

December 2020



A First Look at Preliminary Children's HealthWatch COVID-19 Survey Data

High Levels of Household Food Insecurity Persist among Families in Boston, Massachusetts during the COVID-19 Pandemic

Introduction

Food insecurity has been measured in the United States since 1995 by the US Census Bureau and the Department of Agriculture's Economic Research Service (USDA-ERS), and is defined as lack of access by all people at all times to enough food for a healthy life.¹ More than two decades of scientific research demonstrates that children who experience food insecurity have an increased risk of negative health outcomes and worse academic performance in childhood, as well as chronic conditions in adulthood such as obesity and diabetes.²⁻⁵

Food insecurity has been a major public health crisis across the United States for decades. In 2019, nearly 11 percent of all U.S. households experienced food insecurity at some point during the year, with higher rates among households with children under 6 years old (14.5 percent), Black households (19.1 percent) and Latinx households (15.6 percent).¹ According to three-year state-level estimates (2015-2017), the prevalence of food insecurity in Massachusetts was 8.4 percent overall, and higher among Black households (14 percent) and Latinx households (32 percent) compared to white households (7 percent).⁶ Since the COVID-19 pandemic, other researchers have used various approaches and methods to measure changes in food-related hardships in relation to the pandemic and economic crises, resulting in a variety of prevalence estimates.⁷⁻¹⁰

While provisional emergency relief efforts from the federal government and the state early in the pandemic (such as economic stimulus payments and flexibilities to federal nutrition programs) helped financially stabilize families temporarily, and thus partially mitigate food insecurity for some households, as of early December 2020 hundreds of thousands of Massachusetts households are still struggling to afford basic needs.¹¹⁻¹⁵

Key Takeaways

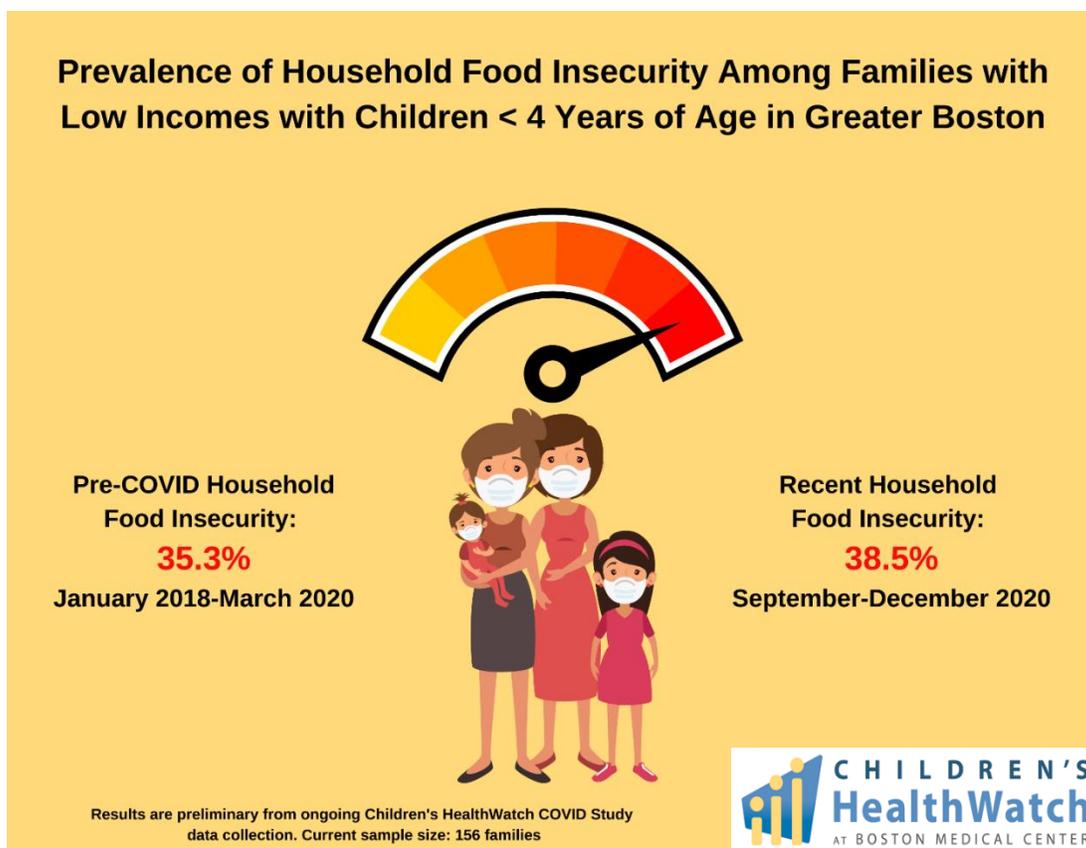
- In Metro Boston, rates of household **food insecurity have persisted at high levels among Children's HealthWatch families.**
- Since the COVID-19 pandemic, preliminary data show **38.5 percent of families with very young children were food insecure.**
- Federal, state, and local emergency response policies may have prevented the rate from climbing higher, but many families remain without adequate income and access to supports and services that alleviate food insecurity.
- Further analysis disaggregating by race/ethnicity, immigrant status, and access to supports will be forthcoming - as well as data from other Children's HealthWatch sites in Arkansas, Maryland, Minnesota, and Pennsylvania.

Results of Preliminary Data Analysis

Families with Young Children Struggling to Afford Food before the COVID-19 Pandemic Continue to Struggle. The Boston Children's HealthWatch sample of families with young children predominantly includes caregivers of color in families with low incomes. Approximately 20% of the caregivers were born outside of the US and the majority of children have public health insurance. Rates of hardships in this sample tend to be higher than state averages.

From January 2018 through March 2020 prior to the pandemic, the prevalence of food insecurity among 156 low-income families with children younger than 4 years of age interviewed by Children's HealthWatch at Boston Medical Center in Boston, Massachusetts was **35.3 percent**. Based on preliminary findings from the ongoing Children's HealthWatch COVID-19 Survey the prevalence of food insecurity among these same families has since increased 4 percentage points to **38.5 percent**, though the difference is not statistically significant.*

Data collection for the Children's HealthWatch COVID-19 Survey is ongoing in Boston as well as across all Children's HealthWatch research sites (Baltimore, Philadelphia, Minneapolis, and Little Rock). Upcoming analyses will explore the prevalence of food insecurity disaggregated by race/ethnicity, maternal country of birth, and the role of state and federal COVID-19 policies in mitigating or exacerbating economic hardships like food insecurity for families with very young children.

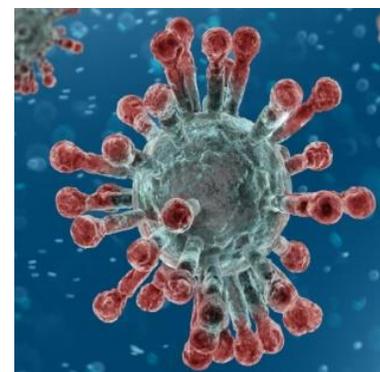


* The Six-Item Short Form of the USDA U.S. Household Food Security Survey Module was used to identify food-insecure households (<https://www.ers.usda.gov/media/8282/short2012.pdf>)

There have been multiple policy responses to address the impact of COVID-19 on families in the United States, including the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief and Economic Stimulus (CARES) Act, and the most recent economic stimulus legislation in December 2020.^{12,14} The FFCRA created temporary flexibilities and provided additional funding to existing federal nutrition assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women Infants & Children (WIC), as well as creation of the Pandemic-EBT (electronic benefit transfer) program, to replace the value of school nutrition programs.^{14,16} The CARES Act provided economic relief via economic stimulus payments and expanded unemployment insurance.¹² The December 2020 COVID-19 Emergency Relief Package was less generous than the CARES Act but did provide substantial funding for additional stimulus payments, nutrition assistance, housing assistance, and unemployment insurance, among other provisions.¹⁷

Policy Recommendations

While efforts at the federal, state, and local levels have helped mitigate the rising prevalence of food insecurity in Massachusetts, long term investments are needed to promote food security. The scale of this crisis is simply too large for any single state, Massachusetts included, to sufficiently address on its own without the federal government taking sustained and coordinated action to end the pandemic, rebuild our economy, and repair our country's social safety net. Ultimately, the health and well-being of every resident of the Commonwealth, and our collective ability to limit the spread of COVID-19, depends on the guarantee that all residents are food secure. Children's HealthWatch recommends the following policy recommendations to reduce food insecurity in the short and long term.



Immediate Federal Policy Solutions to Address Food Insecurity based on evidence from Children's HealthWatch and other researchers

- **Maintain the 15 percent across-the-board increase in SNAP benefits.** It is well-documented that the existing SNAP benefit is insufficient to match the cost of a healthy diet. The increase would make progress toward this as well as buffer families from increased food prices during the pandemic. The December 2020 COVID-19 Emergency Relief Package increased SNAP benefits by 15 percent across the board and raises benefits for all households through June 30, 2021. While this provision will likely improve food security and reduce hardships for all SNAP participants, any progress made will be eroded if SNAP benefits are prematurely reduced.^{18,19}
- **Issue direct recurring monthly cash payments** for each household member, at least until the economy recovers, inclusive of immigrants and mixed status (immigrant/citizen) families. These payments should provide equal or higher funds for children recognizing that families with children – particularly those with young children – are at a greater risk of poverty than those without. Direct cash assistance provides adults and families with a buffer that can be put towards food, rent, and other basic needs. Removing the barrier of a Social Security Number requirement for all household members of previous stimulus payments would extend benefits to an additional 15-million who are members of mixed status families.¹³
- **Rescind harmful proposed regulatory changes to SNAP** such as the revised Standard Utility Allowance (SUA) and Broad Based Categorical Eligibility provisions (BBCE) or any other such rule change that would unjustifiably cut benefits for millions of households in need.

Sustainable Federal Policy Solutions to Support Food Security

- **Replace the Thrifty Food Plan with the USDA Low-Cost Meal Plan** as the basis for SNAP benefit calculation, which will help families afford a healthier diet and help accommodate price differences by region or seasonality.¹⁴
- **Make recent USDA waivers permanent to provide equitable and streamlined access to nutrition assistance programs.** In response to COVID-19, waivers granted to state agencies by USDA provided flexibilities in administering SNAP, WIC, and other child nutrition programs. These waivers reduced burdensome requirements in applying for, accessing, and renewing benefits by reducing paperwork and minimizing other barriers such as required face-to-face interviews and onerous verification processes.
- **Establish electronic benefit transfer (EBT) cards as a permanent part of child nutrition program delivery** by providing EBT cards any time children are out of school, including during times of crisis with Pandemic EBT and during the summer with Summer EBT.
- **Build automatic stabilizers into the SNAP and WIC programs** that automatically allot maximum benefits to all SNAP and WIC recipients in times of economic crisis or disaster.
- **Eliminate SNAP's 5 year waiting period for qualified immigrants.** Currently, SNAP requires a 5-year waiting period (often referred to as the '5 year bar') for certain documented immigrants, who are eligible in all other ways for participation in the program. The waiting period is arbitrary and harmful.
- **Remove proof of citizenship or immigrant status for SNAP eligibility criteria.** By removing proof of citizenship or immigrant authorization, more families and children would be able to access SNAP benefits

Conclusion

Preliminary results from the 2020 Children's HealthWatch COVID-19 survey in Boston, Massachusetts highlight persistent need – food insecurity rates remain high among families with young children and low incomes. These data underscore how the pandemic has worsened inequitable deprivation that already existed among households with children, immigrants and communities of color.

While emergency response policies may have prevented food insecurity from climbing higher, robust improvements to the nation's nutrition assistance programs and social safety net are still needed. Our elected officials have the opportunity and responsibility to address existing gaps in federal policies, and ensure all children in the United States have equitable opportunities for healthy, food-secure, and successful lives.



ABOUT CHILDREN'S HEALTHWATCH Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts. Our network is committed to improving children's health in America. We do that by first collecting data in urban hospitals across the country on infants and toddlers from families facing economic hardship. We then analyze and share our findings with academics, legislators, and the public. These efforts help inform public policies and practices that can give all children equal opportunities for healthy, successful lives.

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