PUBLIC COMMENT

Docket No. ERS-2026-0001

Request for Information on Opportunities, Challenges, and Emerging Areas in Statistical Data, Analysis, and Research at the U.S. Department of Agriculture

91 FR 8403

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Children's HealthWatch is a nonpartisan pediatric research and policy network headquartered at Boston Medical Center, with research sites in four U.S. cities (Boston, Philadelphia, Minneapolis, and Little Rock). Since 1998, we have conducted continuous, multisite research from the front lines of healthcare on the connections between household hardships, such as food insecurity, and the health, growth, and development of young children in the United States. We rely on federal data infrastructure to contextualize our research findings, assess national trends, and inform evidence-based policy recommendations, especially data products produced by the USDA Economic Research Service (ERS).

We appreciate the opportunity to respond to this Request for Information (RFI). While we recognize that the RFI is framed primarily around agricultural statistics, the ERS portfolio extends well beyond crop and livestock reporting. ERS data products on food security and nutrition assistance program participation are essential to a broad research, policy, and practice community that includes pediatricians, public health and health services researchers, state agencies, community organizations, and federal and state policymakers. We write to ensure that these data products—and the gap left by the recent cancellation of the Current Population Survey Food Security Supplement (CPS-FSS)—are clearly represented in the record. Our comments are organized around three of the twenty questions posed in the RFI: Questions 1, 2, and 7. We also offer brief remarks relevant to Question 19.

Question 1: Which NASS or ERS data products are most valuable to your work, and why?

The single most valuable ERS data product for our work has been the annual Household Food Security in the United States report and the underlying Current Population Survey Food Security Supplement (CPS-FSS) data on which it is based. This data infrastructure is the foundation of virtually all national-level food security research and policy evaluation in the United States.

The CPS-FSS is irreplaceable. The 18-item U.S. Household Food Security Survey Module—administered annually through the CPS-FSS since 1995—was developed through rigorous psychometric methods under the guidance and sponsorship of the National Center for Health Statistics and USDA in 1995–1997. Children's HealthWatch Principal Investigator, John T. Cook, Ph.D., was among the researchers who designed and validated this 18-item module in the 1990s. Our network was one of the very first to embed these questions in our survey, and we have used data generated by this instrument continuously for more than two decades, comparing our results to national estimates.

The CPS-FSS has provided a 30-year time series of nationally representative, state-level, and subgroup-specific data on food insecurity. This dataset is unmatched by any other survey instrument in scope, consistency, or analytic power, as no other existing federal survey provides data using the full 18-item module at a comparable sample size, with state-level identifiers, on a continuous annual basis suitable for prevalence estimation.

These data are a vital sign of the nation. Food insecurity is not merely a nutrition issue. Decades of peer-reviewed research (including Children's HealthWatch's own published studies) demonstrate that household food insecurity is independently associated with adverse health outcomes in children as young as birth to 36 months, including increased odds of fair/poor health status, hospitalization, iron deficiency anemia, and developmental risk.[1,2,3,4,5] These effects worsen as food insecurity severity increases.

National food security data function as a population health surveillance tool. They serve as an early warning system for conditions that generate substantial downstream costs in the form of avoidable healthcare expenditures, special education services, and lost economic productivity. Our published estimates place the annual health-related costs of food insecurity at approximately $237 billion in 2025 dollars. Other researchers have found similar results - children experiencing food insecurity are at least twice as likely to report fair/poor health and 1.4 times more likely to have asthma; food-insecure seniors have functional limitations comparable to food-secure seniors.[6] Without the CPS-FSS, there is no mechanism to track whether health and educational costs attributable to food insecurity are rising or falling, or to evaluate whether public investments made through federal programs, such as nutrition programs, Medicaid/Medicare, and housing supports, or state government programs, are producing returns.

Question 2: What gaps exist in the agricultural data produced?

The most significant gap in ERS data is the one created by USDA's September 2025 decision to terminate the CPS-FSS and the Household Food Security in the United States report. This decision eliminated the

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[1] Cook JT, Frank DA, Berkowitz C, et al. Food insecurity is associated with adverse health outcomes among human infants and toddlers. *J Nutr.* 2004;134(6):1432-1438.
[2] Cook JT, Frank DA, Levenson SM, et al. Child food insecurity increases risks posed by household food insecurity to young children's health. *J Nutr.* 2006;136(4):1073-1076. I Cook JT, Black M, Chilton M, et al.
[3] Are food insecurity's health impacts underestimated in the US population? Marginal food security also predicts adverse health outcomes in young US children and mothers. *Adv Nutr.* 2013;4(1):51-61. doi:10.3945/an.112.003228.
[4] Rose-Jacobs R, Black MM, Casey PH, et al. Household food insecurity: associations with at-risk infant and toddler development. *Pediatrics.* 2008;121(1):65-72. doi:10.1542/peds.2006-3717.
[5] Skalicky A, Meyers AF, Adams WG, et al. Child food insecurity and iron deficiency anemia in low-income infants and toddlers in the United States. *Matern Child Health J.* 2006;10(2):177-185. doi:10.1007/s10995-005-0036-0.
[6] Food Insecurity and Health Outcomes. Gundersen C, Ziliak JP. Health Affairs (Project Hope). 2015; 34(11):1830-9. doi:10.1377/hlthaff.2015.0645

nation's only annual, nationally representative, large-sample survey instrument that uses the full 18-item U.S. Household Food Security Survey Module—including the eight child-referenced items—with state-level identifiers and consistent methodology across a 30-year time series.

The gap this creates is not merely an inconvenience to researchers. It is a structural break in the nation's capacity to monitor whether American families can feed their children. The December 2025 release of the 2024 data—the final report—found that 18.4% of households with children experienced food insecurity in 2024, representing 14.1 million children.

The timing is further compounded by recent legislative changes. The budget reconciliation legislation (H.R. 1, the "One Big Beautiful Bill Act") enacted approximately $187 billion in cuts to SNAP, which the Center on Budget and Policy Priorities (analyzing Congressional Budget Office projections) estimates will cause roughly 4 million people—predominantly children, seniors, and people with disabilities—to lose benefits or receive substantially reduced benefits. Furthermore, it is estimated that H.R. 1 enacts $911 billion in Medicaid cuts, which will further exacerbate food insecurity. Without the CPS-FSS, there will be no adequate mechanism for assessing the food insecurity impact of these cuts at the national or state level. Neither the proponents of H.R. 1 nor those in opposition will be able to ascertain the degree to which its policy changes affect food insecurity in the US.

No private entity can replace what the federal government built over three decades. The CPS-FSS's value derives from its integration with the Census Bureau's sampling infrastructure, its consistent annual administration, its large sample size (approximately 50,000 households), and the resulting capacity for state-level and subgroup analysis. No academic institution, philanthropic organization, think tank, food bank network, or private research firm has the resources or infrastructure to replicate this at a comparable scale, consistency, or methodological rigor. State and local surveys, while valuable for their own purposes, use varying instruments, sampling methods, and reference periods, making them unsuitable for national aggregation or interstate comparison.

Question 7: Do you use non-USDA data to supplement or proxy for missing NASS or ERS data?

Yes. Since the cancellation of the CPS-FSS, Children's HealthWatch and collaborating researchers have been forced to consider alternative data sources to monitor food insecurity trends. None is adequate.

Our primary clinical research data come from our own multisite sentinel surveillance system, through which we interview caregivers of young children (ages 0–48 months) at pediatric clinical sites in major urban medical centers. We administer the full 18-item Food Security Survey Module as part of our survey instrument. However, our data are drawn from clinical populations in specific urban safety-net hospital settings and are not designed to produce nationally representative prevalence estimates or be used to extrapolate and replace such data. Our data complement—but cannot substitute for—the CPS-FSS. The cancellation of the CPS-FSS has forced researchers and policymakers to seek alternatives, and no adequate substitute exists.

Other data sources that researchers in our field have considered as proxies include:

The Census Bureau's Household Pulse Survey: An experimental survey with a single food insufficiency item that captures a narrower construct than food insecurity, uses a different sampling methodology, has substantially higher nonresponse bias, and cannot be compared to the CPS-FSS time series.

The Panel Study of Income Dynamics (PSID): Includes the full 18-item module but has a much smaller sample size than the CPS-FSS, is not conducted annually, cannot support state-level analysis and cannot be compared to the CPS-FSS time series.

The National Health and Nutrition Examination Survey (NHANES): NHANES includes the full 18-item U.S. Household Food Security Survey Module for households with children, and its unique strength is its ability to link food security status to clinical biomarkers, anthropometric measurements, and dietary intake data. However, NHANES samples approximately 5,000 households annually—one-tenth the size of the CPS-FSS—and releases data in two-year cycles rather than annually, making it unsuitable for producing timely annual prevalence estimates. Although this dataset is useful despite its pitfalls, NHANES is suffering significant staff cuts which may create uncertainties about the future of this survey and in turn food insecurity data.[7]

The National Health Interview Survey (NHIS): Uses only the 10-item household and adult module (excluding child-referenced items), and it does not provide state-level identifiers in public-use data; thus, cannot be compared to the CPS-FSS time series.

The Survey of Income and Program Participation (SIPP): Uses only the Short-Form module which contains 6-items, excluding the most severe items of the household-level survey that could infer information about children in the household. The 6-item Short Form also do not capture conditions of children in the household. SIPP has a much smaller sample; thus, cannot be compared to the CPS-FSS time series.

State and local surveys: These surveys utilize varying food insecurity instruments, often times with non-validated reference periods, and sampling methods that prevent aggregation to national estimates or valid interstate comparison; thus, cannot be compared to the CPS-FSS time series.

National Survey of Children's Health (NSCH): Uses the single item food insufficiency question, which captures a narrower construct than food insecurity. If not for the use of the food insufficiency question, this nationally- and state-representative survey could be a promising survey to understand the experience of children with food insecurity. NSCH oversamples households with children, particularly children with special health care needs and those ages 0–5 and data are weighted to

[7] American Society for Nutrition. CDC firings endanger the National Health and Nutrition Examination Survey. Published October 15, 2025. https://nutrition.org/cdc-firings-endanger-the-national-health-and-nutrition-examination-survey/. Accessed April 1, 2026.

align with the US Census Bureau's population estimates, ensuring it accurately reflects the demographic distribution of children in the United States.[8]

In sum, the cancellation of the CPS-FSS has forced researchers and policymakers to seek alternatives, and no adequate substitute exists.

Question 19: Other highly valuable USDA data products or reports

We wish to underscore that the Household Food Security in the United States report and CPS-FSS are not "other parts of USDA"—they are core ERS data products. If they have been omitted from the framing of this RFI because they are considered discontinued, we urge USDA to treat this comment period as an opportunity to hear from the research, clinical, and policy communities about the consequences of that discontinuation and to consider restoring this data collection.

The ERS food security data infrastructure was never "redundant." As the Food Research & Action Center, Children's HealthWatch, and others have documented in detail, no existing federal survey replicates the CPS-FSS's combination of annual administration, full 18-item instrument (including child-referenced items), nationally representative large sample, and state-level geographic detail.[9]

Conclusion

USDA's stated mission in this RFI is to ensure that its statistical products are "timely, accurate, and useful." The CPS-FSS and the annual food security report were precisely that—the gold standard for measuring a condition that affects the health and development of millions of American children and that causes hundreds of billions of dollars in avoidable healthcare, educational, and work absenteeism costs. Restoring this data collection is not a partisan act; it is a prerequisite for evidence-based American governance. We urge the USDA to restore the CPS-FSS and the Household Food Security in the United States report.

[8] Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH). https://www.childhealthdata.org/learn-about-the-nsch/NSCH. Accessed April 1, 2026. *(Sample size 2024: nationally n=51,375; state range n=715–4,441.)*

[9] Shafer P, Ettinger de Cuba S. First, the Trump administration cut SNAP benefits. Now it wants to stop measuring food insecurity. *WBUR Cognoscenti.* October 9, 2025. https://www.wbur.org/cognoscenti/2025/10/09/usda-food-insecurity-hunger-trump-one-big-beautiful-bill-act-snap-paul-shafer-stephanie-ettinger. Accessed April 1, 2026.