# FRAC | ResearchWIRE

Welcome to the Food Research & Action Center's summer issue of *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.


## SUMMER 2019
## IN THIS ISSUE



# IN FOCUS

## School Meals are a Back-to-School Essential for Students

At this time of year, students across the nation are heading back to school, which also means millions of students will be fueling their minds and bodies with the good nutrition provided by the National School Lunch Program and School Breakfast Program. There is considerable evidence of the effective role that participation in these programs plays in alleviating food insecurity and poverty, and in providing the nutrients students need for growth, development, learning, and overall health, especially for the nation's most vulnerable children and adolescents. This IN FOCUS reviews the many benefits of the school meals programs, and summarizes the latest research on recent policy changes and innovative strategies that are increasing program access and improving student outcomes.

### School Meals Play a Critical Role in Student Health, Well-Being, and Academic Success

More than 14.6 million students eat a school breakfast and 29.7 million students eat a school lunch on a typical school day, based on data from the 2018–2019 school year.[1] The vast majority of these students are low-income and receive a free or reduced-price meal.

A considerable body of evidence shows that the school meals programs are profoundly important for students, especially low-income students, with well-documented benefits.

### School Meals Alleviate Food Insecurity and Poverty

School meals are a critical component of the U.S. safety net. Multiple studies find improvements in food security through participation in the school meals programs.[2,3,4,5,6] For example, school breakfast availability reduces low food security and very low food security among elementary school children.[7] For school lunch, participation is associated with a 14 percent reduction in the risk of food insufficiency among households with at least one child receiving a free or reduced-price school lunch.[8] Conversely, research shows that rates of food insecurity and food

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insufficiency among children are higher in the summer — a time when students do not have access to the school meal programs available during the academic year.[9,10,11]

Nationally, school lunch also lifted 1.2 million people — including 722,000 children — above the poverty line in 2017, based on Census Bureau data on poverty and income in the U.S.[12]

## School Meals Support Good Nutrition

School meals support good nutrition throughout the school day. Program participants are less likely to have nutrient inadequacies and are more likely to consume fruits, vegetables, and milk at breakfast and lunch.[13,14] For school breakfast, similar dietary benefits are observed among students attending schools that provide breakfast at no cost to all students, when compared to students who eat away from school or through a traditional means-tested breakfast program.[15,16] For school lunch, researchers conclude "school lunches provide superior nutrient quality than lunches obtained from other sources, particularly for low-income children."[17] This is consistent with other studies comparing school lunches to packed lunches brought from home or elsewhere.[18,19,20]

The school meals programs also have favorable impacts on overall dietary quality, as measured by the Healthy Eating Index.[21,22] In a national assessment conducted by the U.S. Department of Agriculture (USDA), school lunch participants and school breakfast participants consumed lunches and breakfasts of higher nutritional quality, respectively, than their nonparticipating peers.[23] In many cases, particularly for school lunch participants, these differences in overall dietary quality persisted over a 24-hour time period. Meaning, school meal participants had better dietary quality not just at school, but throughout the entire day. Similarly, there is evidence that more frequent school meal consumption has nutritional advantages for daily dietary intake: elementary and middle school students who eat school breakfast every day consume more fruits and vegetables, whole grains, dairy, fiber, and calcium per day, when compared to students who eat school breakfast less frequently (i.e., 0 to 4 days per week).[24] Students who eat school lunch daily consume more dairy and calcium per day compared to those who eat school lunch less frequently.

As Frisvold and Price write, "exposure to healthier meals at school increases the healthfulness of foods acquired by children throughout the day."[25]

## School Meals Improve Health Outcomes

School meals support and improve student physical and mental health, including weight-related outcomes. For instance, free or reduced-price school lunches reduce rates of poor health by at least 29 percent and rates of obesity by at least 17 percent, based on estimates using national data.[26] Multiple studies find an association between school breakfast participation and lower body mass index (BMI), lower probability of being overweight, and lower probability of obesity.[27,28,29,30] School breakfast, including breakfast offered at no cost to all students in a school, also has been linked with fewer visits to the school nurse, particularly in the morning,[31] and positive impacts on mental health, including reductions in behavioral problems, anxiety, and depression.[32,33]

## School Meals Boost Learning

School meals programs are linked with improvements in the classroom. Students who participate in school breakfast programs have improved attendance, behavior, academic performance, and academic achievement as well as decreased tardiness, based on decades of research on the topic.[34,35,36,37] These effects also are observed when implementing innovative models to increase breakfast participation. For example, providing students with breakfast in the classroom is associated with lower rates of tardiness, fewer disciplinary office referrals, improved attendance rates, and improved math and reading achievement test scores.[38,39,40]

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Improvements in student behavior have been observed with the Community Eligibility Provision* as well: multiple out-of-school suspension rates fell by about 15 percent for elementary students and 6 percent for middle school students after implementation of community eligibility in one study.[41] These reductions were even larger, at about 25 percent, for elementary school students in counties with high rates of food insecurity.

Finally, research demonstrates that the impacts of program participation can be long-lasting. In a study examining the effects of school lunch participation between 1941 and 1956 on adult outcomes, participation was associated with long-term educational attainment for men and women.[42]

## Updated School Meals Nutrition Standards Improve Student Dietary Intake Without Harming Program Participation

The Healthy, Hunger-Free Kids Act (HHFKA) of 2010 created a process for enhancing the quality of all food and beverages served and sold in schools by empowering USDA to set new nutrition standards for school meals and for "competitive foods."† These new nutrition standards are vital to improving the dietary intake and health of students, especially low-income students. USDA issued a final rule on the school meal nutrition standards in January 2012. Overall, the rule required schools to offer more fruits, vegetables,

and whole grain-rich foods; offer only fat-free or low-fat (1 percent) fluid milk; limit saturated fat and sodium; minimize trans fat; and limit the calories that can be offered in a meal. The lunch standards began to take effect in the 2012–2013 school year; the breakfast standards began to take effect in the 2013–2014 school year.

An analysis by FRAC in 2016 found that the revised nutrition standards have had a positive impact on the school nutrition environment as well as student food selection and consumption, especially for fruits and vegetables.[43] Research published since then supports these conclusions.[44,45,46] Perhaps most notably, USDA recently issued the first national, comprehensive assessment of school meal programs since the implementation of the updated school meal nutrition standards.[47] The nutritional quality of school lunches increased by 41 percent, and by 44 percent for school breakfasts, after the implementation of the nutrition standards. The assessment also found that serving lunches of higher nutritional quality was associated with higher school lunch participation rates, but not with higher costs per lunch.

In addition to the favorable nutrition impacts, there is growing evidence that the standards have not had a negative impact on school meal participation over time (as some had feared) and, in fact, may contribute to modest improvements in participation.[48,49] For instance, the number of students choosing a school meal (versus no school meal) increased by 13.6 percent after the implementation of improved school meal and competitive food nutrition standards in Massachusetts.[50]

In spite of widespread support, overwhelming evidence of compliance, and positive nutrition impacts, efforts have been underway to roll back the nutrition standards issued in January 2012.[51,52,53] Unfortunately, such efforts were successful with the weakening of the standards for whole grains, sodium, and milk in a final rule issued by USDA in December 2018. USDA scaled back the whole grain requirements, delayed the requirement to further lower sodium levels in school meals, and allowed low-fat flavored milk (instead of only allowing non-fat flavored milk). In response, FRAC released a statement that "USDA's final rule on nutrition standards is a step backwards for children's health and learning."[54] Regardless of this setback, FRAC will continue to work with schools and districts to implement the stronger nutrition standards issued in January 2012, since those aspects of the standards issued in December 2018 are optional for schools. On the national level, FRAC will work with allied organizations in efforts to protect the nutrition standards from rollbacks, and advocate for USDA to ensure

*Under the Community Eligibility Provision created by the Healthy, Hunger-Free Kids Act (HHFKA) of 2010, high-poverty schools and school districts can offer school meals at no charge to all students.

† The new competitive foods standards rule, known as the Smart Snacks in School rule, is a separate initiative governing foods provided or sold in schools (e.g., vending machines, food sold in competition with federal meals) other than those from the federal nutrition programs. It was issued by USDA in June 2013 and began to take effect in the 2014–2015 school year. In general, these standards promote whole grains, low-fat dairy, fruits, vegetables, and leaner protein, while limiting the calories, fat, sugar, and sodium of items.

adequate support, technical assistance, and resources for schools to continue robust implementation of the nutrition standards.

## Innovative Policies and Practices for Providing School Meals Increase Program Access

Across the country, innovative school meal policies and practices are being implemented to increase access to these critical and effective programs. For school breakfast and lunch, this includes implementing community eligibility. For breakfast, this includes providing breakfast at no cost to all students (possibly through community eligibility), and using breakfast in the classroom, "grab and go" breakfast, and second chance breakfast models. Such approaches can address common barriers to program participation, such as stigma, cost, and, for breakfast, arriving to school too late. (For more information and resources on these policies and models, visit www.frac.org.)

Research shows that these strategies are effective in increasing program participation. According to an analysis by FRAC, 28,542 schools (64 percent of those eligible) participated in community eligibility in the 2018–2019 school year, compared to 14,214 in the 2014–2015 school year when the provision first became available nationwide.[55] While community eligibility has only been implemented nationwide a few years, preliminary evidence indicates that the provision increases student participation in school breakfast and lunch,[56,57] and FRAC's analysis points to a consistent increase in the number of students

enrolled in schools offering community eligibility.

The evidence is clear that programs offering breakfast at no cost to all students and breakfast in the classroom increase breakfast participation.[58,59,60,61,62,63,64,65] (Typically, breakfast in the classroom is offered at no cost to all students.) For example, in a study of North Carolina public schools, serving breakfast at no cost to all students boosted breakfast participation, including among students otherwise ineligible for free or reduced-price meals.[66] The participation impacts were larger when breakfast at no cost to all students was implemented in combination with breakfast in the classroom, second chance breakfast, or breakfast in the classroom plus "grab and go."

"Grab and go" and second chance breakfasts show particular evidence of success for middle and high school students, although these models tend to receive less attention in the research literature.[67,68] In an evaluation of a "grab and go" breakfast program in Minnesota high schools, average school-level breakfast participation increased from 13 percent to 22.6 percent of students after implementation.[69] Among a subsample of students with irregular breakfast habits, breakfast participation increased among students eligible for free or reduced-price school meals (from 13.9 to 30.7 percent) and among students paying full price for school meals (from 4.3 to 17.2 percent).

## Conclusion

Research shows that the school breakfast and lunch programs are effective in alleviating food insecurity and poverty, supporting good nutrition, and improving health and learning. In addition, recent policy changes (e.g., community eligibility, updated nutrition standards) and innovative models of program delivery (e.g., breakfast in the classroom) are connecting more students to these critical programs and producing more positive and healthier outcomes. Continuing to increase access to, and strengthen, the school meals programs will further their role in supporting and improving student health and well-being.

# Research Highlights

## Supplemental Nutrition Assistance Program (SNAP)

**Editor's Note:** *See the "Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)" section for a study focused on SNAP, WIC, and food security.*

### Is the social safety net a long-term investment? Large-scale evidence from the Food Stamps Program

A Goldman School of Public Policy (University of California, Berkeley) working paper from leading poverty scholars found that access to SNAP in early childhood had positive impacts on economic productivity and well-being in adulthood. The researchers linked national survey data to administrative data for more than 17 million adults born between 1950 and 1980, and took advantage of the county-level rollout of the program (then known as Food Stamps) in the 1960s and 1970s. Those with access to SNAP *in utero* and before the age of 5 years old experienced an increase in their human capital, economic self-sufficiency, neighborhood quality, and longevity in adulthood, and a decreased likelihood of being incarcerated. In additional analyses focused on individual measures of human capital, economic self-sufficiency, and neighborhood quality, access to SNAP in early childhood increased educational attainment up through college graduation, reduced the likelihood of receiving public assistance in adulthood, and increased the likelihood of home ownership. The findings add to the existing evidence on the long-term benefits of childhood participation in SNAP and other U.S. safety net programs.

### The impacts of Supplemental Nutrition Assistance Program redemptions on county-level employment

According to a U.S. Department of Agriculture report, SNAP redemptions had a positive impact on county-level employment in nonmetro and metro counties during the Great Recession (2008–2010). It was during this period of time, beginning in April 2009, that SNAP benefits were temporarily increased pursuant to the American Recovery and Reinvestment Act of 2009. Per dollar spent, the employment effects of SNAP redemptions during the recession were greater than the effects from other government transfer payments and from total federal government spending. The research team also examined the impact of SNAP during the 2001 to 2014 period, i.e., before, during, and after the Great Recession. In this timeframe, the impacts of SNAP on county-level employment were positive for nonmetro counties, but nonsignificant for metro counties. The researchers write that the findings support their hypotheses that "the multiplier impacts of SNAP payments on local economies is greater during a recession" and "SNAP spending had larger employment multiplier impacts than many other forms of government expenditures during the Great Recession."

### Implications of changing public charge immigration rules for children who need medical care

More than 8 million children currently enrolled in Medicaid and the Children's Health Insurance Program or receiving SNAP benefits are at risk of disenrollment under the October 2018 proposed public charge rule because they live with a noncitizen adult, based on analyses published in *JAMA Pediatrics*. This includes 5.5 million children who have specific medical needs, such as asthma, epilepsy, cancer, and disabilities or functional limitations. Most of these children

with specific medical needs are U.S. citizens. Researchers estimated that between 0.8 and 1.9 million children with specific medical needs will likely disenroll in these programs, possibly due to fear and confusion. According to the authors, who used national data from 4,007 children in their study, "the proposed public charge rule would likely cause millions of children to lose health and nutrition benefits, including many with specific medical needs that, if left untreated, may contribute to child deaths and future disability." The final public charge rule was published on August 14, 2019. Read FRAC's statement for additional information on the final rule and its implications.

### Chronic disease self-management within the monthly benefit cycle of the Supplemental Nutrition Assistance Program

In interviews and surveys reported in *Public Health Nutrition*, SNAP participants reveal the multiple challenges in managing diet-related chronic disease (e.g., cost, cognitive burden), especially near the end of the monthly SNAP benefit cycle. Surveys and interviews were conducted with 18 SNAP participants in Philadelphia to explore the challenges of chronic disease self-management in the context of SNAP. All participants either had a chronic condition or were managing one for a household member. In addition to the higher cost of medically appropriate diets and difficulty in adhering to special diets due to cost, participants shared how chronic conditions often contributed to unpredictable situations that led to financial instability or stress (e.g., an unexpected health complication that generated an unanticipated medical bill or made it difficult to maintain employment).

All participants reported that their SNAP benefits were inadequate to last the entire month despite their efforts to budget these resources. To cope when benefits were depleted, participants skipped meals, relied on the emergency food system (e.g., food pantries), or purchased lower-cost foods that were inconsistent with their special dietary needs. Such strategies often exacerbated chronic illnesses (e.g., someone with diabetes having low blood sugar after skipping a meal), or made it otherwise difficult to manage chronic illnesses (e.g., having limited control over the foods received from a food pantry). The researchers offer several recommendations to address the various challenges raised in the study, including increasing the SNAP benefit allotment and screening for food insecurity in health care settings.


## Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

### Investigating treatment effects of participating jointly in SNAP and WIC when the treatment is validated only for SNAP

Participation in SNAP and WIC improves food security, based on research in the *Southern Economic Journal*. The study used national data on 460 households that were income-eligible for both programs and included a pregnant woman or child under the age of 5 years old. Joint participation in SNAP and WIC (versus SNAP alone) increased food security by at least 1.9 percentage points and by as much as 24 percentage points, depending on the economic model used to generate these statistics. The findings provide evidence that SNAP and WIC are not redundant programs, but rather complementary programs that improve the food security of low-income Americans.

### Association of revised WIC food package with perinatal and birth outcomes — a quasi-experimental study

A study in *JAMA Pediatrics* found an association between the revised WIC food packages and improvements in maternal preeclampsia, maternal weight gain, gestational age, and appropriate birth weight for gestational age. Set in California, the study examined the impact of the revised WIC food packages on perinatal outcomes using data from more than 2.8 million births. The revised WIC food packages were associated with a reduced likelihood of maternal preeclampsia, improved compliance with gestational weight gain recommendations, and longer gestational age at birth. The revised packages also were associated with an increased likelihood of having a birth weight that was appropriate for gestational age, and a reduced likelihood of being small-for-gestational age, large-for-gestational age, or having a low birth weight. Racial-ethnic differences emerged in some analyses as well. For instance, the revised packages were associated with reductions in gestational diabetes among Black, Hispanic, and Asian women, but not White women. The researchers conclude that WIC is "an important lever to reduce health disparities among high-risk women and children at a critical juncture in the life course."

### Changes in obesity among US children aged 2 through 4 years enrolled in WIC during 2010–2016

Rates of overweight and obesity declined among 2-to-4-year-old WIC participants between 2010 and 2016, based on an analysis in *JAMA*. According to the study's authors, the recent revisions to the WIC food packages and obesity prevention initiatives may have contributed to the declines in overweight and obesity among young children in WIC. Using national WIC data from participants 2 to 4 years old, researchers explored trends in overweight and obesity by age, sex, and race/ethnicity from 2010 through 2016. Overall rates of obesity declined from 15.9 percent in 2010, to 13.9 percent in 2016, and rates of overweight and obesity (combined) declined from 32.5 percent to 29.1 percent. Significant decreases were observed across all age, sex, and race/ethnicity subgroups, with the greatest relative decreases among 2-year-olds, 3-year-olds, boys, Hispanic children, and Asian/Pacific Islander children. While these trends are promising, disparities in overweight and obesity persist by race/ethnicity. For instance, 12.1 percent of White and 11.4 percent of Black children in this study were obese in 2016, compared to 16.4 percent of Hispanic and 18.5 percent of American Indian/Alaska Native children.

## Summer Nutrition Programs

### Combating child summer food insecurity: examination of a community-based mobile meal program

Providing summer meals through a mobile meal program yields benefits for children, families, and the larger community, according to a study in the *Journal of Community Health*. In a racially/ethnically diverse sample of parents and caregivers whose children attended a summer mobile meal program, researchers explored program participation, screened for household food insecurity, and examined utilization of other community food resources. Surveys revealed that 26 percent of the 284 respondents screened positive for food insecurity. A few participants reported barriers to attending the summer mobile meal program (e.g., inconvenient times, difficulty getting to the site), but 83 percent reported no barriers to participation.

Based on in-depth interviews with 36 participants, the summer mobile meal program was welcoming and inclusive, conveniently located,

desirable (given the colocation of the program to other family-centered activities), promoted social interactions, and helped the community at large. Household food insecurity and the high cost of living motivated families to participate in the program, while parents' demanding work schedules made participation difficult for some families. The researchers conclude that "as experts in the field continue to stress the need to increase the number of summer meal sites to decrease summer food insecurity among children, mobile meal programs provide an innovative approach to reaching hard-to-reach children during the summer."

### Perceived benefits and barriers to free summer meal participation among parents in New York City

In a *Journal of Nutrition Education and Behavior* study, parents describe multiple nutritional, psychological, financial, and social benefits of free summer meals, including reduced psychological and financial stress for parents, and opportunities to socialize for children. Phone interviews were conducted with 20 lower-income, racially/ethnically diverse parents of elementary-aged children in New York City to explore families' experiences, perceived benefits, and perceived barriers to summer meal participation. The study included 11 parents with children who participated in summer meals, and nine parents with children who did not.

Parents of participants reported that summer meals reduced the psychological and financial stress they face in feeding their children during the summer. Parents of participants and nonparticipants believed that summer meals were crucial supports for families in need in their community, and allowed children to socialize with peers and feel a sense of belonging. According to parents of nonparticipants, summer meals foster healthy eating habits; however, parents of participants had mixed reactions on summer meal quality and quantity. Parents reported several barriers to summer meal participation, including a lack of knowledge about the program and lack of culturally appropriate foods. These barriers offer areas of improvement for summer meal programs.

## Health and Special Populations

### Medicaid expansion in social context: examining relationships between Medicaid enrollment and county-level food insecurity

In a *Journal of Health Care for the Poor and Underserved* study, Medicaid expansion was associated with reduced county-level food insecurity. The study examined the relationship between states' Medicaid expansion under the Affordable Care Act and county-level food insecurity during two expansion periods (2009 to 2012 and 2012 to 2014). The analyses compared counties in states that expanded by 2012 (early expansion states) to counties in states that had not expanded by 2012 but had done so by 2014 (later expansion states). Increased county Medicaid enrollment during the expansion period in early expansion states was associated with reduced county-level food insecurity in 2012. The lower rates of food insecurity in counties in early expansion states (compared to counties in later expansion states) persisted even in 2014, indicating a sustained advantage of early expansion. The researchers discuss how their findings "suggest that investments in public health insurance programs may be an alternative method of lowering food insecurity and reducing expenditures nationally."

## Food insecurity among transgender and gender nonconforming individuals in the southeast United States: a qualitative study

A study in *Transgender Health* explores the experiences, coping strategies, and health of transgender and gender nonconforming (TGNC) people struggling with food insecurity. Twenty TGNC people residing in the Southeast U.S. were interviewed by telephone, all of whom reported low-to-very-low food security. Participants reported skipping meals, not always having enough food to eat, seeking food from no-cost sources (e.g., "dumpster diving"), making trade-offs between food and other necessities (e.g., housing, transportation), and eating inexpensive, processed foods to stretch food budgets. Constrained finances and competing financial priorities also made it difficult to afford or save for health-related costs, including monthly hormones and gender-affirming surgeries.

Using federal food assistance was a challenge for multiple participants, with some participants indicating that their monthly SNAP benefit was very low, and others being ineligible for assistance because their income was just above the income guidelines. In addition, participants reported feeling unwelcome or uncomfortable visiting local food pantries in their community (which were primarily operated by churches or other faith-based organizations), or were hesitant to access these resources because they did not want to take food away from someone in greater need. The interviews revealed a number of health-related consequences of food insecurity, including frequent illnesses, weight gain, depression, anxiety, and stress, but also a "great deal of resiliency" among participants. Because underemployment or unemployment was a common theme in this sample, and often a result of discrimination, the study's authors call for federal- or state-level legislation that protects TGNC people from discrimination in the workplace.

## Food insecurity and physical functioning limitations among older U.S. adults

Physical functioning limitations — including those related to food intake — are associated with food insecurity among older adults in the U.S., according to research in *Preventive Medicine Reports*. Physical limitations were defined based on reported difficulty in performing 19 activities without the aid of special equipment. Having four or more physical limitations increased the likelihood of marginal, low, and very low food security, compared to having no physical limitations. The 19 activities were further categorized into five domains: activities of daily living (e.g., dressing oneself, using a fork or knife), instrumental activities of daily living (e.g., managing money, preparing meals), leisure and social activities (e.g., attending social events), general physical activities (e.g., grasping small objects), and lower extremity mobility (e.g., walking up 10 steps). All five functional limitation domains were associated with marginal, low, and very low food security, but additional analyses demonstrated that the strongest associations with food insecurity were for instrumental activities of daily living, leisure and social activities, and general physical activities. The findings, based on national survey data, demonstrate the need to screen for physical functioning limitations and food insecurity among older adults.

# From Children's HealthWatch

## SNAP Benefit Adequacy: What Does the Research Tell Us?


*FRAC wishes to thank Stephanie Ettinger de Cuba, MPH, Executive Director; Allison Bovell-Ammon, MDiv, Director of Policy Strategy; and Richard Sheward, MPP, Director of Innovative Partnerships at Children's HealthWatch, headquartered at Boston Medical Center, for contributing this column to ResearchWIRE.*

The average participant in the Supplemental Nutrition Assistance Program (SNAP) receives $1.40 per person per meal. Peer-reviewed journal articles, government reports, expert reviews, and community-based studies all concur — the SNAP benefit is inadequate for purchasing a healthy diet.[70,71,72,73,74,75]

SNAP eligibility is based on a complex, multistep calculation of income and basic needs-expense deductions. This includes multiplying a household's net income (after qualified deductions) by 30 percent, representing the percentage of household income expected to be spent on food. This calculation has not been updated since the 1960s and is one of several elements out of step with today's economic reality. The SNAP benefit amount is based on the U.S. Department of Agriculture's (USDA) Thrifty Food Plan (TFP), which also is outdated — last updated in 2006.[76,77]

Beginning in the mid-2000s, a series of reports from Children's HealthWatch was released that aimed to document how realistic it was to find the foods in the TFP market basket in local food stores of different sizes, and whether the maximum SNAP benefit would be sufficient to buy the TFP market basket at real world prices.[78,79,80] Researchers found that the maximum benefit was inadequate to purchase the TFP market basket of foods in any size store, and nearly one-third of the foods in the TFP market basket were not even present in the stores for purchase. Further, peer-reviewed evidence demonstrates that SNAP benefits are inadequate for optimally supporting health, and that benefits typically run out in the third week of the month, spiking rates of hypoglycemia admissions in hospitals and driving requests for emergency food assistance.[81,82]

The Institute of Medicine (now the National Academy of Medicine) as well as the National Academies of Sciences, Engineering, and Medicine (NASEM) have concluded that SNAP benefits are inadequate,[83] and NASEM and other experts have recommended policymakers increase SNAP benefits.[84,85,86,87] To achieve this goal, both Children's HealthWatch and FRAC have recommended that USDA use the Low-Cost Food Plan as the basis for the calculation of the SNAP benefit, rather than the TFP. The Low-Cost Food Plan focuses on nutritious, but affordable, foods designed for long-term consumption and health. Given the staggering, avoidable costs associated with food insecurity, national discussion about implementing a higher SNAP benefit should also consider the reductions in health care and education costs that would be related directly to these improvements.[88,89]

The robust body of evidence underscores why bipartisan groups of experts have concluded that a boost to the SNAP benefit amount would be critically important in reducing child poverty and advancing health equity.[90,91] The science is clear — SNAP benefits should accurately align with the true cost of a healthy diet and economic realities, and this is best achieved through shifting to the Low-Cost Food Plan as the basis of the benefit calculation.

# Endnotes


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