



This issue of ResearchWIRE includes the following two sections:

- **In Focus: Program Impact on Food Insecurity During COVID-19;**  
and
- **Research Highlights From 2021.**

The In Focus article reviews current sources of data, highlights a new report on food insecurity in Native communities, and discusses the impact of the federal nutrition programs on hunger during COVID-19.

If you would like more information on data that is related to hunger, poverty, and health, or if you have suggestions for research to feature in future issues, please contact Allison Lacko at [alacko@frac.org](mailto:alacko@frac.org).

## WINTER 2022 IN THIS ISSUE

- **In Focus:** Program Impact on Food Insecurity During COVID-19
- **Research Highlights:** Books, reports, and studies from 2021 that are not related to COVID-19, but are high-impact resources in the fight to end hunger.
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## IN FOCUS

### Program Impact on Food Insecurity During COVID-19

Research through 2021 shows that households continue to struggle with economic hardship and hunger due to the COVID-19 pandemic, and disparities in hunger have been exacerbated.<sup>1</sup> A new report also highlights the pandemic's disproportionate impact on food insecurity in Native communities.

Research shows that the increases in food insecurity during COVID-19 would have been even worse but for expansions to federal programs, including the federal nutrition programs.

### Food Insecurity and Hardship Continued Through 2021

According to the annual food insecurity report from the U.S. Department of Agriculture (USDA), from 2019–2020, the percentage of households reporting food insecurity remained unacceptably high at 10.5 percent. In addition, the number of people living in households reporting food insecurity increased by 3 million people, food insecurity increased among households with children, racial and ethnic disparities widened,<sup>2</sup> and food insecurity rates were significantly higher in households where the respondent reported being unable to work because of the pandemic.<sup>3</sup> These trends have been confirmed by a multitude of other studies.<sup>4,5,6</sup>

Hardship resulting from the COVID-19 pandemic has continued throughout 2021. Since March 2020, the Census has fielded the biweekly Household Pulse Survey (Pulse), which includes questions on “food insufficiency,”<sup>7</sup> defined as sometimes or often not having enough to eat.<sup>8</sup> The Food Research & Action Center (FRAC) continues to track Pulse data on their [food insufficiency dashboard](#). In December 2021, 31 percent of people still found it somewhat or

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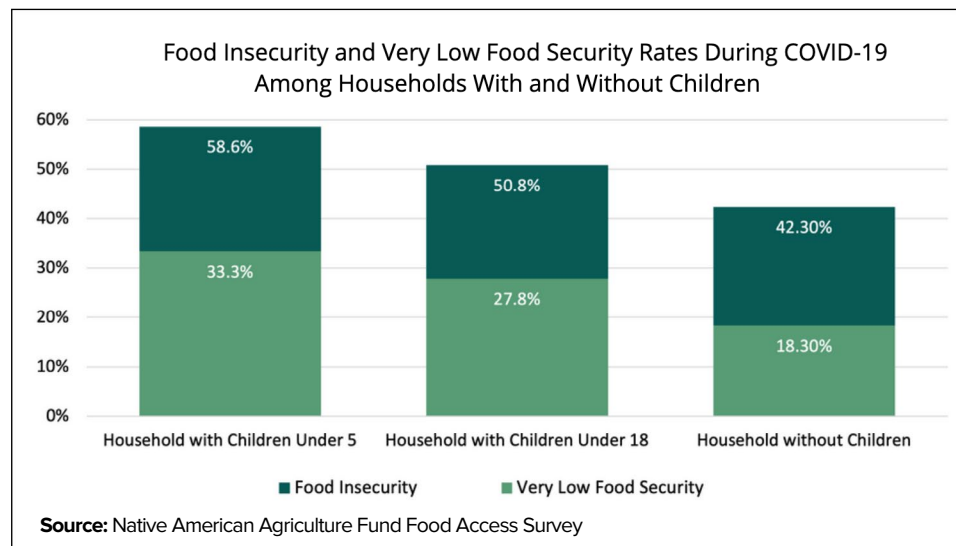
very difficult to meet usual household expenses (compared to 38 percent in December 2020, the highest point of economic hardship), and 10 percent are still experiencing food insufficiency (compared to 14 percent in December 2020).

An important source for assessing impact is hearing directly from individuals who struggle with food and economic hardship. Providers, a mobile app serving about 5 million Supplemental Nutrition Assistance Program (SNAP) customers,<sup>9</sup> has fielded surveys since March 2020 to learn about hardship during the pandemic. As of October 2021, less than 40 percent of SNAP customers were able to pay rent on time. In November 2021, 59 percent of survey respondents reported having less than \$25 on hand, the highest rate in 2021.<sup>10</sup>

### Tracking Food Insecurity in Native Communities During COVID-19

The federal government fails to collect adequate data on food insecurity and other measures of hardship (e.g., employment and COVID-19 mortality rates) for Native communities. In response, the Native American Agriculture Fund (NAAF) launched a Food Access Survey in February 2021. A [recent report](#) by NAAF, the Indigenous Food and Agriculture Initiative (IFAI), and FRAC summarizes and contextualizes survey results. It details the ways systemic racism and unmet obligations from U.S. government have led to high rates of food insecurity and food access challenges. One in 2 Indigenous survey respondents reported experiencing food insecurity, and 1 in 4 reported experiencing very low food security

**Figure 1: Food Insecurity Rates in Native Communities During COVID-19 Were Higher Among Households With Children**



during COVID-19 (see Figure 1 for rates among households with children). The report details changes in how respondents accessed food during the pandemic and what actions Native organizations' leaders took. It also offers recommendations for a localized, Native-led food system to improve food security for Native American communities.

### Impact of the Federal Nutrition Programs During COVID-19

Flexibilities and expansions to social programs during the pandemic have prevented a greater rise in hardship and food insecurity. Quantitative and qualitative research are reviewed on the impact of expansions and flexibilities in SNAP, Pandemic Electronic Benefit Transfer (P-EBT), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), supplemental unemployment insurance, and the Child Tax Credit.

### SNAP

Among people in America earning low incomes, cost continues to be the primary barrier to getting food. A study by USDA<sup>11</sup> revealed that prior to the pandemic, the cost of food was the

most common barrier faced by SNAP participants in buying more healthy food, and those who struggled to afford healthy foods were more than twice as likely to report food insecurity. During the pandemic, cross-sectional surveys<sup>12</sup> and the biweekly Pulse data<sup>13</sup> have found affordability to be the most common barrier to getting food, especially among those reporting sometimes or often not having enough to eat.

The Urban Institute [updated its tool](#) to estimate whether SNAP covers the cost of a meal in a given county. The new tool enables users to compare the number of counties in which the maximum SNAP benefit covers the cost of a modestly priced meal for benefit levels prior to the pandemic and for the 21 percent permanent increase in maximum benefits from the update of the Thrifty Food Plan, effective October 1, 2021. Before the pandemic, the maximum SNAP benefit fell short of average meal costs in 96 percent of U.S. counties. After the update to the Thrifty Food Plan, the proportion fell to 21 percent of counties.

While a welcome improvement, updated SNAP maximum allotments under the updated Thrifty Food Plan still fall short of meal affordability in too

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many counties, including urban and rural areas,<sup>14</sup> and, when temporary COVID-19 SNAP Emergency Allotments (EAs) end, most families will not qualify for the maximum SNAP benefit.

**Congress can take** action to increase food affordability for SNAP households through the Closing the Meal Gap Act of 2021.<sup>15</sup>

One study, using survey data from June 2020, found that SNAP EAs that boosted SNAP household allotments to the maximum benefit level for their family size were associated with lower rates of food insecurity, especially among households with children.<sup>16</sup> Another study, using survey data from May to July 2020, found that receiving SNAP benefits lessened the association between financial struggles and food insecurity that were a direct result of COVID-19.<sup>17</sup>

Other qualitative research has explored additional dimensions of SNAP besides benefit allotments during the pandemic. A study found that online shoppers reported satisfaction with the convenience of online shopping compared to in-store shopping, but registered concerns about delivery fees and uneven quality of fresh food.<sup>18</sup>

## P-EBT

P-EBT has been crucial because the loss of school meals shifts the cost of those meals on to families, and families with low incomes face difficult cost constraints in increasing their food budget. Research from the Brookings Institution has found that P-EBT has reduced food insufficiency rates among children and adults in low-income households during COVID-19.<sup>19</sup> Using Pulse data, the researchers measured the reduction in food insufficiency (sometimes or often not having

**Figure 2: Effect of Pandemic EBT on Measures of Food Hardship**



enough to eat) and very low food security among children (whether a respondent’s child did not have enough to eat because the household ran out of money for food) among households that were earning low incomes in 2019, prior to the pandemic.

In Figure 2, the right-most bar illustrates the reduction in food insecurity during spring 2020. All other results are for the impact of P-EBT during the 2020–2021 school year. The hollow green bars represent the average reduction in food hardship among households earning a low income in 2019, while the purple bars further restrict the sample to households that also received SNAP. “High closure states” limit the sample to the 28 states with the highest rates of school closures in the 2020–2021 school year. P-EBT was most effective in reducing food hardship among those households that received SNAP in states with high rates of school closures.

## SNAP and P-EBT

The interaction of strong administrative infrastructure to provide access to food assistance benefits,

coupled with legislative increases in federal benefits,<sup>20</sup> had important mitigation effects on food insecurity. In a series of studies,<sup>21,22</sup> mothers earning low incomes in California were surveyed about their food security prior to COVID-19 (November 21, 2019 to March 14, 2020), shortly after the pandemic began (April 27 to July 21, 2020), and six months into the pandemic (August 30 to September 29, 2021). Prior to the pandemic, 19.3 percent of mothers reported very low food insecurity, which decreased to 14.0 percent of mothers from April to July, and 15.3 percent of mothers in September. The authors attribute this, in part, to public benefit investments, a federal temporary COVID-19 boost in allotments of CalFresh (California’s name for SNAP) and the distribution of federal P-EBT benefits to 2.9 million California households, reaching 94.8 percent of eligible California children during the first issuance of program benefits.<sup>23</sup>

In addition to their impact on reducing food insecurity, SNAP and P-EBT benefits also have had a significant economic impact during COVID-19. A study from USDA’s



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Economic Research Service of SNAP and P-EBT redemptions<sup>24</sup> found that benefits redeemed from April to September 2020 were 86 percent higher compared to April to September 2019, and accounted for a greater percentage of all money spent on food at home (e.g., food purchases from SNAP-authorized food retailers for preparing meals at home).

In total, from March 2020 to July 2021, \$154 billion in SNAP and P-EBT benefits were redeemed. Due to the multiplier effect, this \$154 billion generated an estimated \$237 to \$276 billion dollars in economic activity.<sup>25</sup>

## WIC

Despite declines in births during COVID-19 and in WIC participation prior to the pandemic, WIC participation during the first year of the pandemic increased. During the first year of COVID-19, WIC served an average of

6.3 million participants each month, and participation increased in 26 states.<sup>26</sup> USDA waivers and flexibilities streamlined program and benefits access. The ability to reload WIC benefits on an EBT card remotely was found to be a significant determination of participation in WIC during the pandemic. While WIC participation in states with online systems for reloading benefits increased on average during the pandemic, offline EBT reloading systems were associated with relative decreases in WIC participation.<sup>27,28</sup>

In March 2021, USDA surveyed State and local WIC agencies about their use of waivers issued during the pandemic. 100 percent of State agencies and 97 percent of local agencies responded. Nearly all (99 percent) WIC local agencies conducted certification appointments remotely using the physical presence waiver (via telephone and/or video call options). Of the State agencies using online systems to reload EBT cards (63 of 89 agencies), 92 percent loaded benefits remotely. Nearly all State agencies reported that

these waivers made WIC safer, more accessible, and more convenient for participants (see Figure 3).<sup>29</sup>









This national survey aligns with more in-depth findings from studies at local agencies that have found COVID-19 flexibilities and waivers have been beneficial for program participation, appointment show rates, and customer satisfaction. In Los Angeles County (California),<sup>30</sup> New York City (New York),<sup>31</sup> and Washington state,<sup>32</sup> remote services helped increase participation through higher appointment completion rates and enrollment appointment show-up rates.

Across a mix of surveys and interviews in Los Angeles County,<sup>33,34</sup> New York City, North Carolina,<sup>35</sup> Tennessee,<sup>36</sup> and Washington, participants reported

- high-quality customer service over the phone;
- comfort sharing eligibility information remotely;
- convenience of remote services (e.g., no transportation with children, reduced wait times);
- increased safety by reducing potential exposure to COVID-19; and
- appreciation for expanding WIC-eligible foods during widespread food shortages early in the pandemic.

Recommendations from staff and participants included reducing requirements for certification, maintaining remote benefits issuance, piloting other ways to collect height, weight, and iron (e.g., drop-in visits), and providing “how to” materials in more languages.<sup>37</sup> In one study, participants added that it was important to ensure access to cell phone or internet services.<sup>38</sup> In addition, despite support for remote services, many participants wished to maintain at least some option for in-person contact after the pandemic.<sup>39,40</sup>

**Figure 3: Percentage of State Agencies Reporting That Using the Physical Presence and Remote Benefit Issuance Waivers Improved Services**

Ways that WIC services improved under waiver flexibilities	Physical Presence Waiver	Remote Benefit Issuance Waiver
 Kept WIC participants and staff safe by promoting social distancing	100%	100%
 Made WIC more accessible when being physically present was difficult	100%	100%
 Made WIC more convenient for participants' schedules	97%	95%
 Improved access to food for WIC participants during pandemic	88%	98%
 Decreased WIC participant concerns about feeding themselves or their infants and young children	84%	93%
 Enabled WIC clinic to serve more participants in less time	65%	68%
 Enabled WIC clinic to serve more participants with fewer staff	60%	64%
 Improved shopping experience for WIC participants	N/A*	44%

\*State agencies were not asked if the physical presence waiver improved the shopping experience for WIC participants.  
Source: USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA State Agency Waiver Use Survey, March 2021 (n = 88 State agencies for “Physical Presence Waiver” and n = 81 State agencies for “Remote Benefit Issuance Waiver”)

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### Other Social Programs Have Reduced Food Hardship

Food insecurity is strongly associated with economic hardship. For example, food insecurity in December 2020 was most prevalent among those unable to look for work because of the pandemic.<sup>41</sup> Economic support

programs that expanded during COVID-19 have been shown to reduce food insecurity. For example, in a study conducted from April to November 2020 among households earning less than \$75,000,<sup>42</sup> unemployment insurance was associated with a 35 percent decline in food insecurity and a 48 percent decline in eating less due to not having enough money. These decreases were larger for households receiving the \$600/week federal supplement to state unemployment insurance.

The expanded Child Tax Credit (CTC) has also been an effective anti-poverty and anti-hunger tool. In October 2020, the expanded CTC reached 61.1 million children and kept 3.6 million children from poverty, resulting in a 28 percent reduction in child poverty. The CTC plus other social programs (e.g., SNAP) together reduced child poverty by 34 percent in October 2021.<sup>43</sup> Multiple studies have found that the expanded CTC has reduced food insufficiency by about 25 percent among households with children.<sup>44,45</sup>

## Other Research Highlights From 2021

Below are books, reports, and studies from 2021 that are not related to COVID-19, but are high-impact resources in the fight to end hunger.

### Lived Expertise

■ **Title:** *Fighting Hunger by Connecting Cross-Sector Partners and Centering Lived Expertise*

**Key Takeaway:** This report is a key resource for organizations and state agencies seeking to partner with individuals with lived expertise in program and policy design, implementation, and evaluation to address food insecurity.

**Policy Implications:** Equitable policy requires the input of individuals with lived expertise, and policymakers must be deliberate in integrating authentic and sustainable collaborations in their processes.

**Summary:** Individuals with “lived expertise” are those who have experienced hunger and poverty and their impact on health, as well as the challenges of navigating public benefits

programs. Recommendations fall into four categories: (1) develop a sustainable community engagement infrastructure that enables states to build meaningful relationships with and incorporate individuals with lived expertise in policy and program design; (2) center equity, humanity, and dignity in policymaking and in service provision to better serve people enrolled in Medicaid and nutrition programs; (3) address persistent eligibility and enrollment challenges through cross-agency partnerships; and (4) use state levers and authorities to advance coordination and innovations.

**Citation:** Beers, A., Finisse, V., Moses, K., Crumley, D., & Sullivan, D., (2021). *Fighting Hunger by Connecting Cross-Sector Partners and Centering Lived Expertise*. Available at: <https://www.chcs.org/resource/fighting-hunger-by-connecting-cross-sector-partners-and-centering-lived-expertise/>. Accessed on January 19, 2022.

### Stigma

■ **Title:** *Poorly Understood: What America Gets Wrong About Poverty*

**Key Takeaway:** Common myths around poverty are widespread but untrue, and these myths result in stigmatizing behaviors and policies that further perpetuate poverty.

**Policy Implications:** The evidence in this book is indispensable to ending the stigma around poverty. Such a cultural shift is necessary to build broad public support for proven anti-poverty programs.

**Summary:** This book debunks a series of persistent myths around who earns low incomes, why poverty exists, and who is deserving of help. For example, despite the widespread perception that poverty is a problem of “other” people, the authors use data from the Panel Study of Income Dynamics to show that a significant proportion of Americans will experience living below the poverty line. Between the ages of 20 and 75, 60 percent of Americans will live below the poverty line for

at least one year. Furthermore, the main causes of entering poverty are universal experiences, such as the loss of a job or a cut in hours, a health condition or disability, changes in family size through divorce or child birth, or regional employment conditions. The authors argue that widely held stereotypes about poverty have led to the political choice to have a weak social safety net. They conclude by reviewing evidence for effective anti-poverty programs and recommend policies to increase wages, strengthen the social safety net, and help households and communities build assets.

**Citation:** Rank, M. R., Eppard, L. M., & Bullock, H. E. (2021). *Poorly Understood: What America Gets Wrong About Poverty*. Oxford University Press: New York, New York.

■ **Title:** *How the Other Half Eats: The Untold Story of Food and Inequality in America*

**Key Takeaway:** Dr. Fielding-Singh's in-depth qualitative work provides a nuanced understanding of how an inequitable social environment and food environment can make healthy eating difficult, particularly for families earning low incomes. She discusses the complex interactions of pressures that mothers face between affordability, accessibility, marketing of unhealthy foods, children's preferences, lack of time, stigma, and, above all, the desire to provide for their children.

**Policy Implications:** Fielding-Singh suggests a combination of strategies to reduce food inequality, including addressing the root causes of

poverty (e.g., affordable housing, a living wage), increasing fruit and vegetable incentive programs, expanded access to the national school lunch program, and banning marketing of unhealthy foods to children.

**Summary:** Fielding-Singh conducted over 150 interviews with mothers in the San Francisco Bay Area (California), including 74 in-depth interviews and extended ethnographic observations. Of the in-depth interviews, 24 were with families earning a high income, putting them over 350 percent of the federal poverty level (FPL); 25 families earning a middle income, putting them between 180–250 percent of the FPL; and 25 families earning a low income putting them at less than 180 percent of the FPL). Of the ethnographic observations, four

were with mothers and their families (one White family earning a high income, one Latinx family earning a middle income, and one Black and one White family each earning a low income).

Regardless of income, most mothers struggle to meet their expectations of being a “good” mother and face uncertainty in what to feed their children. However, the role of food and its relation to good parenting changes depending on income. For families earning low incomes navigating scarcity and anxiety, food is not only valued for its impact on health, but also as a means to give children autonomy and occasional treats that they are not able to afford through other goods or experiences. Fielding-Singh's stories about the intersection of class, race, food, and health are compassionate and she





makes her research methods and personal perspectives, as a biracial South Asian American woman and a mother, transparent and accessible.

**Citation:** Fielding-Singh, P. (2021). *How the Other Half Eats: The Untold Story of Food and Inequality in America*. Little, Brown Spark: New York, New York.

### Assessing Root Causes Using Qualitative Data

■ **Title:** *Families, Food, and Parenting: Integrating Research, Practice, and Policy*

**Key Takeaway:** To address food insecurity among families, it is important not only to focus on individual families, but also improve structural factors related to racism, gender discrimination, poverty, unemployment, wages, incarceration, segregation, and food access.

**Summary:** Fifty studies, including a total of 1,600 participants, were included in the final metasynthesis of the relationship between structural and social adversity and food insecurity in families with young children. Themes included (1) food insecurity is an indicator, a consequence, and a determinant of social and structural adversity across someone's life, which is magnified by the responsibility of caregiving and results in internalized stigma; (2) food-insecure families navigate disadvantage across multiple systems, including transportation, housing, health, and education; (3) poverty, unemployment, and lack of a living wage are root causes of food insecurity; (4) incarceration is a root cause of food insecurity because it limits opportunities for employment



and access to resources; and (5) food insecurity is shaped by racial/ethnic and socioeconomic segregation and economic disinvestment in communities, which in turn impacts employment and access to resources like healthy food.

*“[SNAP] don’t meet the needs because ... I have 2 kids and 1 on the way and it doesn’t help. I get WIC. And WIC helps with the milk, the cheese, the eggs, the healthy stuff. The stuff that you need on a regular basis. The food stamps, you can get, you know, food with it, but how much can you get to feed a full-sized family? With that amount? So, it’s just not enough.”*

**Future Research:** Synthesis across qualitative studies is a useful technique for identifying new insights across a collection of

short qualitative studies in health and nutrition.

**Citation:** Odoms-Young, A. M. (2021). *Families, Food, and Parenting: Integrating Research, Practice, and Policy*. (Chapter 1: “Structural and Social Adversity and Food Insecurity in Families with Young Children: A Qualitative Metasynthesis.” pp.3–37). Available at: <https://rb.gy/m1fsux>. Accessed on January 19, 2022.

■ **Title:** *The Impact of COVID-19 on Experiences of Food Insecurity Across Place: A Qualitative Research Protocol*

**Of note:** For those conducting qualitative research, this is a valuable methods paper. The research team reflects on methods and ethics when conducting qualitative research, particularly regarding recruitment among rural residents, building

rapport in virtual spaces, managing power dynamics, respecting and valuing the sensitive information participants were asked to share about their experiences with food insecurity during COVID-19, and navigating researcher burnout.

**Citation:** Bowen, S., Hardison-Moody, A., Eshleman, K., Hossfeld, C., Maaita, M., Muhammad, N., Shisler, R., & Solorzano, G. (2021). *The Impact of COVID-19 on Experiences of Food Insecurity Across Place: A Qualitative Research Protocol*. Available at: <https://journals.sagepub.com/doi/full/10.1177/16094069211062416>. Accessed on January 19, 2022.

### Food Insecurity and Health

■ **Title:** *Food Insecurity and Cardiometabolic Conditions: A Review of Recent Research*

**Key Takeaway:** Recent research continues to find robust associations between food insecurity and poor cardiometabolic health among adults.

**Policy Implications:** Health care institutions should pilot nutrition programs, like medically tailored meals, to improve clinical outcomes. At a societal level, achieving health equity requires investment in anti-hunger efforts.

**Summary:** Food insecurity is thought to affect health in three ways. First, food insecurity is associated with poor diet quality. Second, individuals experiencing food insecurity may be forced to make monetary tradeoffs that compromise their health in other ways (e.g., forgo medications). Lastly, the stress and poor mental health resulting from food insecurity worsen physical health. In this systematic review, 50 studies were included from 2017–2020. Among

adults, consistent associations were found between food insecurity and overweight/obesity, hypertension, diabetes, coronary heart disease, congestive heart failure, stroke, and chronic kidney disease, after controlling for other demographic characteristics and medical conditions. Among children and adolescents, findings were mixed, which is expected because chronic conditions develop over time.

**Future Research:** Most studies were cross-sectional, or conducted at a single point in time, making it difficult to control for other variables and determine causality. Therefore, more research is needed in two areas: first, longitudinal studies that track food insecurity and health outcomes over time; and second, intervention studies to advance the understanding of the ability to address food insecurity in individuals with poor health.

**Citation:** Te Vazquez, J., Feng, S. N., Orr, C. J., & Berkowitz, S. A. (2021). *Food Insecurity and Cardiometabolic Conditions: A Review of Recent Research*. Available at: <https://link.springer.com/article/10.1007/s13668-021-00364-2>. Accessed on January 19, 2022.

■ **Title:** *Food Insecurity and Mortality in American Adults: Results From the NHANES-Linked Mortality Study*

**Key Takeaway:** Heart disease remains a leading cause of death. Food insecurity increases the risk of all-cause mortality and mortality due to cardiovascular disease, independent of other social and medical risk factors.

**Policy Implications:** Reducing food insecurity deserves as much attention as medical risk factors for mortality, such as obesity and diabetes. In health care settings, food insecurity should be added as





a guideline for the assessment of cardiovascular risk and all patients should be screened. Rather than focus on individual behaviors, social policy should invest more in addressing social determinants of health.

**Summary:** Whereas most research on food insecurity and health is limited because data are collected at only one point in time, this study used data collected at two points in time to assess the impact of food insecurity on the risk of death. Data on food insecurity were collected from 25,247 adults 20 years or older who participated in the National Health and Nutrition Examination Survey (NHANES), a nationally representative survey conducted in two-year cycles. From 1999–2010, an average of 17.6 of adults reported food insecurity. Respondent data were matched to death certificate records through 2015. Cox proportional hazard ratios

were calculated over an average 10.2 years of follow up. Those who reported being food insecure at the baseline had a 46 percent higher probability of all-cause mortality and a 75 percent higher probability of mortality due to cardiovascular disease compared to food-secure individuals, after adjustments for age, gender, race, ethnicity, income-to-poverty ratio, diabetes, chronic kidney disease, preexisting cardiovascular disease, and obesity.

**Future Research:** More longitudinal studies like this are needed, particularly those that can capture how food security status changes over time.

**Citation:** Banerjee, S., Radak, T., Khubchandani, J., & Dunn, P. (2021). *Food Insecurity and Mortality in American Adults: Results From the NHANES-Linked Mortality Study*. Available at: <https://rb.gy/fjvwm>. Accessed on January 19, 2022.

## Special Population: College Students

■ **Title:** *The Effect of Food Insecurity During College on Graduation and Type of Degree Attained: Evidence From a Nationally Representative Longitudinal Survey*

**Key Takeaway:** Expanded access to college for historically marginalized groups has led to a college population today where 45 percent of college students are first-generation matriculants, and 43 percent identify as Black, Indigenous, or other person of color. However, food insecurity during college is a barrier to obtaining a college or graduate degree, particularly for first-generation college students.

**Policy Implications:** Programs that help to mitigate food insecurity should be more accessible to college students, for example, eligibility for SNAP. Temporary changes under COVID-19 should be made permanent.

**Summary:** This study uses the Panel Study of Income Dynamics, a nationally representative panel followed over time. Data were used from 1,574 college students, with food insecurity data collected between 1999–2003, while they were in college, and educational attainment collected between 2015–2017. After adjusting for factors, like poverty and race/ethnicity, the probability of graduating from college was 76 percent for non-first-generation students who were food secure, 65 percent for non-first-generation students who reported food insecurity, 59 percent for first-generation students who were food secure, and only 47 percent for first-



generation students who reported food insecurity.

**Citation:** Wolfson, J. A., Insolera, N., Cohen, A., & Leung, C. W. (2021). *The Effect of Food Insecurity During College on Graduation and Type of Degree Attained: Evidence From a Nationally Representative Longitudinal Survey*. Available at: <https://rb.gy/rdjriu>. Accessed on January 19, 2022.

### Special Population: Older Adults

■ **Title:** *Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults*

**Key Takeaway:** Participation in SNAP among older adults (age 65 and over) who were dually eligible for Medicare and Medicaid was associated with fewer hospitalizations, emergency department visits, long-term care admissions, and lower health care costs.

**Policy Implications:** Participation in SNAP reduces health care utilization and costs among older adults. However, participation among older adults tends to be low — in this study, only 4.4 percent of eligible older

adults enrolled, despite targeted outreach efforts. Strategies include coordination among agencies within state government, and reducing obstacles to enrollment and recertification.

**Summary:** Older adults who are eligible for Medicaid and Medicare have a higher prevalence of food insecurity and health care use. The authors gathered data on older adults from 2016–2020 in North Carolina, limiting their sample to individuals who were not participating in SNAP but were enrolled in Medicare and Medicaid. These individuals were contacted by [Benefits Data Trust](https://rb.gy/9fskjo) to facilitate SNAP enrollment. Over the course of follow up, 4.4 percent of patients enrolled in SNAP. Enrollment in SNAP was associated with fewer inpatient hospitalizations, emergency department visits, and long-term care admissions, as well as a \$2,360 per person per year reduction in Medicaid payments. The authors assessed the strength of their results by using several different statistical methods and sensitivity analysis, and found their results to be consistent regardless of the analytical method. They did not have the data available to assess Medicare costs.

**Citation:** Berkowitz, S. A., Palakshappa, D., Rigdon, J., Seligman, H. K., & Basu, S. (2021). *Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults*. Available at: <https://rb.gy/9fskjo>. Accessed on January 19, 2022.

■ **Title:** *Food Insecurity Among Older Adults: 10-Year National Trends and Associations With Diet Quality*

**Key Takeaway:** Rates of food insecurity increased from 5.5 percent in 2007 to 12.4 percent in 2016 among all older adults (age 60 and older) and from 7.1–20.9 percent among older adults earning low incomes (defined as household incomes less than or equal to three times the federal poverty level). Food insecurity was associated with lower diet quality.

**Policy Implications:** Increase efforts to screen for and alleviate food insecurity are needed to improve the diets of older adults earning low incomes.

**Summary:** Diet quality is an important component of healthy aging. The authors used data on 5,097 older adults earning low incomes from the National Health and Nutrition Examination Survey (NHANES) from 2007–2016. Diet quality was assessed using the Healthy Eating Index, the Alternate Health Eating Index, and the Mediterranean Diet score. The authors found that both marginal food security and food insecurity were significantly associated with lower diet quality, regardless of the diet index.

**Citation:** Leung, C. W., & Wolfson, J. A. *Food Insecurity Among Older Adults: 10-Year National Trends and Associations With Diet Quality*. Available at: <https://rb.gy/fh5pnt>. Accessed on January 19, 2022



# Appendix A

## Estimating the Economic Impact of SNAP and P-EBT Benefits

Prior estimates of the economic multiplier make certain assumptions about the percentage of benefits that are spent versus saved; and how Supplemental Nutrition Assistance Program (SNAP) dollars have a ripple effect throughout the economy after they are spent on food.

**Regarding assumption #1:** The Food Research & Action Center (FRAC) does not expect that participants in SNAP or the Pandemic Electronic Benefit Transfer (P-EBT) program would increase their propensity to save during the COVID-19 recession, especially given high levels of food insufficiency found in the Census Household Pulse Surveys.

**Regarding assumption #2:** It is unclear how lockdown policies may have impacted ripple effects in the economy (for example, ripple effects include that more money spent at grocery stores provides more income for farmers, food distribution networks, and allows food retail stores to hire more workers). Although supply chains were disrupted, unemployment and sales data throughout the pandemic have not indicated a drop in employment in the food-at-home sector. In addition, research indicates that the multiplier effect is higher during periods of more extreme economic recession (see Canning & Stacy below). To account for this uncertainty, FRAC presents a range of data using both economic multipliers for SNAP.

Data on the lower and upper bounds (1.5–1.8) of the multiplier are from this resource:

Canning, P., & Stacy, B. (2019). *The Supplemental Nutrition Assistance Program (SNAP) and the Economy: New Estimates of the SNAP Multiplier*. Available at: <https://ageconsearch.umn.edu/record/291963/>. Accessed on January 19, 2022.



## Endnotes

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