FRAC | ResearchWIRE

This issue of *ResearchWIRE* includes the following two sections:

- **In Focus: We Must End Stigma to Improve Hunger, Nutrition, and Health**
- **Research Highlights From 2022**

The In Focus article unpacks the issue of stigma as a barrier to participation in federal nutrition programs and discusses ways to combat it.

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.

WINTER 2023 IN THIS ISSUE

IN FOCUS

We Must End Stigma to Improve Hunger, Nutrition, and Health

Introduction

The White House Conference on Hunger, Nutrition, and Health was a historic opportunity to catalyze programs and policies that will end hunger and ensure all Americans have equitable access to healthy and nutritious foods. To be successful, it is essential that program reforms and innovations from the conference also combat the stigma from participating in federal assistance programs.

Stigma against the poor and those who use government assistance is widespread and a fundamental driver of health inequities.[1] Stigma impacts enrollment and retention in programs that directly address hunger, like the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and school meals, as well as in those programs that indirectly impact hunger and health through reducing poverty, like Temporary Assistance for Needy Families (TANF).

Research is urgently needed to identify policy and program reforms and innovations that will simultaneously improve food security, nutrition, health, *and* reduce stigma. Flexibilities and expansions to the federal nutrition programs during COVID-19 increased program participation, access, and benefits, and present a key opportunity to study de-stigmatizing policies.

In this issue of *ResearchWIRE*, we provide an overview of how stigma operates among individuals and across society and impacts participation in the federal nutrition programs. We then outline action steps for researchers and policymakers to prioritize how we understand stigma and how to promote nutrition and health equity through eliminating stigma.

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Stigma's Impact on Well-Being and Access to the Federal Nutrition Programs

Stigma is a social process that results in devaluing certain groups,[2] generating feelings of shame when people in that group feel that they do not meet another's standards. Like racism and other forms of discrimination, stigma operates at the individual, interpersonal, and structural levels[3,4] (Figure 1).

Stigmatizing cultural narratives of people with low incomes are based in bias and myth. They often ascribe moral judgements rather than recognizing that poverty is due to structural factors (i.e., not enough well-paying jobs) and bad luck. For example, it is a myth that poverty is a problem of "other" people who make poor decisions. In reality, 60 percent of American adults will live below the poverty level for at least a year during their lifetime, and the main causes of entering poverty are universal experiences, like the birth of a child or the loss of a job.[5]

This article focuses on how the stigmatization of those with low incomes and, more specifically, those using government assistance programs (e.g., "welfare" stigma[6]), impacts food security. However, people may live with intersecting stigmatized identities that also impact food security, including race and ethnicity,[7] sexual orientation,[8] or disability,[9] which means that stigma disproportionately impacts groups with intersecting marginalized identities.[10]

Individual Level

Stigma operates at the level of the person being targeted. At the individual level, stigma can be **internalized**, resulting in poor mental health outcomes like depression and low self-worth.[11] Research shows that individual agency and stigma are associated with subjective well-being on a scale comparable to income.[12]

> ***"Some people are afraid, and in most cases embarrassed, to discuss this unfortunate but so true issue [hunger] that hurts many individuals, on not only a daily basis — it is a second by second concern."***
>
> **— Velle, D.C.[13]**

In addition, **anticipation of stigma** causes individuals to engage in behaviors to conceal stigmatized characteristics, including refraining from participating in welfare programs when their participation is visible to others[14] and often on surveys being reluctant to disclose their participation in welfare programs, especially in communities where fewer of their neighbors also participate in those programs.[15]

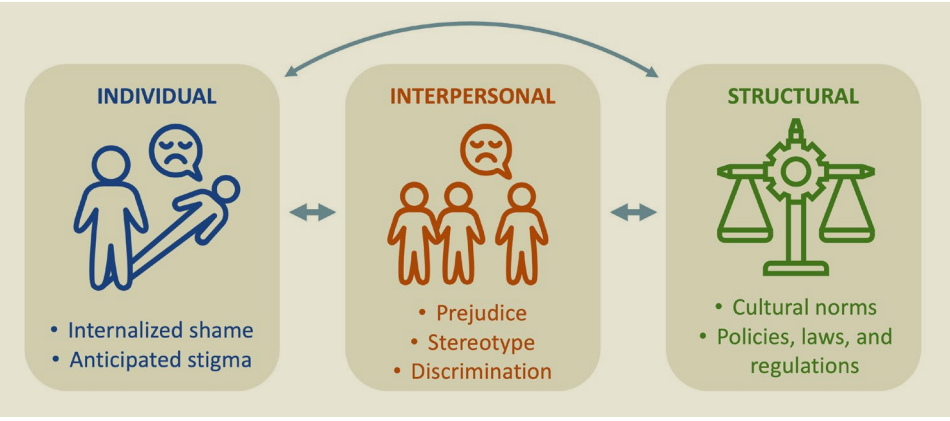
Anticipated stigma has been shown to reduce enrollment and participation in the federal nutrition programs.[16] The same beliefs about individual ability and self-reliance that have led to a weak social safety net also cause eligible individuals to not apply for "government handouts" like SNAP.[17] School-age children may experience or witness stigma for relying on free or reduced-price meals or for having unpaid school meals debt, leading them to forgo breakfast or lunch to avoid shame.[18,19,20,21]

Interpersonal Level

Stigma also operates between individuals and manifests as **prejudice** (e.g., discomfort with or dislike of people in poverty), **stereotypes** (e.g., the widely held but incorrect ideas of people in poverty, such as the idea that poverty is mainly a result of poor decisions rather than universal experiences), and **discrimination** (e.g., unfair or unjust treatment of individuals, such as the failure to offer healthy foods due to the belief that people with low incomes dislike fresh fruits and vegetables).[22] These interactions may be a result of explicit and implicit biases.

Individuals who do apply for food assistance programs often report feeling judged.[23] In WIC, shoppers often encounter stigma when purchasing food due to confusion over eligible items in the WIC food package, discrimination, or both.[24] In school, students are stigmatized by their peers when their participation in school meals indicates that they are poor, as well as by cafeteria and school administrators when they have unpaid school meal debt.

Figure 1: Three Levels of Stigma



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"At the register it gets very embarrassing — you hold the line up; most cashiers don't know how to do it. If you picked the wrong item, I usually just pass on it because everybody's looking at me and it's an uncomfortable experience."

— WIC participant, New Jersey[25]

Individuals with intersecting stigmatized identities report perceiving more interpersonal stigma. In one study, adults with poor mental or physical health and Black adults report higher levels of interpersonal stigma for participating in welfare programs (e.g., from family, friends, service providers, program administrators), particularly Black adults who lived in communities with few racial groups represented.[26]

Structural Level

Lastly, stigma operates at the structural level. **Structural stigma** refers to societal norms and institutions that constrain the opportunities, resources, and well-being of the stigmatized.[27] Structural stigma reduces the political will to pass anti-poverty and anti-hunger policies.[28]

There are many examples of structural stigma that perpetuate hunger. Programs like SNAP and TANF have eligibility restrictions that include work requirements.[29] SNAP has complex rules for college students[30] and time limits[31] for able-bodied adults without dependents. These policies are a direct result of cultural narratives about the type of student[32] or person[33] who is deserving of government assistance. In addition, the asset limit still in place in some states disincentivizes people earning a low income to build up savings.

Interaction Between All Three Levels of Stigma

Ultimately, individual, interpersonal, and structural stigma all reinforce one another, and are perpetuated across generations. For example, internalized stigma and shame can result in stigmatized individuals distancing themselves from others in their position by judging individuals participating in government programs or struggling with poverty and advocating for policies that restrict program benefits.[34] This internalized stigma and judgement of others participating in government assistance may be magnified by racial stigma: In one survey, Black and Latinx respondents reported higher stigmatizing beliefs about others using welfare or Medicaid than White respondents.[35]

"Work requirements for ABAWD are classist, ableist, rooted in neoliberalism, and paternalistic. It situates the ability to access food as a thing one is worthy of only if they work, instead of as an inalienable human right."

— Crys, Tennessee[36]

Call to Action to Reduce Stigma Through Research and Policy

Research

It is known that stigma impacts mental health, participation in the federal nutrition programs and other government assistance, and social cohesion. The impacts of stigma on well-being are real. However, it is unknown how policy changes or shifts in cultural narratives impact these associations between stigma, program participation, and health. Therefore, stigma should be a priority in several key areas of public health research:

- **Program and policy evaluation:** Additional studies and national surveys should include a focus on stigma, including internalized stigma or attitudes towards program participants. Stigma should be measured among program participants, eligible nonparticipants, and the general public using validated survey tools to ensure that programs and policies do not have unmeasured, unintended negative consequences.
- **Destigmatization:** In addition to tracking stigma, more research is needed on how to destigmatize poverty and participation in government assistance programs through changing the cultural constructions of these groups as "other."[37] This research should inform deliberate campaigns to destigmatize individuals with a low income and those using government assistance and monitor subsequent shifts in public opinion.[38]
- **Assessing bias in survey data:** Stigma also contributes to an undercount of program participation and bias in national household surveys that are important for studying program impact.[39] While it will take time to shift cultural narratives to reduce underreporting, directly measuring stigma in these surveys could potentially be used to assess bias due to underreporting.

Prioritizing stigma in public health nutrition research should be grounded in theory, appropriate research methods, and validated measures. For example, the Stigma and Food Inequity

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Conceptual Framework, developed by Valerie Earnshaw and Allison Karpyn, is an important foundation for applying this work specifically to food security and nutrition.[40] This theoretical framework can also be applied to ensure that permanent changes to the federal nutrition programs after the COVID-19 pandemic center equity.[41]

Measures of stigma relevant to public health nutrition can be borrowed from literature related to welfare stigma[42] or poverty stigma, although further research is needed to validate measures specific to food security and nutrition to understand how stigma influences behaviors.[43]

When collecting data, different strategies have been shown to reduce the salience of stigma among interviewees. For example, written survey responses are more effective. The presence of an interviewer has been shown to make stigma more salient, even for large-scale national surveys conducted using phone interviews, resulting in greater underreporting of participation in programs like SNAP.[44] If an interviewer is used to collect data, efforts should be made for the interviewer to match the demographic profile of the interviewees. Minimizing power differentials and maximizing common backgrounds serves to reduce the salience of a stigmatized identity.

While these strategies for collecting data reduce underreporting of a stigmatized activity, like participation in government assistance, more research is needed to understand whether these strategies also impact people's self-reporting of the degree to which they experience internalized or interpersonal stigma.

Policy

Innovations in the federal nutrition programs provide powerful examples of how policy can be changed to reduce stigma. Healthy School Meals for All[45,46] and breakfast after the bell[47] have reduced the stigma of participating in school meals. There is some evidence that replacing paper coupons with Electronic Benefit Transfer (EBT) for participants in WIC has increased participation, which may in part be due to reduced stigma during checkout.[48,49]

However, additional changes are needed to promote inclusivity and to destigmatize poverty and participation in the federal nutrition programs.

A number of changes to the federal nutrition programs are necessary to improve access to the programs and benefit adequacy. The more widely accessible the programs are and the easier it is for participants to have the same shopping experience as everyone else, the less participants will feel "othered" by program policies, by other individuals, and by themselves. FRAC supports a comprehensive list of policy changes for the Child Nutrition Reauthorization and Farm Bill, as well as programmatic changes the U.S. Department of Agriculture (USDA) could implement, that would reduce stigma and improve the equitable impacts of the federal nutrition programs.

Other measures to reduce individual, interpersonal, and structural stigma across government assistance programs include:

- **Cultivate organizational cultures of equity, diversity, and inclusion**. Use environmental cues, such as photographs and art posted in local agencies, to communicate respect and inclusivity towards members of stigmatized groups.
- **Reduce obstructive bureaucracy** (long wait times, complex application processes, etc.) and eliminate punitive processes, which cause federal programs to be perceived as deliberately penalizing.[50]
- **Address implicit biases and discrimination among program staff**. Recommended strategies include providing anti-racist and cultural competency training, particularly those that provide information to refute common stereotypes.

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- **Decrease segregated interactions**, whether it be through micro policies like eliminating separate lines in school cafeterias for regular versus reduced price meals, or macro policies like education and housing policies that mix students and families from different socioeconomic and racial backgrounds. Fostering diverse interaction and cooperation is crucial to reduce boundaries between groups.[51]

Importantly, public health policy should avoid implementing policies that further segregate the poor or those receiving government assistance, because targeted and differential treatment may increase stigma.[52]

Conclusion

Ultimately, a successful effort to improve food security, nutrition, and health will involve shifting the narrative on stigma. There is precedent for shifting harmful cultural narratives: Successful examples include campaigns to change public opinions about homophobia, HIV/AIDS, and mental illness.[53]

The leadership of researchers, advocates, and policymakers with lived expertise in hunger, poverty, and participation in government assistance programs should be centered in the fight to end hunger in order to ensure that policies and programs both improve public health and eliminate stigma.[54] The White House took commendable steps by seeking out the voices of individuals with lived expertise in their listening sessions leading up to the White House conference and for appointing individuals with lived expertise to lead and advise equity initiatives at USDA. These efforts should be sustained and expanded.

Strengthening a public health research and policy agenda focused on understanding stigma and destigmatizing processes will ensure a more comprehensive understanding of the impact of current policies on mental, physical, and social well-being and avoid policies with harmful, unintended consequences. Prioritizing a research and policy agenda to understand and eliminate stigma is supported by the recent recommendations from **FRAC** and other leading national anti-hunger organizations.[55] Catalyzed by the White House Conference on Hunger, Nutrition, and Health, researchers, policymakers, and advocates should work together to promote those policies and programs that enhance food security, nutrition, health — and dignity.

Research Highlights

Federal Nutrition Programs: WIC

- **Title:** ***National WIC Association (NWA) 2022 Research Priorities***

Key Takeaway: NWA highlights areas of potential research that would have the highest impact on improving the health and well-being of Special Supplemental Nutrition Program for Women, Infants, and Children eligible families.

Policy Implications: Collaboration between advocates, program providers, and researchers is key, not only to develop evidence-based policy, but also to prioritize research. Advocates can use their understanding of local, state, and federal political environment to identify those areas where decision-makers could improve policy if more evidence were available on the design or effectiveness of a policy.

Summary: NWA's research is to increase our understand of: effective WIC policies and education to improve breastfeeding practices; WIC's effects on maternal health and childhood health; strategies to increase WIC staff recruitment and retention and the impact of WIC staff on participant experience; the short- and long-term benefits of the increase of the cash value benefit for fruits and vegetables during the pandemic; WIC participants' comfort with existing WIC technology and interest and ideas for new technology; the economic value of WIC participation (e.g., health care savings, long-term outcomes in economic stability); streamlined referrals and enrollment between WIC and health care or other social programs; the impact of food package changes on redemptions and access to culturally-relevant foods; and continued monitoring of participation rates in different populations and barriers to enrollment and retention.

Citation: National WIC Association. (2022). National WIC Association 2022 Research Priorities. Available at: https://thewichub.org/nwa-2022-2023-research-priorities/.

- **Title: *'I Think That's the Most Beneficial Change That WIC Has Made in a Really Long Time': Perceptions and Awareness of an Increase in the WIC Cash Value Benefit***

Key Takeaway: WIC participants felt the increase in Cash Value Benefit (CVB) for fruits and vegetables have allowed their families to eat more fruits and vegetables. The main barriers to fully utilizing the increase in benefits was the availability of produce options.

Policy Implications: The increase to the CVB should be made permanent to allow families to consume fruits and vegetables that align with their preferences and with U.S. Department of Agriculture guidelines for a healthy diet.

Summary: Prior to the pandemic, the monthly WIC CVB was $9–11 per person. In June 2021, monthly CVB was increased to $35 per person, and has since been modified to be $24 per child and $43-47 for mothers. In March 2022, data was collected from 10 focus groups of WIC participants in North Carolina (five rural and five urban/suburban groups, for a total of 55 participants). Participants in rural and urban areas enjoyed eating fruits and vegetables and believed they are a key part of a healthy meal. They believed that CVB prior to the pandemic was insufficient. The increased CVB has allowed their families to eat healthier by consuming more of, and a wider variety of, fruits and vegetables, and gave parents the flexibility to introduce new foods without fear of wasting food. Facilitators to using CVB included the use of electronic benefits, the WIC BNFT smartphone app, the flexibility to purchase fresh, canned, or frozen fruits and vegetables, and incentive programs at some stores and famers markets. Barriers to using CVB included limited availability of fruits and vegetables in rural areas, challenges identifying WIC-eligible foods, the stigma of using WIC at checkout, and the inability to use WIC at self-checkout or for online grocery shopping.

Citation: Duffy, E.W.; Vest, D.A.; Davis, C.R.; Hall, M.G.; De Marco, M.; Ng, S.W.; Taillie, L.S. "I Think That's the Most Beneficial Change That WIC Has Made in a Really Long Time": Perceptions and Awareness of an Increase in the WIC Cash Value Benefit. *Int. J. Environ. Res. Public Health* 2022, 19, 8671. https://doi.org/10.3390/ijerph19148671.

See also for WIC:

- Au, L., et al. (2022). California WIC Participants' and Local Agency Directors' Experiences during the Coronavirus Disease 2019 Pandemic: A Qualitative Examination. *JAND*. Available at: https://doi.org/10.1016/j.jand.2022.07.003.
  - Flexibilities instituted during the pandemic were viewed favorably. There was consensus among WIC stakeholders that WIC should maintain remote services and continue with a flexible hybrid model. Interviews were conducted with 182 WIC participants and 22 local agency directors, who shared their perspectives about the federal waivers and other operational changes and gave recommendations for improvement.
- Center on Budget and Policy Priorities and Benefits Data Trust. (2022). Toolkit: Increasing WIC Coverage Through Cross-Program Data Matching and Targeted Outreach.
  - Many families who are eligible for WIC but are not participating are enrolled in Medicaid or the Supplemental Nutrition Assistance Program, which makes them automatically income-eligible for WIC. This toolkit is designed to help state and local WIC agencies leverage data from Medicaid and SNAP to measure enrollment gaps and increase enrollment using tools to plan, launch, and/or strengthen data matching and targeted outreach to eligible families who are not receiving WIC benefits.
- Ettinger de Cuba, S., et al. (2022). Prenatal WIC Is Associated with Increased Birth Weight of Infants Born in the United States with Immigrant Mothers. *JAND.* Available at: https://doi.org/10.1016/j.jand.2022.02.005.
  - This study assessed the health of infants born to immigrant mothers in the U.S. and found that participation in WIC during pregnancy was associated with higher, healthier birth weight compared with infants of non-WIC participants.
- Halverson, M & Karpyn, A. (2022). WIC Participants' Perceptions of the Cash-Value Benefit Increase during the COVID-19 Pandemic. *Nutrients*. Available at: https://doi.org/10.3390/nu14173509.
  - WIC participants reported purchasing and consuming a wider variety of fruits and vegetables, which allowed them to eat healthier and learn more about their children's preferences. The higher allotments also allowed participants to consume fruits and vegetables more consistently throughout the month because the CVB lasted for multiple shopping trips. The CVB was the most highly valued part of the WIC program. Participants were from Wilmington, Delaware (n=51).

Federal Nutrition Programs: School Meals

- **Title:** ***Association of the Healthy, Hunger-Free Kids Act of 2010 With Body Mass Trajectories of Children in Low-Income Families***

Key Takeaway: The implementation of healthier nutrition requirements in the National School Lunch Program (NSLP) as part of the Healthy, Hunger-Free Kids Act (HHFKA) is associated with lessening the disparity in obesity rates between children whose households have lower versus higher incomes.

Policy Implications: USDA will revise the nutrition standards for school meals ahead of the 2024–2025 school year (with a proposed rule issued in the fall of 2022). Future standards should build on requirements in HHFKA to further improve the nutritional value of school meals.

Summary: HHFKA nutrition standards were implemented in 2012. This study used two nationally representative longitudinal cohorts of U.S. kindergarteners followed over time through fifth grade, one started in 1999 and the other in 2011. In both cohorts, students completed kindergarten prior to HHKFA, and there was a comparable decrease in body weight from kindergarten to first grade among all students. In the first cohort, students completed fifth grade before HHFKA was implemented. Among these students, children who did not participate in free or reduced-price school lunch had decreases in measures of body mass index (BMI) from grades one to five, whereas students who did participate in free or reduced-price school meals did not. However, in the second cohort, HHKFA was implemented while they were in first grade, and this difference in healthy body weight change was not observed — both participating and non-participating students had lower measures of BMI in grades one through five.

Citation: Richardson, A. S., Weden, M. M., Cabreros, I., & Datar, A. (2022). Association of the Healthy, Hunger-Free Kids Act of 2010 With Body Mass Trajectories of Children in Low-Income Families. *JAMA Network Open*, 5(5), e2210480-e2210480. Available at: https://doi.org/10.1001/jamanetworkopen.2022.10480.

Food Insecurity and Health

- **Title:** ***Food Insecurity and Cardiometabolic Markers: Results From the Study of Latino Youth***

Key Takeaway: Food insecurity is associated with poor cardiometabolic health profiles in Latinx youth. Importantly, the health implications of food insecurity were greater among youth with foreign-born parents, but were less among those youth whose families participated in a federal food assistance program.

Policy Implications: Increased access to the federal nutrition programs is needed among Latinx households with children and adolescents. In addition, pediatricians should screen early for food insecurity in this population using both household and child-level food security measures.

Summary: From 2012 to 2014, data was collected for a sample of 1,325 Latinx youth (ages 8–16 years) of diverse ethnic origin living in four large U.S. cities. Food insecurity was collected at the household and child level using the USDA 18-item questionnaire. In the sample, 42 percent of households and 33 percent of youth were food insecure. Food insecurity among youth was generally associated with higher triglycerides, higher fasting blood sugar, and greater scores on a composite measure of the Metabolic Syndrome. These associations were greater among youth with foreign-born parents (or caregivers) and those whose families did not receive assistance from federal food programs including SNAP, WIC, and free or cost-reduced school meals in the previous year.

Citation: Maldonado, L.E., Sotres-Alvarez, D., Mattei, J., Perreora, K.M., McClain, A.C., Gallo, L.C., Isasi, C.R., & Albrecht, S. (2022) Food

Insecurity and Cardiometabolic Markers: Results From the Study of Latino Youth. *Pediatrics*. 149(4): e2021053781. https://doi.org/10.1542/peds.2021-053781.

- **Title: *Longitudinal Analysis of Food Insufficiency and Cardiovascular Disease Risk Factors in the CARDIA Study***

Key Takeaway: Food insufficiency in young adulthood was associated with several risk factors for cardiovascular disease later in life.

Policy Implications: Screening for and reducing food insufficiency is an important step in reducing cardiovascular disease, especially among women and Black adults.

Summary: Food insufficiency was defined in this study as having reduced quality or quantity of food (quality: having enough to eat but not always the kinds of food wanted; quantity: sometimes or often not having enough to eat). At baseline, about 20 percent of the study's 2,596 participants reported food insufficiency. Food insufficiency experienced during young adulthood (ages 18–30) was associated with higher body weight, waist circumference, and blood pressure 15–25 years later. Women were more likely to experience higher adiposity while Black adults were more likely to have higher blood pressure as a result of food insufficiency.

Citation: Vercammen, K.A., Moran, A.J., Carnethon, M.R., McClain, A.C., Pool, L.R., Kiefe, C.I., Carson, A.P., Gordon-Larsen, P., Steffen, L.M., Lee, M.M. & Young, J.G. (2022). Longitudinal Analysis of Food Insufficiency and Cardiovascular Disease Risk Factors in the CARDIA study. *American journal of preventive medicine*, 62(1), pp.65-76. Available at: https://doi.org/10.1016/j.amepre.2021.06.020.

See also: Nikolaus, C.J. et al (2022). Risk of Food Insecurity in Young Adulthood and Longitudinal Changes in Cardiometabolic Health: Evidence from the National Longitudinal Study of Adolescent to Adult Health. Available at: https://doi.org/10.1093/jn/nxac055.

- This longitudinal study found that food insecurity in adolescence (grades 7–12) is associated with higher body weight at ages 24–42 and developing obesity and/or diabetes at ages 32–42.

Native Communities

- **Title: *Food Insecurity Among American Indian and Alaska Native People: A Scoping Review to Inform Future Research and Policy Needs***

Key Takeaway: Food insecurity in American Indian and Alaska Native (AI/AN) is a public health priority — although estimates vary across studies, even the lowest estimates are higher than the U.S. average. Factors associated with food insecurity stem from the historical traumas inflicted on AI/AN populations that have resulted in structural biases and disinvestment, social inequities, and discrimination. The strengths and values of AI/AN communities should be supported to revitalize sustainable food systems that support nutrition and economic opportunity.

Policy Implications: Any efforts for political or programmatic changes must center the leadership of AI/AN communities, and include addressing barriers to accessing traditional foods and expanding Indigenous food sovereignty.

Summary: This scoping review assessed research related to food insecurity in AI/AN communities and its relation to health inequity. A total of 30 studies were included. Across studies, the percent of AI/AN individuals experiencing food insecurity ranged from 16 to 80 percent, with a weighted average of 45.7 percent. The prevalence of food insecurity was higher in those studies limited to urban areas compared to those studies limited to rural areas. Factors commonly associated with higher food insecurity included lower educational attainment, lower self-reported household income, lack of transportation, long distances to food retailers, and the higher price of healthy foods. Further research is needed to establish food security questionnaires with a higher validity among AI/AN respondents, conduct surveys that are representative and administered at the community or regional level to account for the diversity among Tribes, understand the longitudinal impact of food insecurity on health, and develop effective, multilevel, community-based interventions to prevent food insecurity.

Citation: Nikolaus, C.J., Johnson, S., Benally, T., Maudrie, T., Henderson, A., Nelson, K., Lane, T., Segrest, V., Ferguson, G.L., Buchwald, D., & Blue Bird Jernigan, V. (2022). Food Insecurity Among American Indian and Alaska Native People: A Scoping Review to Inform Future Research and Policy Needs. *Advances in Nutrition*. https://doi.org/10.1093/advances/nmac008.

Note: *This scoping review collected studies and reports through April 2021. In December 2021, The Native American Agriculture Fund, Food Research & Action Center, and Indigenous Food and Agriculture Initiative published a report of food security in Native Communities during the COVID-19 pandemic, **Reimagining Hunger in Times***

of Crisis: Insights from Case Examples and a Survey of Native Communities' Food Access During COVID-19.

Older Adults

- **Title:** ***The Effects of Gaining Services and the Supplemental Nutrition Assistance Program (SNAP) on Food Insecurity Among Older Georgians: 2018–2020***

Key Takeaway: Home-delivered meals, congregate meals, and SNAP reduce food insecurity among older adults. During the pandemic, the effect of SNAP on reducing food insecurity nearly doubled.

Policy Implications: Nutrition programs administered through the Older Adults Act (OAA) are important for the health and well-being of older adults, and the program's historically low funding levels should be increased. In addition, pandemic changes to SNAP (e.g., benefit increases, waivers) increased its effectiveness among older adults and should be made permanent.

Summary: This study linked data on all older Georgians using OAA services to administrative data on monthly SNAP participation from 2018–2020. The OAA data also included data self-reported food insecurity using a validated six-item 30-day food insecurity questionnaire. The authors found that HDM and other OAA services reduced food insecurity rates by 3–4 percentage points. When further examining program impact prior to and during the pandemic, the loss of traditional, in-person congregate meals was associated with increased food insecurity. Finally, SNAP was found to reduce food insecurity by 2 percentage points prior to COVID and 4.7 percentage points during COVID.

Citation: Lee, J.S., Bhargava, V., Smith, T., & Walker, T. (2022). The effects of gaining services and the supplemental nutrition assistance program on food insecurity among older Georgians: 2018–2020. Available at: https://doi.org/10.1002/aepp.13230

See more articles related to food security and older adults, edited by Craig Gundersen from the journal AEPP:

- Balistreri, K.S. (2022). Older adults and the food security infrastructure. Available at: https://doi.org/10.1002/aepp.13238.
  - While a root cause of food insecurity is poverty, state policies and their social and economic context also impact food insecurity. This paper finds that states with high access to and participation in food assistance programs for older adults have lower rates of food insecurity in older adults with low incomes.
- Giordono, L., Rothwell, D., Grutzmacher, S., & Edwards, M. (2022). Understanding SNAP use patterns among older adults. Available at: https://doi.org/10.1002/aepp.13228.
  - Older adults participate in SNAP at lower rates than other adults (known as "the SNAP gap"). This study finds that this gap is primarily due to lower rates of initial enrollment and not due to older adults exiting SNAP more frequently after enrolling. Older age was associated with longer persistence in SNAP. This has implications for strategies to close the SNAP gap.

Equity

- **Title:** ***Nutrition Interventions Addressing Structural Racism: A Scoping Review***

Key Takeaway: More nutrition interventions are needed that aim to change the systems associated with structural racism, such as improving the social and economic resources of Black communities.

Policy Implications: Policymakers should partner with researchers to evaluation the impact of nutrition interventions in Black, Latinx, and Native communities.

Summary: This review collected studies that evaluated the dietary and health impacts of nutrition interventions specifically in Black communities. Most nutrition interventions that have been evaluated in Black communities are limited to increasing healthy food options and/or nutrition education. Nutrition education by itself, while well-intentioned, is a strategy that focuses on individual responsibility rather than structural barriers. However, interventions that resulted in positive changes to diet or weight loss combined nutrition education with policy or systems-level interventions. In addition, very few interventions in Black communities have focused on reducing deterrents to healthy eating or to increasing economic resources, and more evaluations of nutrition interventions targeting structural racism are needed in Latinx and Native communities.

Citation: Greene, M., Houghtaling, B., Sadeghzadeh, C., De Marco, M., Morgan, R., & Holston, D. (2022). Nutrition Interventions Addressing Structural Racism: A Scoping Review. *Nutrition Research Reviews*, pp.1–53. Available at: https://doi.org/10.1017/S0954422422000014.

■ **Title:** ***Holding No-One Back: The Nutrition Equity Framework in Theory and Practice***

Key Takeaway: This paper develops an integrated framework to understand the interconnections between the social, political, commercial, cultural, and economic factors that have led to and perpetuate inequities in nutrition.

Policy Implications: Policies must be prioritized that focus upstream on the sociopolitical determinants of nutrition in order to improve nutrition equity.

Summary: A framework was developed to illustrate the social and political processes that lead to inequities in nutrition and in people's ability to take action to improve their own well-being.

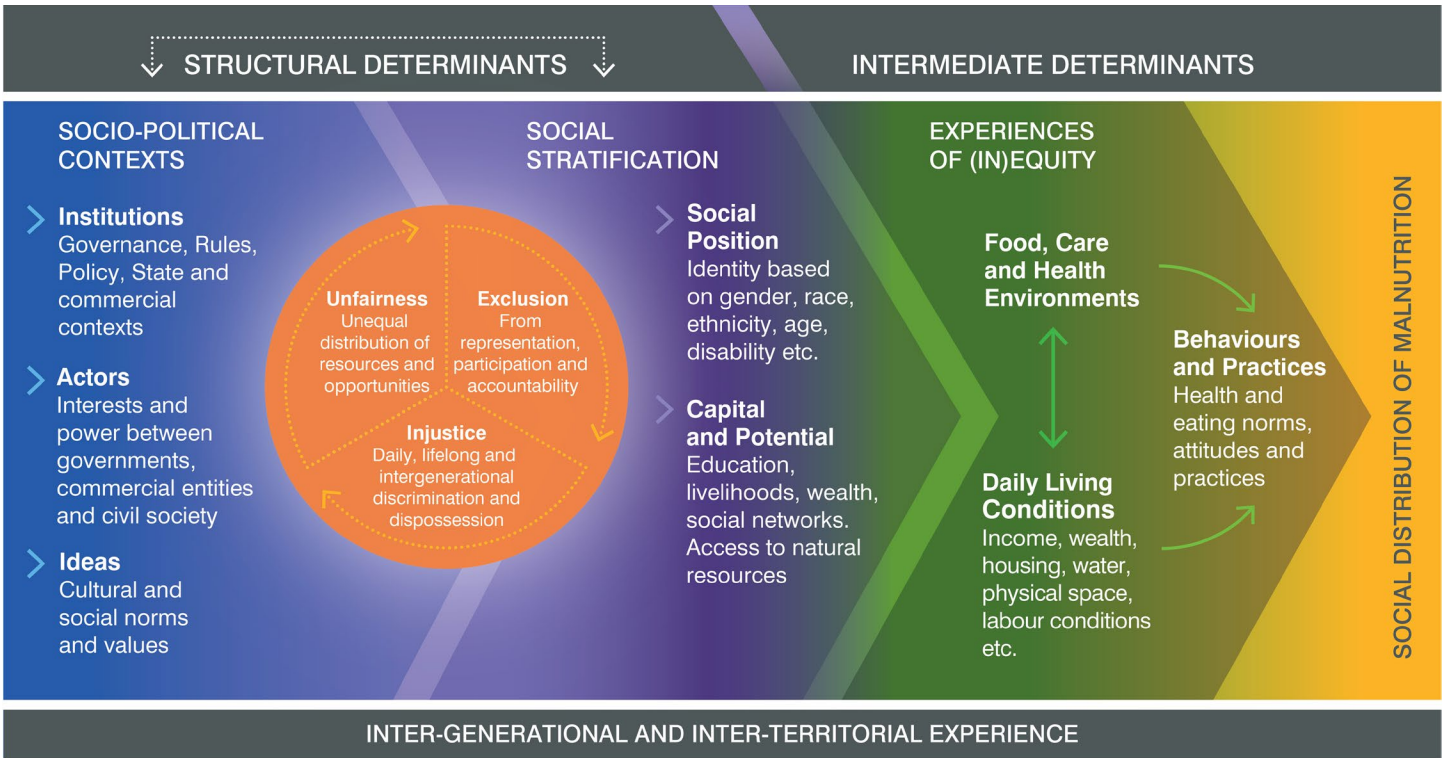
Citation: Nisbett, N., Harris, J., Backholer, K., Baker, P., Jernigan, V.B.B., & Friel, S. (2022). Holding no-one back: the nutrition equity framework in theory and practice. *Global Food Security*, 32, p.100605. Available at: https://doi.org/10.1016/j.gfs.2021.100605.

■ **Title:** ***A Call for Theory to Guide Equity-Focused Federal Child Nutrition Program Policy Responses and Recovery Efforts in Times of Public Health Crisis***

Key Takeaway: Public health theory should be used to ensure that legislative priorities and program innovations are focused on nutrition equity and are evaluated to assess the impact on equity. This applies to permanent changes to the programs, as well as temporary adaptations and flexibilities in response to emergency situations, like the COVID-19 pandemic.

Policy Implications: Policies that improve equity of access to child nutrition programs should be prioritized, such as consolidating applications across programs, and evaluations of the impact of policy changes on equity should be conducted in differing contexts and populations.

Summary: The authors apply several theoretical frameworks to identify the mechanisms by which improvements to the child nutrition programs could reduce inequities in child nutrition. The frameworks are the Getting to Equity Framework, which prioritizes the policy, system, and environmental interventions that reduce disparities; the Stigma and Food Inequity Framework, outlined earlier in this issue of *ResearchWIRE*, which defines the role that stigma plays in perpetuating nutrition inequity; and the Family Ecological Model, which highlights the importance of the family unit on influencing children's health-related behaviors. The paper examines the potential equity impact of policies, like universal school meals, using each theoretical framework. Through this process, the authors identify areas where further research is needed and considerations in implementing selected policies to maximize their impact on equity.



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See also for equity:

- USDA Equity Action Plan. (2022). Available at: **https://www.usda.gov/sites/default/files/documents/usda-equity-action-plan-508c.pdf**.
  - The USDA released an Equity Action Plan that highlights a subset of actions that USDA will prioritize to improve the equitable impact of their programs. The third priority action area is to "expand equitable access to USDA nutrition assistance programs." The plan provides transparency around action items and progress reports that advocates can use to inform their own efforts to advance equity and to hold USDA accountable. Note that the USDA **Equity Commission** will also release a set of initial recommendations for how USDA can advance equity at the end of 2022. You can find FRAC's response to the Request for Information that informed this Equity Action Plan here.
- Landry, M., Alford, S., & Singleton, C. (2022). Call for Evaluation and Reporting of the Equity Impact of Culturally Responsive Nutrition Interventions. Available at: **https://doi-org/10.1016/j.jneb.2021.12.006**.
  - While interventions may incorporate cultural responsiveness in their design, the impact on equity is rarely assessed. This commentary calls on public health researchers to develop evaluation protocols that explicitly measure the equity impact of nutrition interventions.

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