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Abstract

It is thought that childhood food insecurity rates increased to 18 million impacted children in 2020. In response, innovative policy solutions from the Supplemental Nutrition Assistance Program (SNAP) and the Pandemic Electronic Benefit Transfer (P-EBT) were swiftly implemented. These innovations must serve as catalysts to create the next generation of food safety net programs. These include the removal of administrative barriers to enrollment, the use of streamlined procedures to access food, the expansion of P-EBT to daycare and childcare centers, and the uncoupling of receipt of benefits from physical presence in schools. Critical gaps also remain. SNAP benefit amounts are often too low, leaving many families ineligible. More realistic benefit amounts are needed, such as those used in the USDA's Moderate Cost Food Plan. Eligibility cut-offs exclude many food insecure families. Better alignment of SNAP eligibility with income levels that substantially increase food insecurity risk are critical. Lastly, creating slower phase-out periods for benefits as incomes rise is essential. Additionally, food insecurity continues to disproportionately impact racial and ethnic minority populations and low-income households. These deeply rooted inequalities in access to nutrition play an important role in driving health disparities, including obesity, hypertension, diabetes, and other chronic comorbidities and must be further examined. Changes to SNAP and the P-EBT program illustrate how innovative, broad-scale policy solutions can expeditiously support the nutritional needs of families with children. While pandemic-inspired innovation offers critical lessons for designing the next generation of nutrition assistance, there remain gaps that can perpetuate disparities in access to food and health. As a community of medical providers, we must advocate for broader, more inclusive policies to support those facing food insecurity. The future depends on it.

Keywords

SNAP, food assistance programs, food insecurity, policy, editorial

• What do we already know about this topic?

It is thought that childhood food insecurity rates increased to 18 million impacted children in 2020. Disproportionately impacted are children and families from racial and ethnic minorities and low-income households. Food insecurity has long-lasting, preventable consequences in terms of chronic disease burden, and mental health for both adults and children.

• How does your research contribute to the field?

We suggest valuable lessons learned for the future development of nutrition assistance programs. These include advocating for using more realistic assumptions about the money necessary to provide nutritious meals to families with children, such as those in the USDA's Moderate Cost Food Plan, and better aligning SNAP eligibility with income levels that substantially increase food insecurity risk. Lastly, we suggest phasing out benefits more slowly to avoid families becoming food insecure again.

• What are your research's implications toward theory, practice, or policy?

Changes to SNAP and the P-EBT program illustrate how innovative, broad-scale policy solutions can expeditiously support the nutritional needs of families with children. While pandemic-inspired innovation offers critical lessons for designing the next generation of nutrition assistance, there remain gaps that can perpetuate disparities in access to food and health. As a community of medical providers, we must advocate for broader, more inclusive policies to support families and create the next generation of food safety net program.



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It is thought that 18 million children lived in food insecure households in 2020.¹ Disproportionately impacted are children and families from racial and ethnic minorities and low-income households.^{2,3} Food insecurity has long-lasting, preventable consequences in terms of chronic disease burden, and mental health for both adults and children.⁴

In the wake of COVID-19, school cafeterias that serve over 30 million free or low-cost lunches and 15 million free or low-cost breakfasts closed overnight.² In response to this and other economic pressures created by stay-at-home orders, urgent and innovative policy solutions for food insecurity were implemented. This was particularly seen in the streamlining of administration of the Supplemental Nutrition Assistance Program (SNAP) and establishing the Pandemic Electronic Benefits Transfer (P-EBT) program, which provided funds for families to purchase meals for children no longer receiving them in school. This viewpoint examines policy innovations that occurred during the pandemic. From these, we both draw important lessons but also emphasize critical remaining gaps that must be addressed by the next generation of nutrition assistance programs.

The federal government responded to food insecurity related to the COVID 19 pandemic in 2 key ways: changes to SNAP and implementation of P-EBT. SNAP is the nation's largest food safety net program and reaches more children than any other federal nutrition program, particularly during times of greatest economic distress.^{2,5} Receipt of SNAP benefits is associated with improved overall child health, development, and academic performance.⁵ During the pandemic, SNAP changes included expanded benefit eligibility; increased benefit levels for many recipients; and waived or extended paperwork deadlines and interview requirements.² These temporary solutions provided needed relief for many families. Still, many remain food insecure due to low benefit levels,⁶ exclusion of families above eligible income thresholds, and rapid program phase-out.

In addition to SNAP, another nutrition assistance program was enacted to support the needs of an unprecedented number of children who lost access to meals in school cafeterias. P-EBT provides financial support for food purchases to low-income families with children.² The sole requirement is eligibility for free or reduced-cost school meals, or attendance at a school that provided subsidized meals to all students prior to the pandemic.² P-EBT provides money on an electronic benefits transfer (EBT) card, similar to a debit card, to use for food purchases at any authorized SNAP vendor.

P-EBT was in danger of ending before the approval of an almost \$8 billion year-long extension through September 2021. Though safe for the time being, the clock is ticking on how the nation will advance access to nutrition for families and children.

Both SNAP changes implemented in 2020 and P-EBT carry lessons for the development of future nutrition assistance programs. Within SNAP, the removal of administrative barriers to enrollment and the use of streamlined procedures to expedite access to food should continue after the pandemic resolves. Removal of these barriers likely increases enrollment, which, in turn, puts money into the local economies where SNAP beneficiaries reside, leading to benefits for the entire community. With financial support for food purchases, family finances can sometimes be re-directed toward other basic household needs.

Valuable advancements also occurred with P-EBT. In addition to covering families with children between kindergarten and 12th grade as the National School Lunch Program and School Breakfast Program does, P-EBT benefits also include children in daycare and childcare centers (added in subsequent expansions of P-EBT).² By uncoupling receipt of benefits from physical presence in schools, it also suggests an alternative strategy for providing children with access to food during other times of school closure, such as summer break.²

Despite these critical successes, pandemic nutrition assistance programs also highlight areas to improve.

First, SNAP benefits are often too low, leaving many families food insecure despite participation.⁶ SNAP underestimates the amount of money necessary to purchase nutritious meals because benefit levels are tied to the USDA's Thrifty Food Plan.⁶ This plan assumes that families purchase entirely low-cost, raw ingredients and prepare all meals from scratch, which is often not feasible.² When households run out of benefits at the end of the month, children may suffer educational and health consequences of being food insecure, including poorer school performance and higher risks of being hospitalized.⁴ And even when food does not run out, low benefits levels pressure families to purchase cheaper, calorie-dense, nutrient-poor options. These food choices increase long-term risk for chronic diseases, which already disproportionately impact households experiencing food insecurity, further exacerbating existing health inequities. To address this, we advocate for using more realistic assumptions about

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the amount of money necessary to provide nutritious meals to families with children. Calculating benefit levels from the USDA's Moderate Cost Food Plan would provide a far more realistic assessment of the cost of feeding a household with children.

Second, eligibility cut-offs are set too low. Many families with incomes above the eligibility threshold are nevertheless food insecure. Households with incomes up to 185% of the Federal Poverty Guideline are at particularly high risk for food insecurity, but those with incomes above 130% of the Federal Poverty Guideline are typically not eligible for SNAP.⁶ Better alignment of SNAP eligibility with income levels that substantially increase food insecurity risk would help address this mismatch.⁶

Last, addressing how families phase-out of benefits as incomes rise is essential to successfully addressing food insecurity. As income rises, SNAP benefits are reduced—typically by about 30 cents for each \$1 increase in income. People receiving SNAP report this steep drop off in benefits causes anxiety and high stress.⁷ Phasing out benefits more slowly would reduce this “poverty trap” that makes it harder to escape food insecurity. A slower phase-out would also be more commensurate with the marginal federal tax rate on wage income for those with income levels typical of SNAP beneficiaries—whose highest tax bracket is typically 10% or 12%.⁸

The accelerated innovation and wide state-to-state variability in implementation of SNAP and P-EBT present a unique and powerful opportunity to study the health impacts of nutrition assistance programs. Research and evaluation should use strong study designs and act quickly to effectively leverage the rapid pace of pandemic-induced changes and meet policymakers' urgent need for programmatic changes in the face of changing back-to-school plans.

Food insecurity continues to disproportionately impact racial and ethnic minority populations, low-income households, and urban and rural communities.^{2,3} These deeply rooted inequalities in access to nutrition play an important role in driving health disparities, including obesity, hypertension, diabetes, and other chronic comorbidities.⁴

Changes to SNAP and the P-EBT program illustrate how innovative, broad-scale policy solutions can expeditiously support the nutritional needs of families with children. While pandemic-inspired innovation offers critical lessons for designing the next generation of nutrition assistance, there remain gaps that can perpetuate disparities in access to food and health. As a community of medical providers, we must advocate for broader, more inclusive policies to support those facing food insecurity. The future depends on it.

Author Contributions

Drs. Balasuriya, Seligman, and Berkowitz conceptualized and designed the study, drafted the initial manuscript, reviewed and revised the manuscript and approved the final manuscript as submitted, and agreed to be accountable for all aspects of the work.

Declaration of Conflicting Interests

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