	22% in March/April, 20% in September	In September: 31% Latinx adults 28% Black adults 15% White adults 23% of parents with children 0–5 and 25% of parents with children 6–18
2: Inequity in Food Insecurity During COVID-19			
2-1 Immigrant Communities			
Clark et al., 2020			
2-2 Racially Equitable Responses to Hunger			
Gamblin and King, 2020			
2-3 Formerly Incarcerated Individuals			
Golembeski et al., 2020			
2-4 College Students			
Laska et al., 2020			
2-5 Understanding the Rapid Increase in Food Insecurity and Disparities During COVID-19			
Leddy et al., 2020			
2-6 Food System Workers			
Parks et al., 2020			

Comparison:

Official Current Population Survey Food Security Supplement (CPS-FSS) data from 2019

- **Food insecurity:**
10.5 percent for all households
- **Food insufficiency:**
3.4 percent for all households

Research Highlights

Food Insecurity During COVID-19

Overview

A multitude of research efforts have been monitoring food insecurity during the pandemic. Below are major efforts from researchers at universities and think tanks that have measured national trends. These trends have been measured using a variety of data sources:

- **Section 1A**, academic papers: Research is listed in alphabetical order by first author, includes key findings, policy implications, summary, and data/methods;
- **Section 1B**, series of briefs and reports: Research is listed in alphabetical order by organization, including key findings for each report and data/methods used across all reports.

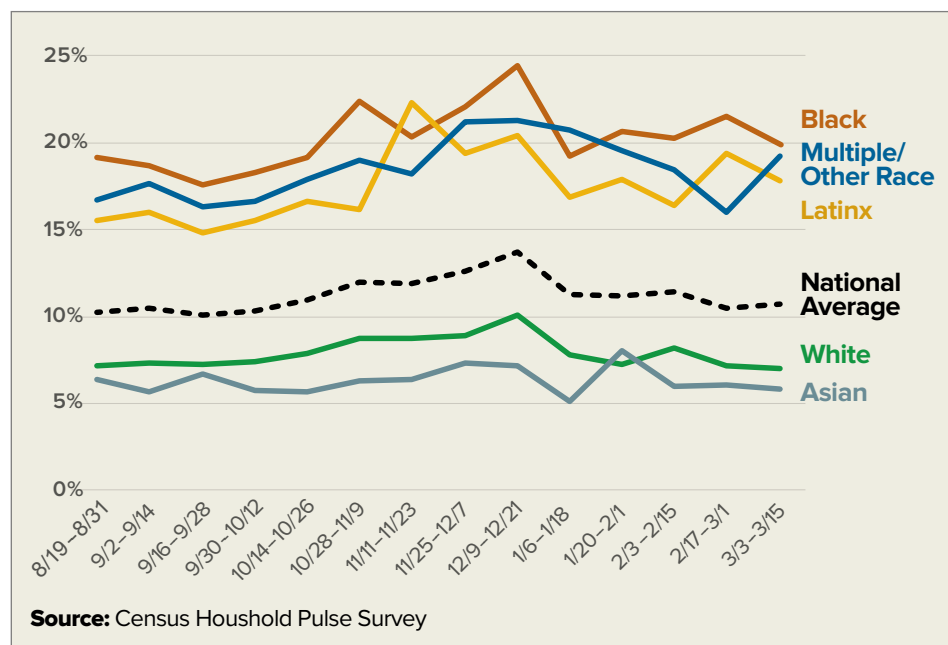
Key Takeaways

Regardless of the data source, studies consistently find that food hardship has increased during COVID-19. Food hardship is higher among households that have low incomes, children, identify as representing racial or ethnic groups that have been marginalized, and have at least one household member who has had their hours cut back or has lost a job due to the pandemic.

Policy Implications

While food hardship would be higher without government assistance, rates are still higher than they were prior to COVID-19. Households will need more resources to make ends meet for the remainder of the pandemic and during the recovery after. Resources should especially target families with children, households where someone has lost a job, and households from marginalized racial and ethnic communities.

FIGURE 3: Food Insufficiency Rates During Covid-19 From the Census Household Pulse Survey, August 2020–March 2021



Future Research Needs

- Understand how the unique circumstances of the pandemic and the increase in food insecurity/insufficiency impact dietary outcomes and health.
- Compare the relative importance of financial insecurity, food insecurity, household stress, and interruptions in health care on health outcomes in the short and long terms.
- Incorporate qualitative research.
- Evaluate the effect of government aid and of eligibility waivers/expansions on rates of food and economic hardship.



1A-1 Measuring Food Insecurity Using Online Surveys

Citation: Ahn, S., & Norwood, F. B. (2020). *Measuring Food Insecurity During the COVID-19 Pandemic of Spring 2020*. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1002/aepp.13069>. Accessed on March 25, 2021.

Key Takeaway: It is possible to use internet surveys to estimate food insecurity. However, to get rates that are close to official Current Population Survey Food Security Supplement (CPS-FSS) estimates, samples should be limited to households below 185 percent of the poverty threshold and be nationally representative across more specific criteria than gender, race, ethnicity, and income. During COVID-19, the authors find that food insecurity was not higher in May 2020 than it was in 2016 and 2017, but was 3 percentage points higher for households with children.²¹

Policy Implications:

COVID-19 has placed greater stress on households with children and households where at least one person lost a job or experienced COVID-19 symptoms.

Summary: Online surveys have the advantage of being less expensive and faster to deploy than the CPS-FSS,

yet it is more difficult to make internet surveys representative of the general population. The authors used two steps to get their internet surveys to be similar to CPS-FSS estimates (see Table 2). First, they balanced the sample on population characteristics to match the U.S. population (e.g., race, income, government assistance, employment, etc.). Second, they applied slightly stricter screening criteria as the CPS-FSS (all households above 185 percent of the poverty level are excluded, regardless of their answer to the food insufficiency question). Only after doing both were they able to compare their estimates to official CPS-FSS data.

In May 2020, the authors found 19 percent of respondents indicated that

at least one household member had lost a job and 33 percent said their household income would be lower in 2020 compared to 2019. They estimated food insecurity among all households to be 15.4 percent, which was higher than their online survey estimates from 2017, but not statistically different. Food insecurity among households with children was 20.1 percent, which was statistically higher than their 2017 estimate of 14.1 percent. They also estimated that food insecurity was 25 percent among households where at least one person lost a job, compared to 7 percent of households whose financial status had not changed, and 30 percent among households that experienced COVID-19 symptoms.

TABLE 2: Adjusting Survey Data to Approximate Official Current Population Survey Food Security Supplement (CPS-FSS) Estimates of Food Insecurity

	CPS-FSS	Internet Survey			
		No adjustment	Balancing	Income Screening	Balancing and Screening
2016	12.3%	43%	34%	33%	16%
2017	11.8%	32%	29%	24%	13%

Source: These data come from a separate methods paper: Ahn, S., Smith, T. A., & Norwood, F. B. (2020). *Can Internet Surveys Mimic Food Insecurity Rates Published by the US Government?* Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1002/aepp.13002>. Accessed on March 23, 2021.

1A-2 Unemployment Insurance Has Reduced Food Insufficiency During COVID-19

Citation: Berkowitz, S. A., & Basu, S. (2021). *Unmet Social Needs And Worse Mental Health After Expiration Of COVID-19 Federal Pandemic Unemployment Compensation*. Available at: <https://pubmed.ncbi.nlm.nih.gov/33600235/>. Accessed on March 23, 2021.

Key Takeaway: The expiration of the \$600 per week supplemental

unemployment insurance (UI) was associated with an increase in missing housing payments, food insufficiency, and symptoms of depression and anxiety.

Policy Implications: Adequate UI is an important tool to reduce economic hardship, hunger, and poor mental health outcomes among individuals who remain unemployed

during the pandemic. Beyond the pandemic, UI benefit levels should be increased and be more inclusive of different types of workers.

Summary: Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, UI was expanded in three ways: individuals could receive benefits up to 13 weeks; eligibility was

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expanded to gig economy workers, the self-employed, and low-wage workers; a federal supplement of \$600 per week was added to state UI. Using survey data collected between June and October, 27 percent of respondents reported food insufficiency, compared to 21 percent prior to the pandemic. Among adults who reported losing a job, 22 percent of those who received UI reported food insufficiency compared to 30 percent of those who did not receive UI. After controlling for socioeconomic differences between participants, receiving UI at any point was associated with a 5.0 percentage

point decrease in food insufficiency. This effect was more pronounced when respondents were eligible for the \$600 per week supplemental UI. The difference in food insufficiency between individuals receiving UI and not receiving UI was 3.9 percentage points wider when the \$600 supplement was available.

Methods and Measure of Food Hardship: The Census Household Pulse Survey data from June 11–October 12. The authors included individuals who reported losing a job during the pandemic and that they did not have the kind of

earned income they had pre-pandemic to meet household spending needs (n=122,133 unique individuals across all included survey waves, representing 38 million Americans).

See also:

Raifman, J., Bor, J., & Venkataramani, A. (2021). *Association between receipt of unemployment insurance and food insecurity among people who lost employment during the COVID-19 pandemic in the United States*. Available at: <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2775731>. Accessed on March 23, 2021.

1A-3 Assessing Food Insecurity Among Adults During COVID-19

Citation: Fitzpatrick, K. M., Harris, C., Drawve, G., & Willis, D. E. (2020). *Assessing Food Insecurity among US Adults during the COVID-19 Pandemic*. Available at: <https://www.tandfonline.com/doi/full/10.1080/19320248.2020.1830221>. Accessed on March 23, 2021.

Key Takeaway: Food insecurity at the beginning of COVID-19 (January–March) was highest among those groups already suffering from poor mental and physical health as a result of unequal exposure to social and health risk factors.

Policy Implications: Knowing who is at risk is critical for designing programs to address food insecurity, including the type of food available for those with certain health conditions and the channels of food distribution in an environment where many people fear COVID-19 exposure. Policy solutions include increasing the adequacy of Supplemental Nutrition Assistance Program benefits and investing in local food systems in marginalized communities.

Summary: The authors argue that the primary means of food distribution is through the money people earn through working. With the abrupt layoff of so many people, this has resulted in high levels of food insecurity, especially among those who were already vulnerable. Food insecurity is influenced by a mix of social, economic, and health risk factors. The authors examine differences by “social vulnerabilities,” defined by the systematic exclusion from resources (e.g., income, employment, race, and ethnicity), mental and physical health, and fear of COVID-19. Overall, 38.3 percent of their sample reported food insecurity in January through March. Food insecurity rates differed significantly between all groups. In particular, 55 percent of Black people and 45 percent of Native Americans reported food insecurity compared to 34 percent of White people, 57 percent of unemployed adults reported food insecurity compared to 34 percent of employed adults, and 54 percent of individuals with household incomes below \$25,000

reported food insecurity compared to 24 percent of individuals with incomes above \$150,000. In addition, adults with higher food insecurity also reported higher levels of depression, anxiety, poor physical health, and fear of COVID-19. After controlling for all factors in regression analysis, social vulnerabilities, depression/anxiety, poor physical health, and fear remained significant predictors of food insecurity.

Methods and Measure of Food Hardship: The 10-item U.S. Department of Agriculture Adult Food Security Module assessed for the prior three months (January–March). Three affirmative answers indicated food insecurity. The authors administered a nationally representative online survey of 10,368 adults through Qualtrics. Respondents were weighted by gender, age, race, income, and state to match the American Community Survey’s 2018 five-year estimates.

1A-4 Mapping Food Insecurity During COVID-19

Citation: Gundersen, C., Hake, M., Dewey, A., & Engelhard, A. (2021). *Food Insecurity during COVID-19*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7537061/>. Accessed on March 23, 2021.

Key Takeaway: Food insecurity rates were projected at the county level for 2020. The Map the Meal Gap (MMG) model predicted 54 million food-insecure Americans in 2020 (17 million more than in 2018), with significant geographic variations across the country.

Policy Implications:

Estimates at the county, zip code, or congressional district (CD) level can be used by food banks and state and local officials to direct limited resources to those areas most in need.

Summary:

State-level projections: The same five states have the highest food insecurity

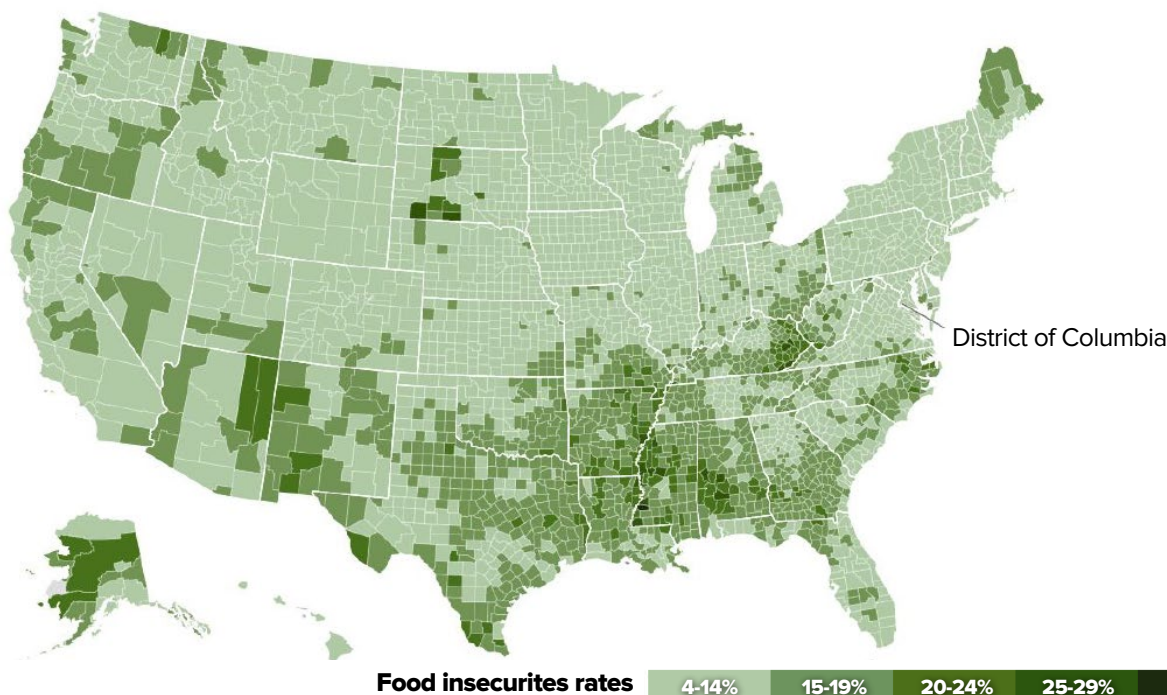
rates regardless of COVID-19: Mississippi, Arkansas, Alabama, Louisiana, and New Mexico. However, the effects of COVID-19 are obvious in other states. For example, Nevada has a large proportion of residents employed in tourism and the service industry. Without COVID-19, Nevada would have ranked 20th in the nation for food insecurity, but with COVID-19, it is projected to be eighth.

County/CD-level projections: MMG provides estimates on which counties/CDs have the highest overall level of food insecurity and which have the largest increases in food insecurity. Both pieces of information are important. Counties/CDs with high rates have the largest need and tend to be in the South or have majority Native American populations. Counties/CDs with large increases may not have had the underlying systems in place to distribute charitable food or enroll individuals in food assistance because food insecurity had previously not been a large issue.

Methods and Measure of Food Hardship:

Every spring, MMG produces local projections of food insecurity using official food insecurity rates from the Current Population Survey Food Security Supplement and demographic statistics from the American Community Survey that are 18 months old. Prior to the pandemic, projections were straightforward because these data were changing at predictable rates. However, COVID-19 caused a rapid increase in unemployment and hardship. The authors assume that unemployment will increase up to 11.5 percent and that poverty will increase to 16.6 percent. Unemployment estimates at the county and congressional district level were further adjusted based on the proportion of people working in industries more likely to suffer job loss during the pandemic.

FIGURE 4: Estimate of Food Insecurity Rates for the Full Population by County, 2018



Source: cited Gundersen, et al. paper, "Food Insecurity during COVID-19"

1A-5 Food Insufficiency Associated With Poor Mental Health During COVID-19

Citation: Nagata, J. M., Ganson, K. T., Whittle, H. J., Harris, O. O., Tsai, A. C., & Weiser, S. D. (2021). *Food Insufficiency and Mental Health in the US During the COVID-19 Pandemic*. Available at: [https://www.ajpmonline.org/article/S0749-3797\(21\)00012-X/abstract](https://www.ajpmonline.org/article/S0749-3797(21)00012-X/abstract). Accessed on March 23, 2021.

Key Takeaway: Food insufficiency was associated with poor mental health, but this association was less strong among people who said they received free groceries or meals.

Policy Implications: Clinicians should screen patients for food insufficiency and connect patients with community resources for food assistance. Furthermore, food assistance may also help address poor mental health. However, federal funding of adequate program

administration and outreach is needed to help stressed or depressed individuals navigate social safety net programs that are complex and often stigmatized.

Summary: Previous research has found that food insecurity and poor mental health are related, each making the other worse in a vicious cycle. During COVID-19, food insufficiency and anxiety and depression have increased. This study used data from the Census Household Pulse Survey (Pulse) to determine which mental health symptoms have been associated with food insecurity during the pandemic, and whether receipt of food aid makes a difference. The authors found that food insufficiency ranged from 8.1 percent in March to 10 percent in June and that an average of 9.4 percent of people received

free groceries or meals. The authors found that 94 percent of adults who experienced food insufficiency reported any symptom of poor mental health, compared to 70 percent of adults who did not experience food insufficiency. After controlling for socioeconomic differences between respondents, food insufficiency was associated with nervousness/anxiety, the inability to stop worrying, lack of interest in doing things, and depression/hopelessness. These associations were not as strong for individuals who received free groceries or meals.

Methods and Measure of Food Hardship: Combined waves of Pulse data from March–June 2020 (n=63,674).

1A-6 The Effect of Unemployment on Food Spending and Food Adequacy

Citation: Restrepo, B. J., Rabbitt, M. P., & Gregory, C. A. (2021). *The Effect of Unemployment on Food Spending and Adequacy: Evidence from Coronavirus-Induced Firm Closures*. Available at: <https://onlinelibrary.wiley.com/doi/10.1002/aepp.13143>. Accessed on March 23, 2021.

Key Takeaway: Unemployment due to a COVID-19-related business closure increased a household's likelihood of free food receipt, yet this was not enough to offset the reduction in household food spending caused by unemployment. Therefore, unemployment caused a net increase in food insufficiency, or not having enough to eat.

Policy Implications: Food assistance and/or income support programs should target households with unemployed persons.

Summary: The authors used the Census Household Pulse Survey (Pulse) data to compare food spending and food security outcomes between those individuals who lost a job due to COVID-19 and individuals who remained employed. They controlled for demographic characteristics, such as education, income, and race/ethnicity, and state-level characteristics, such as stay-at-home policies and norms, to isolate the effect to changes in employment. When compared to households where no one had lost a

job, households where at least one person lost their job due to COVID-19 spent 16 percent less on food, were 2.5 percent more likely to get free food, were 8.7 percent less likely to have enough to eat, and were 15.3 percent less likely to report confidence in their ability to afford the foods they would need in the next four weeks. The decrease in food spending was mostly driven by a decrease in food eaten out.

When their sample was limited to employed and recently unemployed households making under \$50,000, the effect of job loss on food hardship increased. Compared to households where no one had lost a job, households where at least one

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person lost their job due to COVID-19-related closures spent 21.1 percent less on food, were 3.8 percent more likely to get free food, were 10 percent less likely to have enough to eat, and were 13.9 percent less likely to report confidence in their future ability to afford the foods they need. Therefore, while economic activity increases the spread of viruses, like COVID-19, the

increase in unemployment also has adverse health consequences that must be mitigated by adequate food and government assistance.

Methods and Measure of Food Hardship: Since individuals who became unemployed due to COVID-19 had no control over their sudden loss of a job, the

authors argue the abrupt business closures due to COVID-19 randomized workers to be either employed or unemployed. Individuals who lost a job for other reasons were excluded. This allowed them to assess whether unemployment causes changes in food hardship, which they measure as food insufficiency from Pulse using data from April to June.

1A-7 Long-Term Health Implications of Food Insecurity During COVID-19

Citation: Wolfson, J., & Leung, C. (2020). *Food Insecurity During COVID-19: An Acute Crisis with Long-Term Health Implications*. Available at: <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.305953>. Accessed on March 23, 2021.

Key Takeaway: COVID-19 is particularly affecting low-income adults who identify as Black or Hispanic, have children, or have lost a job.

Policy Implications: High levels of food insecurity indicated that steps taken to reduce economic hardship have been insufficient. More sustained and coordinated federal policies are required, including increasing the

Supplemental Nutrition Assistance Program's benefits and unemployment insurance.

Summary: They found that food insecurity among low-income adults was 44 percent in March and remained high at 43 percent in June. Rates were highest among Hispanic people (51 percent in June) and lowest among non-Hispanic White people (40 percent in June), and higher among adults with children in their home (58 percent in June) compared to adults without children in their home (37 percent in June). Food insecurity also increased with employment hardship: 39 percent of adults with no change in income or employment were food insecure while 64 percent of adults who lost a job were food insecure.

See also:

Wolfson, J. A., & Leung, C. W. (2020). *Food Insecurity and COVID-19: Disparities in Early Effects for US Adults*. Available at: <https://www.mdpi.com/2072-6643/12/6/1648>. Accessed on March 23, 2021.

Wolfson, J. A., Garcia, T., & Leung, C. W. (2021). *Food Insecurity Is Associated with Depression, Anxiety, and Stress: Evidence from the Early Days of the COVID-19 Pandemic in the United States*. Available at: <https://www.liebertpub.com/doi/full/10.1089/heq.2020.0059>. Accessed on March 23, 2021.

1A-8 Food Hardship During the COVID-19 Pandemic and Great Recession

Citation: Ziliak, J. P. (2020). *Food Hardship during the Covid-19 Pandemic and Great Recession*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7537182/>. Accessed on March 23, 2021.

Key Takeaway: Food insufficiency among all adults increased by 300 percent from 2019 to July 2020. Food insufficiency also increased

among seniors (60+ years old) by 75 percent. In comparison, during the Great Recession, food insufficiency increased by 36 percent from 2007 to 2009 among all adults and by 8 percent among seniors. The receipt of charitable food among low-income adults increased over 50 percent.

Policy Implications: After the Great Recession, food insufficiency did

not peak until 2014 and did not return to pre-recession levels until 2018. The increase in food insufficiency during COVID-19 has exceeded the increase during the Great Recession. Investment in federal nutrition assistance and other government programs will be needed to avoid prolonged hardship after the COVID-19 recession.

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Summary: Ziliak compared current trends in food insufficiency during COVID-19 to trends from the Great Recession. He examined rates in older adults specifically because they were particularly vulnerable to the health effects of food insecurity, had low enrollment rates in the Supplemental Nutrition Assistance Program, and largely were not eligible for unemployment insurance. Food insufficiency among all adults increased from 3.4 percent in 2019 to 9.8 percent in April and 10.8 percent in July 2020. Food insufficiency also increased among seniors (60+ years old), from 2.8 percent in 2019 to 4.9 percent in July. In comparison, food insufficiency among all adults during the Great Recession rose from 3.6 percent

in 2007 to 4.9 percent in 2009 (peaking at 5.1 percent in 2014). Receipt of food charity also increased among all adults, but fell among older adults (from 13.9 percent in December 2019 to 7.3 percent in April) before rising again (11.1 percent in July), reflecting the impact of social distancing measures on older adults.

Ziliak also found disparities. For example, Black adults and seniors are more likely to be food insufficient than White adults. While this disparity remained constant before and after COVID-19 among all adults, this racial disparity increased among older adults. These racial disparities persist even after controlling for other socioeconomic characteristics, like income, household size, and education.

Methods and Measure of Food Hardship: The share of adults who are food insufficient and the share receiving charitable food, using the Current Population Survey Food Security Supplement (CPS-FSS) from 2001–2019 and using the Census Household Pulse Survey (Pulse) data from week 1 (April 23–May 5), week 4 (May 21–May 26), week 7 (June 11–June 16) and week 11 (July 9–July 14) (n=340,705). To examine changes between pre-COVID-19 years of CPS-FSS data and more current Pulse data, Ziliak calculates weighted, unadjusted averages. To assess the probability of being food insufficient and holding other factors constant, Ziliak pools data across 2001–2020, combining data from both datasets.

1B-1 Brookings Institution

Key Findings From Reports:

■ [May 2020: The COVID-19 crisis has already left too many children hungry in America](#)

- In late April 2020, food insecurity was 23 percent among all households.
- Food insecurity was 34 percent among households with children under 12 and 40 percent among mothers with children under 12. In comparison, 15 percent of mothers with children reported food insecurity in the 2018 Current Population Survey Food Security Supplement.
- The data showed that 17.4 percent of mothers with children under 12 reported that their children did not eat enough at some point during the pandemic due to lack of resources. In comparison, in 2018, 3.1 percent

of mothers reported their children did not eat enough at some point in the prior 12 months due to lack of resources.

- Rates of food insecurity were especially high among households with children. Food security programs, such as the Supplemental Nutrition Assistance Program (SNAP) and Pandemic Electronic Benefit Transfer (P-EBT) program, should be expanded.

■ [November: Hungry at Thanksgiving: A Fall 2020 update on food insecurity in the U.S.](#)

- Although food insecurity rates fell between April and November, rates were still high overall and higher among families with children.
- ◆ Among mothers with children under 5 (Survey of Mothers

with Young Children [SMYC], see page 15 for details), 12 percent of mothers reported their children didn't have enough to eat compared to 10 percent in October.

- ◆ Among parents with children under 5 (Census Household Pulse Survey data), 12 percent of parents reported their children did not have enough to eat in June, falling to 10 percent in October; 71 percent of these parents with food-insecure children reported income loss during the pandemic.
- ◆ Among parents with children ages 6–18 (Census Household Pulse Survey data), 17 percent of parents reported their children did not have enough to eat in June, falling to 12 percent in October; 73 percent of these parents with food-insecure children reported income loss during the pandemic.

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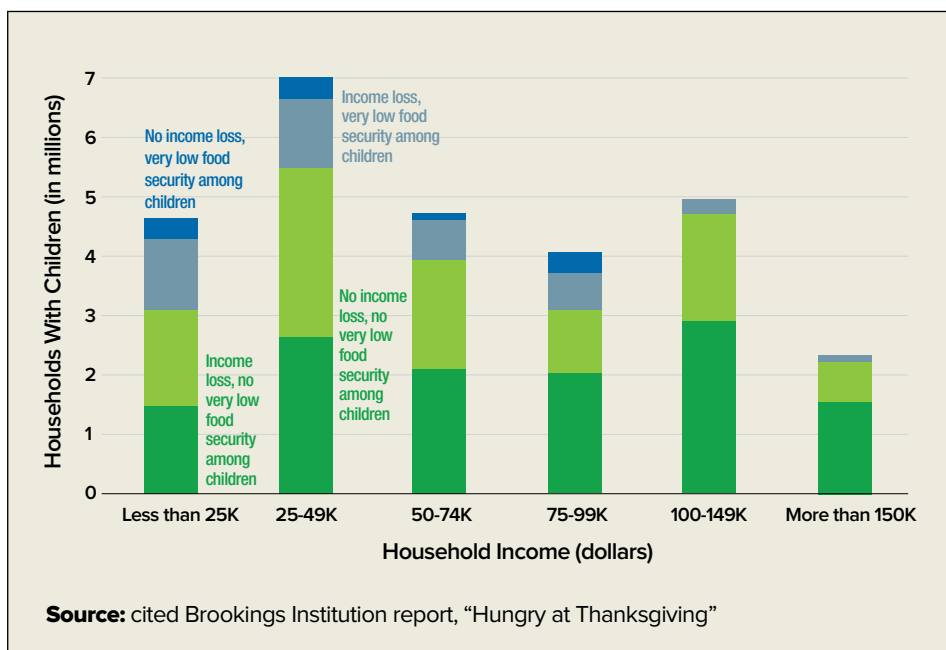
- Low-income families with children are most likely to have experienced an income loss and most likely to report very low food security among children.
- Expenditures on SNAP and P-EBT have been increasing, and the majority of low-income families with food-insecure children use these programs. However, despite this program participation, food insecurity rates among children in low-income families are still high. These programs should be strengthened to help families still struggling with food and economic hardship.

Methods and Measure of Food Hardship:

These reports draw from three surveys: The COVID-19 Impact Survey (CIS), the SMYC, and Pulse.

- The CIS was fielded by NORC at the University of Chicago in April and October 2020, and was weighted to reflect the 18 and older U.S. population. Respondents were asked about food security in the prior 30 days.
- The SMYC was fielded in April and November and weighted to reflect

FIGURE 5: Distribution of Household Income Loss and Very Low Food Security Among Children, by 2019 Income



the population of mothers with at least one child age 12 or under in their household. Food insecurity was measured using a two-question screener. Mothers were asked about food insecurity in the time since the pandemic started.

- Households were considered food insecure if they answered it

was sometimes or often true that “the food we bought just didn’t last and we didn’t have enough money to get more,” and children were considered food insecure if the respondent answered it was sometimes or often true that “the children in my household were not eating enough because we just couldn’t afford enough food.”

1B-2 Institute for Policy Research (IPR)

Data Visualization:

A tool [visualizing food insecurity](#) tracks food insecurity rates by race/ethnicity and state, and estimates food insecurity from the Census Household Pulse Survey (Pulse) food insufficiency data.

Key Findings From Reports:

- May 2020: [Food Insecurity Triples for Families With Children During COVID-19 Pandemic](#)
- Using COVID-19 Impact Survey (CIS) data, 28 percent of all

respondents and 42 percent of those with children reported worrying about food running out in April.

- The authors predict what monthly food insecurity rates would have been in March 2020 following trends from prior years. Compared to March, they find that food insecurity in April was 2.3 times higher for all adults and 3.0 times higher for adults with children.

- Using the increase in unemployment rates, the authors predict what food insecurity rates would have been in April 2020 based on the past relationship between unemployment and food insecurity. They find that food insecurity was 26 percent higher overall and 41 percent higher among adults with children than anticipated from just the increase in unemployment.

CONTINUED

■ June 2020: [Food Insecurity in the Census Household Pulse Survey Data Tables](#)

- The authors find similar estimates of food insecurity between CIS and Pulse data.
- From April 23–May 5, they estimate food insecurity to be 22–29 percent overall and 28–35 percent among respondents with children.
- Food insecurity increased from late April to mid-May.

■ June 2020: [Food Insecurity Remains Elevated Across All 50 States](#)

- From April 23–May 19, 23 percent of households overall and 30 percent of households with children experienced food insecurity.
- Similar analysis as the May 2020 report using data from Pulse instead of CIS: the authors predict that food insecurity in April 2020 would have been 17.3 percent based on the increase

in unemployment. However, the rate was 23 percent. Therefore, unemployment does not explain all of the increase in food insecurity.

- Disparities in food insecurity exist by race and differences exist by state.
- September 2020 (with the Food Research & Action Center): [Not Enough to Eat: COVID-19 Deepens America's Hunger Crisis](#)
 - Using Pulse data from April 23–July 21, approximately 1 in 5 Black and Latinx adults were found to not have enough to eat.
 - It's not just the poorest families who struggled with hunger; among those who didn't have enough to eat, 1 in 4 had usual incomes above \$50,000 per year.
 - Rates of food insufficiency were higher among adults who lost their job. Black and Latinx adults were more likely to lose their job, and were more likely to report not having enough to eat if they had lost a job.

Methods and Measure of Food Hardship:

The authors used two sources of data:

- CIS, which is a nationally representative survey that monitors the effects of COVID-19. The authors used data from the first wave of data collected between April 20–26 and May 4–10, including 2,190 participants for national estimates, and a second sample of 7,267 adults to provide representative estimates for 10 states and eight metropolitan areas. Food insecurity is measured using a two-question screener about the prior 30 days; and
- Pulse, which asks one question about food sufficiency over the prior seven days. The authors estimate food insecurity rates by converting food insufficiency from Pulse to food insecurity based on the relationship between the two measures in 2011–2018.

1B-3 NFACT

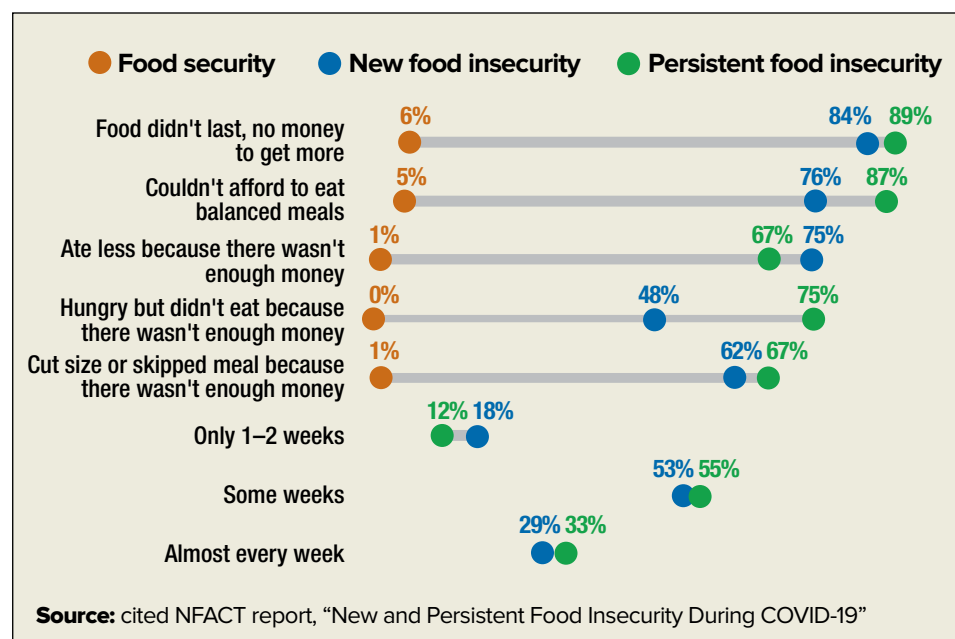
The [National Food Access and COVID Research Team \(NFACT\)](#) is a collaboration of researchers studying the impact of COVID-19 on multiple dimensions of food insecurity. In addition to economic hardship, their research includes other factors relevant to food security, including food access, changes in diet, and the availability and acceptability of foods.

Key Findings From National Reports:

■ [New and Persistent Food Insecurity During COVID-19](#)

- Household food insecurity increased from 25 percent in the year prior to the pandemic

FIGURE 6: Responses to USDA Food Security Questions During the First Four Months of the COVID-19 Pandemic



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to 33 percent during the first five months of the pandemic. Twenty-four percent of households experienced persistent food insecurity, while 9 percent experienced new food insecurity during COVID-19.

- The majority of food-insecure households included children.

■ U.S. Consumer Experiences With Food Access During COVID-19

- The majority of households reported experiencing challenges getting food. Three-quarters reported reducing the number of trips to the grocery store, and two-thirds reported not being able to find the types of food they needed or as much food as they wanted.
- People in households with specific dietary requirements were nearly twice as likely to have challenges finding as much food or the kinds of foods they needed compared to those without dietary requirements.
- Thirty-eight percent of Supplemental Nutrition Assistance Program (SNAP) participants indicated they could not use SNAP for online groceries, and 68 percent of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants would be interested in using WIC online.

■ Food Assistance Program Participation Among US Households During COVID

- **SNAP:** Compared to the year prior to COVID-19, SNAP participation increased by 31 percent among households that became newly food insecure during the pandemic. More than 40 percent of respondents from SNAP participating households felt their benefits were inadequate.
- **WIC:** WIC participation increased by 50 percent among households with persistent food insecurity. More than half of WIC participants were unable to fully redeem their benefits due to lack of WIC-approved foods during the pandemic.
- **School meals:** Participating in school meals declined slightly, but did not change in low-income households. Challenges included limited hours, inconvenient locations, and meals running out.
- **Food pantries:** Usage increased by over 60 percent among newly food-insecure households and households with job disruptions.

■ Changes in Employment Status and Food Security

- Forty percent of households were impacted by job disruption between March and July 2020.
- Food insecurity was higher among households that experienced a job disruption (55 percent) compared to those that did not (20 percent), a disparity which increased further among households with children (71 percent versus 31 percent).

Methods and Measure of Food Hardship:

The authors used online surveys to understand impacts on the national and state level. The survey was developed in March–May 2020 and was tested in Vermont. Core questions on food security status, employment, food access, dietary intake, and use of federal nutrition programs are consistent across surveys, so results can be compared across states at different times during the pandemic. The collaborative effort has made these research tools available to groups that may not have had the resources to develop them on their own.

An online survey was administered to 1,510 adults in July and August using Qualtrics. Individuals with low incomes were oversampled, and the respondents were weighted to represent the race, ethnicity, and income distribution of the 2019 population. Food hardship was measured using the U.S. Department of Agriculture’s Household Food Security Survey Module Six-Item Short Form, which was adapted to ask about the time period both “in the year before the coronavirus outbreak” and “since the coronavirus outbreak” (between March 11 and July/August).

State Reports: Surveys have been administered in 15 states. Each state has slightly different recruitment strategies and additional survey questions depending on feedback from local stakeholders. [Policy briefs](#) are available for Arizona, Connecticut, Michigan, New Mexico, New York City, New York State, Vermont, and Washington.

1B-4 Urban Institute

Data Visualization:

The Racial Equity Lab [tracks hardship during COVID-19](#) by race and ethnicity using the Census Household Pulse Survey data, including food insecurity rates.

Key Findings From Reports:

■ [October 2020: Food Insecurity Edged Back up After COVID-19 Relief Expired](#)

- The \$600 supplemental unemployment insurance expired at the end of July.
- Food insecurity fell between March/April and May 2020, but increased 1.7 percentage points between May and September 2020.
- This increase was concentrated in households without children (15 percent food insecure in May, and 17 percent in September), although overall rates of food insecurity are higher in households with children (23 percent in May, and 24 percent in September).
- Thirty-seven percent of adults who reported that they or a spouse/partner lost a job during COVID-19 reported being food insecure in September, compared to 34 percent in May.
- Racial disparities exist. In September, 31 percent of Latinx adults and 28 percent of Black adults reported food insecurity compared to 15 percent of White adults.

■ [December 2020: Six Months Into the Pandemic, 40 Percent of Parents With Young Children Have Experienced Economic Fallout](#)

- Twenty-three percent of parents with children under 6 reported household food insecurity in the past 30 days in September.
- Forty percent of parents with

a child under 6 reported that someone in their household lost their job (12 percent) or some income (28 percent) during the first six months of the pandemic.

- Coping strategies included cutting spending on food (34 percent), using all or most of their savings (26 percent), and increasing credit card debt (26 percent).
- Other measures of hardship include an unmet health care need in the prior 30 days (21 percent) and struggles to pay utilities (13 percent), and rent (12 percent).

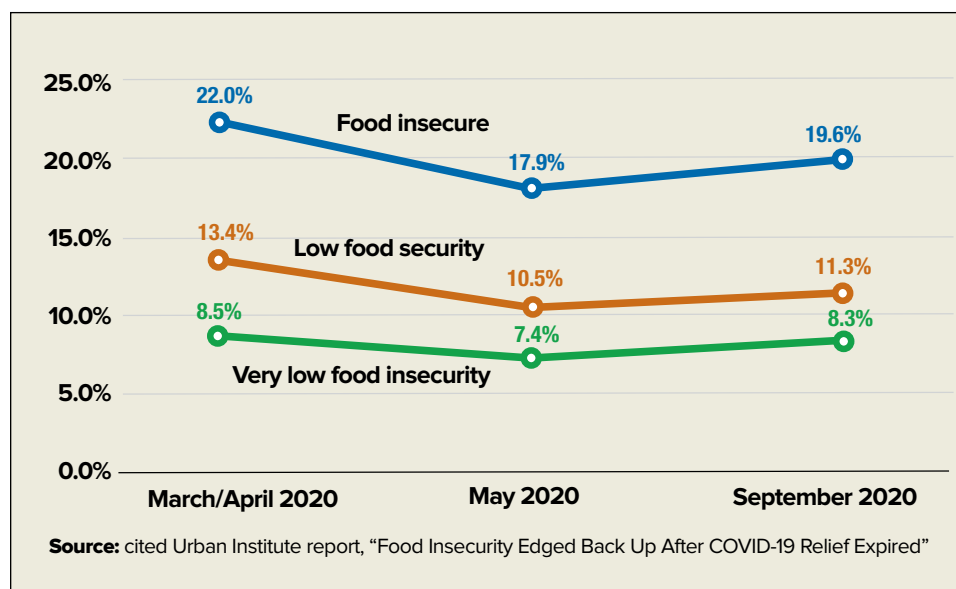
■ [December 2020: Forty Percent of Black and Hispanic Parents of School-Age Children are Food Insecure](#)

- Twenty-five percent of families with children ages 6–18 reported

food insecurity in the past 30 days in September.

- Food insecurity increased to 37 percent among families where someone lost a job or income in the prior six months.
- Racial disparities exist. Thirty-nine percent of Latinx adults and 41 percent of Black adults with school-age children reported food insecurity compared to 15 percent of White adults.
- School meal replacements did not reach all children in the shift to virtual learning. Only 35 percent of families reported that at least one child received a school meal replacement when not attending school fully in person.
- Thirty-four percent of parents were aware of the Pandemic Electronic Benefit Transfer (P-EBT) program. Among those parents, only 68 percent of them actually received P-EBT benefits.

FIGURE 7: Share of Adults Ages 18 to 64 Who Experienced Household Food Insecurity in the Past 30 Days, March/April Through September 2020

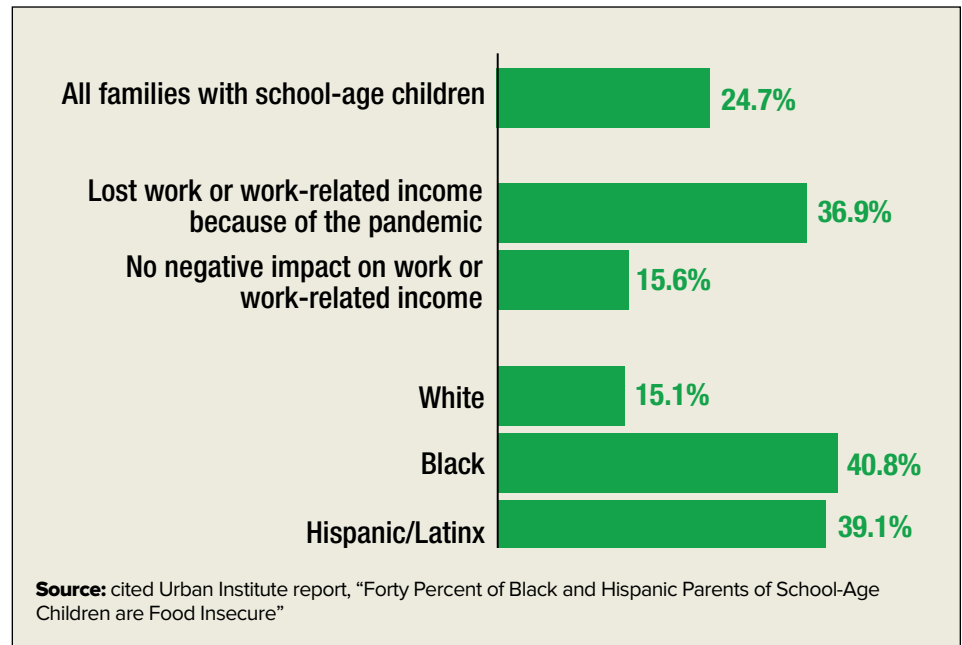


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Methods and Measure of Food Hardship:

The Urban Institute's Coronavirus Tracking Survey is an online survey of adults ages 18–64, using data from the second wave of the survey, which was fielded September 11–18, 2020, and had 4,007 respondents. Respondents were sampled from the Urban Institute's larger Health Reform Monitoring Survey, which samples participants using Ipsos' KnowledgePanel, which is highly regarded for being the nation's largest online probability panel and distributes surveys in English and Spanish. Participants are weighted to be nationally representative. Food hardship is measured by using the U.S. Department of Agriculture's Household Food Security Survey Module Six-Item Short Form and assesses food insecurity in the prior 30 days. Between two and four affirmative responses indicate low household food security while between five and six responses indicate very low food security.

FIGURE 8: Share of Families With School-Age Children That Experienced Household Food Insecurity in the Past 30 Days, September 2020



Inequity in Food Insecurity During COVID-19

Overview

While the studies in Section 1 disaggregate quantitative data into subpopulation trends to highlight disparities, the studies in Section 2 explicitly focus on inequities in certain vulnerable populations. These studies are reviews and commentaries that explain the structural reasons why certain vulnerable groups suffer higher rates of food and economic hardship and are particularly vulnerable to even higher food insecurity during COVID-19. Studies are listed in alphabetical order by author.

Key Takeaways

The same factors that underlie vulnerabilities to food insecurity also result in disproportionate health and economic impacts of COVID-19. It is important to understand the unique context affecting each group in order to address short-term hunger and hardship during COVID-19 as well as implement structural interventions that promote long-term equity.

Policy Implications

Expansions to the Supplemental Nutrition Assistance Program during COVID-19 should be used to shift the national conversation about

making such expansions permanent for previously excluded populations. Long-term interventions to address the root causes of hunger, like affordable housing, wealth accumulation, educational and employment opportunities, a living wage, etc., should be targeted to vulnerable groups proportionate to the inequities they experience.

Future Research Needs

Apply an equity lens to monitoring trends in food insecurity and evaluating policy to ensure disparities are not exacerbated.

2-1 Immigrant Communities

Citation: Clark, E., Fredricks, K., Woc-Colburn, L., Bottazzi, M. E., & Weatherhead, J. (2020). *Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States*. Available at: <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0008484>. Accessed on March 23, 2021.

Key Takeaway: The economic, social, and legal circumstances for immigrants put them at higher risk for acquiring COVID-19, having severe complications, and experiencing an increased vulnerability to worsening socioeconomic outcomes of the pandemic. Economic instability and restrictions from participating in nutrition assistance programs make immigrants more vulnerable to food insecurity during the pandemic. (Note: Since this article was published, the **Public Charge rule** has been permanently blocked.)

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Policy Implications: Immigrants who have Individual Taxpayer Identification Numbers should be eligible for all COVID-19 relief programs, not just individuals with a Social Security number.

Summary: This report synthesizes a variety of reasons why immigrant families are at higher risk from the health and economic consequences of COVID-19. Reasons for increased risk of food insecurity include language barriers, less stable access to sources of income, and reliance on public transportation. In addition, green card holders must wait five years before they can apply for the Supplemental Nutrition Assistance Program (SNAP). Children of green card holders and children who are U.S. citizens are eligible for SNAP, but are less likely to receive benefits if their parents are not eligible, especially in recent years because of the Public Charge rule,

which may disqualify immigrants from receiving permanent legal status if they have used public benefits (like SNAP). Fear of deportation may also make ineligible parents less likely to apply for the Pandemic Electronic Benefit Transfer program.

See also:

Quandt, S. A., LaMonto, N. J., Mora, D. C., Talton, J. W., Laurienti, P. J., & Arcury, T. A. (2020). *COVID-19 Pandemic among Latinx Farmworker and Nonfarmworker Families in North Carolina: Knowledge, Risk Perceptions, and Preventive Behaviors*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7459606/>. Accessed on March 23, 2021.

Bernstein, H., González, J., Gonzalez, D., & Jagannath, J. (2020). *Immigrant-Serving Organizations' Perspectives on the COVID-19 Crisis*. Available at: <https://www.urban.org/research/publication/immigrant-serving-organizations-perspectives-covid-19-crisis>. Accessed on March 23, 2021.

2-2 Racially Equitable Responses to Hunger

Citation: Gamblin, M., & King, K. (2021). *Racially Equitable Responses to Hunger During COVID-19 and Beyond*. Available at: <https://bread.org/library/racially-equitable-responses-hunger-during-covid-19-and-beyond>. Accessed on March 23, 2021.

Key Takeaway: Centering Blackness and anti-Black racism is necessary because Black people have faced the most extreme forms of structural racism and have been hardest hit by the pandemic. Identifying solutions that center the needs, leadership, and power of Black women specifically will serve to improve the well-being of people of all races and genders.

Policy Implications: In the short-term, apply a racial equity lens to policies intended to reduce food insecurity. In the long term, invest in policies that eliminate the racial wealth

divide, racialized concentrated poverty, and racial bias in the health care system.

Summary: The report examines how structural racism exacerbates hunger and COVID-19 in Black and other marginalized communities through inequities in employment, health care, housing, education, and wealth. The report synthesizes historical trends, research, and features a case study of the intersection of racism, hunger, and COVID-19 in Louisiana.

Analysis of data from Louisiana finds that the top factors correlated with the county-level fatality rate from COVID-19 are race, particularly being Black, the percentage of children in single-parent households, and high rates of inequities in maternal and child health outcomes.

The authors discuss five manifestations of structural racism that have been especially impactful during COVID-19: 1) Black, Indigenous, and People of Color (BIPOC) and women are overrepresented in the lowest “essential” paying jobs and underrepresented in jobs that allow people to work from home; 2) higher unemployment rates among BIPOC because they are also overrepresented in the service industry; 3) racial bias in health care, including improper evaluation and treatment of COVID-19 symptoms; 4) racially inequitable housing policies that have resulted in areas of concentrated poverty, where there are fewer hospitals, underfunded schools, and higher levels of air and water pollution; and 5) the racial wealth gap, which effects the economic stability of families, businesses and community organizations.

2-3 Formerly Incarcerated Individuals

Citation: Golembeski, C. A., Irfan, A., & Dong, K. R. (2020). *Food Insecurity and Collateral Consequences of Punishment Amidst the COVID-19 Pandemic*. Available at: <https://onlinelibrary.wiley.com/doi/10.1002/wmh3.378>. Accessed on March 23, 2021.

Key Takeaway: Reentry support is needed to support low-income communities, especially during COVID-19 when people in prisons and jails are being released early due to COVID-19 concerns and low-income communities are already facing increased economic and food hardship due to the pandemic.

Policy Implications: Reentry support is required across a range of initiatives to reduce barriers to employment, poor health, food insecurity and the risk of recidivism among individuals released from prison. Restrictions on the use of the Supplemental Nutrition Assistance Program (SNAP) for formerly incarcerated individuals should be temporarily lifted as part of COVID-19 relief as well as permanently lifted at the state level.

Summary: In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act banned people with felony drug convictions from receiving SNAP benefits. Individuals reenter society with limited access to

safety net programs, and largely return to under-resourced neighborhoods. Work requirements for SNAP are an additional barrier, as people with prior convictions face limited opportunities for employment (prior to COVID-19, formerly incarcerated individuals had unemployment rates five times higher than the general population). As a result, formerly incarcerated individuals and their families face higher rates of food insecurity. This burden falls largely on communities of color, which face higher rates of over-policing and poverty due to structural racism. Although some states have waived the ban and work requirements, these waivers are not consistent across states. Only 22 states have completely eliminated the SNAP

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ban for people with drug felony convictions. SNAP lifetime bans are associated with increased risk of recidivism, food insecurity, and poor mental and physical health outcomes.

Many prisons and jails have granted early release to individuals as a result

of concerns over COVID-19 outbreaks. In turn, this has increased the rate of return of these individuals to low-income communities, which are facing disproportionate health and economic consequences of COVID-19. High unemployment rates are particularly

challenging. Increased support upon reentry, like allowing individuals to enroll in SNAP prior to their release date, and waiving the SNAP ban at the state level can alleviate the inequities faced by formerly incarcerated individuals.

2-4 College Students

Citation: Laska, M. N., Fleischhacker, S., Petsoulis, C., Bruening, M., & Stebleton, M. J. (2021). *Addressing college food insecurity: An assessment of federal legislation before and during coronavirus disease-2019*. Available at: <https://pubmed.ncbi.nlm.nih.gov/33358180/>. Accessed on March 23, 2021.

Key Takeaway: The increased attention on food and economic hardship during COVID-19 presents an opportunity to address food insecurity among college students, especially students representing marginalized races and ethnicities and first-generation college students who are more likely to face food insecurity and have lost a job during COVID-19. At the time of publication, no federal legislation or COVID-19 relief bills have specifically addressed food insecurity among college students.

Policy Implications: Ensure that economic relief efforts during COVID-19 include college students. Pilot federal meals programs in colleges and expand Supplemental Nutrition Assistance Program (SNAP) eligibility requirements for students. Better data are also required to drive evidence-based policy. Nationally representative estimates of college food insecurity are needed, along with funding for evaluations of pilot interventions.

Summary: Forty-four percent of students at two- and four-year colleges are students of marginalized races and ethnicities and 56 percent of all undergraduates are the first in their family to attend college. Many of these students face economic hardship. Prior to COVID-19, about 1 in 3 college students experienced food insecurity. During COVID-19, rates of food insecurity have likely increased. Eighteen to 24-year-old adults have experienced especially high rates of unemployment. Despite this, college students face significant barriers to accessing SNAP.

This study reviews legislation introduced during the 116th Congress (2019–2020) to combat food insecurity among college students. They find that while 12 unique bills were introduced, only one had more than 50 cosponsors. No bills made it out of committee. In addition, none of the COVID-19 relief packages specifically addressed college students (note, this study predates the December 2020 COVID-19 relief bill, which temporarily lifts strict eligibility requirements for students). The authors suggest a number of national and state level initiatives that would promote needed data collection and research, communication across federal agencies, and possibly changes to SNAP.

See also:

Owens, M. R., Brito-Silva, F., Kirkland, T., Moore, C. E., Davis, K. E., Patterson, M. A., Miketinas, D. C., & Tucker, W. J. (2020). *Prevalence and social determinants of food insecurity among college students during the COVID-19 pandemic*. Available at: <https://pubmed.ncbi.nlm.nih.gov/32825251/>. Accessed on March 23, 2021.

Soldavini, J., Andrew, H., & Berner, M. (2020). *Characteristics associated with changes in food security status among college students during the COVID-19 pandemic*. Available at: <https://pubmed.ncbi.nlm.nih.gov/33200775/>. Accessed on March 23, 2021.

Mialki, K., House, L. A., Matthew, A. E., & Shelnutt, K. P. (2021). *Covid-19 and College Students: Food Security Status before and after the Onset of a Pandemic*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7919459/>. Accessed on March 23, 2021.

2-5 Understanding the Rapid Increase in Food Insecurity and Disparities During COVID-19

Citation: Leddy, A. M., Weiser, S. D., Palar, K., & Seligman, H. (2020). A conceptual model for understanding the rapid COVID-19-related increase in food insecurity and its impact on health and healthcare. Available at: <https://academic.oup.com/ajcn/article/112/5/1162/5882672?login=true>. Accessed on March 23, 2021.

Key Takeaway: In the short term, increases in food insecurity will cause a rise in chronic disease and complications for people with a preexisting disease. Poor health, in turn, will increase the risk for poor COVID-19 outcomes. After the pandemic and recession are over, food insecurity will remain high and continue to increase poor health outcomes.

Policy Implications: Knowing how food insecurity impacts health will help target programs that provide food and other support for vulnerable populations.

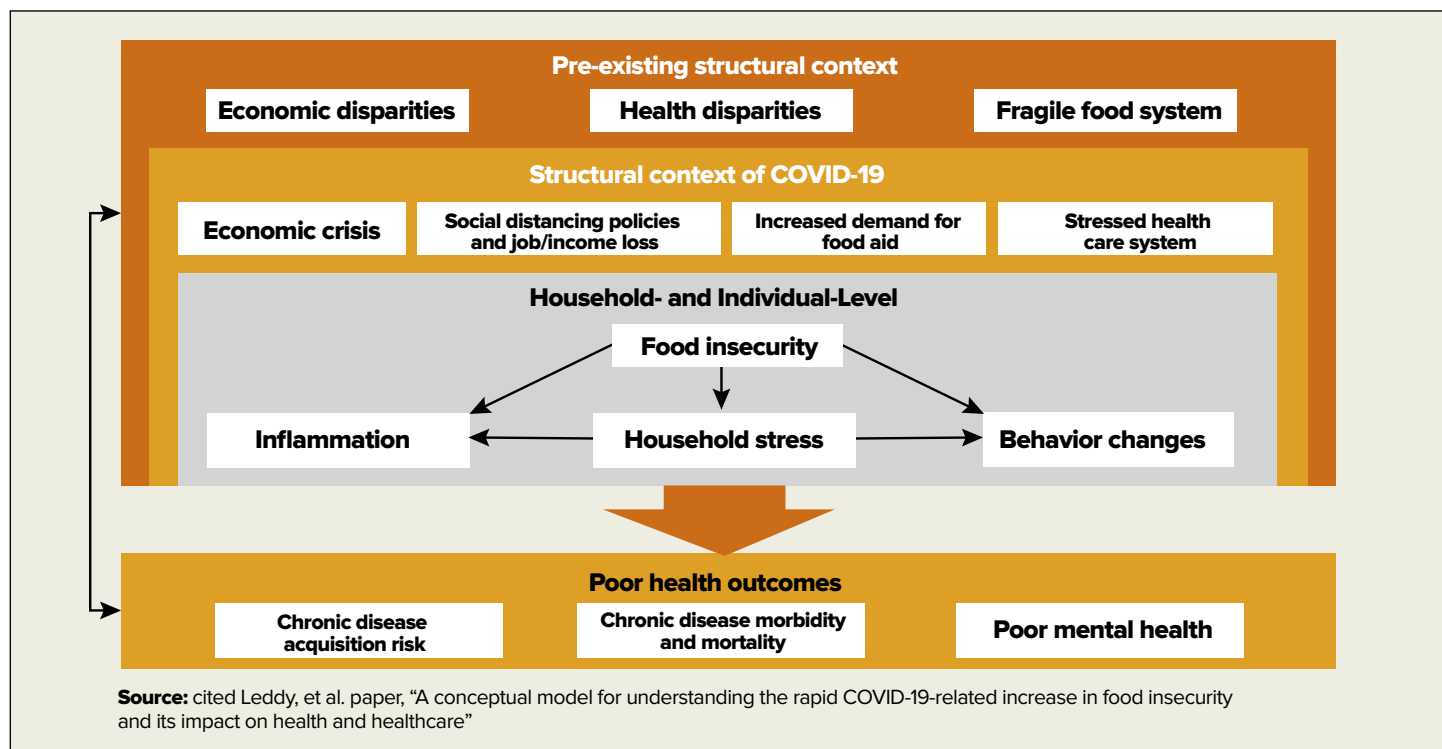
Summary: The authors create a model to show how COVID-19 affects the relationship between food security and health. At the structural level, the sudden loss of income and the limited capacity of the health care system during COVID-19 increased food hardship and exacerbated economic and health disparities. Strategies that food-insecure households rely on have been impacted by the pandemic, including delaying other expenses, informal support from social networks, use of federal nutrition programs, and use of the charitable food system.

The ways that food insecurity directly leads to poor health have been especially impacted by COVID-19. Stress about where to access food is compounded by stress over job loss, social isolation, and fear during COVID-19. In addition, some behavioral mechanisms used to cope with food insecurity, like cutting back on

medication or buying shelf-stable and highly-processed foods may be exacerbated by COVID-19 due to increased financial hardship and limited ability to access pharmacies and grocery stores. The increase in stress and the shift to unhealthier diets also increase inflammation, which in turn increases the risk of chronic disease.

In the short term, chronic diseases increase the risk of complications from COVID-19. In the long term, poor mental and physical health outcomes during COVID-19, persistent food insecurity, and prolonged economic hardship may lead to health complications that affect the ability to stay employed. The greatest long-term risk is for low-income racial and ethnic minorities, who experienced disparities prior to COVID-19 and have been the hardest hit by the pandemic.

FIGURE 9: How COVID-19 Affects the Relationship Between Food Security and Health



2-6 Food System Workers

Citation: Parks, C. A., Budd Nuget, N., Fleischhacker, S. E., & Yaroach, A. L. (2020). *Food system workers are the unexpected but under protected COVID heroes*. Available at: <https://academic.oup.com/jn/article/150/8/2006/5862589?login=true>. Accessed on March 23, 2021.

Key Takeaway: In order to reduce food insecurity during the pandemic, food system workers must be supported at every level of the food system, including workplace safety measures and social programs like paid leave and childcare. This will ensure that healthy foods are available to vulnerable communities. In addition, many food system workers themselves have low incomes and should be targeted by food assistance outreach.

Policy Implications: Strengthen workplace safety standards in places like grocery stores and meat processing plants; increase food insecurity screenings in health and

social service settings; strengthen social programs that support front-line workers, including paid leave, nutrition assistance programs, childcare, and a living wage.

Summary: Food system workers include farmers/producers, grocery store workers, emergency food system staff and volunteers (e.g., food pantry workers), and others. Disruptions in the food supply chain have contributed to increased rates of food hardship during COVID-19. Unlike health care workers, food system workers do not have the training and safety measures in place to protect their health and consumers during a pandemic. Similar to other front-line workers, food system workers tend to lack the financial resources to buy food in bulk, replace school meals, or take on new childcare responsibilities.

COVID-19 has disrupted the food system in a number of ways: 1) at the food production level, producers had to dump fruits and vegetables due to

drops in demand from the food service industry. Farmers and workers at meat processing plants have faced crowded working conditions, increasing the risk of COVID-19 outbreaks; 2) despite excess food production, the lack of easy transferability to retail stores meant that grocery stores struggled to meet increases in consumer demand. As a result, food prices rose, decreasing the affordability of food. When personal protective equipment was in short supply at the beginning of the pandemic, food retail employees worked with minimal protective equipment; and 3) emergency food systems also faced challenges in meeting increased demand while food donations from food service and grocery stores declined. Since many volunteers are older, there has been an increased demand for younger volunteers. Improving the affordability and accessibility of food during COVID-19 requires interventions, particularly stronger workplace protections, in each of these areas.

Endnotes

- ¹ U.S. Department of Agriculture Economic Research Service. (2020). Measurement (of food security in the U.S.). Available at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement/#comparison>. Accessed on March 24, 2021.
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- ³ Note that “hunger” is not measured in national surveys (<https://thecounter.org/hunger.food.insecurity.covid-19-feeding.america/>).
- ⁴ Note that measures of food insecurity can be measured using shorter questionnaires and/or are measured in other surveys besides the Current Population Survey Food Security Supplement (CPS-FSS), but the CPS-FSS is the gold standard.
- ⁵ “Low income” refers to households that earn an income below 185 percent of the poverty threshold.
- ⁶ See paper by Ahn and Norwood discussed later in this issue of *ResearchWIRE*.
- ⁷ Leddy, A., Weiser, S., Palar, K., & Seligman, H. (2020). *A conceptual model for understanding the rapid COVID-19–related increase in food insecurity and its impact on health and healthcare*. Available at: <https://academic.oup.com/ajcn/article/112/5/1162/5882672?login=true>. Accessed on March 25, 2021.
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- ¹³ Barone, E. (2020). *Rural U.S. Hospitals are on Life Support During COVID-19*. Available at: <https://time.com/5901656/coronavirus-hospital-closures/>. Accessed on March 25, 2021.
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- ¹⁶ Moffitt, R. (2013). *The Great Recession and the Social Safety Net*. Available at: <https://journals.sagepub.com/doi/10.1177/0002716213499532>. Accessed on March 25, 2021.
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