

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

HEARINGS

BEFORE THE

SUBCOMMITTEE ON NUTRITION

AND THE

COMMITTEE ON AGRICULTURE

HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTEENTH CONGRESS

FIRST SESSION

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**SUPPLEMENTAL NUTRITION ASSISTANCE
PROGRAM**
**(PAST, PRESENT, AND FUTURE OF SNAP: DEVELOPING AND
USING EVIDENCE-BASED SOLUTIONS)**

WEDNESDAY, JULY 15, 2015 *

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NUTRITION,
COMMITTEE ON AGRICULTURE,
Washington, D.C.

The Subcommittee met, pursuant to call, at 1:30 p.m., in Room 1300 of the Longworth House Office Building, Hon. Jackie Walorski [Chairwoman of the Subcommittee] presiding.

Members present: Representatives Walorski, Crawford, Davis, Yoho, Abraham, Moolenaar, Conaway (*ex officio*), McGovern, Lujan Grisham, Aguilar, Plaskett, and DelBene.

Staff present: Anne DeCesaro, Carly Reedholm, Mary Nowak, John Konya, Lisa Shelton, Liz Friedlander, and Nicole Scott.

**OPENING STATEMENT OF HON. JACKIE WALORSKI, A
REPRESENTATIVE IN CONGRESS FROM INDIANA**

The CHAIRWOMAN. Good afternoon. Welcome to today's hearing on developing and using evidence-based solutions in SNAP. We will explore what kind of research is needed to develop more evidence-based solutions, and what can be done to improve the quality and quantity of data, and how research can be used to improve the program. This is the seventh in our *Past, Present, and Future of SNAP* series. Today's hearing builds on themes presented throughout the series, and provisions included in the 2014 Farm Bill.

As we continue these discussions, I want to reiterate this process is not just about the bureaucracy behind SNAP. It is about helping people. We are here to ensure people will get a job, support their family, and ultimately become financially independent. We repeatedly heard calls for more flexibility so that both governmental and non-governmental organizations can better serve recipients. As we work to make that possibility a reality, we must also be mindful of our duty to be good stewards of hard earned taxpayer dollars. Giving more flexibility must be accompanied by measures that provide for robust accountability, oversight, and feedback. This will ul-

* **Editor's note:** the June 25, 2015 hearing entitled, *Supplemental Nutrition Assistance Program (Past, Present, and Future of SNAP: How Our Welfare System Can Discourage Work)* while it is listed as part 2 of the Supplemental Nutrition Assistance Program series of hearings, it is considered a stand-alone hearing for the purposes of the numbering of pages for the entire series.

timately protect recipients, and ensure taxpayer dollars are well spent.

Unfortunately, most of the research currently funded by the Department of Agriculture revolves around the process, like application timing, inaccuracy, and recipient characteristics, such as gender, age, and family composition. This approach misses the forest through the trees. Instead the Department must move beyond the basics of measuring the “numbers served” and develop new data points that focus on outcomes, like well-being, changes in earnings, and family stability. This shifts the conversation from “serving the most” to “being the best.” This leads to better outcomes because we are better able to judge what works and what doesn’t.

Measuring outcomes is not a new concept. In fact, in our third hearing on the role of the charitable sector, Jonathan Webb, with Feed the Children, suggested developing a set of outcome measures similar to those used in international food aid programs. The 2014 Farm Bill planted the seeds of an outcome-based approach. The much discussed SNAP work pilots allow ten states to test various approaches to serving recipients. In exchange for a share of Federal funds, they must agree to comprehensive external evaluation aimed at measuring increases in employment and overall household incomes. The pilots’ emphasis on outcomes was a great bipartisan step forward to promote innovation and flexibility, and strong accountability. I look forward to monitoring the process of these pilots. They will help to provide a window into what works and what doesn’t so that limited taxpayer dollars can be used effectively as possible in providing a safety net to those in need, and means to climbing the economic ladder.

Thank you to all of our witnesses for being here today, and I am anticipating a great discussion.

[The prepared statement of Mrs. Walorski follows:]

PREPARED STATEMENT OF HON. JACKIE WALORSKI, A REPRESENTATIVE IN CONGRESS
FROM INDIANA

Welcome to today’s hearing on developing and using evidence-based solutions in SNAP. We will explore what kind of research is needed to develop more evidence-based solutions, what can be done to improve the quality and quantity of data, and how research can be used to improve the program. This is the seventh in our *Past, Present, and Future of SNAP* series, and will build on themes presented throughout the series and provisions included in the 2014 Farm Bill.

As we continue these discussions, I want to reiterate this process is not just about the bureaucracy behind SNAP, it’s about helping people. We’re here to ensure people get a job, support their family, and ultimately become financially independent.

We have repeatedly heard calls for more flexibility so that both governmental and non-governmental organizations can better serve recipients. As we work to make that possibility a reality, we must be mindful of our duty to be good stewards of hard-earned taxpayer dollars. Giving more flexibility must be accompanied by measures that provide for robust accountability, oversight, and feedback. This will ultimately protect recipients and ensure taxpayer dollars are well-spent.

Unfortunately, most of the research currently funded by the Department of Agriculture revolves around the process, like application timing and accuracy, and recipient characteristics, such as gender, age, and family composition. This approach misses the forest through the trees. Instead, the Department must move beyond the basics of measuring the ‘number served’ and develop new data points that focus on outcomes like well-being, changes in earnings, and family stability. This shifts the conversation from ‘serving the most’ to ‘being the best’ leads to better outcomes for more people because we’re better able to judge what works and what doesn’t.

Measuring outcomes is not a new concept. In fact, in our third hearing on the *Role of the Charitable Sector*, Jonathan Webb, with Feed the Children, suggested devel-

oping a set of outcome measures, similar to those used in international food aid programs.

The 2014 Farm Bill planted the seeds of an outcome-based approach. The much discussed SNAP work pilots allow ten states to test various approaches to serving recipients. In exchange for a share of Federal funds, they must agree to comprehensive, external evaluation aimed at measuring increases in employment and overall household incomes. The pilots' emphasis on outcomes, was a great, bipartisan step forward to promote innovation and flexibility, and strong accountability.

I look forward to monitoring the progress of these pilots, as they will help to provide a window into what works and what doesn't so that limited taxpayer dollars can be used efficiently as possible in providing a safety net to those in need and a means to climbing the economic ladder.

Thank you to all our witnesses for being hearing today and I am anticipating an engaging discussion.

The CHAIRWOMAN. I would now like to recognize Ranking Member McGovern for his opening statement.

**OPENING STATEMENT OF HON. JAMES P. McGOVERN, A
REPRESENTATIVE IN CONGRESS FROM MASSACHUSETTS**

Mr. McGOVERN. Thank you very much, Chairwoman Walorski, for holding today's hearing, and thank you to the witnesses for being with us. I look forward to your testimony. This is our seventh hearing on SNAP, and I still have a lot of questions as to where all this is headed. We are told that the purpose of all these hearings is to make SNAP better. No program is perfect. There is always room for improvement. But I worry that, for some of my colleagues, improvement is code for cuts. It makes me nervous that we are going down a path that I worry could actually make hunger worse in this country.

In past hearings we have heard a lot about case management. Well, I am all for case management, but show me the money. Case management is expensive, and no one's talking about increasing SNAP funding to pay for it. We shouldn't take money away from the food benefit to pay for case management. We shouldn't rob Peter to pay Paul. Likewise, we have heard a lot about work requirements, but SNAP is not a jobs program. It is a food program. If my friends who are critics of this program want to talk about jobs, then we should talk about how our job training programs are woefully under-funded. There seems to be little appetite to provide more money there too.

Today's hearing is about SNAP and evidence. Well, let us look at the evidence. According to USDA data, SNAP enrollment is at the lowest level it has been in nearly 4 years. SNAP caseloads are coming down from their peak in the middle of one of the country's worst recessions, and they are expected to continue to decline. That is how the program is designed to work, and it is working. We also have evidence from Children's HealthWatch that receiving SNAP is associated with important health outcomes for children. Children whose families received SNAP were less likely to be food insecure, less likely to be underweight, and less likely to be at risk of developmental delays. If we are talking about investing in our future, I can't think of a better investment than making sure that our kids have enough to eat.

One of the things that frustrates me a little bit about some of the hearings that we have had is that we haven't heard directly from anybody at the Food and Nutrition Service at USDA, those di-

rectly responsible for administering SNAP. I understand FNS has a whole team doing research on evidence-based outcomes on SNAP. It would seem to me that we should be hearing from them directly.

And if we are focusing on evidence, we should look at the body of evidence that shows the SNAP benefit is too low, that people run out of money to pay for groceries mid-month and have to turn to food pantries and food banks to feed them through the end of the month. We should be looking at the evidence that shows that more and more seniors are experiencing hunger. Seniors are the population with the most number of folks who are eligible for SNAP, but who aren't enrolled. Why is that? Is it because they don't know that they are eligible? Is it that they are ashamed to ask for help? We should be examining those issues more closely, and we also ought to be looking at hunger among our veterans. These are the men and women who bravely fought for our country, and I don't think we are doing enough to support them. They and their families have sacrificed a great deal.

Today's hearing is about evidence, and the evidence shows us that SNAP works. SNAP is helping millions of struggling families around the county put food on the table, and as this economy improves, more and more people are getting back on their feet, and off of SNAP. SNAP is working, and my hope is that this Committee will look for ways to strengthen it so that we can continue to give families a hand up when they need it. I yield back my time.

The CHAIRWOMAN. Thank you, Mr. McGovern. The chair would request that other Members submit their opening statements so the witnesses may begin their testimony, and to ensure there is ample time for questions.

[The prepared statement of Ms. Lujan Grisham follows:]

PREPARED STATEMENT OF HON. MICHELLE LUJAN GRISHAM, A REPRESENTATIVE IN CONGRESS FROM NEW MEXICO

We should be rewarding and incentivizing those states that eradicate hunger.

The CHAIRWOMAN. The chair would also like to notify Members they will be recognized for questioning in order of seniority for Members who were here at the start of the hearing. After that, Members will be recognized in order of arrival. I appreciate the Members' understanding.

Witnesses are reminded to limit their oral statements to 5 minutes. All the written statements will be included for the record. And I would like to now welcome our witnesses to the table. John Baron, Vice President of Evidence-Based Policy, Laura and John Arnold Foundation, Washington, D.C. James Weill, President, Food Research and Action Center, Washington, D.C.

Special welcome to James Sullivan, Associate Professor of Economics, University of Notre Dame, and Wilson Sheehan Lab for Economic Opportunity, Notre Dame, Indiana. Dr. Sullivan has been at Notre Dame since 2002, researching poverty and the effects of anti-poverty programs in the U.S. In 2012 Dr. Sullivan co-founded the Lab for Economic Opportunities, which partners with Catholic Charities to find research-driven solutions to poverty. Dr. Sullivan, thanks for your testimony, I appreciate you appearing before this Committee today. Thank you for your continued efforts to find research-based solutions to poverty in the United States.

Next I would like to recognize Chairman Conaway to introduce the final member of the panel.

**OPENING STATEMENT OF HON. K. MICHAEL CONAWAY, A
REPRESENTATIVE IN CONGRESS FROM TEXAS**

Mr. CONAWAY. Well, thank you, gentlelady. It is my pleasure to introduce Jeremy Everett. Jeremy's dad and I are good friends. Jeremy's the founding Director of the Texas Hunger Initiative at Baylor University. Under his leadership, THI thinks outside the box to develop and implement true public-private partnerships with all levels of government and types of community-based organizations to reduce hunger in Texas and beyond. He is also in town this week because he is currently serving on the National Commission on Hunger, which was created by Congress in 2014. I have heard that they had a great hearing yesterday, and that we look forward to recommendations from that effort later in the year.

Jeremy has been doing important research-based work in this space for a long time, and we are honored to have him here today. And, in spite of what our Ranking Member said about who else he wanted to hear from, we are excited about hearing from these witnesses today, because they are the ones that are the experts. And with that, I yield back.

The CHAIRWOMAN. Thank you, Mr. Chairman. Mr. Baron, please begin your testimony when you are ready.

**STATEMENT OF HON. JON BARON, VICE PRESIDENT FOR
EVIDENCE-BASED POLICY, LAURA AND JOHN ARNOLD
FOUNDATION, WASHINGTON, D.C.**

Mr. BARON. Chairwoman Walorski, Ranking Member McGovern, and Members of the Subcommittee, I appreciate the opportunity to testify regarding evidence-based solutions in the Supplemental Nutrition Assistance Program, or SNAP Program. I am testifying on behalf of the Laura and John Arnold Foundation. My testimony will first discuss how evidence-based reforms and other entitlement programs, such as welfare and Unemployment Insurance, have identified several highly effective strategies for increasing participants' success in finding employment, while simultaneously reducing government spending. Then I will offer some concrete ideas for advancing similar reforms within SNAP.

In welfare policy in the 1980s and 1990s a large number of randomized control trials of state and local welfare-to-work programs were conducted across the United States. Such studies are widely considered the gold standard method of evaluating program effectiveness, and this was the first time that such rigorous randomized methods were deployed on a large scale in social spending instead of the usual evaluation methods, which often produce much less reliable answers.

Some of the welfare studies found modest effects. Some of them found no effects. But one trial in Riverside County, California in the late 1980s of a work-focused welfare-to-work program was a blockbuster. The program was found to increase employment and earnings by 40 percent over 5 years for single parent long-term welfare recipients, compared to the control group, and to produce

net savings to the taxpayer of over \$20 million county-wide by reducing participants use of welfare and food stamps.

Around the same time, a different randomized controlled trial in Los Angeles, of their welfare-to-work program, which provided remedial education to welfare recipients, found no meaningful effects. Based on these findings, Los Angeles scrapped its program, borrowed the key elements of the Work First Riverside model, and implemented it county-wide in Los Angeles County. When the Los Angeles Program was tested in a subsequent randomized control trial, it was found, lo and behold—also to produce impressive effects—about a 25 percent increase in employment and earnings, and net savings to the taxpayer of about \$30 million.

Riverside, and Los Angeles, and several similar studies that followed had a major influence on national welfare policy, helping to build the political consensus for the work requirements in the 1996 Welfare Reform Act. In my written testimony I describe a randomized trial in a different entitlement program, Unemployment Insurance, UI, that has recently identified a highly effective strategy developed by the State of Nevada for assisting UI claimants to find employment.

Now, in SNAP, building similar evidence-based solutions that produce important improvements in participants' lives is possible. The Agriculture Department's ten state pilot program that you referred to, Madam Chairman, is a valuable step, and it was great to see that that program is using randomized trials to evaluate the ten different state pilots. But to build a body of proven effective strategies within SNAP, as in welfare, will require a much larger effort, and specifically strategic trial and error. In other words, rigorously testing many promising reforms to identify the few that are effective.

The instances of effectiveness that I just described in welfare and UI are exceptions that have emerged from testing a much larger pool of strategies. More generally, most innovations, typically 80 to 90 percent, are found to produce weak or no positive effects when rigorously evaluated, a pattern that occurs not just in social spending, but in other fields where randomized trials have been carried out, including medicine and business.

Now, my written testimony offers several concrete suggestions to greatly accelerate the rate of innovation and rigorous evaluation in SNAP, and to do it in a cost-effective way. First, we suggest that the Federal Government incentivize states to use their existing funds for SNAP employment and training to rigorously evaluate new employment and training strategies. One important incentive, similar to what was done in welfare would be to allow states to share in any budget savings that result from an employment and training strategy that is demonstrated through a rigorous evaluation to be effective. Another incentive, also used in welfare, would be for the Federal Government to fund $\frac{1}{2}$ the cost of these state level evaluations, with states funding the other $\frac{1}{2}$.

Our second main recommendation, designed to maximize the number of strategies that can be evaluated within a given budget, would be to use low cost randomized trials as a main evaluation method, and my written testimony describes how such methods are

increasingly possible in social spending by using administrative data to measure the outcomes.

In conclusion, there is every reason to believe that, with robust state level innovation and rigorous evaluation in SNAP, we can succeed in identifying highly effective strategies for increasing workforce success and self-sufficiency of program participants.

[The prepared statement of Mr. Baron follows:]

PREPARED STATEMENT OF HON. JON BARON, VICE PRESIDENT FOR EVIDENCE-BASED POLICY, LAURA AND JOHN ARNOLD FOUNDATION, WASHINGTON, D.C.

Chairman Walorski, Ranking Member McGovern, and Members of the Nutrition Subcommittee:

I appreciate the opportunity to testify regarding evidence-based solutions in the Supplemental Nutrition Assistance Program (SNAP). As brief background, I serve as Vice President of Evidence-Based Policy at the Laura and John Arnold Foundation (LJAF). Our mission is to address our nation's most pressing and persistent challenges using evidence-based, multi-disciplinary approaches. LJAF is a 501(c)(3) private foundation, and, as such, does not advocate for specific legislation or financially benefit from its activities or research. I am also the founder and former President of the Coalition for Evidence-Based Policy, a nonprofit, nonpartisan organization that worked with Federal policy officials from 2001 to 2015 to advance important evidence-based reforms in government social spending, many of which were enacted into law and policy.

My testimony will briefly discuss how evidence-based reforms in other entitlement programs—welfare and unemployment insurance—have succeeded in identifying several highly-effective strategies for increasing participants' workforce success and self-sufficiency, while simultaneously reducing government spending. Then, I will offer a few concrete ideas for advancing similar reforms in SNAP.

1980s/90s welfare policy:

Rigorous evaluations identified welfare-to-work strategies that increased participants' employment/earnings by 20 to 50 percent, and produced net government savings of \$2,500 to \$7,500 per person.

In the 1980s and 1990s, government, foundations, and leading researchers sponsored or carried out a large number of randomized controlled trials (RCTs) of state and local welfare reforms. RCTs are widely considered the strongest, most credible method of evaluating program effectiveness. Three major reform efforts—two in California and one in Oregon—were found to be especially effective. Focused on moving welfare recipients quickly into the workforce through short-term job-search assistance and training (as opposed to longer-term remedial education), these initiatives produced gains of 20 to 50 percent in participants' employment and earnings. Remarkably, they also produced net savings to the government, through reduced costs for welfare and food stamps, of \$2,500 to \$7,500 per person, or more than \$20 million for each of the three programs.¹

According to Federal officials and others involved in the reform efforts, these findings helped build political consensus for the strong work requirements in the 1996 welfare reform act, and they played a central role in shaping many

¹ These are 2014 dollars. The program models are: (i) the Riverside Greater Avenues for Independence (GAIN) Program (Stephen Freedman, Daniel Friedlander, Winston Lin, and Amanda Schweder, *The GAIN Evaluation: Five-Year Impacts on Employment, Earnings, and AFDC Receipt*, Working Paper 96.1, MDRC, July 1996; James Riccio, Daniel Friedlander, and Stephen Freedman, *GAIN: Benefits, Costs, and Three-Year Impacts of a Welfare-to-Work Program*, MDRC, September 1994); (ii) Los Angeles Jobs—First GAIN (Stephen Freedman, Jean Tansey Knab, Lisa A. Gennetian, and David Navarro, *The Los Angeles Jobs—First GAIN Evaluation: Final Report on a Work First Program in a Major Urban Center*, MDRC, June 2000); and (iii) Portland Job Opportunities and Basic Skills Training (JOBS) Program (Susan Scrivener, Gayle Hamilton, Mary Farrell, Stephen Freedman, Daniel Friedlander, Marisa Mitchell, Jodi Nudelman, Christine Schwartz, *National Evaluation of Welfare-to-Work Strategies: Implementation, Participation Patterns, Costs, and Two-Year Impacts of the Portland (Oregon) Welfare-to-Work Program*, MDRC, May 1998; Gayle Hamilton, Stephen Freedman, Lisa Gennetian, Charles Michalopoulos, Johanna Walter, Diana Adams-Ciardullo, Anna Gassman-Pines, Sharon McGroder, Martha Zaslow, Jennifer Brooks, Surjeet Ahluwalia, Electra Small, and Bryan Ricchetti, *National Evaluation of Welfare-to-Work Strategies: How Effective Are Different Welfare-to-Work Approaches? Five-Year Adult and Child Impacts for Eleven Programs*, MDRC and Child Trends, December 2001).

of the work-first state-level reforms that followed. The scientific rigor of the findings was critical to their policy impact.²

Unemployment Insurance (UI):

A recent RCT of Nevada’s Reemployment and Eligibility Assessment program for UI claimants found a \$2,789 (18 percent) increase in earnings per claimant, and a net government savings of \$715 per claimant.

Nevada’s Reemployment and Eligibility Assessment (REA) program is a mandatory program for new UI claimants which provides an in-person review of their UI eligibility, and personalized reemployment services (e.g., job search assistance), during a single interview session. The program, evaluated in a Department of Labor-funded RCT across the state in 2009–2011, was found to produce a \$2,789 (18 percent) increase in earnings per claimant, a four percentage point increase in their employment rate, and a net savings to the UI system of \$715 per claimant, 18 to 26 months after random assignment.³

The Department of Labor is currently funding an expansion of the Nevada REA program to other states, along with a replication RCT to determine whether the findings from the Nevada study will generalize to other sites.

In SNAP: Building similar evidence-based solutions, with large effects, is possible:

The Department of Agriculture’s ten-state pilot program, authorized by Congress last year to fund and rigorously evaluate employment/training projects for SNAP participants, is a valuable first step.

The program embodies two core elements that experience in welfare and other areas suggests are essential to successful reform: (i) rather than prescribing or circumscribing the types of projects to be funded, the program used a competitive process to select a diverse array of *state-initiated* projects, thus tapping into promising entrepreneurial approaches generated by the field; (ii) the program requires that each state project be evaluated in a randomized controlled trial so as to credibly determine whether it produces the hoped-for effects on participants’ employment, income, economic well-being, and use of public assistance.

However, building a body of proven-effective approaches—as in welfare—will require a greatly expanded effort, because experience suggests only a subset of tested approaches will be found to work.

Well-conducted RCTs, by measuring programs’ true effect on objectively important outcomes such as earnings, income, and receipt of public assistance, are able to distinguish those that produce sizable effects from those that do not. Such studies have identified a few social interventions that are truly effective—such as those described above—but these are exceptions that have emerged from testing a much larger pool. Most, including those thought promising based on initial studies, are found to produce small or no effects—underscoring the need to test many interventions. This pattern occurs across a broad range of fields where rigorous evaluations have been conducted. For example:

- **Education:** Of the 90 interventions evaluated in RCTs commissioned by the Institute of Education Sciences (IES) since 2002, approximately 90 percent were found to have weak or no positive effects.⁴

²Judith M. Gueron and Howard Rolston, *Fighting for Reliable Evidence*, Russell Sage Foundation, 2013, chapters 9 and 10. Ron Haskins, “What Works Is Work: Welfare Reform and Poverty Reduction,” *Northwestern Journal of Law and Social Policy*, vol. 4, no. 1, 2009, pp. 29–60. Ron Haskins, in *Rigorous Evidence: The Key To Progress Against Crime and Substance Abuse? Lessons From Welfare, Medicine, and Other Fields*, Proceedings of a National Policy Forum Sponsored by the U.S. Department of Justice and Coalition for Evidence-Based Policy, June 14, 2004, pp. 30–36. Judith M. Gueron, “Building Evidence: What It Takes and What It Yields,” *Research on Social Work Practice*, vol. 17, no. 1, January 2007, pp. 134–142.

³Eileen Poe Yamagata, Jacob Benus, Nicholas Bill, Hugh Carrington, Marios Michaelides, and Ted Shen, *Impact of the Reemployment and Eligibility Assessment Initiative*, Impaq International, June 2011. Marios Michaelides, Eileen Poe-Yamagata, Jacob Benus, and Dharmendra Tirumalasetti, *Impact of the Reemployment Eligibility Initiative In Nevada*, Impaq International, January 2012. Coalition for Evidence-Based Policy, *Top Tier Evidence Summary of the Nevada Reemployment and Eligibility Assessment Program*, February 2014, linked here (<http://toptierevidence.org/wp-content/uploads/2014/09/Nevada-REA-Near-Top-Tier-summary.pdf>).

⁴Coalition for Evidence-Based Policy, *Randomized Controlled Trials Commissioned by the Institute of Education Sciences Since 2002: How Many Found Positive Versus Weak or No Effects*,

- **Employment/training:** In Department of Labor-commissioned RCTs that have reported results since 1992, about 75 percent of tested interventions were found to have found weak or no positive effects.⁵
- **Medicine:** Reviews have found that 50 to 80 percent of positive results in initial (“phase II”) clinical studies are overturned in subsequent, more definitive RCTs (“phase III”).⁶
- **Business:** Of 13,000 RCTs of new products/strategies conducted by Google and Microsoft, 80 to 90 percent have reportedly found no significant effects.⁷

In other words, strategic trial-and-error is needed. By rigorously testing many promising approaches, we can identify the few that are effective and merit large-scale implementation.

The Federal Government could greatly accelerate evidence building within SNAP by creating strong incentives for states to use their existing funds to rigorously test new employment/training strategies.

- **States currently receive substantial Federal funds—and often contribute their own funds—to provide employment/training services to SNAP participants, but have little incentive to use these funds to rigorously test new strategies.** Specifically, in FY 2013, the states received approximately \$290 million in Federal funds to provide such employment and training services, and many states contribute their own funds to supplement the Federal funding. Yet, states currently have little incentive to use these funds to develop innovative new strategies and rigorously evaluate them, because any budget savings from strategies demonstrated successful in increasing participants’ employment and earnings, and reducing their use of SNAP, would accrue only to the Federal Government (in the form of reduced SNAP expenditures).
- **By contrast, in welfare policy, in the years leading up to the 1996 reforms, states had strong incentives to use existing funds to rigorously evaluate welfare-to-work strategies.** First, welfare was jointly funded by the states and the Federal Government, and under Federal policy, if states could rigorously demonstrate (usually through an RCT) that a new welfare-to-work strategy successfully reduced welfare expenditures, both the state and the Federal Government would share in such savings. Second, the Federal Government gave the states great flexibility to innovate, by granting them waivers from Federal welfare rules, but in return required the states to rigorously evaluate their innovations to determine their effectiveness. Third, the Federal Government funded ½ the cost of each state-level evaluation, and helped manage and monitor the evaluation design and implementation so as to ensure scientific rigor.
- **To create similar incentives in SNAP, we suggest that states be allowed to share in any budget savings resulting from an employment/training strategy rigorously shown to be effective—i.e., shown, in a rigorous evaluation (wherever feasible, an RCT), to increase the employment and earnings of SNAP participants, and to reduce their use of SNAP and other public assistance.**

July 2013, linked here (<http://coalition4evidence.org/wp-content/uploads/2013/06/IES-Commissioned-RCTs-positive-vs-weak-or-null-findings-7-2013.pdf>).

⁵This is based on a count of results from the Department of Labor RCTs that have reported results since 1992, as identified through the Department’s research database (link (<http://wdr.doleta.gov/research/keyword.cfm>)). We are preparing a short summary of these findings, to be released shortly.

⁶John P.A. Ioannidis, “Contradicted and Initially Stronger Effects in Highly Cited Clinical Research,” *Journal of the American Medical Association*, vol. 294, no. 2, July 13, 2005, pp. 218–228. Mohammad I. Zia, Lillian L. Siu, Greg R. Pond, and Eric X. Chen, “Comparison of Outcomes of Phase II Studies and Subsequent Randomized Control Studies Using Identical Chemotherapeutic Regimens,” *Journal of Clinical Oncology*, vol. 23, no. 28, October 1, 2005, pp. 6982–6991. John K. Chan et al., “Analysis of Phase II Studies on Targeted Agents and Subsequent Phase III Trials: What Are the Predictors for Success,” *Journal of Clinical Oncology*, vol. 26, no. 9, March 20, 2008. Michael L. Maitland, Christine Hudoba, Kelly L. Snider, and Mark J. Ratain, “Analysis of the Yield of Phase II Combination Therapy Trials in Medical Oncology,” *Clinical Cancer Research*, vol. 16, no. 21, November 2010, pp. 5296–5302. Jens Minnerup, Heike Wersching, Matthias Schilling, and Wolf Rüdiger Schābitz, “Analysis of early phase and subsequent phase III stroke studies of neuroprotectants: outcomes and predictors for success,” *Experimental & Translational Stroke Medicine*, vol. 6, no. 2, 2014.

⁷Jim Manzi, *Uncontrolled: The Surprising Payoff of Trial-and-Error for Business, Politics, and Society*, Perseus Books Group, New York, 2012, pp. 128 and 142. Jim Manzi, Science, Knowledge, and Freedom, presentation at Harvard University’s Program on Constitutional Government, December 2012, linked here (<https://www.youtube.com/watch?v=N4c89SJIC-M>).

- **In addition, we suggest that—as in welfare—the Federal Government fund ½ the cost of the evaluation studies of state-developed employment/training strategies** (with states funding the other ½) and collaborate with states in the design and implementation of such studies to ensure their scientific rigor.

To maximize the number of strategies that can be evaluated within a given evaluation budget, we suggest using low- or modest-cost RCTs as a main evaluation method.

Recently, researchers have shown it is possible, in many instances, to conduct sizable RCTs at low or modest cost by using administrative data that *are already collected* for other purposes to measure the key outcomes, rather than engaging in original—and often costly—data collection (*e.g.*, researcher-administered interviews, observations, or tests). Such an approach could likely be applied in many SNAP RCTs—*i.e.*, states that are rigorously evaluating state-developed employment/training strategies could often use state UI records and other administrative data to measure key outcomes including employment, earnings, and receipt of SNAP and other public assistance. Such leveraging of existing data can enable many more RCTs to go forward, by dramatically reducing their cost.

As an illustrative example in another entitlement program, the Department of Labor-funded RCT of the Reemployment and Eligibility Assessment (REA) program, described above, cost about \$320,000 through the 12 to 18 month follow-up, based on the researchers' rough estimate—a small fraction of the usual multimillion-dollar cost of major RCTs. Even though the study had a very large sample—33,000 UI claimants in Nevada and over 100,000 in three other states implementing different REA strategies—it was conducted at modest cost by measuring all outcomes using administrative data on UI receipt and earnings that the states collect already for other purposes.

In 2012, the Coalition for Evidence-Based Policy developed a brief (<http://coalition4evidence.org/wp-content/uploads/2012/03/Rigorous-Program-Evaluations-on-a-Budget-March-2012.pdf>) with five additional examples of sizable, well-conducted RCTs, in diverse program areas, that cost less than \$300,000. These studies all produced valid evidence of practical importance for policy decisions and, in some cases, identified program strategies that produce budget savings.⁸

We suggest reserving the use of traditional, more comprehensive (and costly) RCTs for the evaluation of strategies with a very strong signal of sizable impacts from prior studies—including, for example, low-cost RCTs.

The main goals would be (i) to determine whether the prior impacts can be successfully reproduced and sustained over time, and (ii) to identify the conditions and populations in which the strategy is most effective. When focused on especially promising strategies, such studies can thereby supply valuable evidence to guide decisions about whether and how to scale up the strategy so as to optimize its impact. However, using such comprehensive RCTs to evaluate strategies without a highly promising evidence base can be a costly and inefficient use of evaluation funds, because of the high likelihood of finding no meaningful impacts, discussed above.

Conclusion: A robust Federal effort to stimulate state-level innovation and rigorous evaluation in employment/training of SNAP participants can succeed in identifying strategies that produce important gains in employment and earnings, and net savings to the taxpayer.

The CHAIRWOMAN. Thank you, Mr. Baron. Mr. Weill, please proceed with your testimony.

STATEMENT OF JAMES D. WEILL, J.D., PRESIDENT, FOOD RESEARCH AND ACTION CENTER, WASHINGTON, D.C.

Mr. WEILL. Chairwoman Walorski, Ranking Member McGovern, Members of the Subcommittee, thank you for the opportunity to

⁸Coalition for Evidence-Based Policy, *Rigorous Program Evaluations on a Budget: How Low-Cost Randomized Controlled Trials Are Possible in Many Areas of Social Policy*, March 2012, linked here (<http://coalition4evidence.org/wp-content/uploads/2012/03/Rigorous-Program-Evaluations-on-a-Budget-March-2012.pdf>).

testify this afternoon. I am Jim Weill. I am President of the Food Research and Action Center, commonly known as FRAC. For 45 years FRAC has worked to implement and strengthen SNAP and other nutrition and anti-poverty programs in order to reduce hunger and improve nutrition and well-being. My written testimony details the very extensive body of evidence that already shows how successful SNAP is in reducing hunger, malnutrition, and poverty, and improving child and adult health, and other outcomes. And it points out that these outcomes would be at deep risk if the program were weakened, or subjected to demonstration projects based on misconceptions or stereotypes.

The key purposes of SNAP, defined in the statute, are to address hunger among low-income households that suffer from limited purchasing power, to assist those households in obtaining a more nutritious diet, to bolster normal channels of trade, and to strengthen the agricultural economy. The first set of research findings, summarized in my written testimony, is that SNAP is fulfilling these core purposes, and in particular it boosts food purchasing power for needy Americans, and thereby reduces significantly the prevalence of food insecurity and malnutrition. By doing so, the research shows, SNAP produces important positive effects on health, on mental health, on child development, on employability, and on other desirable outcomes. The positive impacts on child health are particularly notable, and those effects can be long lasting. For example, a recent compelling report says that the exposure to SNAP *in utero*, or in early childhood, reduces the incidence of metabolic syndrome in adulthood, and reduces obesity, hypertension, diabetes, and heart disease.

SNAP and its impacts, moreover, reach a very broad and diverse population of rural, urban, and suburban people in need: 70 percent of recipients live in households with minor children, 11 percent in households with seniors, 18 percent in households with people with disabilities. Many beneficiaries are struggling veterans. And in many ways the program has become a work support program. When the adults in the household are not seniors, or persons with disabilities, they typically are working, albeit at low wages, or are very recently unemployed. Among SNAP households with at least one working age adult not receiving disability benefits, more than $\frac{1}{2}$ have a member who works while receiving SNAP, and more than 80 percent work either in the year prior or the year after receiving SNAP. These rates are even higher for SNAP households with children. And, as we have learned most profoundly in the Great Recession, SNAP is very responsive to national or local economic downturns.

SNAP not only reduces hunger, it alleviates poverty and supports family economic stability. According to one new analysis, SNAP lifted ten million people above the poverty line in 2012. Exposure to SNAP in early childhood increases women's economic self-sufficiency, with greater high school graduation rates, higher earnings, and lower rates of welfare received in adulthood.

There is one serious SNAP shortcoming, and that is its inadequate benefit levels. But the nation has just run a large natural experiment with more adequate SNAP benefits, and the early research shows that it worked. The American Recovery and Reinvest-

ment Act began an increase in benefits in April 2009, a boost that was cut off in late 2013. While it was in effect, research shows, the boost reduced food insecurity and improved the health of young children. But there needs to be more extensive research on the impact of the boost on food insecurity and health. It is disconcerting how little interest there has been about this in the research community.

And finally I will just summarize quickly some examples from my written testimony of recent policy changes, Federal and state, that should be evaluated for their impact on hunger and on SNAP's effectiveness. Last year's farm bill created pilots to provide incentives for SNAP consumers' purchases of fruit and vegetables. As Mr. Baron indicated, the farm bill also created a substantial demonstration project for ten states' innovative employment and training strategies. The improvements made last year in the Federal child care program also should be evaluated to see if more work—supporting child care will lead to higher rates of food security, as well as less joblessness; and the President's proposal to help states streamline SNAP processes for seniors could provide evidence of ways to improve the far too low senior SNAP participation rate, and thereby lower their food insecurity and health costs. And last, as more states adopt higher state minimum wages, while the Federal minimum wage and other states are lagging behind, that provides a natural opportunity to examine the evidence that higher minimum wages can be a significant solution to food insecurity, and also bring down SNAP participation rates.

So, in conclusion, SNAP is fundamentally sound and successful. There are ways to make it even better. Indeed, there is already a body of research on this that I haven't been able to do full justice to today, but I hope the Subcommittee will explore that existing body of research, and where it leads, further.

[The prepared statement of Mr. Weill follows:]

PREPARED STATEMENT OF JAMES D. WEILL, J.D., PRESIDENT, FOOD RESEARCH AND ACTION CENTER, WASHINGTON, D.C.

Thank you for the invitation to testify this afternoon.

I am Jim Weill, President of the Food Research and Action Center (FRAC). FRAC works through research, advocacy, outreach, and identification and dissemination of best practices to reduce poverty and end hunger in America. For 45 years FRAC has been engaged in efforts to implement and strengthen the SNAP (formerly "food stamp") program in order to reduce hunger and improve nutrition; and I personally have been involved in work around SNAP and other key means-tested programs like Medicaid, Supplemental Security Income, and school meals since the 1970s, in jobs at the Legal Assistance Foundation of Chicago, the Children's Defense Fund, and—since 1998—FRAC.

I will be primarily discussing today the rich veins of evidence showing how successful SNAP is in reducing hunger, malnutrition and poverty, and improving family security, child and adult health, employment and other outcomes. In discussing what research to undertake and which evidence-based solutions to pursue, it is crucial to understand the substantial body of first-rate evidence on the program that already exists.

The evidence demonstrates that SNAP is a great example of how government at its best can work well for people. Senator Bob Dole, among others, described the Food Stamp Program as the most important social program advance since the creation of Social Security. That insight has since been buttressed by more and more evidence of SNAP's strengths and positive outcomes—outcomes that would be at deep risk if the program were weakened or if new demonstration projects or program changes were developed without understanding what we already know. SNAP is a key part of a safety net that not only reduces hunger but supports work, family

stability, child development and opportunity. Damaging SNAP by building in ill-conceived changes based on misconceptions or stereotypes would result in irreparable harm to people who are trying desperately to put food on the table and to move out of poverty. SNAP is targeted and effective. It is a critical support to millions of poor and hungry people in our country.

The first and most significant set of findings is that SNAP fulfills its core purpose: it reduces food insecurity and malnutrition, and that result is crucially important to the nation as a whole and to every state and community. A number of studies, including many published in the last couple of years, find that participation in SNAP quite significantly reduces the prevalence of food insecurity among households and among both adults and children in those households.¹ One study showed that SNAP reduces the childhood food insecurity rate by at least 8.1 points.

As I will discuss in detail later, the effects of SNAP on reducing food insecurity would be much greater if monthly SNAP benefits were more adequate. But even with the constraint of benefits being too low, the program still has important impacts on reducing hunger and food insecurity.

Addressing hunger and malnutrition among low-income people is the core Congressional goal in SNAP, and it should be: reducing hunger must remain a paramount national goal. Food insecurity has a range of severe negative effects for children and adults.² Food insecurity is associated with some of the most costly health problems in the United States, including diabetes, heart disease, depression, obesity, and pregnancy complications (*e.g.*, gestational diabetes and iron deficiency). And among seniors, food insecurity has been linked with poor or fair health status, diabetes, anemia, depression, disability, limitations in daily activities, decreased quality of life, and lower intakes of calories and key nutrients. In addition, because of limited resources, individuals in food insecure households often are forced to choose food over medication, postpone preventive or needed medical care, dilute or ration infant formula, or forgo the foods needed for special medical diets (*e.g.*, diabetic diets). Such practices and behaviors not only exacerbate disease and compromise health, but also increase expensive physician encounters, emergency room visits, and hospitalizations.

The consequences of food insecurity—and even marginal food security—are especially detrimental to the health, development, and well-being of children. Research shows a clear link between food insecurity and low birthweight, birth defects, iron deficiency anemia, more frequent colds and stomachaches, untreated dental caries, developmental risk, mental health problems, and poor educational outcomes for children—all of which have serious health and economic consequences in both the short term and long-term.

As I will discuss, by reducing food insecurity, improving diets and connecting beneficiaries to food through normal means of commerce, SNAP has a range of proven positive effects on health, mental health, employability, and other desirable outcomes.

Moreover, in looking at these positive impacts, it is important to maintain focus on how broad and diverse is the population of people in need that SNAP serves and benefits:

- About 70 percent of SNAP recipients live in households with minor children;
- Eleven percent live in households with seniors;
- Eighteen percent live in households with people with disabilities;
- Many beneficiaries are struggling veterans; and even low-paid enlisted active duty military families participate; and
- When the adults in the household are not seniors or persons with disabilities, they typically are working—at low wages—or are recently unemployed. Among SNAP households with at least one working-age adult not receiving disability benefits, more than ½ have a member who works while receiving SNAP, and

¹For citations and additional studies on SNAP's role in reducing food insecurity, see FRAC's *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*, as well as the April 2015 issue of *Food Insecurity and Hunger in the U.S.: New Research*. Both publications are available at www.frac.org.

²For citations and additional studies on the consequences of food insecurity, see FRAC's *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*, as well as the April 2014 and July 2014 issues of *Food Insecurity and Hunger in the U.S.: New Research*. These publications are available at www.frac.org.

more than 80 percent work either in the year prior or the year after receiving SNAP. The rates are even higher for SNAP households with children.³

SNAP is also there when natural disasters like hurricanes, tornadoes and floods strike. Indeed in 2005, in a report from President Bush's White House on government action in the aftermath of Hurricanes Katrina, Rita and Wilma, the Disaster SNAP program was singled out for its responsiveness and effectiveness.

And, as we have learned most profoundly in the Great Recession, SNAP is appropriately and effectively responsive to national—or regional or local—economic downturns, when joblessness rises, and wages and hours for workers who hang on to their jobs often are reduced.

These diverse groups of Americans—whether people with disabilities, seniors, low-paid working families, families facing unemployment, veterans or people affected by natural or man-made economic disasters—turn to SNAP when facing severe need. And their need is great: 83 percent of households on SNAP have incomes at or below the Federal poverty line (\$19,530 for a family of three in 2013—the year of this SNAP data analysis).⁴ Indeed, 58 percent of them have incomes at or below $\frac{3}{4}$ of the poverty line.

It is this intimate connection to great human need that explains the caseload trends. The weak performance of the economy in the years before the Great Recession, and then the huge pain of the Recession, were key drivers of SNAP participation growth. Even as employment now slowly recovers, moreover, the problem of low wages—for example, the Federal minimum wage hasn't gone up since 2009 and in real, inflation-adjusted, terms is at only $\frac{3}{4}$ of the level typical in the 1960s and 1970s—means that more low-wage working families turn to SNAP for help. The weakening of other parts of the safety net—unemployment insurance, housing assistance, TANF, *etc.*—also causes an erosion of family incomes that increases the need for SNAP benefits.

There is an additional explanation for the widespread need, over time, for SNAP's help. The American economy operates in such a way that very large numbers of people cycle into and out of poverty, hunger and other hardship. Mark Rank, an expert on poverty at Washington University in St. Louis, calculates that $\frac{1}{2}$ of all children in the U.S. reside in a household that receives SNAP benefits at least once during their childhood,⁵ as do $\frac{1}{2}$ of all American adults at some point between the ages of 20 and 65.⁶

And, contrary to stereotypes, these beneficiaries are as diverse as America—they come from all races and ethnic groups; they are rural, suburban and urban. They are as diverse as is American poverty and hunger. Indeed, rural food insecurity rates are higher than metro area rates; and food insecurity rates are roughly the same in every region of the country, albeit they are highest in the South.⁷

Let me return now to the many specific ways in which SNAP benefits struggling Americans.

SNAP not only reduces hunger, but it alleviates poverty and supports family economic stability.⁸ SNAP is as effective as low-income tax credits in lifting people out of poverty. According to a new analysis, SNAP lifted 10.3 million people above the poverty line in 2012, comparable to the number lifted out by the Earned Income Tax Credit and Child Tax Credit together: 4.9 million of those lifted out of poverty were children. And the SNAP program was far more effective than any other government effort (*e.g.*, EITC/CTC; housing assistance; Supplemental Security Income; TANF), other than Social Security, in lifting people above $\frac{1}{2}$ the poverty line.

In some state estimates of particular note for the Subcommittee, SNAP lifted 224,000 people above the poverty line in Indiana; 913,000 in Texas; 342,000 in

³Rosenbaum, D. (2013). *The Relationship Between SNAP and Work Among Low-Income Households*. Center on Budget and Policy Priorities. Available at: www.cbpp.org/cms/?fa=view&id=3894.

⁴Farson Gray, K. (2014). *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2013*. Report No. SNAP-14-CHAR. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support.

⁵Rank, M.R. & Hirschl, T.A. (2009). *Estimating the risk of food stamp use and impoverishment during childhood*. ARCHIVES OF PEDIATRICS AND ADOLESCENT MEDICINE, 163(11), 994–999.

⁶Rank, M.R. & Hirschl, T.A. (2005). *Likelihood of using food stamps during the adulthood years*. JOURNAL OF NUTRITION EDUCATION AND BEHAVIOR, 37(3), 137–146.

⁷Coleman-Jensen, A., Gregory, C., & Singh, A. (2014). *Household Food Security in the United States in 2013*, ERR-173. Washington, DC: U.S. Department of Agriculture, Economic Research Service.

⁸For citations and additional research on SNAP's role in alleviating poverty, see FRAC's *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans* at www.frac.org.

Pennsylvania, 141,000 in Massachusetts; 419,000 in Ohio; and 338,000 in North Carolina.⁹

SNAP also helps support families by improving housing security. Families receiving housing subsidies, SNAP, and WIC benefits are 72 percent more likely to be housing-secure (*i.e.*, defined as living without overcrowding or frequent moves within the last year), compared to those families receiving housing subsidies alone.¹⁰

And SNAP helps long-term economic security. In one seminal analysis published by the National Bureau of Economic Research, and looking at the long-term effects of SNAP, exposure to SNAP in early childhood increased women's economic self-sufficiency in terms of greater high school graduation rates (18 percent higher), higher earnings, and lower rates of welfare receipt in adulthood.¹¹

SNAP improves beneficiaries' dietary intake, health and well-being.¹² Extensive research shows that SNAP improves dietary intake. And the higher the level of SNAP benefits is, the larger is the positive nutritional effect of program participation.

Numerous studies—many of them recent—demonstrate the favorable impact of SNAP participation on physical and mental health. Indeed, the notion that “food is medicine” is growing in resonance.

SNAP has a powerful impact on *child health*. Young children in food-insecure households that receive SNAP benefits are less likely to be at developmental risk, in fair or poor health, and overweight, and they have fewer hospitalizations than comparable non-participants. SNAP also has been linked with lower rates of nutrient deficiency and lower rates of failure to thrive among children.

SNAP improves *adult health* in terms of increasing the probability of reporting excellent or good health, as well as having fewer sick days and doctor's visits. In addition, exposure to SNAP *in utero* or in early childhood reduces the incidence of metabolic syndrome (obesity, hypertension, diabetes, heart disease) in adulthood.

On the other hand, a loss or reduction in SNAP benefits has detrimental impacts on health. Families with young children whose SNAP benefits were recently lost or reduced due to an increase in income have higher odds of poor child health and developmental risk, household food insecurity, forgoing medical care for family members, or making health care trade-offs (*e.g.*, paying for health care costs instead of paying for food or housing).

SNAP is a public-private partnership that works efficiently and accurately. SNAP makes good use of regular channels of commerce—retail stores and Electronic Benefit Transfer (EBT) systems—rather than requiring constructing new, costly delivery systems. SNAP relieves pressure on overwhelmed food banks, pantries, religious congregations, and other emergency food providers across the country. They recognize SNAP as the cornerstone of national, state, and local anti-hunger efforts, and are the first to note their total inability to meet added demand that would come from weakening SNAP.

SNAP benefits create markets, economic growth and jobs in urban and rural communities—at grocers, farmers' markets, military commissaries, manufacturers, and farms. Because SNAP benefits are so urgently needed, they are spent quickly—97 percent of benefits are redeemed by the end of the month of issuance—and therefore have great positive economic effects. Moody's Analytics and USDA estimate that the economic growth impact of SNAP ranges from \$1.73 to \$1.79 per \$1 of SNAP benefits.

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In the midst of all of these quite considerable strengths of the SNAP program, the most serious shortcoming is its inadequate benefit levels. Benefits are not adequate to get most families through the whole month, let alone to allow them to buy

⁹Sherman, A. & Trisi, D. (2015). *Safety Net More Effective Against Poverty Than Previously Thought*. Center on Budget and Policy Priorities. Available at: www.cbpp.org/research/poverty-and-inequality/safety-net-more-effective-against-poverty-than-previously-thought.

¹⁰Sandel, M., Cutts, D., Meyers, A., Ettinger de Cuba, S., Coleman, S., Black, M.M., Casey, P.H., Chilton, M., Cook, J.T., Shortell, A., Heeren, T., & Frank, D. (2014). *Co-enrollment for child health: how receipt and loss of food and housing subsidies relate to housing security and statutes for streamlined, multi-subsidy application*. JOURNAL OF APPLIED RESEARCH ON CHILDREN, 5(2), Article 2.

¹¹Hoynes, H.W., Schanzenbach, D.W., & Almond, D. (2012). *Long run impacts of childhood access to the safety net*. NBER Working Paper, 18535. Cambridge, MA: National Bureau of Economic Research.

¹²For citations and additional research on SNAP's role in improving dietary intake, health and well-being, see FRAC's *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*, as well as the April 2015 issue of *Food Insecurity and Hunger in the U.S.: New Research*. Both publications are available at www.frac.org.

the foods needed for a quality diet. Benefits are inadequate even though SNAP recipients use a variety of savvy shopping practices to stretch their limited food dollars, such as clipping coupons, using shopping lists, looking for deals by comparing store circulars, purchasing generic brands, buying in bulk quantities, and shopping at multiple stores.^{13–15}

Researchers, advocates, and food pantries have been saying for years that SNAP benefits are inadequate, but in 2013 the prestigious Institute of Medicine, after a thorough study, outlined the factors that explain why the SNAP allotment is not enough to get most families through the month with a minimally adequate diet (*e.g.*, the lag in SNAP benefits keeping up with inflation because of budget cuts made by Congress; the failure to fully account for shelter costs when determining family income available for food costs so that SNAP benefits are lower; the unreasonable assumptions about the amount of time beneficiaries have to purchase and prepare food).¹⁶

An analysis by FRAC finds that SNAP benefits are inadequate, in part, because they are based on the U.S. Department of Agriculture's (USDA) impractical Thrifty Food Plan. The plan: includes lists of foods that are impractical to find in many communities or impractical given time constraints; lacks the variety called for in the Dietary Guidelines for Americans; unrealistically assumes adequate facilities and time for food preparation; unrealistically assumes food availability, affordability, and adequate transportation; particularly costs more than the SNAP allotment in many parts of the country; and ignores special dietary needs.¹⁷

On the other hand, the nation has just run a large natural experiment involving providing more adequate benefits, and it worked.¹⁸ Average benefits starting in April 2009 reflected a temporary boost in monthly allotments pursuant to the American Recovery Reinvestment Act (ARRA). Unfortunately, the temporary ARRA boost was cut off on November 1, 2013, and benefits then were reduced for all SNAP participants. But the ARRA boost had very important positive effects while it was in effect. It helped reduce the ratio of food insecurity by 2.2 points and reduce very low food insecurity by 2.0 points among low-income households between December 2008 (pre-ARRA) and December 2009 (about 8 months post-ARRA). SNAP households also exhausted benefits later in the month with the ARRA boost—they were able to save slightly more benefits for use at the end of the month. Two years after the ARRA boost started, young children in households receiving SNAP benefits were significantly more likely to be “well” than children from non-participating low-income households; such a difference was not observed prior to the benefit boost.

Prior to the temporary boost, caloric intake declined by as much as 25 percent at the end of the month among SNAP participants. However, the ARRA boost eliminated this decline, leading researchers to conclude, when the boost expired, that: “now that the ARRA-induced benefit boost has been eliminated, it is likely that SNAP recipients are again experiencing a monthly cycle in caloric intake.”

Another USDA report estimates that increasing the maximum SNAP benefit by ten percent would reduce the number of SNAP households with very low food security by about 22 percent.¹⁹

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¹³ Bradbard, S., Michaels, E.F., Fleming, K., & Campbell, M. (1997). *Understanding the Food Choices of Low Income Families: Summary of Findings*. Alexandria, VA: U.S. Department of Agriculture, Food and Consumer Service, Office of Analysis and Evaluation.

¹⁴ Seefeldt, K.S. & Castelli, T. (2009). *Low-income women's experiences with food programs, food spending, and food-related hardships: evidence from qualitative data*. Contractor and Cooperator Report, 57. Washington, D.C.: U.S. Department of Agriculture, Economic Research Service.

¹⁵ Wiig, K. & Smith, C. (2009). *The art of grocery shopping on a food stamp budget: factors influencing the food choices of low-income women as they try to make ends meet*. PUBLIC HEALTH NUTRITION, 12(10), 1726–1734.

¹⁶ Institute of Medicine and National Research Council Committee on Examination of the Adequacy of Food Resources and SNAP Allotments. (2013). *Supplemental Nutrition Assistance Program: Examining the Evidence to Define Benefit Adequacy*. Washington, D.C.: National Academies Press.

¹⁷ For this and additional information on the weaknesses of the Thrifty Food Plan, see FRAC's *Replacing the Thrifty Food Plan in Order to Provide Adequate Allotments for SNAP Beneficiaries* at www.frac.org.

¹⁸ For citations and additional studies on the ARRA boost and its impacts, see FRAC's *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*, as well as the April 2015 issue of *Food Insecurity and Hunger in the U.S.: New Research*. Both publications are available at www.frac.org.

¹⁹ Nord, M. (2013). *Effects of the Decline in the Real Value of SNAP Benefits from 2009 to 2011*, ERR-151. Washington, D.C.: U.S. Department of Agriculture, Economic Research Service.

Given this extensive body of research, as the Committee considers “Developing and Using Evidence-Based Solutions” in SNAP, I would close with the following points and recommendations:

The statutory language and the history of SNAP define the purposes that frame the solutions we should seek. The SNAP program is explicitly designed:

- (1) to address hunger and malnutrition among low-income households suffering from limited purchasing power;
- (2) to assist those households in obtaining a more nutritious diet;
- (3) to bolster normal channels of trade—*i.e.*, to assure that low-income people can use regular grocery stores rather than have to rely on a system like pantries; and
- (4) to strengthen the agricultural economy.

The program has succeeded remarkably well in achieving these goals, even across several decades of demographic, economic, fiscal and political change. If anything, the program is more essential and effective than it was 20 or 30 or 40 years ago.

For that reason, I recommend that the first priority be to look at the existing body of evidence as to how SNAP is fulfilling these core statutory purposes and see how to build on that evidence base and implement key findings. In particular, there needs to be more in-depth research on the impact of the ARRA boost to monthly SNAP allotments on food purchasing power, food insecurity, adult and child health, and other outcomes. Does the research demonstrate that this is a solution to food insecurity and to bad health and other outcomes that food insecurity causes so as to justify raising benefits on a long-term basis?

I would also recommend that the Committee look at new developments in SNAP and related programs coming out of the farm bill and other recent developments in Federal and state policy to see what evidence is emerging from them that the Committee can build on. Here are five examples:

- Last year’s farm bill created the Food Insecurity Nutrition Incentive Grant Program (“FINI”) to provide incentives at the point of sale for SNAP consumers’ purchases of fruits and vegetables. By enhancing purchasing power in a targeted way, this farm bill-created set of pilots could provide important evidence of strategies to strengthen SNAP to further reduce food insecurity and improve nutrition.
- The farm bill also created a substantial demonstration project that will fund ten states’ innovative employment and training strategies (SNAP E&T), plus an independent evaluation of their results. USDA announced the ten pilots in March. There will be much to learn from these pilots about the ways in which SNAP E&T can better lead to good jobs that build food security and economic stability and security.
- There is much evidence that the absence of affordable child care is a barrier to stable employment and to families getting and keeping jobs with family-supporting wages. The reauthorization and strengthening last year of the Child Care and Development Block Grant (CCDBG) has the potential to ameliorate some of this problem, especially if CCDBG is adequately funded. It will be important to see whether child care support can be better integrated with SNAP, and with SNAP E&T, reach more adequate numbers of low-income families needing help, and help lead to higher rates of food security.
- We know that the SNAP participation rates of seniors have been considerably lower than the rates for other groups. There are many reasons for this—*e.g.*, seniors are less willing to grapple with the unnecessary red tape and wait times that prevail in many states. The President has proposed an initiative to help states streamline application processes for the elderly. It would be important to fund that and determine the extent to which it could raise senior SNAP participation rates and lower senior food insecurity, and thereby lower the resulting health costs for Medicare, Medicaid and other systems.
- As more states adopt higher state minimum wages, but the Federal minimum wage and other states lag behind, there is an opportunity for researchers to look at whether there is evidence—and the robustness of the evidence—that higher minimum wages are a significant solution to food insecurity and also bring down SNAP participation rates. We need clearer understanding of how families’ work, bolstered by higher minimum wages, other wage supports like health coverage, and other supports, produces greater self-sufficiency.

Conclusion

In taking a close look at SNAP, I hope this Committee and Subcommittee will first apply the principle of doing no harm. This is particularly crucial because the program is so successful and so important to so many people in every community in America. There are ways to make SNAP an even better support for food security, poverty reduction, nutrition, health, learning and work, and those strategies grow out of the rich research basis on how effective SNAP already is. I appreciate the opportunity to be here today and discuss some of them.

The CHAIRWOMAN. Thank you, Mr. Weill. Dr. Sullivan, please proceed.

STATEMENT OF JAMES X. SULLIVAN, PH.D., REV. THOMAS J. MCDONAGH, C.S.C., ASSOCIATE PROFESSOR OF ECONOMICS; DIRECTOR, WILSON SHEEHAN LAB FOR ECONOMIC OPPORTUNITIES, UNIVERSITY OF NOTRE DAME, SOUTH BEND, IN

Dr. SULLIVAN. Chairwoman Walorski, Ranking Member McGovern, and other Members of the Subcommittee, thank you for inviting me to participate in today's hearing. I am talking to you today because the impact of social programs has been the focus of much of my academic research, and recently I co-founded the Wilson Sheehan Lab for Economic Opportunities, a research center at the University of Notre Dame that implements impact evaluations to identify innovative, effective, and scalable programs that help the disadvantaged move to self-sufficiency. We work with some of the largest private providers of services to the poor in the country, such as the Catholic Charities Network, as well as state and local agencies. While these front line providers are driven by compassion and motivation for helping the poor, most of them design and launch programs without solid evidence of effectiveness. The same could be said of many national programs, most of which are not evaluated, or are evaluated with unreliable methods.

One of the greatest advances in the social sciences in recent decades is the development and application of methods that allow us to determine whether social programs are having their intended effect. The gold standard of these approaches is the randomized controlled trial. Nowadays gathering evidence is commonplace in many sectors. The medical profession runs tens of thousands of experiments each year to test the effectiveness of new interventions. These experiments have led to vast improvements in health care all across the globe. Shouldn't the same commitment to proven effectiveness apply to our social programs? Using evidence to steer resources towards the most effective programs would allow us to do more good with the limited resources available.

Despite its size and importance, there is little hard evidence of the impact of SNAP. There is some promising quasi-experimental evidence showing that *in utero* exposure to the food stamp program is associated with increased birth weight and lower rates of obesity and heart disease in adulthood. But this evidence is for those exposed to food stamps in the late 1960s and early 1970s. There is a clear need for rigorous experimental evidence of the impact of SNAP in its current form.

Evaluating SNAP can be challenging, given its structure. It is much easier to conduct experiments when a program is rolled out, expanded, or changed in significant ways, or when the program is

not made available to all those who might be eligible. SNAP is an entitlement program that has been around for more than 5 decades, and there has been relatively little experimentation with program rules. I applaud this Subcommittee's efforts to generate more evidence to guide the future of nutrition policy. There are a number of strategies that can help develop a strong base of evidence and improve policy. Let me highlight just a few.

First, policymakers should incentivize innovation. Programs can't be built on evidence of effectiveness if there is no evidence. The most innovative ideas for social programs frequently come from states and local providers, but they need funds to experiment with new ideas. The most recent farm bill made important strides towards encouraging innovation by authorizing \$200 million to support pilot projects designed and implemented by state agencies to reduce SNAP dependency and encourage work. These grants create a pipeline of innovative programs that, if proven effective, can be scaled up to ensure broad impact.

Second, the program needs to be rigorously evaluated, otherwise there is no way to know whether the program is being implemented correctly, and having its intended effect. If a funding agency does require an evaluation, it often does not require the evaluation to employ the best experimental or quasi-experimental methods possible, which limits the extent to which this evidence can shape future policy.

Third, researchers need greater access to administrative data. Collecting survey data for an evaluation can be an expensive proposition. In many instances, administrative records already collect information on key outcomes, such as employment, earnings, program participation, and many others. But these data are often not available for evaluation purposes. Some cities and states have established administrative data repositories that can be used for evaluation, but there needs to be a national effort. The Ryan-Murray Act represents an excellent step towards greater access to data. This legislation would create a commission to study how administrative data might be compiled in order to facilitate research and evaluation. This would make possible countless studies of government programs, resulting in the design of more effective policies.

Advances in technology and data collection have greatly expanded opportunities to implement high quality evaluation of social programs. By encouraging innovation and evaluation, and by targeting support at interventions shown to be successful, policymakers will ensure that our social programs are more effective at helping vulnerable populations get ahead. We at the Wilson Sheehan Lab welcome this transformation in the way we fight poverty in America. Thank you.

[The prepared statement of Dr. Sullivan follows:]

PREPARED STATEMENT OF JAMES X. SULLIVAN, PH.D., REV. THOMAS J. McDONAGH, C.S.C., ASSOCIATE PROFESSOR OF ECONOMICS; DIRECTOR, WILSON SHEEHAN LAB FOR ECONOMIC OPPORTUNITIES, UNIVERSITY OF NOTRE DAME, SOUTH BEND, IN

I. Introduction

Chairwoman Walorski, Ranking Member McGovern, and other Members of the Subcommittee, thank you for inviting me to participate in today's hearing, "Past, Present, and Future of SNAP: Developing and Using Evidence-Based Solutions." I am talking to you today because examining evidence on the impact of programs de-

signed to help the marginalized and disadvantaged has been the focus of much of my academic research over the past 15 years.

Recently I co-founded the Wilson Sheehan Lab for Economic Opportunities (LEO), which is a research center at the University of Notre Dame that identifies innovative, effective and scalable programs that help those in need move to self-sufficiency. The Wilson Sheehan Lab has partnered with some of the largest private providers of services to the poor in the country, including the Catholic Charities network, as well as state and local governmental agencies, to examine evidence of program effectiveness. These projects include programs to promote community college completion, comprehensive case-management programs, homeless prevention services, and diversion programs for first-time, non-violent offenders. This evidence allows resources to be channeled to the programs that will have the greatest impact on the lives of the most vulnerable.

As I have learned through my work at the Wilson Sheehan Lab, the idea of impact evaluation is a foreign concept to many local service providers. While these front-line providers are driven by compassion and motivation for helping the poor, most of them design and launch programs without solid evidence of effectiveness. They typically measure outputs or track outcomes for program participants, but rarely are the programs evaluated using rigorous methods. The lack of evidence of what works and what doesn't is not unique to local programs. The same could be said of many national programs that operate on a much larger scale.

II. The Need for Greater Evidence on the Impact of Social Programs

The New Era of Experiments

One of the greatest advances in the social sciences in recent decades is the development and application of methods that allow us to determine whether social programs are having their intended effect. The general idea behind these methods is simple: one can determine the impact of a program by comparing outcomes for a group of people who are exposed to an intervention (the treatment group) to those for a group who are not (the control group). The control group is supposed to reflect the counterfactual—what the outcomes for the treatment group would be if they had not been exposed to the intervention. The gold standard approach is the randomized controlled trial (RCT), in which individuals are assigned to either the treatment or control group randomly. In cases where an RCT is not feasible, quasi-experimental approaches are available that are intended to mimic the research design of an RCT. For example, one might compare those eligible for a program to those just barely ineligible; or compare program participants to those on a waiting list. These alternative approaches typically do a much better job of determining the impact of interventions than nonscientific approaches such as tracking outcomes for program participants. However, if the control group does not appropriately reflect the counterfactual, the quasi-experimental results are not reliable.

Nowadays, gathering experimental evidence is commonplace in many sectors. The medical profession runs tens of thousands of experiments each year to test the effectiveness of new pharmaceuticals, medical procedures, devices, or treatment regimens.¹ These experiments have led to vast improvements in healthcare all across the globe. Large companies are constantly running experiments in an attempt to better target resources, attract new customers, or avoid spending money on projects that don't work. Google runs 20,000 experiments each year while Capital One runs three times that many.² Shouldn't the same commitment to proven effectiveness apply to our social programs?

The Impact of Evidence

By steering resources towards the most effective social programs, evidence of what works and what doesn't can significantly improve the lives of the poor. All too often innovative, promising interventions are not brought to scale because program operators are unable to demonstrate effectiveness. Greater evidence of impact for these successful programs would attract the resources necessary to serve more disadvantaged individuals and families. For example, several RCTs have shown that the Nurse-Family Partnership, a home visitation program for new, mostly low-income

¹Manzi, J. (2012). *Uncontrolled: The Surprising Payoff of Trial-and-Error for Business, Politics, and Society*. New York: Basic Books.

²Prigg, M. (2012, February 6). "The human search engine." *London Evening Standard*. Retrieved from <http://www.standard.co.uk/news/techandgadgets/the-human-search-engine-7315344.html>; Brooks, D. (2012, April 26). "Is Our Adults Learning?" *The New York Times*. Retrieved from http://www.nytimes.com/2012/04/27/opinion/brooks-is-our-adults-learning.html?_r=0.

mothers, has improved outcomes for both mothers and children.³ This evidence has helped spur a national home visiting initiative.⁴

On the other hand, ineffective programs often persist because there is no evidence to show they don't work. These programs squander precious resources that could have greater impact elsewhere. Or worse, they may cause harm to those they intend to help. One notable example is Scared Straight—a program that aimed to deter juvenile delinquency by exposing at-risk youth to prison life and adult inmates. The program gained national attention when it was featured in the 1978 Academy Award winning documentary, *Scared Straight!* Based on anecdotal evidence of success from several studies that did not meet minimal scientific standards, many states and other countries adopted the program. When the program was eventually evaluated using experimental methods, several studies showed that the program actually “led to higher rates of offending behavior.”⁵ A 2004 Washington State Institute for Public Policy cost-benefit report concluded that \$1 spent on a Scared Straight program resulted in an additional \$264 in costs in today's dollars.

By guiding funds away from ineffective programs, high quality impact evaluations allow us to do more good with the limited resources available. This not only produces better results for those in need, but also for the economy as a whole.

Evaluating Social Programs

There are many examples where large-scale experiments have informed social policy. In the early 1990s more than 30 experiments were run at the state level to test the impact of changes in features of welfare programs. The results of these experiments—most noticeably the effect of work incentives on employment—helped shape landmark national welfare reform legislation in 1996.⁶ Other notable experiments include the Head Start Impact Study and the U.S. Department of Housing and Urban Development's Moving to Opportunity demonstration project. Experiments such as these are becoming much more common.

However, when Google alone runs thousands more experiments than the government agencies that oversee social programs, it is clear we have not come far enough. And the fact of the matter is that funding decisions are typically made without information on program effectiveness. Only about one percent of non-defense discretionary dollars are backed by any hard evidence.⁷ Most domestic social programs are not evaluated, or are evaluated with unreliable methods. For example, in 2009 Federal agencies spent about \$18 billion on 47 employment and training programs, but as a recent GAO report concluded: “little is known about the effectiveness of most programs.”⁸

Evaluating SNAP

Although SNAP is the nation's largest cash or near cash means-tested transfer program (with costs exceeding \$70 billion annually in recent years),⁹ there is little hard evidence on the impact of the program. While no large-scale experiments have evaluated SNAP,¹⁰ there is some promising quasi-experimental evidence from recent research showing that *in utero* exposure to the food stamp program is associated with increased birthweight and lower rates of obesity and heart disease in adulthood.¹¹ But this evidence is for those exposed to food stamps in the late 1960s and

³<http://toptierevidence.org/programs-reviewed/interventions-for-children-age-0-6/nurse-family-partnership>.

⁴See Chapter 2 of Haskins, R., & Margolis, G. (2014). *Show Me the Evidence: Obama's Fight for Rigor and Results in Social Policy*. Brookings Institute Press.

⁵Petrosino, Andrew, Carolyn Turpin-Petrosino, Meghan E. Hollis-Peel, and Julia G. Lavenberg (2013). “Scared Straight and other juvenile awareness programs for preventing juvenile delinquency.” *The Cochrane Collaboration*.

⁶Grogger, J., & Karoly, L.A. (2005). *Welfare Reform: Effects of a Decade of Change*. Cambridge: Harvard University Press.

⁷Nussle, Jim and Peter Orszag (2014). “Let's Play Moneyball,” in *Moneyball for Government*. J. Nussle, & P. Orszag, eds. Disruption Books.

⁸U.S. Government Accountability Office, “Providing Information on Colocating Services and Consolidating Administrative Structures Could Promote Efficiencies.” GAO-11-92: Published: Jan 13, 2011. <http://www.gao.gov/products/GAO-11-92>. Discussed in Barnes, Melody and John Bridgeland (2014). “Making Moneyball Work,” in *Moneyball for Government*. J. Nussle, & P. Orszag, Eds. Disruption Books.

⁹<http://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.

¹⁰See <http://www.fns.usda.gov/ops/supplemental-nutrition-assistance-program-snap-research> for a list of recent SNAP research, which includes some small-scale RCT studies.

¹¹Almond, D., H. Hoynes, and D.W. Schanzenbach. 2011. “Inside the war on poverty: The impact of food stamps on birth outcomes.” *Review of Economics and Statistics* 93(2): 387–404. Almond, D., H. Hoynes, and D.W. Schanzenbach. 2012. “Childhood Exposure to the Food Stamp Program: Long-run Health and Economic Outcomes,” NBER Working Paper No. 18535.

early 1970s. There is a clear need for rigorous, experimental evidence of the impact of SNAP in its current form. Is SNAP the best way to improve nutritional outcomes for the disadvantaged? The honest answer is that we don't know. Bringing evidence to bear on this question would allow us to better help those struggling to put food on the table.

An important challenge to evaluating SNAP is that the structure of the program can make it difficult to implement the most rigorous experimental or quasi-experimental methods. It is much easier to conduct experiments when a program is rolled-out, expanded, or changed in significant ways, or when the program is not made available to all those who might be eligible. Food stamps is an entitlement program that has been around for more than 5 decades, and although there have been notable changes to the program, these reforms are modest compared to those for other programs such as AFDC/TANF or the Earned Income Tax Credit.¹² Also, because states are given limited flexibility to experiment with changes to program rules it is difficult to gather evidence on the effectiveness of possible improvements to SNAP.

The most recent farm bill made some important strides towards encouraging more policy based on evidence by authorizing \$200 million to support ten pilot projects designed and implemented by state agencies to reduce dependency and encourage work.¹³ Each of these pilots is required to have an independent evaluation that compares outcomes for households participating in the pilot to a "control group" of households not participating in the pilot. The legislation also requires the participating states to make administrative data available in order to track outcomes. It is important for pilot programs such as these to require or incentivize grantees to evaluate their pilots using the best experimental or quasi-experimental methods possible in order to generate the kind of evidence needed to shape future food assistance policy.

III. Promoting Evidence-Based Policy

I applaud this Subcommittee's efforts to seek ways to generate more evidence to guide the future of nutrition policy. There are a number of strategies to encourage the development of a stronger base of evidence and to ensure that this evidence is used to target resources towards programs that work and away from those that don't. Let me highlight a few:

1. Incentivize Innovation

First, you can't expect programs to be built on evidence of effectiveness if there is no evidence. The most innovative ideas for social programs frequently come from states or local providers. But state and local agencies and private service providers often lack the resources to put these ideas into practice. Thus, we need funds to encourage providers to experiment with new, promising ways to help those in need, and to build strong evidence for innovative programs. A nice example of this approach is the Department of Education's Investing in Innovation (i3) initiative, which has distributed more than \$1 billion in grants using a tiered-evidence model to fund programs to improve student achievement. The lowest tier, or "Development," i3 grants provide support for promising initiatives that currently lack rigorous evidence. Grants such as these create a pipeline of innovative programs that, if proven effective, can be scaled up to ensure broad impact.

2. Incentivize Programs To Be Based on Rigorous Evidence

Second, new funding should go predominantly to programs that can provide solid evidence of effectiveness. In this tiered-evidence approach, funds are allocated by merit-based competitions, as opposed to formula grants where geography or other factors are more important than rigorous evidence. These competitions create a market for proven solutions. Here, again, the i3 initiative offers an excellent framework. The evidence requirement for the top tier, or "Scaleup," i3 grants includes one or more well-designed and implemented RCTs or quasi-experimental studies.¹⁴ Such a tiered-evidence model could be incorporated into future SNAP pilot programs, similar to the one authorized in Section 4022 of the most recent farm bill.

3. Require Initiatives To Be Rigorously and Continuously Evaluated

Third, even when new programs are grounded in solid evidence, it is important to ensure that they are rigorously evaluated. Otherwise, there is no way to know whether the program is being implemented correctly and having its intended effect.

¹² For further discussion see Hoynes, H.W., & Schanzenbach, D.W. (2015). *U.S. Food and Nutrition Programs*. NBER working paper 21057.

¹³ <http://www.fns.usda.gov/2014-snap-e-t-pilots>.

¹⁴ For further discussion of the tiered-evidence model see Haskins and Margolis (2015).

Many government grants that support social programs require grantees to evaluate the program being funded. A typical evaluation might only track outcomes for program participants. In the case of a SNAP pilot to promote work, this might mean that the grantee provides information on earnings and employment for program participants. While this information is valuable, it is not sufficient for determining a program's impact, because we don't know the counterfactual—what the outcomes for these participants would have been had they not participated in the program. Better information about program impacts would be available if evaluations were required to be well-designed and well-implemented experiments or quasi-experiments.

A program should continue to be evaluated as it is scaled-up, even when there is clear initial evidence of success from an RCT. Program impacts can sometimes be difficult to replicate in other settings. For example, experiments testing the impact of re-employment bonuses in Illinois showed strong evidence of success, but subsequent studies of similar programs in other states were less promising.¹⁵ Positive results can be hard to replicate because the expanded program may not be implemented correctly, or the success of the initial program may hinge on a feature of the intervention that is hard to replicate, such as an extremely talented program operator.

Evidence of program impact is also helpful when the results are less promising. Often times, modest or negative results can uncover issues with program design or implementation. In this way, evidence promotes an environment of learning that leads to better programs.¹⁶ But if evaluations of a program continue to produce disappointing results, then the funds for this program should be reallocated towards efforts with evidence of success. There tends to be a fair amount of inertia in social policy—funding today goes to the same programs that were funded in the past. Even when hard evidence shows a program is ineffective, it is often difficult to pull the plug. Consider the case of the Even Start Literacy Program, a national initiative established in 1989 that was designed to improve both child and parent literacy. Three national evaluations showed that the program had little impact—children and parents in the treatment group “did not gain more than children and parents in the control group.”¹⁷ Even after the release of these findings more than \$1 billion were allocated to the program, and it was more than 10 years before the program was finally defunded.¹⁸ In order to best leverage evidence to improve outcomes for children and families, there needs to be willingness to shut down ineffective programs.

4. Provide Greater Access to Administrative Data

Fourth, one of the most significant barriers to high quality impact evaluations is limited access to administrative data. Collecting data on participants in an evaluation can be an expensive proposition. An hour long survey can cost upwards of \$500 per completed survey. In many instances, administrative records already collect information on key outcomes such as employment, earnings, program participation, college enrollment, income, criminal history, and many others. Moving to Opportunity and other large scale impact evaluations have relied heavily on these kinds of administrative data. The problem is that these data are often not available for evaluation purposes. Some cities and states have established administrative data repositories that can be used for evaluation, but there needs to be a national effort. One promising example is the National Student Clearinghouse that compiles student enrollment and degree information for more than 3,600 colleges and universities across the country. The data from this clearinghouse provide researchers, educators, and policymakers with the information necessary to advance evidence-based education policies.

In conversations with Chairman Ryan's staff prior to the introduction of the Ryan-Murray commission bill, we discussed a document I wrote about how a clearing-

¹⁵Meyer, Bruce D. (1995). “Lessons from the U.S. Unemployment Insurance Experiments,” *Journal of Economic Literature*, Vol. 33, No. 1. (Mar., 1995), pp. 91–131.

¹⁶Sperling, Gene (2014). “A Continuum Approach,” in *Moneyball for Government*. J. Nussle, & P. Orszag, eds. Disruption Books.

¹⁷U.S. Department of Education, Planning and Evaluation Service, Elementary and Secondary Education Division, “Third National Even Start Evaluation: Program Impacts and Implications for Improvement,” Washington, D.C., 20202. <http://www2.ed.gov/rschstat/eval/disadv/evenstartthird/toc.html>.

¹⁸Bridgeland, John and Peter Orszag (2013), “Can Government Play Moneyball?” *The Atlantic*, July/August. <http://www.theatlantic.com/magazine/archive/2013/07/can-government-play-moneyball/309389/>.

house for program and survey data might work.¹⁹ This clearinghouse could provide policymakers and researchers access to administrative data on dozens of government programs. These data would be accessible, on a restricted basis, through a centralized but secure information system that would allow users to link participants across programs, to respondents in surveys, and to other administrative data sources. These data would provide critical information on program impacts that is currently unavailable to policymakers and researchers. This would make possible countless studies of government programs, and as such, would transform the way researchers analyze and evaluate these programs, and provide policymakers with better evidence of program impact and effectiveness, resulting in the design of more effective government programs.

The Ryan-Murray Evidence-Based Policymaking Commission Act of 2015 represents an excellent step towards greater access to data to evaluate programs. This legislation would create a commission to study how administrative data on Federal programs and other data might be compiled in order to facilitate research and evaluation. The commission would also study the feasibility of a national clearinghouse for such information.

5. Disseminate Evidence on What Works

Finally, policymakers, educators, service providers, and researchers need a way to track down easily the existing body of evidence on what works and what does not. A national repository of well-designed, well-implemented impact evaluations would help promote a broader culture of evaluation. An important challenge here is that the body of evidence on social programs is far larger than the body of good evidence. Stakeholders need a way to filter out unreliable studies to ensure that policy decisions are guided by the most reliable evidence. This means that we need clear standards for what constitutes solid evidence. Ideally, an independent entity would assess evaluations and identify those that are reliable.

A well-designed model of how to synthesize a large body of evidence is the What Works Clearinghouse, which is run by the U.S. Department of Education's research arm: the Institute of Education Sciences (IES). For this clearinghouse, IES reviews research on education programs and policies, and highlights those that are of the highest quality. The U.S. Department of Labor offers a similar service for labor topics through the Clearinghouse for Labor Evaluation and Research (CLEAR). Outside the government, the Coalition for Evidence-Based Policy provides a nice one stop shop for what works in social policy. It has established the highest standards for identifying social programs that are supported by well conducted RCTs.²⁰

IV. Conclusions

Advances in technology and data collection have greatly expanded opportunities to implement high-quality evaluations of social programs. Evidence from these evaluations can help in the design of programs that yield better results and guide policy on how best to allocate scarce resources. By encouraging innovation and evaluation and by targeting support at interventions shown to be successful, policymakers will ensure that our social programs are more effective at helping vulnerable populations get ahead. We at the Wilson Sheehan Lab welcome this transformation in the way we fight poverty in America.

The CHAIRWOMAN. Thank you, Dr. Sullivan. And I do want to get to Mr. Everett. Please proceed with your testimony. After that we are going to break to vote and come back for questions. So, Mr. Everett?

STATEMENT OF JEREMY K. EVERETT, DIRECTOR, TEXAS HUNGER INITIATIVE, BAYLOR UNIVERSITY, WACO, TX

Mr. EVERETT. Thank you, Chairwoman Walorski, Ranking Member McGovern, and Members of the Subcommittee on Nutrition for the opportunity to speak before you today. My name is Jeremy Everett. I am the Director of the Texas Hunger Initiative at Baylor University. THI is a collaborative capacity building project that develops and implements strategies to end hunger through research,

¹⁹Sullivan, James X. (Forthcoming), "Promoting Greater Understanding of the Impact of Federal Programs: What a Clearinghouse for Program and Survey Data Might Look Like," *Wilson Sheehan Lab for Economic Opportunities Policy Brief*.

²⁰<http://evidencebasedprograms.org/>.

policy, and community engagement. Headquartered at Baylor University, with 12 regional offices across the state, THI convenes Federal, state, and local government stakeholders with nonprofits, faith communities, and business leaders to create an efficient system of accountability that increases food security, and is an evidence-based collaborative model, a model we call informed engagement.

Informed engagement is a cyclical process of research informing on the ground strategy, and subsequently on the ground strategy informing research. This process leads to evidence-based solutions that have the potential to make Federal nutrition programs more efficient for the state, and more impactful for low-income Americans. Our work within local communities across the state is guided by three core assumptions. First, hunger and poverty are too complex for sectors to address independently of one another. Second, public and private partnerships are an effective means for coordinating access to SNAP and other Federal nutrition programs within a larger continuum of care. And third, research and evaluation provide a foundation for practical evidence-based solutions.

Assumption one, hunger and poverty are too complex for sectors to address independently of one another. When the Texas Hunger Initiative began in 2009, we identified thousands of organizations working tirelessly to address food security in Texas, however, there were still more than five million Texans living in food insecure households. A big reason for this is they were not coordinating with each other. We realized that our first priority needed to be building public and private partnerships.

Assumption two is that public and private partnerships are an effective means for coordinating access to SNAP and other Federal nutrition programs within a larger continuum of care. In congruence with Baylor's aspiration of informed engagement, THI, and its partners across the State of Texas, are fostering public and private partnerships to maximize the efficiency of nutrition programs and develop local solutions to address hunger. Public and private partnerships are collaborations among state agencies and local organizations that bridge local, state, and Federal resources to maximize the efficiency of programs, while increasing community ownership.

Our third assumption, research and evaluation provide a foundation for practical evidence-based solutions. As a part of the informed engagement process, our work building public and private partnerships are continuously evaluated. Being at a university, we are in a unique position to engage in research and evaluation that is both collaborative and actionable. Every project we engage in is informed by existing research on food security, and evaluated by a research team.

Because community-based initiatives are innovative, and often in a continuous state of development. We utilize the aspects of developmental evaluation. Our goal is to make sure that our programmatic decisions are informed by research and evaluation, and that research and evaluation are informed by what we are doing programmatically. When public and private partnerships are carefully informed by research and evaluation, stronger networks are likely formed between clients and local organizations, thus building a foundation for increased social capital for low-income families.

Social capital, a measure of trust, and reciprocity in social networks, is positively associated with household food security independent of household level socioeconomic factors. Thus social capital is a compliment to anti-hunger and anti-poverty programs because it strengthens the assets and resources that exist within disadvantaged communities. Stronger networks, social capital, and Federal nutrition programs are all important components for building food security.

Our efforts at the Texas Hunger Initiative demonstrate informed engagement, and are building a foundation for evidence-based solutions. We believe that allocating resources to the Hunger Free Communities line in the farm bill will expand the capacity of informed engagement in public and private partnerships, resulting in greater local coordination, strengthened social networks for low-income Americans. And when public and private partnerships are carefully informed by research and evaluation, stronger networks are likely formed between clients and local organizations, thus building a foundation for increased social capital for low-income families.

We believe that this has the potential to reduce the need for long-term Federal assistance. When we invest in these efforts and build them up on scalable, evidence-based solutions, we exhibit both the willpower and the know-how to build public and private infrastructure to strengthen families and build communities. Thank you.

[The prepared statement of Mr. Everett follows:]

PREPARED STATEMENT OF JEREMY K. EVERETT, DIRECTOR, TEXAS HUNGER INITIATIVE, BAYLOR UNIVERSITY, WACO, TX

Thank you, Chairwoman Walorski, Ranking Member McGovern, and Members of the Subcommittee on Nutrition for the opportunity to speak before you today. My name is Jeremy Everett. I am the Director of the Texas Hunger Initiative (THI) at Baylor University. THI is a collaborative, capacity-building project that develops and implements strategies to end hunger through research, policy, and community engagement. Headquartered at Baylor University with 12 regional offices across the state, THI convenes Federal, state and local government stakeholders with non-profits, faith communities and business leaders to create an efficient system of accountability that increases food security in Texas. This evidence-based, collaborative model is called *informed engagement*.

Informed engagement is one of Baylor University's aspirational statements that comprise a new 10 year vision called Pro Futuris. Under the banner of *informed engagement*, the university aims to address problems facing the local and global community by leading initiatives to form stronger community partnerships and "support research that provides a foundation for effective solutions" (Baylor University, 2015). *Informed engagement* is a cyclical process of research informing on-the-ground strategy and, subsequently, on-the-ground strategy informing research. This process leads to evidence-based solutions that have the potential to make Federal nutrition programs more efficient for the state and more impactful for low-income Americans.

Our work within local communities across the state is guided by the following core assumptions: *first*, hunger and poverty are too complex for sectors to address independently of one another; *second*, public and private partnerships are an effective means for coordinating access to SNAP and other Federal nutrition programs within a larger continuum of care; *third*, *research and evaluation* provide a foundation for practical evidence-based solutions.

Assumption One: hunger and poverty are too complex for sectors to address independently of one another.

It is estimated that 27 percent of children live in food-insecure households in Texas, which is higher than the national average (21%) (Feeding America, 2014). This means they had difficulty meeting basic food needs at least some time during

the year (Coleman-Jensen, Gregory, & Singh, 2014). When the Texas Hunger Initiative began in 2009, we identified thousands of organizations tirelessly working to address food security in Texas; however, there were still over five million Texans living in food-insecure households. A big reason for this was that many agencies, churches, and food pantries were trying to address the problem on their own. They weren't coordinating with each other. We realized that our first priority needed to be building public and private partnerships.

Assumption Two: public and private partnerships are an effective means for coordinating access to SNAP and other Federal nutrition programs within a larger continuum of care.

In congruence with Baylor's aspiration of *informed engagement*, THI and its partners across the State of Texas are fostering public and private partnerships to maximize the efficiency of nutrition programs and to develop local solutions to address hunger. Public-private partnerships:

- are collaborations among state agencies and local organizations;
- bridge local, state, and Federal resources to maximize the efficiency of these programs;
- can be arranged at both the state and local levels, and can operate as formal or informal collaborations; and
- decrease access barriers, build local and state networks, and increase community ownership.

More specifically, our public-private partnerships increase access to Federal programs including SNAP and child nutrition programs, such as the Summer Meals and after school Meals programs. My colleague Dustin Kunz testified before the full Committee on April 15 about our partnership with the Texas Health and Human Services Commission (HHSC) and a network of over 1,200 community-based organizations to increase statewide access to benefits such as SNAP. This partnership decreases the need for government offices across the state while ensuring that eligible individuals and families have access to a continuum of care where SNAP is one, crucial part of the solution.

Assumption Three: research and evaluation provide a foundation for practical evidence-based solutions.

As part of the informed engagement process, our work building public-private partnerships is continuously evaluated. Being at a university, we are in a unique position to engage in research and evaluation that is both collaborative and actionable. Every project we engage in is informed by existing research on food security and evaluated by our research team. Because community-based initiatives "are innovative and are often in a state of continuous development," we utilize aspects of developmental evaluation (Gamble, 2008, p. 12). Our evaluation "focuses on the relationships between people and organizations over time, and the problems or solutions that arise from those relationships" (Kania & Kramer, 2013). Our goal is to make sure our programmatic decisions are informed by research and evaluation and our research and evaluation is informed by what we're doing programmatically.

For example, we've conducted focus groups to understand the experience of families as they access assistance, and we used the information gathered to inform how we support local organizations. We've surveyed local organizations to understand their capacity to serve as access points for nutrition programs and used the results to try to determine what types of organizations might best fill this role. We've also developed maps that show high-poverty Census tracts that do not have sufficient access points for nutrition programs to make sure that we are investing in communities with the highest need. And we've written case studies that document the process of building coalitions and use the experiences we've gathered to inform how we build coalitions and public and private partnerships moving forward.

By investing in the capacity of local organizations, they are better equipped to build social capital and networks for low-income families. When public and private partnerships are carefully informed by research and evaluation, stronger networks are likely formed between clients and local organizations, thus building a foundation for increased social capital for low-income families. A study demonstrates that "social capital—a measure of trust, reciprocity and social networks—is positively associated with household food security, independent of household-level socioeconomic factors" (Martin, *et al.*, p. 2645). The authors posit that social capital is a complement to anti-hunger and anti-poverty programs because it "strengthens the assets and resources that exist within disadvantaged communities." Stronger networks, social capital, and Federal nutrition programs are important components for building food security.

Our efforts at the Texas Hunger Initiative demonstrate informed engagement and are building a foundation for evidence-based solutions. We believe allocating resources to the Hunger Free Communities line item in the farm bill will expand the capacity of informed engagement and public and private partnerships, resulting in greater local coordination and strengthened social networks for low-income Americans. When public and private partnerships are carefully informed by research and evaluation, stronger networks are likely formed between clients and local organizations, thus building a foundation for increased social capital for low-income families. And we believe this has the potential to reduce the need for long-term Federal assistance. When we invest in these efforts and build them upon scalable, evidence-based solutions, we exhibit both the will-power *and* the know-how to build public and private infrastructure to strengthen families and communities.

References

Baylor University (2015). PRO FUTURIS: A STRATEGIC VISION FOR BAYLOR UNIVERSITY. *Aspirational statement three: Informed engagement*. <http://www.baylor.edu/profuturis/index.php?id=91150>

Kania, J. & Kramer, M. (2013). *Embracing emergence: How collective impact addresses complexity*. <http://www.ssireview.org/blog/entry/embracing-emergence-how-collective-impact-addresses-complexity>

Martin, K.S., Rogers, B.L., Cook, J.T., & Joseph, H.M. (2004). "Social capital is associated with decreased risk of hunger." *Social Science & Medicine* 58, 2645–2654.

About the Texas Hunger Initiative at Baylor University

Who We Are

The Texas Hunger Initiative (THI) is a collaborative, capacity-building project focused on ensuring that develops and implements strategies to end hunger through research, policy, and community engagement. Headquartered at Baylor University with 12 regional offices across the state, THI convenes Federal, state and local government stakeholders with nonprofits, faith communities and business leaders to create an efficient system of accountability that increases food security in Texas.

What We Do

Developing Public-Private Partnerships

In the context of THI's work, public-private partnerships (PPPs) are collaborations between state agencies and community-based organizations that maximize nutrition program access by increasing scalability and local community empowerment. PPPs bridge local, state, and Federal resources to maximize the efficiency and reach of these programs. PPPs can be arranged at both the state and local levels, and can operate as formal or informal collaborations.

Increasing Access to Nutrition Programs

THI increases access to nutrition programs by partnering with schools and their districts, nonprofits, and congregations to maximize efficiency and reach of service delivery.

Child Hunger Outreach

Summer Meals

Since summer 2009

- 200+ more Summer Meals sponsors were added
- 1,300+ more Summer Meal sites were added
- 48,000+ more kids per day receive Summer Meals
- 5 million more Summer Meals served⁴

School Breakfast

Since 2009–2009 school year

- 65 million more school breakfasts served
- 337,000 more kids per day eat school breakfast⁵

Food Planning Associations

Food Planning Associations (FPAs) are collaborations of organizations and individuals who are committed to making their communities food secure through strategic planning and program coordination. FPAs are comprised of individuals representing a variety of sectors including nonprofit, business, health, schools, government, and more.

- THI supports 12 FPAs across the state.

Community Partner Program

THI and its subcontractors are partnering with Texas Health and Human Services Commission to recruit a network of community-based organizations to assist eligible Texans in utilizing public benefits through an online application system.

- Total Community Partners: 1,200+
 - Community Partners represent the following sectors:
 - Health & Disability: 395
 - Early Childhood Intervention & after school Enrichment: 264
 - Protective & Rehabilitative: 61
 - Employment & Skill Training: 51
 - Education: 40
 - Family Services: 17
 - Community Development: 12
 - Government: 9
 - Community Center: 7
 - Other: 281⁶
1. S.A. Andersen, ed. (1990). "Core Indicators of Nutritional State for Difficult to Sample Populations." *The Journal of Nutrition* 120, 1557S–1600S.
 2. Coleman-Jensen, A., C. Gregory, and A. Singh. *Household Food Security in the United States in 2013*, ERR–173, U.S. Department of Agriculture, Economic Research Service, September 2014.
 3. Gundersen, C., et al. *Map the Meal Gap 2014: Highlights of Findings for Overall and Child Food Insecurity*. Feeding America, 2014.
 4. Texas Hunger Initiative analysis of Texas Department of Agriculture 2008–2009, 2009–2010, 2010–2011, 2011–2012, 2012–2013, 2013–2014 SSO & SFSP Program Data
 5. Texas Hunger Initiative analysis of Texas Department of Agriculture 2008–2009, 2009–2010, 2010–2011, 2011–2012, 2012–2013, 2013–2014 NSLP & SBP Program Data
 6. Texas Hunger Initiative analysis of Salesforce data.

The CHAIRWOMAN. Thank you, Mr. Everett. I would like to advise Members that a series of votes has been called. I anticipate this series of votes to last approximately 20 minutes. I would ask that the Members return to the hearing as quickly as possible from voting. This hearing will stand in recess, subject to the call of the chair.

[Recess.]

The CHAIRWOMAN. The Committee will come back to order, and we are actually moving into the question portion, so I would like to direct my first question to Dr. Sullivan.

In reviewing existing SNAP research funded by the Department of Agriculture, is it sufficient enough to improve the program and identify evidence-based solutions in the world today that we live in?

Dr. SULLIVAN. Thank you for the question. I mentioned in my written testimony a number of challenges in evaluating the SNAP program broadly. These challenges arise because the program is an entitlement that is available universally, and so we lack a group to which we can compare the effects of the program. One might want to compare the effects of the food stamp program for participants to those that look like the participants, but don't participate. But eligible households, because it is an entitlement, are eligible to receive the benefits. So what this means is that we are limited in the kinds of rigorous studies that we can do of the food stamp program. One of the easy ways to address that would be to run pilot projects that we can evaluate in an experimental way, and that is

the kind of things that have been done, and encouraged, and funded by the most recent farm bill.

So pilot projects are a nice way to test additional features. Unfortunately, they are limited in terms of the ability to test the overall program. If I wanted to test the overall program, I would rewind the clock to 1964, when we were first rolling this out, and roll it out gradually, and construct a rigorous research design around that rollout. But, unfortunately, I can't roll back the clock, so we can't do that.

The CHAIRWOMAN. And this Committee has been consistent from the start that we believe in SNAP.

Dr. SULLIVAN. Yes.

The CHAIRWOMAN. We are not looking at tearing apart a program. We are looking at the areas where we make this work better, and some of the things that all of you have talked about today. Do you believe there is space within the program to do an evaluation?

Dr. SULLIVAN. The current program? I mean, absolutely, and I think that the idea of pilots is a great place to start, right, because you can allow the innovators, those at the local level, to experiment with new ideas, and test them rigorously to find out what works and what doesn't amongst these new ideas. And then once you start with a pilot, and you build a body of evidence on what works, you can scale those effective programs up, and you can run a larger demonstration project. And then you evaluate it again.

And once you build the evidence on the effectiveness of a demonstration project, now let us scale it up to a larger level. Maybe it becomes state waivers. Or, another way to test this on a broad scale, there will be much broader support for those kinds of initiatives if they are built off of evidence at the local level that these kinds of changes really work.

The CHAIRWOMAN. I appreciate it. Mr. Everett, your work extends well beyond SNAP to actually address hunger in Texas. Can you talk a little bit about what it is you are researching and evaluating?

Mr. EVERETT. We have an interdisciplinary research agenda. So one of the things we research is what we call the Community Partner Program, looking at how we can incorporate private organizations, nonprofits and congregations, into becoming access points for the SNAP program, or Medicaid, Medicare, CHIP, and so forth. On the local level we have been able to do this by reducing the number of Health and Human Service offices we have around the state, which has saved us a lot of money as a state in bureaucratic spending.

We are looking at that. We test that to find out what makes a good community partner organization, what makes a good access point, and what organizations build strong social networks for low-income families so that we can hopefully get them into gainful employment. We look at the Summer Meals program, how we can help organizations, sponsoring organizations, around the country be able to operate that program in the black.

A lot of organizations lose money. If they are losing money when running that program, then oftentimes that requires additional investment, maybe from other organizations, like foundations, or it could cause them to get out of the program altogether. And so we

run programs there. We have tested nutrition levels of the Breakfast in the Classroom Program, and its potential impacts on academic performance. You name it. It is a pretty wide range of evaluation projects.

The CHAIRWOMAN. I appreciate it, thank you. And I would now recognize Ranking Member McGovern, for 5 minutes.

Mr. MCGOVERN. Thank you very much, Chairwoman. First of all, thank you all for being here. This is very interesting. Mr. Everett talked about better coordination. I agree. I wish, within the Federal Government, all the relevant agencies that deal with issues of hunger and poverty were better coordinated, would meet on a regular basis, and talk about how they can work better together.

That is one of the reasons why I have been urging the White House to do a White House conference on food, nutrition, and hunger to try to bring everybody who has a role in this together, and lock them in a room, and say, "Okay, what is the plan here?" And I am all for evidence-based evaluation, but we are talking about a program, in SNAP, that has one of the lowest error rates of any Federal program. This is not a program that is fraught with waste and abuse. It is a program that is actually run pretty well.

And the majority of people on the program are kids, senior citizens, and members of the disabled community. And the majority work, and some people work full time, and yet still earn so little that they are on the benefit. So those people don't need another evidence-based study to try to incentivize them to work. Those people are working. I think what they probably want is a study as to that would show what an increase in the minimum wage to a livable wage would mean for them, so that their work actually pays something, so that they don't have to rely on public assistance. Let us define the context here.

I see the reality when I am back home, and in various places around the country. The fact is that the benefit, as Mr. Weill pointed out, is inadequate. Most SNAP families end up at food pantries and food banks before the month is out. And it is not that they don't know how to budget their money properly. It is not a very generous benefit, contrary to what you might hear on some talk radio shows. I have two sisters who are school teachers in Massachusetts. A lot of the kids that come to class on Monday, it is clear that they haven't eaten most of the weekend. They can't concentrate.

Dr. Sullivan, you referred to the thousands of studies of medical treatments, including drugs. I think of SNAP as providing medicine for people, because I do think food is medicine. But I want more research on the adequacy of the dosage. Isn't that an important research goal within the framework that you are describing? Isn't that indeed the most urgent research question?

Dr. SULLIVAN. I would agree that it would be wonderful to study what the impact of food stamp generosity is on the well-being of recipients. And Mr. Weill mentioned a natural experiment was, when we expanded the generosity in 2009 temporarily. And the challenge is what kind of evidence can we collect when we do those kinds of things? We expanded food stamp generosity at the same time that a lot of other things were going on in the macroeconomy that made it difficult for low-income families. As a result, it is real-

ly challenging to determine exactly what the impact of that expansion was.

Mr. MCGOVERN. Well, I can tell you when we took back that food stamp generosity, when the Recovery Act monies ran out, all of us heard from constituents who complained that food prices didn't go down, that they could afford less, and that they were ending up relying more and more on food banks. I am interested in making sure, especially amongst our kids, that they have adequate food, but also they have access to nutritious food.

Dr. SULLIVAN. Yes. I agree with you, but let me be clear on what I am pushing here, is that I would like to have the solid scientific evidence that shows that food stamps is improving nutritional outcomes so that we can put an end to this debated question that some people saying that it is effective, some people are saying that it is not. If we can generate the kind of evidence that will convince policymakers and other stakeholders that it is clearly effective, then it is much easier to design policies and expand them.

Mr. MCGOVERN. Now, I don't disagree with the what you are saying here. But the problem is there are a lot of Members of Congress who are instinctively against SNAP because they think it creates dependency, when the evidence is the opposite. But, an important question here is whether or not the benefit that we currently have is adequate to meet the nutritional needs of families, and especially our kids, and I don't think it is. And I see that evidence when I go to schools, and I see kids that show up on a Monday morning unable to concentrate because they are hungry.

Dr. SULLIVAN. Yes.

Mr. MCGOVERN. I think that is an area we should be focusing attention on. I thank the Chairwoman.

The CHAIRWOMAN. I now recognize Mr. Abraham, for 5 minutes.

Mr. ABRAHAM. Thank you, Madam Chair. What we have been talking about today is more than just counting the number of people receiving the benefits, which would seem like it could be very expensive. Dr. Sullivan, you mentioned in your testimony that better administrative data might be a solution. Can you expand on that a little bit?

Dr. SULLIVAN. Sure. So there are lots of administrative data that give us information on SNAP, and many other programs, that allow us to track participation in the program, and other things like earnings, employment, *et cetera*. And what I was commenting on, in terms of administrative data, is that this provides an incredible opportunity to determine the impact of these programs.

So, for example, if I want to know what the effect of SNAP is on employment, I could write a survey and track down SNAP participants and non-participants, but that would be really expensive, and hard to do, but administrative data from UI earnings records already has those outcomes for us. And if I were able to have access to those kinds of data, it would make it much easier for us to conduct these kinds of experiments. When I referred to the Ryan-Murray Act, that is an effort to create a commission to really explore broader ways to create greater access to this. And the end result of that is that we have better information, and from better information we end up having better policy.

Mr. ABRAHAM. Mr. Everett, what role does administrative data play in your field?

Mr. EVERETT. It plays an important role, because we are constantly evaluating data that the state collects, or that the Federal Government collects. Oftentimes the data sets don't match, and so Dr. Sullivan and I were discussing earlier that we have dedicated research analysts who just clean data to make sure that it is accurate, so that our projections that we are making as a state, or as a Federal Government, as it relates to nutrition programs, are accurate. And so it is a core component—so more transparency would increase our ability to serve the state and the Federal Government more fully.

Mr. ABRAHAM. Okay. Thank you. Most SNAP research now is paid for with discretionary funding, and our discretionary appropriations. And as recently as 2016, the agricultural approps bill favored reported by the approps on July 8 included a rider to increase oversight on research, and this goes to Dr. Sullivan and Mr. Baron. In reviewing the existing the SNAP research funded by the Department of Agriculture, in your opinion, is it sufficient?

Mr. BARON. There are other policy areas, as I mentioned in my written statement and in my oral statement, like welfare, where there have been a large body of rigorous evaluations that have built a sizable body of strategies that have been shown effective in a variety of goals, including increasing workforce participation and success of program participants. In SNAP there have not been. There have not been a body of such studies.

There have been some, and there have been an increasing number in recent years, including the ten state pilots that are going forward, that have been scientifically rigorous enough to provide a credible answer about whether the program worked or not. And an area that Congressman McGovern touched on, one of the positive examples of a recent rigorous randomized trial that was done, sponsored by the Department of Agriculture, was providing summer electronic benefits for children, they don't get school lunches during the summer, so electronic summer benefits was a way of expanding the food benefits they receive. And it was tested in a rigorous evaluation to determine the effect on child hunger, and it did find an effect. But the number of studies like that that are done within SNAP to try to identify what works is very small, compared to other areas. Literally a handful of examples. I think there is a need for a much more robust effort at innovation at the state and local level, coupled with rigorous evaluation.

Mr. ABRAHAM. Dr. Sullivan, real quick. I have about 30 seconds.

Dr. SULLIVAN. I would agree with Mr. Baron. I might start by just saying that there is a lot of good information and research out there on the SNAP Program. We know a lot about the SNAP Program, like what drives changes in caseloads, and that the macroeconomy plays a large role. We know that SNAP is fairly well targeted, and that a lot of people who receive SNAP are at or near the poverty line.

But when I say things like there isn't a lot of hard evidence on the impact of SNAP, I am talking about what Mr. Baron was referring to, that there is a lack of this kind of experimental evidence

that would provide the convincing evidence that would shape policy.

Mr. ABRAHAM. Thank you. Madam Chair, I yield back.

The CHAIRWOMAN. I now recognize Ms. DelBene.

Ms. DELBENE. Thank you, Madam Chair, and thanks to all of you for being here with us today. Many of you have talked about the efforts of finding and using evidence in the SNAP Program, and in my State of Washington, we have already developed a number of effective strategies to help families achieve self-sufficiency. Washington's employment and training program has helped over 11,000 people find jobs, and in one study less than 1/2 of those enrolled in the program remain on government assistance 2 years after they enrolled. So Washington's program has been a model, and we used it as a model to help create the ten employment and training pilots that were in the farm bill.

I was wondering, Mr. Weill, if you can explain further how employment and training programs might be able to help us develop further strategies to help expand opportunity, and make sure that we reduce hunger at the same time.

Mr. WEILL. Thank you, Congresswoman. Washington has one of the strongest SNAP E&T programs in the country. It has done a much better job than most other states. There are a number of attributes. The most important one, in some ways, is that there is really strong coordination with other agencies, with community colleges, with nonprofits, and other state agencies. And also the state has used the available Federal money. We are talking about work demonstrations here, and we have all talked about the ten state pilots, but the fact is that there are large streams of Federal money that a lot of states, unlike Washington, aren't really using. Most of the Federal E&T discretionary money is used by five states. So we need more states to follow the examples of states like Washington that have done a good job.

Not all the evidence in the world has to be from randomized control trials. As Dr. Sullivan's written testimony indicated, there are good workarounds for a lot of these research problems. The problem then is getting states to pick up on what is proven research. And the evidence that the states are good at picking up on what is proven is not itself overwhelming.

Ms. DELBENE. I also wanted to follow up on something you mentioned in your testimony. You talked about the primary goals of SNAP being addressing hunger and malnutrition, assisting households obtain a more nutritious diet, strengthening the agricultural economy, and doing so through normal channels of trade. Can you elaborate on what the research tells us about how SNAP is meeting those goals today?

Mr. WEILL. As my written evidence suggests in more detail, we know that SNAP reduces food insecurity, both among children and adults, and it does that by increasing their purchasing power. So it is accomplishing that goal. As Mr. McGovern suggests, it could do more if benefits were more adequate, but it is certainly achieving the goal to a significant degree that is important to the society.

Also, since all SNAP benefits run through grocery stores, big box stores, farmers' markets, it is doing that through normal means of

commerce, and it is a boost to the agriculture economy. So it is meeting its statutory goals, and doing so in a very effective way.

Ms. DELBENE. And what else should we be studying? Do you have other ideas on things we aren't looking at today that we should be looking at?

Mr. WEILL. Well, there are a lot of state choices and state activities that some states do and other states don't that get in the way of eligibility and benefits. Just as one example, some states use the very outdated, very low basic assets test, which keeps, particularly, seniors, but also working families, out of the program. But a lot of other states have chosen the option to do away with, or substantially raise that asset test. One important question that could be looked at is the impact of the asset tests on keeping working families and others out of the program, reducing participation, and hurting food security.

There are state choices on income levels, on certification periods (how long people can be in the program before they have to go through difficult bureaucratic means to get re-certified for a second period). A bunch of options that vary from state to state that are natural experiments to research what is most effective and what isn't.

Ms. DELBENE. Thank you. I will yield back.

The CHAIRWOMAN. Thank you. The chair recognizes Mr. Yoho, for 5 minutes.

Mr. YOHO. Thank you, Madam Chairman. I appreciate you all being here to discuss this so we can reform the nutrition program so we get the best benefit for the end-user, and that the American taxpayers' dollars go to wise use.

Mr. Weill, you just said that the studies determined that SNAP has decreased food insecurity. I think I just heard you say that?

Mr. WEILL. Yes, that is correct.

Mr. YOHO. No offense, but those are kind of common sense things, that if we put more money into the system, in people's hands, it is going to increase their buying and purchasing power. Have we done beyond that, to saying why are people in that situation in the first place? And I know we are coming out of a terrible economic time, but what is the breakdown to where people are in that, and we have such a high number of people on food assistance?

And, again, I have said this in this Committee before, being a veterinarian, I have dealt with every species of animals, whether the parent raises that child, or that offspring, and then teaches it the way to go and weans it. We are the only species on the planet that seems to be going backwards. Are we looking at the underlying cause of why we are here, and having so many people on nutrition programs?

Mr. WEILL. The very, very large majority of adults on the program are people with disabilities, are seniors, and are working parents.

Mr. YOHO. All right. If we took that category out, and we looked at able-bodied people, and not looked at the poor, the elderly, the disabled, but look at that one group of individuals, how much does that account for the spending on nutritional programs?

Mr. WEILL. I don't know off the top of my head what percentage of the SNAP budget goes to households with working age adults

who aren't disabled, but I can tell you that significantly more than the majority of those adults who aren't disabled on SNAP are currently working, but they are working at very low wages, and possibly only part time, because they would like to work full time but can't. Or they have worked very recently, and they are now unemployed for 2 or 4 months, and they are receiving SNAP during relatively short periods of unemployment.

In some ways the public view of most able-bodied adult SNAP recipients as people who haven't worked for very long periods of time is very inaccurate. The number of people who aren't currently working and are on SNAP, compared to those who are working at low wages, or who were working recently, or who will be going back to work soon, the number of people who fall in that category is relatively small.

Mr. YOHO. Is anybody else—

Mr. WEILL. There are, but it is a large program. There are a lot of people in that category, but it is a small proportion.

Mr. EVERETT. Okay. Sure. I would love to address that. Right now we have less social mobility than we have had since 1929 as a nation, so part of the problem is definitely wages. So in Texas right now we have the most people working in minimum wage conditions that are utilizing the SNAP program than any other state. So the program has become essentially a work support program.

So the conditions in many of our communities are such where educational outcomes—the issue that we are dealing with with SNAP, or with hunger, is merely a part of the larger umbrella issue of poverty. And, as you know, poverty is incredibly complex, and people are poor for a myriad of reasons, but access to quality health care, access to quality education, access to housing, and so on and so forth, all have direct impact on the outcomes, in terms of utilization of the SNAP program.

Mr. YOHO. I am going to reclaim my time, because what you described is a situation where it is an ongoing process, and we are not going to work ourselves out of this until we change something. And we have had the War on Poverty for 50 years. We put \$20 trillion into that, and we are going backwards in that process. Somewhere the cycle has to be brought—and I am all for helping people get into a system, get them educated, get them to move beyond that so that we break that cycle. But what I hear on these programs is we are just following the same thing over and putting more money in there. We have to break that cycle, and that is what I am looking for. The panels, as they come in here, how do we break this cycle? How do we get beyond this? You know, as you guys—well, I don't want to get into that. That is where I would really like to hear from you guys.

And let me ask you this. I mean, you are in a faith-based organization, right?

Mr. EVERETT. Yes, Baylor University, yes.

Mr. YOHO. Yes. Texas Hunger Initiative—

Mr. EVERETT. Yes.

Mr. YOHO.—do you feel that that is an integral part of helping people get food outside of government? If it is faith-based *versus* just a government program, do you see a need for those?

Mr. EVERETT. Absolutely. I think one of the things that I mentioned in my opening remarks was the importance of public and private partnerships. When you have organizations like congregations and local nonprofits that have an intrinsic interest in ensuring that people not only have access to benefits, but also have access to gainful employment, because that is a part of their mission and purpose, that that is—

Mr. YOHO. I am going to have to cut you off because I am out of time. Thank you for your answer.

The CHAIRWOMAN. Yes, and to the Members, I apologize, we have another set of votes coming. Mr. Aguilar, the chair recognizes you for 5 minutes.

Mr. AGUILAR. Thank you, Madam Chair, and I want to thank the panel for joining us here today. This question is for Mr. Weill. I am looking at March 2015 data for Cal-Fresh recipients in my county of San Bernardino in California. In the first quarter there were 397,000 people in my county on Cal-Fresh living in 177,000 households. My question is, how would an evidence-based solution assure me that these folks, whether they are children, elderly, or disabled, would benefit from evidence-based solutions to SNAP alone? And I want to be sure that the people in my community are receiving the assistance that they need to avoid food insecurity.

Mr. WEILL. So I am not a researcher, but I would disagree a little bit with Dr. Sullivan. I think there are workarounds for randomized control experiments that can be done in the SNAP Program to show how effectively or not effectively the program is reaching people in your county. And those would include determining the proportion of the estimated eligible people in the county who are actually participating, as compared to surrounding counties.

It would include looking at data—when people apply for benefits, most people are really desperate; they have just lost jobs, lost other sources of income—on how quickly people get into the program, which can be done through administrative data. I know some counties in California are very slow in processing applications. Also, looking at the quality of the employment and training program in the county, and other aspects of discretionary county decisions and policies in the county, and comparing them not just to other states, but to surrounding counties in California. And I will be glad to provide your staff with data sources as to how to get that in your county.

Mr. AGUILAR. Thank you, I appreciate it, sir. Mr. Baron, earlier you cited Riverside County as an example of an evidence-based solution from something that you mentioned, from studies in the 1990s, and I am not sure if it is the best example. The study cited participation rates of 57 and 60 percent, respectively, for education and training, but parents are only a small part of the equation, as the panelists have mentioned, and Mr. McGovern mentioned. What about kids that received benefits, seniors, veterans under care, people with disabilities, and those living with individuals with disabilities? I just question the actual number of people who benefited.

And I would also say, just for context, that region, which is just a few miles away from my district, had an unemployment rate of

near 15 percent a few years ago. So I would question the long-term benefits of the reforms and the programs that you cite.

Mr. BARON. Well, it is a good question. One thing that was unique about the Riverside study was that it was a scientifically rigorous study, and it had a 5 year follow-up. And there was no question that it produced a meaningful improvement in people's life outcomes, an improvement of about 40 percent in their employment and earnings. And because they were employed and earning, it produced sizable savings to the government of several thousand dollars per person in food stamps and welfare.

It was done with a very wide slice of welfare participants. And in Los Angeles County, where it was replicated, it was implemented for every welfare participant in all of Los Angeles, and also shown to be effective. Los Angeles County, at the time, had the largest welfare population in the United States. So for that particular study, this particular approach of moving people from welfare into the workforce, was demonstrated credibly in one county, and then demonstrated credibly on a very large scale for a large number of people in another county, for single parent, long-term welfare recipients, as well as two parent participants, to have large effects. And that is why it had such an important policy impact.

Mr. AGUILAR. I appreciate it. Mr. Everett, your colleague, Mr. Kunz, testified before our Subcommittee in April, and he mentioned some of the great things that you guys are doing to increase SNAP participation. Do you rely on volunteers for all of your outreach, or do you work with the State of Texas to get some SNAP outreach funding for materials?

Mr. EVERETT. Well, we have regional offices with field staff that work with about 1,200 community partner organizations. So many of those community partner organizations might have case managers that are employed by their local nonprofit that act as a navigator for SNAP accessibility.

Mr. AGUILAR. Do each of those regional offices have full time—

Mr. EVERETT. They do.

Mr. AGUILAR.—full time staff members?

Mr. EVERETT. They do.

Mr. AGUILAR. Within your—okay, I am sorry. I am out of time. Thank you so much. I appreciate it.

The CHAIRWOMAN. Thank you. The chair recognizes Congressman Davis, for 5 minutes.

Mr. DAVIS. Thank you, Madam Chair, and thank you for convening this hearing. And I appreciate the Ranking Member, Mr. McGovern, who is very passionate about these issues, and I just wanted to see how fast he would turn around when he heard his name.

Mr. MCGOVERN. You got my attention.

Mr. DAVIS. Yes. But this is a great opportunity to hear some innovative approaches. Some of the longest debate that we had during our farm bill negotiations were obviously related to the programs that funded our food and nutrition programs. And I am glad to hear many of the witnesses today. I have read your testimony, and thanks for being here.

I am from Illinois, and part of the farm bill, we authorized ten pilot programs to be able to look at a valuable first step to building

the solution for making some of the meaningful improvements that many of you are talking about. And I am excited to see that Illinois is a grantee. I frankly didn't think our governor at the time, who is no longer governor, would actually make the application. I am glad he did. I actually had to apologize for calling him out in the newspaper.

Mr. Baron, what advice would you give a state like Illinois to ensure that this pilot program is successful?

Mr. BARON. There have been a lot of studies that have been done, not specifically in food stamps, but in other areas, in Unemployment Insurance and employment programs for hard to employ populations. There have been a number of rigorous studies that have been done in welfare-to-work that have identified, in a few cases, not many, some highly effective approaches for increasing the workforce success of low-income families.

If I were a state, or advising a state, my suggestion would be to look very carefully at what has been learned in those prior studies. There are a few programs, even if they are in different program areas, but with low-income populations, that have produced really large impacts on peoples' life outcomes, and to see whether adaptations of those programs for a food stamps population could be tested. So the short answer is I would look to the prior research to identify what is most promising, and try that in food stamps.

Mr. DAVIS. Excellent. Thank you. Thanks for your advice, and we may have our new Administration in Illinois reach out for some more suggestions on how to be successful.

Dr. Sullivan, in your testimony you talked about how the structure of SNAP makes it difficult to gather evidence on the real effectiveness of the program. And if you have already mentioned this before I got here, or if you mentioned it to a previous question, I apologize for the redundancy, so feel free to move even beyond with some other suggestions. But, from your perspective, what changes should be made in order to get the most accurate data? And how can we take what you are learning, quantify results, and move them into the public policy realm?

Dr. SULLIVAN. Thank you. Let me address the second one, because it is closely related to what Mr. Baron was saying, and that is at the Wilson Sheehan Lab, we sometimes refer to this as innovate, evaluate, replicate. So these pilots are an effort to incentivize innovation, so we see state agencies experimenting with new things. We need to rigorously evaluate these pilots, and that is what is being done, and we need to continue to encourage that kind of rigorous evaluation, and then use that research to inform future decisions. So if the pilot is working, then we use that information to scale it up. We say, these are the kinds of programs that are worth investing more dollars in.

If the pilot is not working, that doesn't necessarily mean that we shut it down right away. When we are working with an agency doing an evaluation, the first question we ask when we get modest or negative evidence is why? Why is the evidence not as promising as we had hoped, and can the evidence help us steer or redirect a program in a way to make it better? So the evidence is an opportunity to improve the impact of the programs that we are designing.

Now, if a program continues to demonstrate—or lack to demonstrate effectiveness, then that is when we start thinking about reallocating resources towards programs and pilots that have actually demonstrated real impact.

Mr. DAVIS. So are there any other ideas that you may have that we have yet to ask you a question on that you feel may be helpful for us to develop a new policy, and more innovative policies?

Dr. SULLIVAN. Well, the pilots are a nice place to start, and what I would encourage is the opportunity to build off of that. And there are other models in other agencies. The U.S. Department of Education has a good model, a tier-based model that, once there is a pilot that has demonstrated effectiveness, there are funds available to scale that pilot up, and then evaluate it again. And then, when there continues to be evidence of effectiveness, then we scale it up even further, say within a large scale demonstration project. So there is this gradual accumulation of evidence so that we can support better policy.

The CHAIRWOMAN. Thanks. The chair now recognizes Congresswoman Lujan Grisham, for 5 minutes. And again, I apologize, we are up against another vote.

Ms. LUJAN GRISHAM. Thank you, Madam Chair, for this opportunity to continue to look at ways to make this program, SNAP, that I really care about and believe in, as effective as possible in meeting its goals—and doing what it ought to do, which is help this country eradicate hunger. I am from a state that is—I bet every one of the Members of the Subcommittee and entire Agriculture Committee could repeat New Mexico's statistics. New Mexico has one of the worst hunger problems in the country for both children and adults. And we went from last to fourth this year, so that is in the right direction, but it is still deplorable that my constituents face hunger every single day. And I recognize that this is a program whose intent and ability to do something about that is meaningful.

As a longtime state bureaucrat, Mr. Baron, I love any ideas that incentivize me, as a policymaker in that regard, to think of ways to improve programs, and if there are savings, to keep it. But, and here is my big but, that in the context of states, particularly like mine, who are in significant budgetary problems, and are suffering from one of the weakest economies in the country, and an Administration who I disagree with, in terms of how they feel about any public benefits, those kinds of incentives can be very counter-productive, and create exactly the opposite intent, of innovation and productive reform. I really want you to talk to me a little bit about that, but I am going to give you some stats to illustrate how this can go wrong.

Right now New Mexico, our proposed work requirements are for seniors and children. I want to tell you that our work requirements are also for unpaid work, which means I am already not getting enough for child care and housing, now I have to volunteer in places that are far away, in a state that has no public transportation really, because we are a rural and frontier state, so we are slow to get that off the ground. And think about it in the context of all of our friends now who have often unproductive and unwanted audits in health care, where we incentivize the inde-

pendent auditors, that they get to keep anything that they find, so they find stuff that really isn't fraud, but is a mistake. It really shuts down a lot of our direct care providers in the health care system. That is going on in New Mexico as well.

And one more thing. When we are putting up barriers just in the application process, as in New Mexico, because of those changes in the applications, most applicants wait months before they can get our computer system to look at those applications. SNAP benefits processing has fallen by 23 percent, and this is a design as part of reforming the program: 20,000 lost their food benefits. The state did nothing about it, and the only way to address the delays, and the barriers, and the applications, and the computer system, and the work requirements is courts are now involved, mandating that the state do something.

So that is an extreme example of how it goes completely the other way. Talk to me about some of those protections, balances, so that when we do our job, that hunger doesn't get worse, and that we are focusing on supporting those constituents who need us most, and who need this program most, and so we can be sure get the services and benefits that they need.

Mr. BARON. If the Federal Government were to incentivize state level innovation, I agree with you, it would need to circumscribe the types of innovations that would be allowed. There would be great flexibility, but you don't want to allow experimentation that is likely to cause harm.

But within circumscribed limits, there are probably many different strategies—useful strategies, plausible strategies—that could be tested. What was done in welfare, starting in the Bush Senior Administration was that the Federal Government, HHS, allowed states to try their own welfare reform innovations, and HHS waived provisions of Federal law to allow those state innovations—but HHS required a rigorous randomized trial to determine whether that innovation worked or did not work. And that is the reason why you have such a large body of scientific evidence that was built about what works in welfare.

When President Clinton came into office, he said, I am going to continue the state level waivers, the innovations that I agree with, and the ones that I disagree with.

Ms. LUJAN GRISHAM. All right. And I am going to reclaim—

Mr. BARON. Yes.

Ms. LUJAN GRISHAM.—the 6 seconds that I have, but I really encourage this Committee to remember that there are states who—even without waivers, and exceptions, and changes have not done the jobs that we intend, as policymakers, for these programs, and we have a responsibility to require accountability in any of these kinds of designs.

The CHAIRWOMAN. Thank you. I do appreciate the panel's help in understanding how we can better balance flexibility and accountability to help our recipients climb the economic ladder. You have certainly given us plenty to think about as we continue our look at the past, present, and future of the SNAP Program. No system is perfect, we understand, but we can always do better.

Under the rules of the Committee, the record of today's hearing will remain open for 10 calendar days to receive additional mate-

rial, supplementary written responses from the witnesses to any question posed by any Member. This hearing of the Committee on the Agriculture, Nutrition Subcommittee, is adjourned.

[Whereupon, at 3:18 p.m., the Subcommittee was adjourned.]

**SUPPLEMENTAL NUTRITION ASSISTANCE
PROGRAM**
**(PAST, PRESENT, AND FUTURE OF SNAP: BREAKING THE
CYCLE)**

TUESDAY, OCTOBER 27, 2015

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NUTRITION
COMMITTEE ON AGRICULTURE,
WASHINGTON, D.C.

The Subcommittee met, pursuant to call, at 10:00 a.m., in Room 1300 of the Longworth House Office Building, Hon. Jackie Walorski [Chairwoman of the Subcommittee] presiding.

Members present: Representatives Walorski, Crawford, Yoho, Abraham, Moolenaar, McGovern, Adams, Aguilar, Plaskett, Ashford, and DelBene.

Staff present: Anne DeCesaro, Haley Graves, Jadi Chapman, Mollie Wilken, Faisal Siddiqui, John Konya, Lisa Shelton, Nicole Scott, and Carly Reedholm.

**OPENING STATEMENT OF HON. JACKIE WALORSKI, A
REPRESENTATIVE IN CONGRESS FROM INDIANA**

The CHAIRWOMAN. Good morning. Welcome to today's *Past, Present, and Future of SNAP* hearing on *Breaking the Cycle*. I would like to welcome you here this morning. I am so appreciative for all of our witnesses who have come, for our Members as well. Thank you for coming to the Nutrition Subcommittee, and thank you for making time in your schedules to be here.

This is the latest hearing in our series, the *Past, Present, and Future of SNAP*. Today, we are examining how to break the cycle of poverty.

This hearing was inspired by a visit I made last year to Concord High School in Elkhart, Indiana, in my district. I am sure my colleagues here are very familiar with how these visits typically go. You answer questions from the brightest students gathered in the auditorium or the classroom, and they ask questions like how does a bill become law, what is it like to be in Congress, what is your position on such-and-such an issue? However, one student's question that day caught me off guard, and it was a young woman who stood up in that class and said, "How do I break the cycle of poverty?" And I will never forget this as long as I live. The student stood up in front of her peers and bravely told her story that day of her family receiving SNAP. While in high school, she got a job to start saving for college because she recognized the value of a col-

lege degree. She is trying to break out of the poverty cycle, trying to do the right thing as a young woman, yet feels intense pressure on all sides to maintain the *status quo*. She wanted to know how can she as a young woman, break the cycle of poverty. That day will resonate with me forever, and that is why we are here today.

In our past hearings, we have examined the conditions necessary to help adults climb the economic ladder, and the way community organizations serve as vital conduits and bridges to other support services. But what about adolescents and kids? Studies have shown that children who grow up in impoverished conditions are more likely to have lower academic achievement, and are more likely to live in poverty as adults. How do we give today's youths an off-ramp from this?

SNAP is only one piece in the social safety net puzzle for families, so we have to recognize that this one program can't do it all. And as we saw in a previous hearing, sometimes that puzzle can inadvertently create disincentives to work. The welfare cliff, for example, forces recipients to consider foregoing raises or promotions, or work altogether, because the increase in earned income isn't enough to replace the loss of SNAP and other benefits. America is the land of opportunity, not the land of we will have to think about it.

SNAP tries to help young people break the cycle of poverty by exempting formal college savings, like 529 plans, and income from full-time students under 18 from eligibility calculations. Are these effective? Is there more we can do to aid children to break the cycle of poverty?

Today, we will hear from witnesses who can attest to the impact poverty has on children, the challenges they face as they transition into adulthood, and ways we can help them increase their chance at success.

I thank each of our witnesses today so much for being here, and I would like to take a moment to introduce one witness here today from my district, Ruth Riley.

Ms. Riley played for the University of Notre Dame and was a member of the 2001 National Championship Women's Team, won a WNBA Championship with the Detroit Shock, and a gold medal with the U.S. Olympic team in 2004. Before she won championships on the basketball court, Ruth was raised in a single-parent household that relied on food stamps and free and reduced lunches. In 2012, Ruth became an ambassador for Share our Strength, a nonprofit organization committed to ending childhood hunger, as part of their No Kid Hungry campaign. Thank you, Ms. Riley, so much for being here today.

[The prepared statement of Mrs. Walorski follows:]

PREPARED STATEMENT OF HON. JACKIE WALORSKI, A REPRESENTATIVE IN CONGRESS
FROM INDIANA

Good morning and welcome to our hearing of the Nutrition Subcommittee. Thank you all for making time in your schedules to be here and thank you to today's witnesses for your participation.

This is the latest hearing in our series, *The Past, Present, and Future of SNAP*. Today, we are examining how to break the cycle of poverty.

This hearing was inspired by a visit I made last year to Concord High School in Elkhart, Indiana, in my district. I'm sure my colleagues are familiar with how these

visits typically go, answering questions from the bright students gathered in the auditorium or classroom. How does a bill become a law? What's it like being in Congress? What's your position on such-and-such issue? However, one student's question that day caught me off guard: How do I break the cycle of poverty?

The student stood up in front of her peers and bravely told her story of her family receiving SNAP. While in high school, she got a job to start saving for college because she recognized the value of a college degree. She is trying to break out of the poverty cycle, trying to do the right thing, yet feels intense pressure on all sides to maintain the *status quo*. She wanted to know: *How do I break the cycle of poverty?* That day still resonates with me and, as I said, is why we are here today.

In our past hearings, we've examined the conditions necessary to help adults climb the economic ladder and the way community organizations serve as vital conduits to other support services. But what about adolescents and kids?

Studies have shown that children who grow up in impoverished conditions are more likely to have lower academic achievement and are more likely to live in poverty as adults. How do we give today's youth an off-ramp from this?

SNAP is only one piece in the social safety net puzzle for families, so we must recognize that this one program can't do it all. And as we saw in a previous hearing, sometimes that puzzle can inadvertently create disincentives to work. The "welfare cliff" for instance, forces recipients to consider foregoing raises or promotions, or work altogether, because the increase in earned income isn't enough to replace the loss of SNAP and other benefits.

America is the Land of Opportunity, not the Land of "Well, I'll Have to Think About It."

SNAP tries to help young people break the cycle of poverty by exempting formal college savings, like 529 plans, and income from full-time students under 18 from eligibility calculations. Are these effective? Is there more we can be doing to aid children to break the cycle of poverty?

Today, we'll hear from witnesses who can attest to the impact poverty has on children, the challenges they face as they transition into adulthood, and ways we can help them increase their chance at success.

I thank each of our witnesses who are here today and I would like to take a moment to also introduce one witness here today from my district, Ruth Riley.

The CHAIRWOMAN. I would now like to recognize Ranking Member McGovern for his opening statement.

OPENING STATEMENT OF HON. JAMES P. MCGOVERN, A REPRESENTATIVE IN CONGRESS FROM MASSACHUSETTS

Mr. MCGOVERN. Well, thank you very much. And I want to thank the witnesses for being here. I think this is an important hearing.

And let me just begin by saying that I agree with our Chairwoman that SNAP can't do it all, but what it is supposed to do, which is to make sure that people don't go hungry in this country, I think it needs to do it better. And if we are going to break the cycle of poverty, quite frankly, it is going to require a hearing with more than just the Agriculture Committee, because a lot of our antipoverty programs, a lot of the issues that happen when people hit this so-called cliff, fall under the jurisdiction of multiple committees.

One of the things that I have been urging, unfortunately unsuccessfully thus far, the White House to do is to host a conference—a White House conference on food, nutrition, and hunger, because there are a lot of good things happening all across the country in combating hunger. What we need is a clearinghouse to be able to highlight best practices, but we also need to talk very candidly about ways that we can sew up some of the holes in the social safety net to make sure that people don't fall through the cracks, so that we are helping people move beyond SNAP and hopefully breaking the cycle of poverty.

We have had multiple hearings in this Committee. We have had seven hearings to be exact. We have heard a lot about SNAP, we have talked about comprehensive case management models and innovative public-private partnerships. Look, I am all for strengthening SNAP's job training program, but the real problem is that we don't have enough slots available to meet the need for workers looking to improve their skills. Bolstering our job training programs is expensive. I support it, but it is expensive. And we want to have much more robust case management. That is going to cost more as well. I am all for it and I think that is an important way to help people break the cycle of poverty. But if we are going to do that, we need to make sure that the funding is there. And what I am very strongly against is robbing Peter to pay Paul. I don't think we should lessen our commitment to food and nutrition programs, and divert those monies to someplace else, because, in my view and based on my experience, the SNAP benefit as it is currently constructed is inadequate for families. Go to any food bank in this country and at the end of the month, people are lined up because they have run out of their SNAP benefit. And by the way, the SNAP benefit that is available for people today is less than it was a few years ago because of actions that this Congress has taken to cut the benefit.

SNAP in and of itself is not a jobs program; it is a food program. That is why I am especially pleased that Dr. Ochoa is here with us today, and that his testimony focuses on what the body of evidence says about SNAP's positive effect on children's health. We know that access to adequate nutritious food during childhood is key to healthy development and future economic productivity. We need to get this right. We need to do this better.

So let me remind my colleagues that ½ of all SNAP recipients are children, and the last time I checked children weren't expected to work, unless we want to repeal the child labor laws. But the majority of people on this program are children, are senior citizens, are those who are disabled. Of those who work, the majority work, but they earn so little that they still qualify for SNAP.

And so I look forward to the hearing today. We need to figure out how we can do this better, but I worry that in this Committee sometimes we look at SNAP to be the remedy for everything. This is a program to make sure people do not go hungry in this country, and the benefit is inadequate. We need to bring in other committees. We need to get the White House more engaged in this debate and in the challenges before us, and we need to figure this out, and I think we can probably find some bipartisan consensus on that.

So with that, I yield back my time.

The CHAIRWOMAN. Thank you, Mr. McGovern.

The chair would request that other Members submit their opening statements for the record so the witnesses may begin testimony to ensure there is ample time for questions.

The chair also would like to notify Members that they will be recognized for questioning in order of seniority for Members who were here at the start of the hearing. After that, Members will be recognized in order of arrival. I appreciate Members' understanding.

Witnesses are reminded to limit your oral statements to 5 minutes. All of the written statements will be included in the record.

I would now like to welcome the witnesses to the table. Caroline Ratcliffe, Senior Fellow, Urban Institute, Washington, D.C. Thank you so much for being here. The aforementioned Ruth Riley, former WNBA Athlete and Olympic Gold Medalist. Dr. Eduardo Ochoa, Jr., M.D., Little Rock, Arkansas, on behalf of Children's HealthWatch. Thank you so much for being here. And Dr. Haskins, Senior Fellow, Brookings Institution, Washington, D.C.

With that, Dr. Ratcliffe, please begin with your testimony when you are ready.

STATEMENT OF CAROLINE E. RATCLIFFE, PH.D., SENIOR FELLOW AND ECONOMIST, CENTER ON LABOR, HUMAN SERVICES, AND POPULATION, URBAN INSTITUTE, WASHINGTON, D.C.

Dr. RATCLIFFE. Thank you. Good morning, Madam Chair, and Members of the Subcommittee.

My name is Caroline Ratcliffe and I am an Economist and Senior Fellow at the Urban Institute. The Urban Institute does not take policy positions. The views I am presenting today are my own. I will describe findings from my research on childhood poverty. This research is closely connected with this Subcommittee's work on SNAP, as poor children are substantially more likely to be food-insecure than their non-poor counterparts.

My research highlights obstacles poor children face in reaching milestones, such as completing high school, graduating from college, and maintaining consistent employment. This research helps us understand what it would take to break the cycle of poverty. This research is based on data that tracks families over 40 years, and follows children from birth throughout childhood and into adulthood.

I will answer three questions. In answering these questions, I get at issues of economic mobility, and how poverty and economic vulnerability cycles through to the next generation.

The first question is just how many children are we talking about when considering poverty. Well, roughly one in five children currently lives in poverty. Nearly two in five children are poor for at least 1 year before they reach their eighteenth birthday. That means that roughly 29 million of today's children are expected to live below the poverty line before age 18. Further, one in ten children is persistently poor; meaning, they spend at least ½ of their childhood living in poverty. Importantly, persistently poor children do not enter poverty and stay there. Rather, they tend to cycle into and out of poverty.

Moving to the second question: How does childhood poverty link with adult success. Children who have been poor for at least 1 year before age 18 are less likely to reach important adult milestones, such as graduating from high school, enrolling in and completing college, and maintaining consistent employment. Although 93 percent of children who were never poor complete high school by age 20, only 78 percent of children who have ever been poor do so. And when looking at the subset of children who are persistently poor, the disparity is even greater. As these poor children become adults with limited education, there are implications for their long-term economic well-being, as lower-educated groups have lower wages

and higher unemployment rates. Overall, these data show that when these poor children enter adulthood and have their own children, poverty and economic vulnerability, as well as food insecurity, will cycle through to the next generation.

Moving to address the final question: Among children who have experienced poverty, what are key indicators of their future success beyond poverty. There are three important dimensions. First is parents' educational attainment. Among children who have experienced poverty, children with less-educated parents, particularly a parent with no high school degree, have lower educational achievement. This relationship persists even after taking account of the length of time children spend in poverty, and other family and neighborhood characteristics. So it is not just poverty. Parents' education matters above and beyond poverty.

The second is residential instability. Among children who have experienced poverty, children who move for negative reasons, such as an eviction or the family's need for lower rent, are worse-off educationally than children who never move. Moves that happen for negative reasons can exacerbate already tenuous circumstances for children, particularly if the move results in the need to change schools during the school year.

Third, place matters. Children who grow up in disadvantaged neighborhoods fare much worse. Among children who have been poor, children in more advantaged neighborhoods are substantially more likely to complete high school by age 20 than children from the most disadvantaged neighborhoods.

In closing, these data show that childhood poverty and the cycle of poverty are complex issues. If we want to break the cycle of poverty and food insecurity, there should be close coordination across safety net programs. SNAP exists in the context of other programs and policies, so it would be beneficial to connect SNAP reforms with other antipoverty programs, such as those that assist with savings and asset building, education and training, childcare and other work supports. SNAP has taken important steps in this direction by making it easier for families to save in years when they have higher income, without giving up future SNAP eligibility in downturns. Savings and assets give people the tools to protect their families in tough times, and invest in themselves and their children. Further reforms in this direction can help families create a more stable environment for children.

Thank you.

[The prepared statement of Dr. Ratcliffe follows:]

PREPARED STATEMENT OF CAROLINE E. RATCLIFFE, PH.D., SENIOR FELLOW AND ECONOMIST, CENTER ON LABOR, HUMAN SERVICES, AND POPULATION, URBAN INSTITUTE, WASHINGTON, D.C.*

How Does Child Poverty Relate to Adult Success?

Good morning, Madam Chair, and Members of the Subcommittee. Thank you for the opportunity to speak today.

My name is Caroline Ratcliffe, and I am an Economist and Senior Fellow at the Urban Institute. The Urban Institute, a nonprofit research organization, brings decades of objective analysis to policy debates and is dedicated to using research to ele-

*The views expressed are those of the author and should not be attributed to the Urban Institute, its trustees, or its funders.

vate the debate on social and economic policy. The Urban Institute does not take policy positions. The views I present today are my own.

Rather than focus on the Supplemental Nutrition Assistance Program (SNAP), I will describe findings from my research on childhood poverty, with a particular focus on how it relates to adult success. This research puts a spotlight on the obstacles poor children face in reaching milestones important to any young person—such as completing high school, graduating from college, and maintaining consistent employment—and helps us understand what it would take to “break the cycle” of poverty.

My research is based on data from the University of Michigan’s Panel Study of Income Dynamics, which tracks families over 40 years. These data follow children from birth, throughout childhood, and into adulthood. I will focus my testimony on answering three questions.

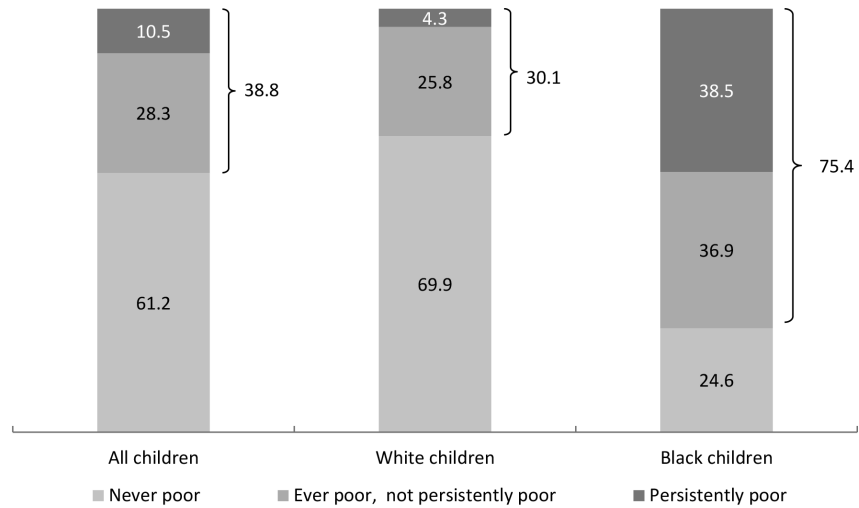
1. When considering child poverty, just how many children are we talking about?
2. How does childhood poverty link with adult success?
3. Beyond childhood poverty, what matters for the future success of poor children?

In answering these questions, we get at issues of economic mobility and how poverty and economic vulnerability cycles through to the next generation.

1. Childhood Poverty: Just How Many Children Are We Talking About?

Following children from birth through age 17 shows a much greater prevalence of poverty than the annual U.S. poverty statistics suggest. While roughly one in five children currently lives in poverty (21.1 percent), nearly twice as many (38.8 percent) are poor for at least 1 year before they reach their 18th birthday (*Figure 1*). Translating these percentages to numbers of children, roughly 29 million of today’s children are expected to live below the poverty level for at least 1 year before age 18. Black children fare much worse; fully $\frac{3}{4}$ (75.4 percent) are poor during childhood. The number for white children is substantial, yet considerably lower (30.1 percent). Poor children are also substantially more likely to be food-insecure than their near-poor and non-poor counterparts.

Figure 1
Percentage of Childhood Poor, by Race



Source: Urban Institute tabulations of Panel Study of Income Dynamics (PSID) data.

Notes: Tabulations are weighted and include children born between 1968 and 1989. Persistently poor children are poor at least $\frac{1}{2}$ the years from birth through age 17. Ever-poor, nonpersistently children are poor at least 1 year, but fewer than $\frac{1}{2}$ the years, from birth through age 17.

This research also examines a longer-term measure of poverty-persistent childhood poverty. A child is defined as persistently poor if he or she spends at least half

of his or her childhood living in poverty. Among all children, one in ten (10.5 percent) is persistently poor (*Figure 1*). Again, translating this to the number of children, we expect that nearly eight million of today's children will spend at least ½ their childhoods in poverty. Again, black children fare worse. Roughly four in ten (38.5 percent) black children are persistently poor, while fewer than one in 20 white children (4.3 percent) are persistently poor.

Persistently poor children tend to cycle into and out of poverty. Over ½ (58 percent) of persistently poor children have three or more spells of poverty, and, thus, periods of economic instability.

Are there early markers that help identify children who are likely to be persistently poor? Yes. Children born to poor parents who have not completed high school are particularly vulnerable to persistent childhood poverty. Among children born to poor parents, children whose parents did not complete high school are 30 to 45 percentage points more likely to be persistently poor than children whose parents have some education beyond high school.

2. How Does Childhood Poverty Link with Adult Success?

Children who have been poor for at least 1 year before they turn 18 are less likely to reach important adult milestones, such as graduating from high school, enrolling in and completing college, and maintaining consistent employment, than children who have never been poor. Persistently poor children fare even worse.

Although more than nine in ten never-poor children (92.7 percent) complete high school by age 20, only three in four ever-poor children (77.9 percent) do so (*Table 1*). When looking at the subset of children who are persistently poor, the disparity is greater. Less than ⅓ of persistently poor children (63.5 percent) complete high school by age 20. Put another way, over ⅓ of persistently poor children do not complete high school by age 20.

Some of these youth are likely leaving high school to help support their families. Research by my Urban Institute colleagues finds that nearly ⅓ of out-of-school youth (ages 16–18) without a high school degree are working, with roughly ½ working at least 40 weeks of the year for an average of 30 hours a week (during the weeks they work). On average, the earnings of these working youth account for about 20 percent of family income.

Lower levels of educational success among poor children persist beyond high school completion. While 37 percent of never-poor children complete a bachelor's degree by age 25, only three percent of persistently poor children do so. It's unclear whether poor children gain ground after age 25, but the pattern between ages 20 and 25 suggest that any gains are likely limited.

Table 1
Educational Achievement and Employment by Childhood Poverty Status
(percent)

	Never poor	Ever poor	Among Ever Poor	
			Not persistently poor	Persistently poor
Educational attainment:				
High school diploma by age 20	92.7	*** 77.9	83.3	*** 63.5
Postsecondary enrollment by age 25	69.7	*** 41.4	47.6	*** 22.8
Completed college by age 25	36.5	*** 13.0	16.2	*** 3.2
Consistently employed ages 25–30	70.3	*** 57.3	63.6	*** 35.4

Source: Urban Institute tabulations of Panel Study of Income Dynamics (PSID) data.

Notes: Tabulations include children born between 1968 and 1989. Statistical significance for the “never poor” and “ever poor” columns is based on the difference between individuals who are never poor and those who are ever poor in childhood. Significance for the “not persistently poor” and “persistently poor” columns is based on the difference between individuals who are ever poor but not persistently poor and those who are persistently poor in childhood.

* $p < 0.1$. ** $p < 0.05$. *** $p < 0.01$.

As these poor children become adults with limited education, implications arise for their long-term economic well-being. Lower-educated groups have lower wages and higher unemployment rates.

In fact, when following people up through age 30, we find that people who were poor as a child are less likely to be consistently employed as a young adult (between ages 25 and 30). They are also more likely to spend multiple years in poverty as a young adult (between ages 25 and 30).

Overall, ever-poor and persistently poor children have substantially worse educational and employment outcomes than their never-poor counterparts. The data suggest that when these children enter adulthood and have children, poverty and economic vulnerability, as well as food insecurity, will cycle through to the next generation.

3. Beyond Child Poverty What Matters for the Future Success of Children?

Among children who have experienced poverty, what are the key markers—beyond poverty—of their future success? There are three important dimensions.

First, parents' educational attainment at the child's birth is importantly related to children's academic achievement, with lower educational attainment among children with less-educated parents. This relationship persists even after controlling for family and neighborhood characteristics, including duration of childhood poverty. Compared with ever-poor children whose parents did not complete high school, children whose parents have more than a high school education are 30 percent more likely to complete high school by age 20, more than twice as likely to enroll in post-secondary education by age 25, and nearly five times more likely to complete college by age 25.

The relationships differ somewhat for children whose parents have only a high school education. Ever-poor children whose parents have a high school education (*versus* not completing high school) are more likely to complete high school and enroll in college or another post-secondary program (by 11 and 60 percent, respectively), but they are not statistically significantly more likely to complete a 4 year college degree. That is, they are more likely to get some post-high school education but not get through a 4 year college program by age 25.

Among poor children, parents' educational attainment is not related to whether the child is consistently employed as a young adult. But, there is more to the story. Although no direct relationship with young adult employment is found, it is well established that lower educational achievement brings lower average wages and dampened opportunities for upward mobility.

So, it's not just poverty. Parents' educational attainment matters above and beyond poverty. The limited education of today's parents can create a vicious cycle that hinders future generations.

Second, residential instability is related to lower academic achievement for ever-poor children, in both high school and college completion. Ever-poor children who move for a negative reason (such as eviction or the family's need for lower rent) are worse off educationally than ever-poor children who never move. Children with two or more negative moves are 13 to 15 percent less likely to complete high school by age 20, 35 to 36 percent less likely to enroll in post-secondary education by age 25, and 60 to 68 percent less likely to complete college by age 25 than children who never move. Children with multiple negative moves also have worse educational outcomes than children who move for positive or neutral reasons.

Moves that happen for a negative reason can exacerbate already tenuous circumstances for children, particularly if the moves do not coincide with changes in the school year or promotional moves (*e.g.*, from elementary to middle school).

Third, place and neighborhood characteristics matter for ever-poor children, even in models that take account of the length of time children spend in poverty and other family characteristics. Children who grow up in disadvantaged neighborhoods fare much worse. Among children who have been poor, children in more advantaged neighborhoods (where poverty and unemployment rates are near five percent) are 22 percent more likely to complete high school by age 20 and are roughly 15 times more likely to complete a 4 year college degree by age 25 than children in the most disadvantaged neighborhoods (where poverty rates top 50 percent and unemployment rates are over 25 percent).

Part of the story may be schools. Research suggests greater college enrollment is associated with high school characteristics that more likely exist in better neighborhoods, such as higher teacher expectations, social norms toward attending college, and greater staff support for college enrollment.

Summary and Policy Suggestions

To summarize, one in every five children currently lives in poverty, but nearly twice as many experience poverty at some point during their childhood. Among the strains of poverty, poor children are more likely to experience food insecurity. Ever-poor children are less successful than their never-poor counterparts in their educational achievement, which can erode employment prospects and wages throughout a lifetime.

Moreover, the educational achievement of one generation ripples through to the next. Even among the subset of ever-poor children, children of less-educated parents

are less likely to achieve important educational milestones than their peers with more highly educated parents. Education and training programs, bundled with work supports such as child care subsidies, could improve financial well-being and stability for parents with limited education. Higher educational achievement has been clearly linked with higher employment rates and earnings, and receipt of child care assistance has been found to increase the economic well-being of low-wage unmarried mothers.

Beyond childhood poverty and parental education, residential instability stands out as important to children's future success. Household moves that happen for negative reasons are particularly related to worse outcomes. Federal policy allows some vulnerable children (homeless and foster care children, for example) to remain in the same school when moving across school boundary lines. However, most low-income children are left out. More flexible policies on this front would provide greater stability for children and help them succeed in school.

Also, place matters. Children who grow up in more disadvantaged neighborhoods fare much worse. Place-conscious strategies that both address current neighborhood conditions and help poor families move out of disadvantaged neighborhoods to better neighborhoods with better schools would help children succeed.

Finally, savings and assets can provide a vital cushion for low-income families. One positive savings advancement is in SNAP, which has taken steps over the years to liberalize rules related to the level of assets families can have and still participate in the program. This liberalization eases disincentives for families to save in years when they have higher incomes.

Beyond SNAP asset limits, other steps could be taken to actively encourage low-income families to save, and such savings could be used to provide stability when economic difficulties hit families. This encouragement would entail redirecting some of the \$384 billion in Federal asset-building subsidies, which primarily benefit higher-income families, to lower-income families. Promising policies to promote asset-building among low-income families include promoting emergency savings with incentives linked to savings at tax time and offering matched savings such as universal children's savings accounts. Research shows that low-income families can save and build assets over time. By more efficiently and equitably promoting saving and asset building, more people will have the tools to protect their families in tough times and invest in themselves and their children.

Additional Information

Acs, Gregory, Pamela Loprest, and Caroline Ratcliffe. 2010. "Progress toward Self-Sufficiency for Low-Wage Workers." Washington, D.C.: Urban Institute.

Baum, Sandy. 2014. "Higher Education Earnings Premium: Value, Variation, and Trends." Washington, D.C.: Urban Institute.

Ratcliffe, Caroline. 2015. "Child Poverty and Adult Success." *Low-Income Working Families* brief. Washington, D.C.: Urban Institute. <http://www.urban.org/research/publication/child-poverty-and-adult-success>.

Ratcliffe, Caroline, and Signe-Mary McKernan. 2012. "Child Poverty and Its Lasting Consequence." *Low-Income Working Families* Paper 21. Washington, D.C.: Urban Institute. <http://www.urban.org/research/publication/child-poverty-and-its-lasting-consequence>.

_____. 2012. "Child Poverty and Its Lasting Consequence: Summary." *Low-Income Working Families* fact sheet. Washington, D.C.: Urban Institute. <http://www.urban.org/research/publication/child-poverty-and-its-lasting-consequence-summary>.

_____. 2010. "Childhood Poverty Persistence: Facts and Consequences." *Low-Income Working Families* brief. Washington, D.C.: Urban Institute. <http://www.urban.org/research/publication/childhood-poverty-persistence-facts-and-consequences>.

Roderick, Melissa, Vanessa Coca, and Jenny Nagaoka. 2011. "Potholes on the Road to College: High School Effects in Shaping Urban Students' Participation in College Application, Four-Year College Enrollment, and College Match." *Sociology of Education* 84 (3): 178–211.

Scott, Molly, Simone Zhang, and Heather Koball. 2015. "Dropping Out and Clocking In: A Portrait of Teens Who Leave School Early and Work." *Low-Income Working Families* brief. Washington, D.C.: Urban Institute. <http://www.urban.org/research/publication/dropping-out-and-clocking>.

The CHAIRWOMAN. Thank you, Dr. Ratcliffe.
Ms. Riley, please proceed with your testimony.

STATEMENT OF RUTH RILEY, FORMER WNBA ATHLETE AND OLYMPIC GOLD MEDALIST, GRANGER, IN; ON BEHALF OF NBA CARES

Ms. RILEY. Good morning, Chairwoman Walorski, Ranking Member McGovern, and Members of the Committee.

I would like to thank you for this opportunity to share my experience on the importance of the Supplemental Nutrition Assistance Program, or what my family called food stamps.

This is an issue that is woven into the very fabric of my childhood. My father walked out when I was 4 years old. He left my mom to raise my older sister, younger brother, and myself on her own. She found herself doing whatever blue collar work she could to provide for us, but it wasn't easy.

Besides the rare instances that I would wake up in the middle of the night and find her crying at the kitchen table because she was trying to navigate through our family's finances, I was pretty oblivious, as most children are, to the level of poverty we lived in. I knew there were some times when my mom paid for our groceries with what looked like Monopoly money instead of cash. Off and on throughout my childhood I would have this little ticket that would get me a free breakfast or lunch at school. But as a kid, I had limited knowledge of food stamps or free and reduced lunch programs. I just knew that somehow, when we needed it, there was always food.

Because I had this food, I was able to learn and focus in school, which ultimately led me to graduate with honors from the University of Notre Dame. It fueled my real passion, basketball. I am grateful and proud of the success that I have had winning championships on the collegiate, professional, and Olympic levels. I often joke that when I was growing up, I was tall, lanky, and uncoordinated. But looking back, I can't imagine what my path would have been like if I was tall, lanky, uncoordinated, and hungry. When times were tough, the nutrition I received through programs like food stamps and school meals helped me grow stronger. It saw me through all the numerous hours of training before and after school, lifting with our football coaches and playing pick-up games with the boys. It was all very physically demanding, and I couldn't have done it if I didn't have enough to eat.

We live in the land of wealth and opportunity, so acknowledging that one in five children in this country lives in a family struggling to put food on the table is hard. It is easy to feel compassion about hungry children when it is in the abstract, but it is tough to admit that our next-door neighbor's child might not have enough food they need to thrive. I say thrive because in America, it is often not the case of life or death or survival, it is the fact that kids don't have the nutrition they need to learn and physically grow. By not providing them with that, as a society, we are also not providing them with the opportunity to be successful, to go to college, and to break the cycle of poverty instead of getting stuck in it.

We talk about educational reform, but we don't talk about the fact that hungry kids can't concentrate and learn. We talk about health care, but we don't talk about the stunted development and avoidable health issues that rise from the lack of proper nutrition.

We talk about jobs, but we overlook the impact of hunger-related issues on creating a job-ready generation.

SNAP is critical to ending childhood hunger. I can tell you first-hand that when programs like SNAP work in tandem with other programs like school meals, we can make sure that kids are getting the three meals a day they need to grow strong. For example, school breakfast ensures that kids start their days with healthy meals to fuel their brains, while allowing parents to stretch SNAP dollars longer into the month instead of running out early. This way, when the money is extremely tight, we can guarantee that kids are still getting the healthy food they need.

My mom taught me to dream big and then to work extremely hard to achieve those dreams. My dream as a little girl growing up on a farm in Indiana was to play in the Olympics, and I was fortunate to see that dream fulfilled in Athens in 2004, when I stood on the podium and received a gold medal. Today, my dream is equally as bold, and I believe, achievable. I want to see a nation where no child goes hungry, a nation where every child has the ability to get the nutrition they need to grow up smart and strong, a nation where every little girl dares to dream her dream, and gets the food and support she needs to grow up and achieve them.

Thank you.

[The prepared statement of Ms. Riley follows:]

PREPARED STATEMENT OF RUTH RILEY, FORMER WNBA ATHLETE AND OLYMPIC GOLD MEDALIST, GRANGER, IN; ON BEHALF OF NBA CARES

Good morning, Chairwoman Walorski, Ranking Member McGovern, and Members of the Committee. I would like to thank you for this opportunity to share my experience on the importance of the Supplemental Nutrition Assistance Program, or what my family called “food stamps.”

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I knew there were some times when my mom paid for our groceries with what looked like monopoly money instead of cash. Off and on throughout my childhood I would have a little ticket that got me a free breakfast or lunch at school. But as a kid, I had limited knowledge of food stamps or free and reduced price school meals. I just knew that, somehow, when we needed it, there was always food.

Because I had this food, I was able to learn and focus in school, which ultimately led me to graduate with honors from the University of Notre Dame. It also fueled my real passion. Basketball. I'm grateful and proud of the success I've had in winning championships at the collegiate, professional, and Olympic levels. I often joke that growing up I was tall, lanky and uncoordinated. Looking back, I can't imagine what my path would have been if I'd been tall, lanky, uncoordinated . . . and hungry. When times were tough, the nutrition I received through programs like food stamps and school meals helped me grow stronger. It saw me through all the numerous hours of training before and after school, lifting with the football coaches and playing pick-up games with the guys. It was all physically demanding and I could not have done it if I hadn't had enough to eat.

We live in a land of wealth and opportunity, so acknowledging that one in five children in this country lives in a family struggling to put enough food on the table is hard. It's easy to feel compassion about hungry children when it's in the abstract, but it's tough to admit that our next-door neighbor's children might not have the food they need to thrive. I say thrive because, in America, it's often not the case of life or death or survival. It's the fact that kids don't have the nutrition they need to learn and physically grow. By not providing them with that, as a society, we're also not providing them with the opportunity to be successful, to go to college, and

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My mom taught me to dream big and then to work extremely hard to achieve those dreams. My dream as a little girl growing up on a farm in Indiana was to play in the Olympics, and I was fortunate to see that dream fulfilled in Athens in 2004 as I stood on the podium to receive my gold medal. Today, my dream is equally as bold, and I believe, achievable. I want to see a nation in which no child goes hungry. A nation where every child has the ability to get the nutrition they need to grow up smart and strong. A nation where every little girl dares to dream her dreams, and also gets the food and support she needs to grow up and achieve them.

The CHAIRWOMAN. Thank you, Ms. Riley.

Dr. Ochoa, please proceed with your testimony.

STATEMENT OF EDUARDO OCHOA, JR., M.D., F.A.A.P., LITTLE ROCK, AR, ON BEHALF OF CHILDREN'S HEALTHWATCH

Dr. OCHOA. Thank you, Madam Chair, and Members of the Committee, and good morning.

My name is Dr. Eddie Ochoa, and I have the opportunity to give this testimony as a member of Children's HealthWatch, a non-partisan network of pediatricians, public health researchers, and children's health and policy experts committed to improving children's health in America.

I am a general pediatrician, and I practice at Arkansas Children's Hospital in Little Rock, as a faculty member of the University of Arkansas for Medical Sciences.

Little Rock is one of five sites in the Children's HealthWatch research network, along with Baltimore, Boston, Minneapolis, and Philadelphia. Our mission is to improve the health and development of young children by informing policies that address and alleviate economic hardships. We do this by interviewing caregivers in emergency departments and clinics on the frontlines of care in these five sites. We have interviewed 60,000 caregivers since 1998 to determine the impact of public policies on child health and development of real children.

Justin is one such real child. Hospitalized twice in his first 2 years of life for poor growth, I saw him in my clinic. He lives in the Mississippi Delta region of Arkansas with his parents and two siblings. The family drove over an hour each way to come see me. Justin's father works at a sawmill but his wages fluctuate. When he brings home less money in a month, the family is eligible for the Supplemental Nutrition Assistance Program, but with an uptick in his pay, they lose eligibility for SNAP and a crucial support for supporting Justin's and the whole family's health. The increased pay does not match the value of the SNAP benefit, and thus, Justin's health can fluctuate with his father's pay and his family's eligibility for SNAP.

Speaking of health, intuitively all of us in this room would probably guess that being hungry or food-insecure is not good for a young child like Justin. In fact, there is a wealth of scientific evidence demonstrating the hazard that food insecurity poses to health across the whole lifespan, starting in pregnancy and early childhood. Adequate nutrients are required to support healthy development, but food insecurity can compromise it. The USDA estimates that nearly 20 percent of all U.S. hospitals with children under 6 experienced food insecurity in 2014, reporting limited or uncertain availability of enough food for an active healthy life.

We know that household food insecurity increases the risk of developmental delays by approximately 70 percent in early childhood. More specifically, compared to food-secure children, food-insecure children are twice as likely to be in fair or poor health, and are 30 percent more likely to have been hospitalized after birth.

We have strong solutions to this grave national problem. The furthest-reaching of these is SNAP. It is truly a health intervention, helping to protect the health and well-being of those who participate in the program. For example, research has shown that SNAP lowers the risk of household and child food insecurity, reduces the risk of anemia, obesity, and poor health for children and adults, and lowers the risk of hospitalization for failure to thrive, and reports of child abuse or neglect. Moreover, it enhances intake of B vitamins, iron, calcium, and improves children's academic performance.

At Children's HealthWatch, we call SNAP a vaccine because, like a vaccine, it protects children's health now and in the future, and also has wider community benefits. Our research on families with young children has shown that SNAP significantly reduces food insecurity for the whole family, and importantly, reduces food insecurity among children. Children whose families receive SNAP, compared to those who are likely eligible but did not receive it, were also significantly less likely to have developmental delays and less likely to be underweight for their age. Families as a whole also were better able to make ends meet when they participated in SNAP. Those who participated were less likely to have had to choose between paying for medical care and paying for other basic needs like food, housing, or utilities. But like a vaccine, it is essential to be able to apply SNAP in the proper dose, and for the necessary course or length of time in order for it to have the maximum impact on children and families.

If you will allow me to make another child health connection here, food insecurity and hunger can be likened to a problem like asthma, which needs the right medicine when there is a breathing crisis and a different, long-term medicine when there—to keep another crisis at bay. It is certainly true that asthma is a big problem in the U.S., but hunger in America is an even bigger problem, and it is not easy to know who is food-insecure and who is not. I will come back to that idea in a second.

In order to manage asthma properly, so-called rescue medication is essential to deal with the immediate crisis because medicine is not enough as a long-term strategy. Food assistance for hungry children and families must be as robust on the long-term side via systemic programs such as school meals, summer feeding, WIC, in

addition to the cornerstone that SNAP is. It is also dependent on the emergency food assistance networks across America.

As you might imagine, though it exists everywhere in the U.S., the severity of food insecurity differs by state, and rates can be very high in some states. Where I live in Arkansas, Children's HealthWatch research based on data from the caregivers in our emergency department shows that nearly one in four families with a child under the age of 4 in the home is food-insecure. This is against a backdrop of 27.7 percent of Arkansas households with children being food-insecure, and having the second highest overall rate of food insecurity in America. We highlighted these findings in a report titled *Doctor's Orders*, released this past spring. We also made note of the fact that food insecurity coexists with other household insecurities, as have previously been mentioned, like rent and utilities.

I mentioned earlier that food insecurity is often not easy to spot. That is why we developed a shortened version of the 18 item USDA screener, and validated what we call the Hunger Vital Sign. The Hunger Vital Sign emphasizes that just like blood pressure or weight, which a nurse checks at every visit, we can use this as a marker of food insecurity in the home. And, in fact, last week, the American Academy of Pediatrics released a statement, *Promoting Food Security for All Children*, that recommends the use of this Hunger Vital Sign by all pediatricians.

I thank you again for the invitation to provide this testimony.

[The prepared statement of Dr. Ochoa follows:]

PREPARED STATEMENT OF EDUARDO OCHOA, JR., M.D., F.A.A.P., LITTLE ROCK, AR;
ON BEHALF OF CHILDREN'S HEALTHWATCH

Chairwoman Walorski, and distinguished Members of the Committee, my name is Dr. Eduardo Ochoa. I am honored to have the opportunity to give this testimony as a representative of Children's HealthWatch, a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts committed to improving children's health in America. I am a general pediatrician and I practice at Arkansas Children's Hospital in Little Rock as a faculty member of the University of Arkansas for Medical Sciences.

Little Rock is one of five sites in the Children's HealthWatch research network, along with Baltimore, Boston, Minneapolis and Philadelphia. Our mission is to improve the health and development of young children by informing policies that address and alleviate economic hardships. We accomplish this mission by interviewing the caregivers of young children on the frontlines of pediatric care, in urban emergency departments and primary care clinics. Since 1998, we have interviewed over 60,000 caregivers and analyzed those interviews to determine the impact of public policies on the health and development of real children.

Justin is one such real child. Hospitalized twice in his first 2 years of life for poor growth, I saw him in my clinic. He lives in the Mississippi Delta region of Arkansas with his parents and two siblings. The family drove over an hour each way to come to see me. Justin's father works at a sawmill, but his wages fluctuate. When he brings home less money in a month, the family is eligible for the Supplemental Nutrition and Assistance Program (SNAP). But with an uptick in his pay, they lose eligibility for SNAP, and a crucial support for supporting Justin's, and the whole family's, health. The increased pay does not match the value of the SNAP benefit and thus Justin's health can fluctuate with his father's pay and his family's eligibility for SNAP.

Speaking of health, intuitively all of us in this room would probably guess that being hungry or food-insecure is not good for a young child like Justin. In fact, there is a wealth of scientific evidence demonstrating the hazard that food insecurity poses to health, across the whole lifespan, starting in pregnancy and early childhood. I want to give you a brief overview of the sorts of harm it can do—being a pediatrician, I have mainly focused here on impacts on children. Adequate prenatal

nutrition is critical to ensure normal development of children's bodies and brains and to bolster child food security. Of particular concern during this period is the greater risk of food-insecure mothers entering pregnancy with insufficient iron stores and with low-folate diets. Poor iron and folic acid status are linked to preterm births and fetal growth retardation, respectively. Prematurity and intrauterine growth retardation are critical indicators of medical and developmental risks that affect not only children's short-term well-being but also extend into adulthood. Children born to mothers who were food-insecure during pregnancy also are at increased risk of birth defects, including cleft palate and spina bifida, among others. Finally, research shows that women who were marginally food-insecure and had restricted their eating in an unhealthy way prior to becoming pregnant are more likely to gain excessive weight during pregnancy, which puts the mother at risk for gestational diabetes and obesity *postpartum*, and can predispose the baby to chronic disease through the phenomenon of prenatal nutritional programming. The first few years of a child's life are marked by the most rapid brain and body growth of a child's entire lifetime—including dramatic changes in cognitive, linguistic, social, and emotional development and in self-regulation, setting the stage for school readiness and adult well-being.

Adequate nutrients are required to support healthy development, but food insecurity can compromise it. The U.S. Department of Agriculture (USDA) estimates that 19.9 percent of all U.S. households with children under 6 years of age experienced food insecurity in 2014, reporting limited or uncertain availability of enough food for an active, healthy life. We know that household food insecurity increases the risk of developmental delays by approximately 70% in early childhood. More specifically, compared to food-secure children, food-insecure children are twice as likely to be in fair or poor health and are 30% more likely to have been hospitalized since birth. Mental health problems such as depression and anxiety disorders in mothers and behavior problems in preschool age children are more common when mothers are food-insecure.

But food insecurity does not have to reach the level of outright hunger to cause these problems. Even mild nutritional deficits during critical periods of brain growth among infants and toddlers, also known as marginal food security, may be detrimental, as they are associated with higher odds of child fair or poor health status, hospitalizations, and mothers' depressive symptoms and fair or poor health status, compared with children and mothers in food-secure households.

Food insecurity has also been identified as a serious risk factor for long-term poor health among older children; repeated or persistent exposure to food insecurity appears to be particularly toxic. For example, food insecurity's impacts on health differ according to age and gender, with younger children experiencing general health impacts, older youth having higher odds of chronic conditions, asthma, and worse mental health, including aggression and thoughts of suicide, and some adverse effects persisting for girls but not boys. Furthermore, food insecurity is linked to developmental consequences for both girls and boys during kindergarten through third grade, and impaired social skills development and reading performance for girls.

What this body of evidence demonstrates clearly is that food insecurity is detrimental on nearly every aspect of physical and mental health. Yet, we have strong solutions to this grave national problem. The furthest reaching of these is the Supplemental Nutrition Assistance Program (SNAP). SNAP is truly a health intervention, helping to protect the health and well-being of those who participate in the program. For example, research has shown that SNAP lowers the risk of household and child food insecurity, reduces the risk of anemia, obesity, and poor health for children and adults, and lowers the risk of hospitalization for failure to thrive & reports of child abuse/neglect. Moreover, it enhances intake of B vitamins, iron and calcium, and improves children's academic performance. It has long-lasting effects too—a longitudinal study found that for those who participated in SNAP in early childhood, SNAP lowered the risk of adult metabolic syndrome and thus also lowered the risk of diabetes and cardiovascular disease and it increased the likelihood that women would be self-sufficient in adulthood.

At Children's HealthWatch, we call SNAP a vaccine, because like a vaccine, it protects children's health now and in the future and also has wider community benefits. Our research on families with young children has shown that SNAP significantly reduces food insecurity for the whole family and importantly, reduces food insecurity among children. Children whose families received SNAP, compared to those who were likely eligible but did not receive it were also significantly less likely to have developmental delays and less likely to be underweight for their age (underweight is an indication of undernutrition). Families as a whole also were better able to make ends meet when they participated in SNAP—those who participated in

SNAP were less likely to have had to choose between paying for medical care and paying for other basic needs like food, housing, or utilities.

But like a vaccine, it is essential to be able to apply SNAP in the proper dose and for the necessary course or length of time in order for it to have the maximal impact on children and families and ensure their long-term success. The Institute of Medicine found the SNAP benefit is inadequate to purchase a healthy diet and recommended revisiting the base calculation. The dose matters—research we recently released showed that compared to families participating in SNAP when the American Recovery and Reinvestment Act (ARRA) increase to benefits was in place, among our families with young children household and child food insecurity increased significantly when the amount of the SNAP benefit was reduced for all participants in November 2013.

If you will allow me to make another child health connection here, food insecurity and hunger can be likened to a problem like asthma, which needs the right medicine when there's a breathing crisis, and a different, long-term medicine to keep another crisis at bay. It is certainly true that asthma is a big problem in the U.S.—the CDC estimates that one in ten children had asthma in 2009 and everyone in this room probably knows someone with asthma, if they do not have it themselves. But hunger in America is an even bigger problem, and it is not easy to know who is food-insecure and who is not. I'll come back to that idea and tell you how we have found a way for health providers to find this out quickly in the clinical setting.

In order to manage asthma properly, so-called rescue medication is essential to deal with the immediate crisis, but this medicine is not enough as a long-term strategy. Children with poorly controlled asthma are at a higher risk of dying from their disease, and children with food insecurity are at higher risk of being in poor health now, which affects them far into their future—potentially changing their level of academic success and subsequent workforce participation. Therefore, food assistance for hungry children and families must be as robust on the long-term side, via systemic programs such as school meals, summer feeding, CACFP, and WIC, in addition to the fundamental cornerstone, SNAP, as on the emergency side, via the emergency food provision networks across America. The systemic programs have the advantages of population-level application, supporting a healthy diet, and in the case of SNAP, a kitchen-table intervention, the ability to purchase and prepare meals in the home. In contrast, the emergency assistance networks, like the rescue medication, have the ability to rapidly respond to immediate needs. America's hungry children clearly need both, in order to address short-term crises and also provide them the longer-term nutritional foundation to give them the chance to develop appropriately, perform better in school, and succeed in the workforce as healthy adults.

As you might imagine, though it exists everywhere in the United States, the severity of food insecurity differs by state and can be very high in some states. Where I live in Arkansas, Children's HealthWatch research based on data from caregivers we surveyed who come into the only pediatric emergency department in the state shows that nearly one-in-four (22.7%) families with a child under the age of 4 years in the home is food-insecure. This is against a backdrop of 27.7% of Arkansas households with children being food-insecure, and having the second-highest overall rate of food insecurity in America. We highlighted these findings in a report titled "Doctor's Orders" released this past spring.

Our report also made note of the fact that food insecurity co-exists with other household insecurities like difficulty paying for utilities and struggling to maintain stable housing, and that families who were food-insecure were also more likely to make trade-offs between paying for these basic needs and paying for health care. So you can see that in addition to addressing food insecurity and leading to improved child health, a program like SNAP also leads to a healthier household that is more likely to meet important needs for all its members. As I see all the time in my clinics, low-income parents often face many of these interlocking needs all at once, and if there is a child in the home with a special health care need, the extent to which food, housing and energy needs are addressed in a coordinated fashion puts those families and children in a much healthier place. In fact, research has demonstrated that when eligible families receive support for both food (WIC and SNAP) and SNAP, they are more likely to be stably housed. If we want children to do well, then we have to care for the whole household. When more households in a community can meet their needs, we have healthier communities.

I mentioned earlier that food insecurity is often not easy to spot or hear, like the wheezing that marks an asthma attack. That is why in 2010 Children's HealthWatch did specific research to narrow down the gold standard 18 item USDA food insecurity screener to a two item, validated screening tool that can be used in most clinical settings. We call it the Hunger Vital Sign (HVS) to emphasize that just like blood pressure or weight which the nurse checks at every medical visit, we need

to also be thinking about hunger. With responses to these two questions, any nurse, medical student or doctor could identify a person in household at risk of food insecurity. In fact, last week the American Academy of Pediatrics released the policy statement “Promoting Food Security for All Children”, which recommends that the Hunger Vital Sign be used by pediatricians at scheduled health maintenance visits and other times when indicated. At our institution in Little Rock, pediatric trainees have taken on the pilot project of using the HVS in ‘continuity clinics’, where they see a panel of patients throughout their residency, to identify food insecurity. Thus far, they are finding positive screens at about the rate our emergency department surveys have found, but we will fully analyze the data in the near future.

Using a tool like the HVS will surely get to the level of need our patients have, but then what do we do in response? As our ‘Doctors Orders’ report describes, we have implemented strategies in our hospitals and clinics to try to address food insecurity when we find it. Starting for the youngest patients, we have entered into a partnership with our state health department to place a WIC office inside our hospital. I should note that we modeled this and other ideas on other sites in our Children’s HealthWatch network, specifically Boston Medical Center and Hennepin County Medical Center in Minneapolis. By offering our youngest patients more seamless WIC certification on campus, we hope to address some of the logistical barriers our families have to receiving WIC benefits for which they are eligible. We have also partnered with our state human services department to enable our hospital financial counselors to help families through the SNAP application process as those families apply for Medicaid. Through a partnership with the USDA and again with our state human services department, we are a site for summer and year-round meals in our cafeteria and have fed over 10,000 children thus far on our campus. Lastly, through partnerships with a local food pantry, we also provide emergency food bags to families that have an urgent need for food. I have personally seen the relief on the faces of parents when we are able to send them home with enough food to get them through a few days.

I mentioned earlier that I practice general pediatrics, and am one of many providers on our faculty. We have a panel of nearly 30,000 Medicaid patients, and intend to build a new primary care clinic within a year, which will be located in an area of Little Rock with a high proportion of Latino and African-American children. As the lead medical director for this clinic, I am helping to design the space and I plan to have financial counselors on staff who can help our families apply for SNAP and Medicaid, utilize community health workers as part of our care teams, and be a location for distribution of meals for children who come to our clinic. We are also exploring ways to incorporate the Hunger Vital Sign into our electronic medical record, as has been done in medical settings across the country.

Real children in real families have real needs that can come up unexpectedly. Gabby was a playful and happy 2 year old in perfectly good health until an illness struck her that caused multiple prolonged seizures that to this day are difficult to control and have caused extreme disability. Gabby’s father had a full-time job with a railroad company and was able to weather this situation because Gabby’s mom could provide full-time, round-the-clock care to Gabby while he worked. Unfortunately, this was before the Great Recession. When the Recession struck, Gabby’s father had his hours reduced, his benefits cut, and ultimately became uninsured. Gabby’s health worsened along with his family’s crisis. Arkansas had not yet expanded Medicaid under the Affordable Care Act. As we cared for Gabby in our clinic for children with complex medical problems, we were able to help the family apply for SNAP, receive emergency food and other assistance. Remember not just one bad thing happens at a time—slowly, with SNAP and other supports to bridge the gaps that Gabby’s family could no longer afford on a lower income, Gabby started to improve. Today Gabby is in better shape, with a combination of medications and an electronic device to control seizures, her parents are both insured, and the family receives supports to help with food, their mortgage payment, and other household necessities. It is essential for families like Gabby’s that our systems of support are strong and sufficient. These essential programs, especially SNAP, must be there for families like Gabby’s in times of need. SNAP would not have prevented Gabby’s particular illness, but it can prevent health complications for children like her and support health and healthy development for many others.

Thank you again, Chairwoman Walorski, for the opportunity to address this Subcommittee today on behalf of Children’s HealthWatch and on behalf of the children for whom we all care in our clinics.

The CHAIRWOMAN. Thank you, Dr. Ochoa. We appreciate it.
Dr. Haskins, you may proceed.

**STATEMENT OF RON HASKINS, Ph.D., SENIOR FELLOW,
ECONOMIC STUDIES AND CO-DIRECTOR, CENTER ON
CHILDREN AND FAMILIES, BROOKINGS INSTITUTION,
WASHINGTON, D.C.**

Dr. HASKINS. Chairwoman Walorski, Ranking Member McGovern, Members of the Subcommittee, I am very pleased to testify—

The CHAIRWOMAN. Excuse me, can you turn your microphone on?

Dr. HASKINS. I am sorry. I am very pleased to testify today. I consider it a great privilege to be able to talk about poverty and the solutions to poverty, that people can actually do something about it.

I would like to do three things: Talk about the progress we have made against poverty, or the lack of it, then I want to talk about the causes, and then I want to focus on work because it is something this Subcommittee could do something about.

So here are poverty rates for kids in female-headed families, for the elderly, and for all children. For the elderly, I think that is the pattern that we would all like to see; that there is very substantial decline after the declaration of the war on poverty, and it has continued to decline slowly, and we have the lowest poverty rate of any group and societies among elderly, and it is primarily because of Social Security. A lot of the elderly have savings that take them way above the poverty line, but Social Security hardly has supplements enough to keep the elderly out of poverty.

The chart for single-parent families, the line graph for single-parent families, is much more difficult. They have the highest poverty rate, and they have the most rapidly growing demographic group in the country because of our divorce rates and especially our non-marital birthrates. So we are taking kids out of the group, married couple families, who have a poverty rate about $\frac{1}{5}$ of single-parent families, and putting them into single-parent families. That contributes greatly to poverty.

And then, of course, the second reason that we have such high poverty rates is because of education. The gap in education, even the low-income families and especially black kids have increased their achievement over the years, somewhat, not greatly, but somewhat. They still have suffered a greater gap with middle-class families. So we haven't closed the gap.

And then the final cause, in addition to family composition and education, is work. Let me devote the rest of my testimony to work.

We have had one case in which work made a big difference, and it occurred about the time of welfare reform. It was not just welfare reform. I don't want to claim that. It was a very good economy, we had very good programs, and I want to focus on those programs. And I called them the work support programs. Congress passed 20, 30 pieces of legislation to change these programs so that they would be friendlier to work and address the cliff problem, and so forth.

The CHAIRWOMAN. Pardon me, Dr. Haskins—

Dr. HASKINS. Yes.

The CHAIRWOMAN.—for 1 second. I apologize. To the Members that are here, you received his PowerPoint, it is right here, that he

is talking about. We are not seeing it on the screen, but you do have it in front of you.

Thanks. Go ahead—

Dr. HASKINS. Okay.

The CHAIRWOMAN.—Dr. Haskins.

Dr. HASKINS. Do I get my 10 seconds back?

The CHAIRWOMAN. Absolutely.

Dr. HASKINS. Good, thank you.

All right, so this chart shows other than Social Security for the elderly, the best strategy that we have found to reduce poverty. So what we did, if you look approximately at the middle of the chart, roughly around the mid-1990s, is that we dramatically reduced poverty among female-headed—kids in female-headed families. And the reason we did that is in part because of welfare reform. It required work and the mothers went to work. It was about a 40 percent increase in the percentage of mothers, especially never-married mothers, who were the most disadvantaged, who got jobs. But then the second part of the equation is that this work support system that I have been talking about, and that Congress—and on several occasion over the past 35, even 40 years, Earned Income Tax Credit, Additional Child Tax Credit, and so forth, and you can see by the subsequent lines that each of them, when you apply them to the family, their poverty rate comes down and down and down and down. It cuts it by more than 40 percent. So these government programs really make a big difference. I do not challenge the idea that food stamps are primarily for food, but it also makes a great contribution to increase the incentive to work in addition to serving its nutrition benefits.

So now let me say one thing about what this Committee could do. The focus of welfare reform was not in education training, it was in work. So states developed great skills, and people who could do it, help people find jobs, do a résumé, some states even helped people dress better, they practiced interviews and all that. And as I said, the mothers went to work in droves, they got jobs, they made low wages, but with additional benefits they were much better off, and their kids were too. In fact, the poverty rate among black children who are disproportionately female-headed families, and among all kids in female-headed families, both reached their lowest rates ever. And today, even after two Recessions, they are still lower than they were during the early 1990s, so the system was pretty successful.

So what this Committee could do. You have wisely, with the Senate, created these ten demonstrations, because food stamps do not have strong work requirements as welfare did in the so-called TANF Program, Temporary Assistance for Needy Families. I think they need to be changed. There are lots of issues about how to change it, and you are going to learn a lot from these demonstrations. There are ten states that are trying to figure out how they can increase the work rate in food stamps. And keep in mind, look at this chart, every mom who goes to work, even in a low-wage job, it—has a great chance to get out of poverty. If she works close to full-time and has two or fewer kids, she will be out of poverty because of her work and because of the work support benefits.

Now, I want to caution about something that happened in welfare reform that is still the case today, and that is a problem, and that is that there are a lot of single moms who have a hard time both working and rearing their children. And so as a result, we have a group at the bottom, most people call it the disconnected mothers, who are probably worse-off now than they were before. If they could go on welfare and stay in welfare forever, they wouldn't be out of poverty but they would be better off than if they didn't have income from either wages or from cash.

So that is something to look out for. We want a system that is tough, that requires work, that sends a message that people have to work and then we subsidize their income, but we don't want one that is so tough that mothers who cannot work successfully and have depression or a number of other problems we can talk about if you want to, wind up without either cash income from the welfare program or in-kind, like food stamps, or from earnings.

[The prepared statement of Dr. Haskins follows:]

PREPARED STATEMENT OF RON HASKINS, PH.D., SENIOR FELLOW, ECONOMIC STUDIES AND CO-DIRECTOR, CENTER ON CHILDREN AND FAMILIES, BROOKINGS INSTITUTION, WASHINGTON, D.C.

Chairman Walorski, Ranking Member McGovern, and Members of the Subcommittee:

My name is Ron Haskins; I'm a Senior Fellow at Brookings and I co-direct the Brookings Center on Children and Families. I am also a Senior Consultant at the Annie E. Casey Foundation.

I have been invited to talk with you about what this Subcommittee could do to reduce poverty and increase economic mobility. I begin with a brief word about the problem; namely, how difficult it has been reduce the poverty rate. This leads to an overview of one of the most successful government reforms to reduce poverty, the welfare reform law of 1996 and its impacts on work rates and poverty. I then turn to review of what this Subcommittee could do to replicate the success of welfare reform while avoiding its most important problem.

Are We Reducing Poverty and Increasing Economic Mobility?

Figure 1 shows the changes in poverty rates since 1959 for three important groups—all children, children in female-headed families, and the elderly. Trends in poverty among the elderly show something like the progress everyone hopes we can make in reducing poverty among all Americans. There was rapid progress in the early 1960s followed by a slower rate of decline but very few years in which the poverty rate increased. Poverty among the elderly today is ten percent, much lower than the rate among children in the other two groups. The explanation for this pattern can be found in two words—Social Security.¹ Most of the elderly receive a monthly cash payment from the Federal Government that in most cases, including for the elderly who have few or no additional sources of income, is adequate to keep them out of poverty.

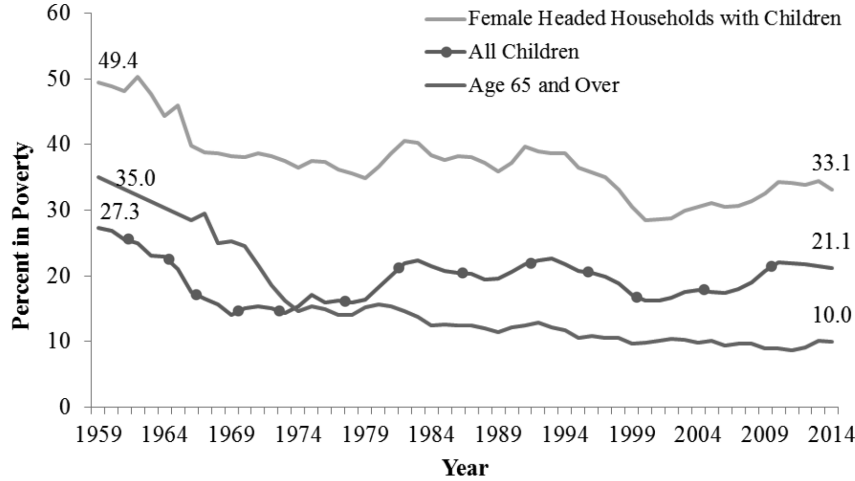
Progress among the other two groups is far less impressive, with an exception to be examined in more detail below. The poverty rate for all children under the official measure shows rapid progress in the 1960s, but little consistent progress since. The child poverty rate in 1960 was 14 percent. By 1980, it was over 21 percent. Worse, in no subsequent year has the child poverty rate reached the 14 percent achieved in 1969. The rate last year, the most recent available, was well over 20 percent. Changes over time in the poverty rate of children in female-headed families has been uneven, and has rarely been below 30 percent. But there was a major de-

¹Jonathan Gruber and Gary Engelhardt, "Social Security and the Evolution of Elderly Poverty," in *Public Policy and the Income Distribution*, ed. Alan Auerback, David Card, and John Quigley (New York: Russell Sage Foundation, 2006), 259–287.

cline in the late 1990s that holds an important clue about reducing poverty. I examine this decline in more detail below.²

Figure 1

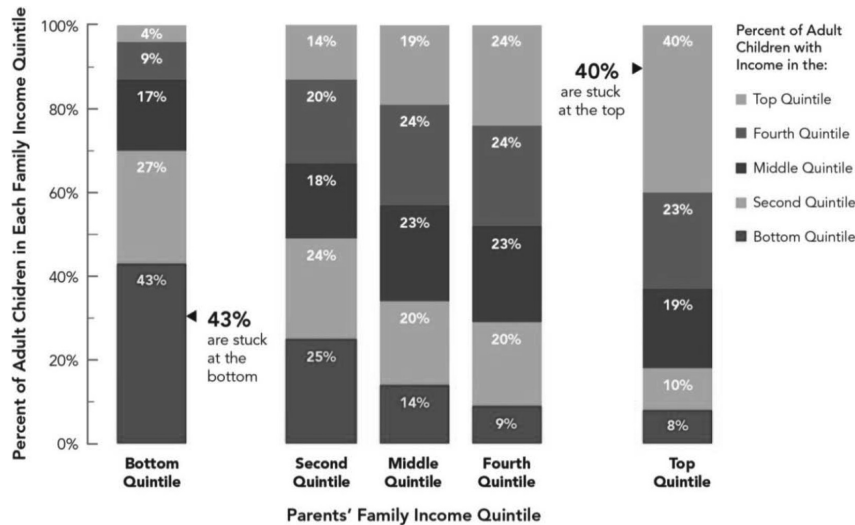
Official Poverty Rates for the Elderly, Female-Headed Households with Children and All Children, 1959–2014



Source: Census Bureau, Poverty Division, CPS ASEC Tables 2 and 3.
 Note: Data on elderly poverty rates unavailable for years 1960–1965.

Figure 2

Income Quintile of Children When They Grow Up Relative to Their Parents' Income Quintile



Note: Numbers are adjusted for family size.
 Source: Pew Charitable Trusts, “Pursuing the American Dream: Economic Mobility Across Generations” (Washington: July 2012).

²“Income and Poverty in the United States: 2014” (Washington: United States Census Bureau, September 2015).

Figure 2 shows a standard measure of economic mobility; namely, the economic position of children compared to the economic position of their own parents based on data from the Panel Study of Income Dynamics that started collecting data on 5,000 families in the 1960s.³ Then, as the children of parents in the original sample grew up, they were followed as well, yielding data on family income for both the parents and their children. In *Figure 2*, the five bar graphs divide the parents into five parts (called “quintiles”) based on family income with an equal number of parents in each bar graph. Thus, the 20 percent of parents with the lowest income during their prime earning years are in the bar graph on the left and the 20 percent with the highest income are in the bar graph on the right; parents with income between these two groups are displayed in the middle three bar graphs. Notice that each bar graph is divided into five parts. Each of these five parts represents the income quintile the children of parents in that income quintile wound up in during their prime earning years.

Figure 2 provides an informative way to look at economic mobility across generations. If children wound up in an income quintile that was not correlated in any way with their parents’ income, each bar graph would have five equal parts, each containing 20 percent of the children of the parents represented in the bar graph. This pattern is close to the one found in the middle bar graph which shows that children from parents in the middle income quintile were almost equally likely to wind up in each of the five income quintiles.

But the other quintiles, especially the bottom and the top quintiles, show that where children wind up in the income distribution in their generation is greatly influenced by their parents’ income. Consider the bottom quintile. Adult children from the bottom quintile have a 43 percent chance of winding up in the bottom themselves and only four percent of them wind up in the top quintile. Now consider the top quintile. Here we see that adult children whose parents were in the top 20 percent were more likely than adult children in the other quintiles to wind up in or near the top. For example, whereas only four percent of the adult children of parents in the bottom quintile made it all the way to the top, 40 percent of adult children with parents in top quintile made it to the top. Equality of opportunity this is not. Several studies have shown that this pattern has not changed much over the generations.⁴ We do not now have equality of economic opportunity in America, nor have we ever, although there are and have been many examples of individuals rising far above their parents’ income—and *vice versa*.

The conclusions are obvious, and almost everyone who studies poverty and economic mobility agrees: progress against poverty has been modest or nonexistent, depending on the group, and the nation has an unequal distribution of income that persists across generations. We have limited equality of educational and economic opportunity in America.

Why Are We Having Trouble Fighting Poverty and Increasing Mobility?

Why has it been so difficult to reduce poverty and increase economic mobility? We now spend around a trillion dollars a year on programs for poor and low-income families and individuals.⁵ Until recently, spending increased almost every year. But as spending increased, the nation neither reduced poverty by much nor increased economic mobility. Why, despite all this spending, have we made so little progress?

Most analysts would agree that the dissolution of the two-parent family, little progress in improving the educational achievement of the poor relative to that of the more advantaged, and the decline of work among men are major factors in accounting for our lack of progress.⁶ More specifically:

- An ever rising share of American children live in female-headed families, the family type in which children are five times as likely to be poor as children in married-couple families and in which their development is negatively affected.⁷

³Pew Charitable Trusts, “Pursuing the American Dream: Economic Mobility Across Generations” (Washington: July 2012).

⁴Raj Chetty, Nathaniel Hendren, Patrick Kline, Emmanuel Saez, and Nick Turner, “Is the United States Still a Land of Opportunity? Recent Trends in Intergenerational Mobility,” *American Economic Review Papers and Proceedings* 104 (2014):141–147.

⁵“CRS Report: Welfare Spending the Largest Item in the Federal Budget,” accessed October 23, 2015, http://www.budget.senate.gov/republican/public/index.cfm/files/serve/?File_id=34919307-6286-47ab-b114-2fd5bcedfeb5&hstc=15845384.42def987e2de1a7208006a251af15a20.1363171173913.1364813815069.1364846795312.22&hssc=215845384.1.1364846795312.

⁶Ron Haskins and Isabel Sawhill, *Creating an Opportunity Society* (Washington: Brookings Institution Press, 2009).

⁷David Ribar, “Why Marriage Matters for Child well-being,” *Future of Children*, Policy Brief, Fall 2015.

- In addition, until recent years, more and more children were born outside marriage, in most cases instantly creating the family form in which children are likely to be poor.⁸
- Although education levels have improved modestly, the education gap between kids from poor and rich families has increased substantially, making it difficult for children from poor families to close the income gap between themselves and children from rich families.⁹
- Although work rates among women, especially low-income and poorly educated women, have shown improvement, the work rate for men has declined over the last 4 decades and wages for men in the lower ½ of the wage distribution have been stagnant.¹⁰

A comprehensive strategy to fight poverty and increase mobility would attack these causes on three fronts by aiming to increase the share of children growing up in married-couple families, in part by delaying unplanned births; to increase the educational achievement and years of schooling completed among children from poor families; and to increase work rates among the poor. In this testimony, I confine my attention to increasing work rates, an important determinant of poverty and mobility that this Subcommittee could actually do something about. I begin with the example of welfare reform.

What to Do: An Example

In 1996 Congress passed and President Clinton signed one of the most sweeping pieces of welfare reform legislation ever passed by Congress.¹¹ A primary goal of the legislation was to help, encourage, and cajole mothers to work. The law did three things to try to increase work rates: it ended the legal entitlement to welfare payments, thereby clearing the way for cash benefits to be contingent on working or preparing to work; it placed a 5 year time limit on receipt of cash welfare for most mothers; and it required states to place half their welfare caseload in programs designed to help recipients find work or prepare for work. After the welfare reform law was enacted, work rates among single mothers increased dramatically, the welfare rolls fell more than ever before, and child poverty rates declined to their lowest level ever among black children and among all children in female-headed families. These effects cannot be attributed exclusively to welfare reform. There is general agreement among researchers who study welfare that the growing economy of the second half of the 1990s and the maturing of a system of Federal and state subsidies for low-income workers with children, which will be referred to here as the “work support system,” also played important roles in accounting for the dramatic increases in work and falling poverty rates.¹²

⁸Ron Haskins, “The Family is Here to Stay—Or Not,” *Future of Children* 25(2) (Fall 2015): 129–153.

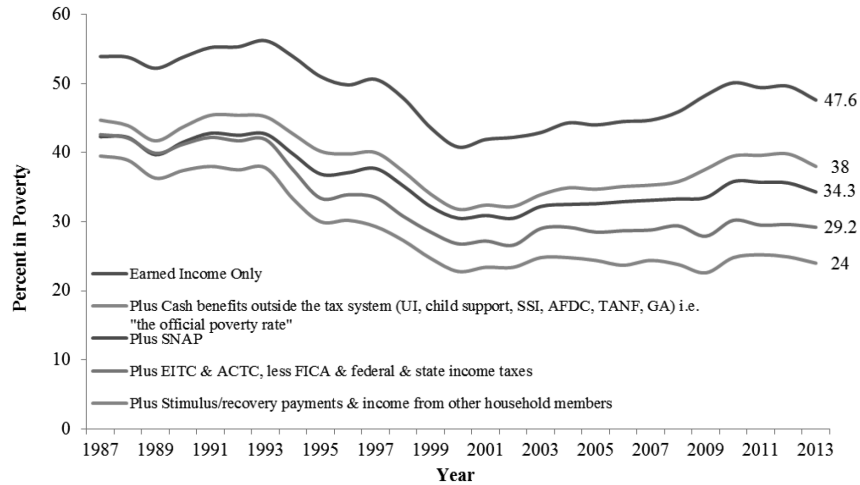
⁹Sean Reardon, “The Widening Academic Achievement Gap Between the Rich and the Poor: New Evidence and Possible Explanations,” in *Whither Opportunity? Rising Inequality, Schools, and Children’s Life Chances*, edited by Greg Duncan and Richard Murnane (New York: Russell Sage Foundation, 2011), p. 91–116.

¹⁰Harry Holzer and Marek Hlavac, “A Very Uneven Road: U.S. Labor Markets Since 2000,” US2010 series (New York: Russell Sage Foundation, 2012).

¹¹Ron Haskins, *Work over Welfare: The Inside Story of the 1996 Welfare Reform Law* (Washington, D.C.: Brookings, 2006).

¹²Carolyn J. Heinrich and John Karl Scholz, ed., *Making the Work-Based Safety Net Work Better: Forward-Looking Policies to Help Low-Income Families* (New York: Russell Sage, 2011).

Figure 3
Effect of Earnings, Transfers, and Taxes on the Poverty Rate among Households Headed by Single Mothers, 1987–2013



Note: Abbreviations are as follows: Unemployment Insurance (UI), Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), General Assistance (GA), Supplemental Nutrition Assistance (SNAP), Earned Income Tax Credit (EITC), Additional Child Tax Credit (ACTC), and Federal Insurance Contributions Act (FICA).

Source: Thomas Gabe, Congressional Research Service, *Welfare, Work, and Poverty Status of Female-Headed Families with Children: 1987–2013*.

Thus, it is the combination of the push of strong work requirements and the pull of earnings supplements from the work support system that provides the most complete explanation of how the nation can reduce welfare rolls, increase work, and reduce child poverty. A recent report from the Congressional Research Service shows how the new push and pull system works. *Figure 3* shows the trends in poverty rates from 1987 to 2013 based on a poverty measure that, unlike the official measure used above, counts a wide-range of government benefits (including noncash benefits like the Supplemental Nutrition Assistance Program, SNAP, often referred to as food stamps, and cash benefits such as tax credits) as income. The top line shows the poverty rate among female-headed families when only earnings are counted as income. Lines below the first line show the poverty rates when income from the various work support benefits is added to earnings and taxes are subtracted in stepwise fashion.¹³ The major finding from the figure is that government work support benefits have greatly reduced poverty rates among female-headed families (and low-income two-parent families as well) in every year since 1987. In addition, the chart reveals a number of important lessons for Members of this Subcommittee for fighting poverty. Here is a summary of data from *Figure 3* that provides the information we need to understand these lessons:

Years	Poverty Rate Based on:		
	Earnings Only	Earnings plus Benefits Minus Taxes	Difference (Percent)
1987–93	54.3	41.7	–23.2
2000	40.8	26.8	–34.0
2010	50.1	29.6	–40.9
2013	47.6	29.2	–38.7

¹³ Figures were adapted from Thomas Gabe, “Welfare, Work, and Poverty Status of Female-Headed Families with Children,” R41917 (Washington: Congressional Research Service, November 21, 2014), especially *Figure 13*, p. 33.

In the early period from 1987 to 1993, the poverty rate among female-headed families with children based only on the mothers' earnings was very high—well over 50 percent in every year and averaging 54.3 percent. Then the poverty rate based on earnings plummeted for the next 7 years, falling from 54.3 percent to 40.8 percent, the lowest it had ever been for female-headed families. This precipitous decline in poverty was caused mostly by much more work among single mothers, attributable in large part to welfare reform.

Now consider how work support programs impacted the poverty rate based on earnings only. Government transfer programs drove the poverty rate down from 54.3 to 41.7 percent in 1987–93,¹⁴ a reduction of about 23 percent. But when the work rate was much higher in 2000, the poverty rate based exclusively on earnings was only 40.8 percent, 25 percent lower than the comparable rate in the 1987–1993 period. Even better, after single mothers received the package of work-based benefits, the 2000 poverty rate fell to 26.8 percent, a decline of 34 percent.¹⁵

In 2010, work declined and poverty rose, due to the Great Recession. Yet the combination of relatively high work rates in 2010 (relative to the 1987 to 1993 period) kept poverty lower than during the earlier period and the impact of government programs in percentage terms produced nearly twice as great a decline in poverty as in the earlier period (a reduction of 40.9 percent *vs.* 23.2 percent).

Finally, the figures for 2013 show that female heads are now increasing their earnings from work, and the work-based safety net continues to reduce poverty a great deal (nearly 39 percent).

This analysis shows that the Federal work support system achieves the goal of, as President Clinton put it so tersely, “making work pay.”¹⁶ The most important element of the work support system was the creation of the EITC program in 1975 and its expansion, almost always on a bipartisan basis, on several occasions since. The EITC provides working families that include children with nearly \$60 billion each year, mostly in one-time cash payments. The passage of the Additional Child Tax Credit (ACTC) as part of the Bush 2001 tax reforms, along with subsequent expansions of the ACTC, were also important and now provide working families that include children with around \$30 billion each year. In addition, child care subsidies have been expanded on numerous occasions, the Supplemental Nutrition Assistance Program (SNAP) has been modified to make it easier for working families to claim the benefit, the Medicaid program has been modified and extended (in part by creating the Child Health Insurance Program in 1997) to cover almost all children under 200 percent of poverty, and a number of other improvements have been made in the work-based safety net at both the Federal and state levels. This system is available to all low-income working families with children and virtually guarantees that if parents work close to full time, they and their children can escape poverty.

What to Do: Two Ideas for the Nutrition Subcommittee

There are two actions this Subcommittee could take in the near future that would have an excellent chance of reducing poverty. The most important outcome of welfare reform was increased work rates by single mothers. Not only did the work rate of single mothers increase in the years after welfare reform, they have stayed higher than they were in the early 1990s and previously despite two recessions and the increased unemployment that comes with recessions. Given the importance of benefits from the work support system in fighting poverty, work becomes even more important because welfare recipients have to work to get benefits from the work support system. So work opens up two sources of income—earnings from the employment and benefits, especially tax credits, that can only be obtained if mothers work.

The food stamp program currently has modest work requirements, but they do not appear to be rigorously enforced. Last year Congress, at the instigation of the House Agriculture Committee, wisely provided \$200 million over a period of years for the

¹⁴Poverty rates in this section that take benefits into account are not the official Federal poverty rate. They are based on the official poverty threshold (the amount of income that divides the poor and non-poor) but add benefits that are mostly not included in calculating the official poverty rate.

¹⁵The bottom line in *Figure 9* includes payments from programs enacted as part of the American Recovery and Reinvestment Act of 2009, most (but not all) of which are now expired. Also included in the last line is income the mother receives from other household members.

¹⁶The combination of work support benefits does have work disincentives in the sense that some program benefits are reduced as earnings rise. In most cases, however, the combination of earnings and work support benefits yield higher total income than either earnings alone or welfare benefits alone. According to the Congressional Budget Office, the marginal tax rates on earnings for low-income working families can be as high as 60 percent. See Congressional Budget Office, “Effective Marginal Tax Rates for Low- and Moderate-Income Workers” (Washington: CBO, November 2012).

Department of Agriculture to sponsor ten pilot demonstration programs by states that are willing to explore innovative ways to encourage work among food stamp recipients.¹⁷ An interesting parallel of this action is that the 1996 welfare reforms were preceded by more than 40 states conducting demonstration programs aimed at testing ideas about how to promote work, many of which were evaluated by high quality research designs. These demonstrations generally showed that mothers on welfare could work and that programs that helped them prepare for work and look for jobs increased work rates and reduced the welfare rolls.¹⁸ By the time of the welfare reform debate of 1995–96, most Members of Congress on both sides of the aisle realized that many mothers on welfare were capable of working and that good programs that helped them prepare for and find jobs could substantially increase their work rate and reduce the welfare rolls. It seems likely that the ongoing food stamp demonstration programs will provide solid ideas about how states can increase work rates among food stamp recipients, in this case both women and men. These results can be expected to provide the Subcommittee with ideas about how to write legislation that would encourage work among food stamp recipients.

An outcome of welfare reform that should be emphasized is that most mothers who found employment worked in low-wage, mostly unskilled jobs. Thus, their earnings were generally quite low.¹⁹ Few states had effective programs that attempted to upgrade the skills of mothers. Even low-wage jobs provided a step toward self-sufficiency, but many analysts think that with training (especially training for jobs available in the local economy), these mothers could attain the skills that would lead to better jobs, higher earnings, and even lower poverty rates. There is now a large and growing literature on how skilled jobs that require a certificate, a license, or a 2 year degree, often from a community college, can help young people from poor and low-income families qualify for good jobs with higher incomes.²⁰ According to the Department of Agriculture, the work demonstration pilots will test “a range of job-driven strategies, including intensive sector-based approaches and career pathways that prepare workers for specific occupations.” And because the pilots are being subjected to scientific evaluations, we can be confident that the findings will be reliable. These pilots, in other words, are very likely to provide the basis for legislation that will encourage or require states to establish programs that increase both work rates and earning among food stamp recipients.

A word of caution, based on the results of welfare reform, is in order. The share of families in poverty receiving welfare cash payments has declined as compared with the share receiving cash under Aid to Families with Dependent Children (AFDC), the cash welfare program that preceded the 1996 welfare reforms. In 1979, for every 100 families in poverty, 82 families received AFDC. By contrast, in 2013, for every 100 families in poverty, only 26 families received Temporary Assistance for Needy Families (TANF), the cash welfare program established by the welfare reform law of 1996.²¹ Some observers have concluded that the increases in work and reductions in poverty achieved by welfare reform resulted from work requirements and time limits that forced too many mothers off TANF without jobs. But there is little evidence that harsh provisions are necessary to encourage able-bodied adults to work. Reasonable requirements, strongly enforced, and accompanied by the carrots for work provided by the work support system, may well be enough to encourage adults to work. And in any case, the Subcommittee will have the results from ten state food stamp pilot work programs to provide ideas about how food stamp recipients can be encouraged to work without resorting to harsh measures.

A second caution is that some people believe the goal of food stamp work requirements should be to get as many people as possible off food stamps. This goal, however, sharply conflicts with another goal of food stamps as a vital part of the work support system; namely, to supplement the earnings of low-wage workers and there-

¹⁷Department of Agriculture, “2014 SNAP E&T Pilots,” accessed October 22, 2015, <http://www.fns.usda.gov/2014-snap-e-t-pilots>.

¹⁸Judith M. Gueron and Howard Rolston, *Fighting for Reliable Evidence* (New York: Russell Sage, 2013).

¹⁹Greg Acs and Pamela Loprest, “TANF Caseload Composition and Leavers Synthesis Report,” (Washington, D.C.: Urban Institute, March 28, 2007).

²⁰Tamar Jacoby, “The Certification Revolution,” in Michael Petrilli, ed., *Education for Upward Mobility* (New York: Rowman & Littlefield, 2016); Sheila Maguire, et al., “Tuning Into Local Labor Markets: Findings from the Sectoral Employment Impact Study” (Philadelphia: Public/Private Ventures, 2010).

²¹LaDonna Pavetti, “Testimony of LaDonna Pavetti, Ph.D., Vice President, Family Income Support Policy, Before the House Ways and Means Committee, Subcommittee on Human Resources” (Washington: Center on Budget and Policy Priorities, April 30, 2015), <http://waysandmeans.house.gov/wp-content/uploads/2015/06/LaDonna-Pavetti-Testimony-043015-HR3.pdf>.

by both improve their economic standing and provide a strong work incentive. Just as many mothers who join the welfare rolls lack the skills and experience to fill the requirements of high wage jobs, so many recipients of food stamps are similarly qualified only for low-wage jobs. To both Congress and society, the goal of luring people into work and helping them improve their economic condition should be the most important goals. Some of these people will work their way into jobs that pay enough that they will no longer qualify for food stamps. But most people, including parents, who are on food stamps will not have the skills to command high wages. In these cases, food stamps will provide an incentive to continue working and will allow workers to boost their income.

Conclusion

Over the last 4 decades, Congress has constructed a work support system that not only makes work pay, but also provides substantial work incentive. The food stamp program is a vital element of that system. When the incentives of the work support system are combined with effective programs that encourage work, help people acquire skills, and help them find employment, many of the adults receiving food stamps today and in the future will join the workforce, increase their self-sufficiency, set an example for their children, and improve their economic condition. Moreover, the state food stamp work demonstrations now being implemented seem likely to serve as a beacon to help states implement and sustain programs of this type.

The CHAIRWOMAN. Thank you, Dr. Haskins.

Dr. HASKINS. Okay.

The CHAIRWOMAN. I appreciate it. And thanks to all of you for your testimony.

We are going to move to the question period now. And I want to just start out by saying, in my district, in South Bend, Indiana, we just started recently with a three times a day feeding program. We had breakfast, lunch in schools. Now we are moving, in some areas in my district, to dinner as well. It is being done year-round in some of the school districts. But as we talked about today, we want to move beyond this issue of just feeding kids and saying they are going to be successful. And we want to see these kids succeed, we want to talk about the community partnerships and those kind of things that are available to make sure that kids actually have a chance to reach their American dream. To do that, as you have heard earlier, we are talking about holistic kind of approaches that we have never done before, and we have made a real effort in this Subcommittee to do that.

So I want to direct my question to Ms. Riley. Looking back on your childhood and some of the experiences that you have already shared in your testimony, can you just kind of elaborate and tell us a little bit more about the support that SNAP and school meals provided for you and your siblings, and the whole concept of being a child raised in poverty, and working your way out, but still looking back to your childhood, what did it mean, how important was the nutrition assistance you received?

Ms. RILEY. Well, as a child, you are kind of oblivious a little bit. I mean you realize that you are different than the other kids. You have a means to get the nutrition in a different way, whether it is the ticket that I used to get my meals. But, as I talked to my mom, once I became a spokesperson, I really started to understand the dynamic of our family and her need at that time and how essential this was. So my role as a spokesperson has been a sense of gratitude looking backward and understanding how impactful these programs were to my success, not realizing it maybe at the

time, but now as an adult, realizing that they were absolutely essential to me being a healthy student and an athlete.

The CHAIRWOMAN. I appreciate it.

And, Dr. Haskins, we heard at previous hearings we needed evidence-based understanding of how to address this issue holistically. In your opinion, have we moved the needle at all recently when it comes to poverty and economic mobility? Should we keep doing the same things, or do you believe it is worthwhile to actually reexamine the situation and say what else can we do?

Dr. HASKINS. Economic mobility is a much broader problem and will require a much broader solution. And I am going to leave that aside. Poverty, I think we have made progress, yes. I have shown in the mid-1990s and even today, we have a lower poverty rate among female-headed families. And the Committee should know that we are not going to make progress against poverty unless we address where it is most frequent, and that is among female-headed families.

So this strategy of work and work support, something for both sides of the aisle, is really a good strategy. We need to expand it. We need more people on food stamps to have a job, even if it is a low-wage job, and we would make even more progress against poverty. I think the charts that I have shown you show that that is the case.

The CHAIRWOMAN. I appreciate that as well.

And then, Ms. Riley, just briefly back to you. In the time that you have been involved now as an advocate for the No Kid Hungry campaign, do you see improvements in the lives of the kids through the organization you are working for, do you see, anything positive happening? And while there is a long way to go, have you seen strides being taken that have been effective in the area that you are focused on?

Ms. RILEY. Yes, absolutely. And I have been a spokesperson in all the cities that I have played in probably in the last few years, and so I have been able to see a different demographic aspect to that as well. But for kids to know that there is a provision there, and to not have to worry about the essential foundation of what they need, allows them to have hope—

The CHAIRWOMAN. Yes.

Ms. RILEY.—for a better future, allows them to just kind of focus on what is before them, which is their school, which is their ability just to be kids.

The CHAIRWOMAN. I appreciate it.

And then, Dr. Ratcliffe, one follow-up question quickly. This issue of looking holistically at the issues low-income people face, can you elaborate a bit more on that, this is actually one of the issues the Committee is looking at in terms of what else can we do.

Dr. RATCLIFFE. Thank you. One of the issues, when we look at children from birth and throughout their childhood, is that parents' educational attainment is so important. So it is work of the parents, but also we should look at education and training programs, in coordination with childcare and other work supports, to help people and parents provide better for their families and move up the economic ladder.

The CHAIRWOMAN. Thank you, and I appreciate it.

And I want to recognize now Mr. McGovern for 5 minutes.

Mr. MCGOVERN. Well, thank you very much, and I appreciate all your testimony. And just for the record, Dr. Ochoa mentioned the American Academy of Pediatrics policy statement, which recommended that pediatricians screen all children for food insecurity, noting the negative health that is associated with child hunger. I think it is an important statement. I would like to ask unanimous consent that we insert the AAP's policy statement into the record.

Without objection? Okay, all right.

The CHAIRWOMAN. Yes.

[The information referred to is located on p. 439.]

Mr. MCGOVERN. And—

The CHAIRWOMAN. I am nodding my head.

Mr. MCGOVERN. Okay. I know we are talking about the whole picture here, but we need to get all the little pieces correct if we are going to solve the big picture, and that means we need to make sure that SNAP works and provides a benefit that is adequate to feed children and to feed families. I think it is important to note that the SNAP benefit was more generous in 2013 than it is today. Food prices continue to go up, and more and more families on SNAP end up at food banks. We have close to 20 million children in this country who are hungry and food-insecure. I think every single person in this Congress should be ashamed of that fact. We are the richest country in the history of the planet. We have close to 20 million children in this country who don't have enough to eat, who end up at food banks, who end up at food pantries at the end of the month. And I think that is something we need to fix.

We want to get the nutrition part of this right, so we need to make sure that the benefit is adequate.

And, Dr. Haskins, look, I appreciate your talking about the importance of work, but let's understand one thing. Work doesn't mean people get off of SNAP. To work, they need to be able to work. Childhood development needs to come first because that is the most important issue that we are talking about here today. And we need to make work pay more. No one here mentioned raising the minimum wage, but the fact of the matter is you have people working and they are still on SNAP. Congress has cut not only money for SNAP, Congress has cut money for job training programs. And before we change anything, we ought to see what the results of the SNAP work pilots are and then base any changes on that.

Dr. Ochoa, in your testimony, you say you have data on what a higher SNAP dose means for the health and well-being of children in the form of the ARRA monies that boosted SNAP and then ran out in November 2013. What does the evidence show, because I want to make sure we get this right, and it is important for people to understand that there are no quick fixes. And a lot of the fixes we are talking about in terms of job training, it is going to cost more resources. But I want to make sure our kids right now are getting an adequate food benefit. Maybe you could respond to that.

Dr. OCHOA. Yes, thank you, Mr. McGovern.

As you mentioned, the SNAP benefit was more robust in 2013, and 2013 is when the Institute of Medicine issued its report saying

that the SNAP benefit needed to go up. And so what we were able to see with our research in these five sites across the country was that when our up-boost was in effect there were much less hospitalizations and less developmental delay, better health, better height to weight for the children that we interviewed in our clinics and emergency rooms. And after the rollbacks when we reexamined the data, we found that families with young children were 23 percent more likely to be household food-insecure, and 17 percent more likely to be child that was food-insecure.

So in the face of having the better benefit and the better outcomes, that reversed rather quickly. So it is a troubling scenario, if you will, that under a more robust benefit as it was, just a little change in that can really have disastrous outcomes on child health.

Mr. MCGOVERN. Yes. Well, I tell people all the time that hunger is essentially a political condition because we know what we need to do to solve it, but we, for whatever reason, don't muster the political will to do it. I am not just talking about Congress, I mean the White House as well needs to take stronger leadership.

And I go back to where I began. I think we ought to have a White House conference on food, nutrition, and hunger because I do think that is the place where all these different ideas which fall under the jurisdiction of multiple committees can come together, and we can figure out a roadmap to move forward. When you ask anybody, whether it is in the White House or here, what is the plan to end hunger in America, there really isn't a plan. We have programs to try to deal with hunger, but there is no plan, and we do need a roadmap, and I am trying to find out where the forum is that we can kind of connect all the dots and pull these pieces together. I don't know if anyone has any ideas, or if you want to endorse my idea of a White House conference on food, nutrition, and hunger, that is perfectly fine with me, but if we are serious about this, the White House needs to be involved more directly on this matter.

I think I am out of time.

The CHAIRWOMAN. The chair now recognizes Mr. Crawford, for 5 minutes.

Mr. CRAWFORD. Thank you, Madam Chair. And I want to thank the witnesses for being here, and particularly I want to welcome Dr. Ochoa from Arkansas Children's Hospital.

I am one of those families in Arkansas who has seen personally, up close and personal, the benefits of Arkansas Children's Hospital. It is a world-class institution and doing great work there, and I thank you for that.

You mentioned some statistics in your testimony, Dr. Ochoa, about Arkansas in particular being the second highest rate in the United States in terms of food insecurity, and I find that to be a little bit ironic considering we are one of the most productive agricultural regions in the country, if not the world. And so I say that to say this: we tend to look at these problems a lot of times through the lens of our own district, but with the statistics that we have in east Arkansas, which is my district, and the Mississippi Delta, if we can get this issue right there we can apply that anywhere, and create a template to really effectively address this food insecurity issue.

Let me ask what specifically the Arkansas Children's Hospital is doing and the work you are doing in the region, how are you tackling food insecurity in the Delta, and can you expand on the role of public-private partnerships to help assist in those challenges?

Dr. OCHOA. Yes, thank you very much, Mr. Crawford.

As I mentioned in my testimony, we issued a report in the spring called *Doctor's Orders*, and I have some copies of these reports here with me today, because what we specifically tried to do at our institution was look at ways that we could help hungry families that were coming to us for care. I mentioned that we are the only pediatric hospital in the state, and so we interview people in our emergency room from all parts of the state, and we found that there were just as many people who were coming to the emergency department who were food-insecure, but interestingly enough, different from the other sites in our research network, more of our families were educated and had higher incomes. So even for people who had higher education and income levels, the rates of food insecurity, and particularly child food insecurity, were very high.

So we started looking at things that we could do at Children's to help the situation, and we have gotten into partnerships with both the State Health Department and the State Department of Human Services, and private organizations like the Arkansas Hunger Relief Alliance and the Arkansas Food Bank. So we are doing a variety of things. One is that we are training our people in the hospital who are financial counselors to help people with their Medicaid and their SNAP applications at the same time. DHS helped us a great deal with that. Second, DHS helped us apply to be a site for the summer meals program, and now we have extended that to all-year-round meals. And since we started those meals a couple of years ago, we have given away more than 40,000 free lunches to kids that are on our campus. We ask no questions. They can have their siblings get a lunch. So we give these lunches out every day of the week. We also have partnered with the Health Department to have a WIC office on our campus. So now for 1 day a week, we have a WIC office on our campus that can do eligibility determinations, and help people who are either getting discharged from the hospital or leaving our clinics. And I am sure a lot of those kids who are leaving from our hospital beds are going back to your district feeling better that they have gotten their WIC eligibility straightened out. And we have also partnered with the emergency food networks to have food available that we can give to families when they leave. So the partnership with the local food pantry, our residents can ask screening questions about food insecurity and provide those bags of food to families.

I am going to open a clinic in about a year under the Children's Hospital umbrella in southwest Little Rock where Latino and African American children are predominantly living in the city. And we are going to bake all this in, if you will, to the way we design the clinic. To do the Hunger Vital Sign, to ask about food insecurity, and to have things ready to intervene when we find those.

Mr. CRAWFORD. Thank you. I know there has been a lot of mention about breaking the cycle of poverty. Madam Chair, you mentioned that as a question you received in a meeting in your district.

Dr. Ochoa, based on your experience in the Delta, what do you think needs to be done to support children who want to break the cycle of poverty, how do we do it?

Dr. OCHOA. Well, there are a lot of complex, interlocking needs. Families don't just come with one issue. And when a child is sick, we see that there are a lot of things that are going on. It is not just about food, it is also about housing, it is also about income. We are working with other advocates in Arkansas to try to start a conversation about the EITC in Arkansas which is very important. We have to think about other things like childcare supports. I am glad that Dr. Ratcliffe mentioned that because if you have more moms who are working at low-wage jobs, if you don't have the childcare to help that backstop, it is really not going to be very helpful for that mom. So there are a lot of interlocking needs that we need to address and think about the holistic view of the child, but also know that hunger really marks the brains and the bodies of our children.

Mr. CRAWFORD. Thank you.

I yield back.

The CHAIRWOMAN. The chair recognizes Ms. Adams, for 5 minutes.

Ms. ADAMS. Thank you, Madam Chair, Ranking Member McGovern. And thank you all for your testimony.

North Carolina is currently approved by USDA to receive a waiver from work requirements for able-bodied adults in the areas of the state that continue to experience high levels of unemployment for Fiscal Year 2016. The waiver allows able-bodied adults to receive SNAP benefits for more than 3 months during a 3 year period if they cannot find a job during an economic crisis.

Recently, the North Carolina General Assembly passed House Bill 318, and it prohibits the state from ever applying for a waiver for SNAP work requirements for able-bodied adults during an economic crisis, and that any waivers currently requested shall not extend past March of 2016.

The bill, in my opinion, is mean-spirited. It punishes people in high unemployment areas. And in my district, we have a 13.8 percent unemployment, and, of course, this limits the state's ability to meet the needs of the unemployed. As has been said here, SNAP is not a work program, it is a nutrition program, to help those who are struggling to put food on the table.

Last month, I sent a letter to our Governor asking that he veto this bill. And we are still waiting, but I continue to call on our Governor to do this, which he must do by the end of this week to keep the bill from becoming law.

Dr. Haskins, if there are not enough jobs to go around for every able-bodied adult without dependents in North Carolina, what is the value of increasing work requirements for SNAP recipients?

Dr. HASKINS. Whether there are jobs available or not is a complex question because even during a recession when unemployment rates are high, people get jobs every day. There is a lot of circulation in the economy so there are jobs available even during a recession. That means that some people are going to be out of work if there are no jobs available, so they have to look in adjoining counties and so forth.

I think it is reasonable to have some adjustment during a recession in Federal work requirements. I am not sure I would suspend them, but I would give people a longer time to find a job, for example, would be a reasonable approach. It is not unreasonable to suspend them, but that defeats the policy in the first place. There needs to be continuing pressure. People getting public benefits need to know that they have to work as much as possible, and the government will make exceptions when it seems appropriate to do so, namely during recessions or high—

Ms. ADAMS. Right.

Dr. HASKINS.—unemployment rates like you are talking about.

Ms. ADAMS. Thank you, sir. I think there are lots of things that prohibit that. I mean transportation, gaps, in terms of skills gaps and the jobs that are available.

Dr. Ochoa, how might SNAP be of particular benefit to young children who also experience the stress of living in poverty?

Dr. OCHOA. Yes, thank you. That is an excellent question. I think that benefit starts in the womb. So when moms are pregnant and they are on SNAP, our research shows that the children that are born to those moms do better. They do better developmentally, they have better birth weights, they are in the hospital less often. And so we not only see the benefit from SNAP beginning prior to birth, but then we see the benefits all through childhood.

A program like WIC is great, but WIC is part of the overall fabric of food support that these families need in poverty. So the SNAP benefit that impacts not just the child but the whole household is really important. And as I mentioned earlier, it lasts all through early childhood when brain formation is really at its critical point, and continues all through school and the workforce.

Ms. ADAMS. Thank you. How might the investment in SNAP save money and healthcare costs in the long-run, just as other vaccines do?

Dr. OCHOA. Well, our research shows that when children have an appropriate SNAP benefit and they are not in child food-insecure households, they do better. So we know there are less hospitalizations, there is less developmental delay. The developmental delays that I see in my clinics cost the system money because we are trying to catch those kids back up. It decreases the rate of pre-term births. There is just a whole host of scientific evidence that shows that SNAP is really a health benefit.

Ms. ADAMS. Thank you.

And, Madam Chair, I yield back.

The CHAIRWOMAN. The chair recognizes Mr. Yoho, for 5 minutes.

Mr. YOHO. Thank you, Madam Chair. Thank you all for being here.

Ms. Riley, let me start with you. What led to your success? I mean was it an internal desire to become great at what you do, was it the physical attributes, was it mentors around you that inspired you that led you into that, or was it a government program?

Ms. RILEY. All of the above.

Mr. YOHO. All of the above?

Ms. RILEY. It was—

Mr. YOHO. I agree with that. You were going to say something else?

Ms. RILEY. Just that without any of the contributing factors, my mom, mentors, teachers, the program, I couldn't have been able to accomplish what I did.

Mr. YOHO. All right. Is there one that was greater than the other? Loving, nurturing mother that gave you the can-do attitude?

Ms. RILEY. I think without food, it wouldn't have mattered how great my mom was.

Mr. YOHO. Well, absolutely. None of us would be here without it. There are a lot of us that have stories like you. We have seen people throughout history have that. This Committee has heard my story too many times to repeat it, other than when my wife and I were married, we were picking up soda bottles to get by because there were no jobs. It was during the 1970s.

The point is—and, Dr. Ochoa, you brought up hungry kids, low performance, food insecurity, we know all these things. We know about the prenatal vitamin supplements and all those things that are necessary to have and birth a healthy child. We know all those. We can do those studies over and over again. Those are the facts. I mean that is just science. And it is important to have those.

Dr. HASKINS, you brought out that the single-parent households have the highest level of poverty and the highest level of food insecurity, and I agree. And these are all facts that we know. To me, we are treating a symptom and not treating the underlying problem. The underlying problem, to me, is responsibility in a lot of this case. Not all these. Because if we talk about the elderly or the disadvantaged, the people that can't work, that is a whole different category, but for the able-bodied person to raise children in the 21st century in America and not be responsible for that child—and I am a veterinarian by trade, and if we have somebody that doesn't take care of an animal, the county steps in and they will educate them, sometimes fine them, sometimes take that animal away. And I said this in a meeting, actually with my priest, and he said, so you want to treat children like people—or you want to treat children like animals. I said no, but do we treat our animals better than we do our children? And to go along Mr. McGovern's case here, the plan to end hunger in America. I think that is a noble cause, but we need to look at the underlying cause, why are parents having children, multiple children, if they can't have the responsibility to take care of them? Is there any penalty for not taking care of a child? Does anybody want to weigh-in on that?

Dr. HASKINS. Yes, there certainly is. We have a very active child protection system, and they intervene in families all the time. We have thousands of children in foster care because their parents are not providing adequate care. And sometimes we completely terminate—

Mr. YOHO. Before that though.

Dr. HASKINS.—their rights—

Mr. YOHO. I mean before—

Dr. HASKINS.—and put them up for adoption.

Mr. YOHO.—that. With one child I can understand that, but to have multiple children that fall into this. I know this is at the risk of being very controversial, but it if we don't treat the underlying problem, and I know it goes with education, food, good jobs, and all of that, good-paying jobs, we are missing the boat because we

are winding up treating a symptom that we are going to treat over and over and over again unless we get into that. And it is noble that we get in there and we feed the children, and we get them off to a good educational start so that they can break that cycle, but we should put more responsibility or more emphasis on the responsibility. When that mother comes in, the single mother comes into a health clinic and talk about the responsibility of raising that child. And I just hope we are all doing that in a manner that we get the results we want so that we can, as Mr. McGovern said, work at ending hunger instead of just perpetuating a situation over and over again. Any thoughts, Ms. Ratcliffe—Dr. Ratcliffe—

Dr. RATCLIFFE. Yes.

Mr. YOHO.—I am sorry.

Dr. RATCLIFFE. Thank you. The fact is that we do have poor children today, and so what my research shows is that focusing on those children and making sure they get what they need is going to help us into the future. And even if you have families that are working full-time, full-year, at the minimum wage, even above the minimum wage, that they are going to be eligible for a program like SNAP. And when you talk to low-income families, a lot of what they say is they would like one good-paying job. So when we look at it, there are lots of complex issues that families are dealing with.

Ms. RILEY. If I could really quickly just say from my own experience, my mom obviously didn't intend to be a single parent. My father left. She wasn't raised in a household where her parents encouraged her to get a skill-set and an education. So these programs are essential to fill in the gap when she was getting that education to provide for us. So you are looking at a smaller subset there.

Mr. YOHO. Well, my house got repossessed when I was 15 and there were six of us in the household. And, I understand that plight, and it is, again, it was the opportunity that we took advantage of and I never wanted to repeat that for my children.

I yield back.

The CHAIRWOMAN. The chair recognizes Ms. Plaskett, for 5 minutes.

Ms. PLASKETT. Thank you very much. Thank you, Madam Chair, and the Ranking Member. And thank you so much for your testimony, for your thoughts and ideas in this.

I had so much to say, or questions that I had to ask, but I was really taken by the last line of questioning, and the discussion about symptoms and what the underlying symptoms are. Recognizing in my own life that so many of the friends that I grew up have not had the success that life has given me, and so much of it had not to do with responsibility but just sheer luck and being in the right place, because everybody wanted to be responsible and everybody wanted to have those opportunities, but they don't always come. They particularly don't always come in the areas that this country has completely forgotten about, or have neglected because they want to have policies that satisfy their own personal needs but don't put food in children's stomachs. And so the symptom is us, not the irresponsibility of parents. But for those of us that have excess food, and food being in abundance in this country, that there are children who do not eat, who cares if their parents

are not working. If children don't eat, that is an indictment on all of us.

So, Dr. Haskins, I wanted to ask you a question. You talked about jobs and the responsibility, and that indeed it is very, very important for people to have jobs, not only to receive the funding, because having jobs makes people feel like fulfilled individuals, and I think that most people want that feeling. I agree there are some who do not, but as a general whole, most Americans, most people throughout the world require that.

What do we do in the instances where we have a district or an area that has a 31 percent child poverty rate, and in some areas in that area there is an 18 percent unemployment rate, how do you fulfill the need for people to have jobs in areas like that?

Dr. HASKINS. Well, there are several answers to that question. Historically, Americans have moved to different places if they can't find jobs—

Ms. PLASKETT. And what if—

Dr. HASKINS.—that is—

Ms. PLASKETT.—they are so poor that they cannot get a plane to get them off of the island where this place is?

Dr. HASKINS. They have relatives, they have friends, there are many people who take advantage of that, and the borrow money, they are able to move if they are really determined to move and especially if they have job experience.

Ms. PLASKETT. So we just have a—

Dr. HASKINS. Another—

Ms. PLASKETT.—decimated place that no longer has the people living there because there are no jobs there, and we don't want them to be on food stamps or school lunch programs, we would rather they borrow money from family and leave—

Dr. HASKINS. No, I—

Ms. PLASKETT.—than take care of the situation here?

Dr. HASKINS. That is not what I am saying. I haven't said anything about cutting food stamp benefits or anything like that. In fact, I am arguing that food stamps are a crucial part of what I call the work support system, and a lot of people work because they can, not just with their own wages, which are often low, but because they get these other benefits, up to around \$30,000 or so, they can make their family better off because of food stamps, Medicaid, childcare, and so forth. So the government programs that help them are essential. That is the main point of my testimony.

Ms. PLASKETT. Yes. And then aside from that, what are other ways that they could be able to get food, I know that some places have the waiver, but if the waiver is not available, what do we do then? For those people who are going to be, for a sustained period of time, on these programs.

Dr. HASKINS. Okay, one idea that has been tried in the past and has been, I would say, modestly successful is the government hires people in jobs, some people call them make-work jobs, but they don't have to be that way. They used—in the old days they were called community work experience jobs. In some places, they made a guarantee to people and say you are going to get a job, you go out and look, we are going to give you, say, 2 weeks or 3 weeks—

Ms. PLASKETT. Yes.

Dr. HASKINS.—if you can't find a job, we are going to give you a job, and you get paid the minimum wage for that job so there would be motivation to try to get out of the job.

Ms. PLASKETT. Thank you.

Dr. HASKINS. But once you have income—

Ms. PLASKETT. Yes.

Dr. HASKINS.—and earnings, then you can get these benefits in the work support system and you would be much better off.

Ms. PLASKETT. Thank you.

And, Dr. Ratcliffe, it is really important for us on this Subcommittee and the Committee as a whole to have a detailed reporting from you about the impediments that occur to families and to those children who have these food issues, particularly the economic, the long-term economic detriment to the individuals. I was really encouraged and interested in seeing the educational parameters and the impediments that happen to those educationally. Are there other areas, even their own relationships, the next generation, those things seem to me very important? Thank you.

Dr. RATCLIFFE. It goes back to some of what Dr. Ochoa was saying. Some of the research that looks at outcomes and child experience, we find that children who are poor in their earliest years, between birth and age 2, that they are less likely to graduate from high school, and that is controlling for how long they are in poverty, parents' employment, other measures of family well-being. So it is really in these early years that can be particularly critical. And if we are looking to identify children who are most at risk, those are children who are born to poor parents and poor, less-educated parents, those children are particularly likely to be persistently poor and then have these worse academic outcomes.

Ms. PLASKETT. Thank you.

The CHAIRWOMAN. The chair recognizes—

Ms. PLASKETT. Thank you for your indulgence.

The CHAIRWOMAN. Not a problem. The chair recognizes Mr. Aguilar, for 5 minutes.

Mr. AGUILAR. Thank you, Madam Chair and Ranking Member McGovern.

Dr. Ochoa, I appreciate your statement where you referenced the fact that children who are living hungry may not experience those signs of food insecurity in the home. Children with asthma and allergies may demonstrate health-related issues and may not show signs of food insecurity. The screening process that you created to find children who are at risk of food insecurity is a great tool, and I wanted to know if you could expand on that for us, and do you believe that this is a model that can be used in other states, either on demonstration basis, or through your association? Can you walk us through a little bit of that piece?

Dr. OCHOA. Yes, thank you, Mr. Aguilar.

The Hunger Vital Sign, as I mentioned, we distilled from the 18 question USDA food insecurity screener and we validated that in our Children's HealthWatch sites. And so we actually are piloting it at our institution, at Arkansas Children's Hospital, with our resident trainees and their pediatric continuity clinics where they see the same panel of patients over the course of their residency. And we have found in some preliminary data analyses that they are de-

pecting food insecurity at a rate of about 23 percent, just like our research in our emergency department shows. So by advocating for the use of the Hunger Vital Sign, our academy, which represents well over 70,000 pediatricians across the country, and hundreds of thousands of pediatric trainees, is advocating for its routine use. I do know that in the State of Oregon, the Medicaid Program is looking at the Hunger Vital Sign as a performance measure, and that would be great to replicate in other State Medicaid Programs as a tool for how effectively we are addressing the social determinants of health.

I wanted to mention also that the kids that I see in my clinics are brought there by responsible parents who care for them, and they are bringing them to us to help. It would be a fantasy for me to try to treat some medical condition and completely ignore a hungry child or hungry family. So that is why the Hunger Vital Sign is so important because we are looking for other ways that we can support those families so that the health of their child is good, but the health of the household is even better. And it is our responsibility as pedestrians to figure that out.

Mr. AGUILAR. And oftentimes the individuals that are coming to you, they are going to have siblings who are going through similar issues. Ms. Riley talked about her family and her experiences. So if you could identify one child and screen them and offer this type of service and awareness, you could be helping multiple members of the family at the same time.

Can you talk about other examples? You mentioned Oregon. How difficult would it be to take it to scale? Is the use through Medicaid a best practice, is it the best way to go about it, or what are other ways that we can look at it?

Dr. OCHOA. Well, it can absolutely be taken to scale. I mean there are large health plans across the country like Kaiser. Kaiser is looking at the Hunger Vital Sign as well. But because Medicaid takes care of the majority of children in Arkansas, from birth through age 18, and when we expanded Medicaid for our adult population we also were able to have an impact on how we address social determinants for the low-income adult population. So I absolutely think that this can be taken to scale, along with some of the other interventions that we mention in our report, like the partnerships with the food pantries and trying to help with the SNAP application process. I think all those things working together can absolutely be taken to scale. There are hospitals across the country that have talked to us, from Louisiana to Ohio, about how we have done this. And I will say that a lot of what we have done, we have modeled after two large institutions in our network; Boston Medical Center and Hennepin County Medical Center in Minneapolis.

Mr. AGUILAR. Dr. Ochoa, what is the reaction of individuals and families after you bring information to their attention about SNAP resources?

Dr. OCHOA. It is a huge relief. We have families that have successfully navigated the SNAP application process, but for those who don't, we help them out in our clinic. Even at some point, we engage our medical legal partnership on our campus to help them navigate the SNAP application process because we think it is so important. And, there is nothing like the look on the face of a fam-

ily when you send them home with a bag of food that can get them through the next 2 or 3 days until we can reconnect them to another food provider in their county or their city. It really takes that huge burden off the family, even if it is for 2 or 3 days.

Mr. AGUILAR. And if you are raising awareness through these programs, you are offering them much more than something short-term, you are offering them a path forward as a family.

Thank you so much. I will yield back.

Dr. OCHOA. Thank you, sir.

The CHAIRWOMAN. Well, I certainly want to say thank you to the panel for coming and sharing your expertise, and giving us information so we can continue to look at the challenges that are faced by kids as they try to break the cycle of poverty. And I would agree, based on the seven previous hearings that we have had, that no program is perfect and we can always do better. So I appreciate your contribution in making that happen today.

Under the rules of the Committee, the record of today's hearing will remain open for 10 calendar days to receive additional material and supplementary written responses from the witnesses to any question posed by a Member.

This hearing of the Subcommittee on Nutrition is adjourned.

[Whereupon, at 11:08 a.m., the Subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

SUBMITTED REPORT BY HON. JAMES P. MCGOVERN, A REPRESENTATIVE IN CONGRESS
FROM MASSACHUSETTS

Promoting Food Security for All Children

Policy Statement *Organizational Principles to Guide and Define the Child HealthCare System and/or Improve the Health of all Children*

American Academy of Pediatrics

Council on Community Pediatrics, Committee on Nutrition

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Abstract

Sixteen million U.S. children (21%) live in households without consistent access to adequate food. After multiple risk factors are considered, children who live in households that are food-insecure, even at the lowest levels, are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently. Lack of adequate healthy food can impair a child's ability to concentrate and perform well in school and is linked to higher levels of behavioral and emotional problems from preschool through adolescence. Food insecurity can affect children in any community, not only traditionally under-served ones. Pediatricians can play a central role in screening and identifying children at risk for food insecurity and in connecting families with needed community resources. Pediatricians should also advocate for Federal and local policies that support access to adequate healthy food for an active and healthy life for all children and their families.

Introduction

In 2013, 17.5 million U.S. households, or 14.3% of all households and 21% of all children, met the U.S. Department of Agriculture (USDA) definition of a food-insecure household, one in which "access to adequate food is limited by a lack of money or other resources."¹⁻² Households with children are nearly twice as likely to be food-insecure as households without children. In 2013, 7.5 million American families with children lacked consistent access to adequate, nutritious food. The crisis becomes even more pressing for families facing severe economic hardships. In 2013, almost 60% of all food-insecure households had incomes below 185% of the Federal poverty thresholds, the income eligibility cutoff for many child nutrition programs. The Federal poverty threshold for an average family of four people in 2013 was \$23,834; 185% of this threshold amount is \$44,093, but the Federal poverty level is not a definition of economic hardship, and the amount to provide basic needs for a family of four often far exceeds this amount. Because 30% of food-insecure households have incomes above this level, it is clear the problem is not related solely to poverty.

The demographic of food-insecure Americans extends beyond the areas of concentrated urban poverty and into suburbs and rural America, areas often mistakenly thought to be immune to this problem.³ Like poverty, food insecurity is a dynamic, intensely complex issue; the current economic recovery has marginally diminished food insecurity, but levels remain near historic highs.⁴ For many families, seemingly small changes in income, expenses, or access to Federal or state assistance programs may instantly reduce the ability to purchase healthy food and result in increased vulnerability to food insecurity. Moreover, families and children do not only feel the effects of hunger just as missed or meager meals; food insecurity manifests itself in many other biopsychosocial outcomes, including health, education, and economic prosperity.^{5–12} In fact, more than 30% of families who identified as food-insecure indicated that they had to choose between paying for food and paying for medicine or medical care.¹³ Combined, these negative effects can contribute to a less competitive workforce for the nation and higher health care costs borne by the U.S. Government and employers.

Food insecurity is associated with many factors in addition to poverty. Unemployment and underemployment are also strongly associated with food insecurity.² Certain populations, such as children in immigrant families¹⁴ and large families, families headed by single women, families with less education, and families experiencing parental separation or divorce are at greater risk.^{2–3} Families who are food-insecure usually have at least one parent who is working or has worked for at least 6 months of the previous year. Working poor families and single-parent families are at particular risk of food insecurity. In low-income households with children and food insecurity, 84% participated in at least one Federal food assistance program, such as the Supplemental Nutrition Assistance Program (SNAP) or free or reduced-price school meals in 2010 to 2011.² Thus, 16% of low-income, food-insecure households with children do not receive Federal supports. Federal benefits can attenuate the severity of food insecurity but might not eliminate it, particularly for children and in regions with higher food costs.^{15–16}

Effects of Food Insecurity on Child Health and Developmental Outcomes

The inability to consistently provide food creates stress in families, contributing to depression, anxiety, and toxic stress, which make optimal parenting difficult regardless of social class.^{12, 17} Most parents strive to protect their children as much as possible from the physiologic sensation of hunger and, ultimately, nutritional deprivation. Studies on the effects of food insecurity in households demonstrate low dietary quality in adults but slightly better quality for the household's children,¹⁸ and qualitative studies reveal how parents strategically limit their own intake in an effort to spare their children.¹³

There are multiple adverse health outcomes strongly correlated with food insecurity. Children 36 months old or younger who live in food-insecure households have poorer overall health and more hospitalizations than do children who live in food-secure households.⁷ Children with food insecurity are more likely to be iron deficient, as are adolescents with food insecurity.^{8–9} Food insecurity also is associated with lower bone density in preadolescent boys.¹⁹

Poverty is associated closely with the development of obesity. Although not a direct cause of obesity,^{20–21} food insecurity disproportionately threatens certain populations at highest risk of obesity, including those from racial and ethnic minority groups and the poor.²² Children in food-insecure households generally have limited access to high-quality food. Environmental realities in low-income neighborhoods, including decreased presence of full-service grocery stores and increased availability of fast-food restaurants and energy-dense, nutrient-poor food,²² may create barriers for low-income families trying to adopt healthy behaviors. Adequate food may be available only intermittently, leading to unhealthy eating patterns and increased stress that may make weight loss difficult and facilitate the development of obesity.²⁰ Households with smokers are more likely to be food-insecure, perhaps because of the diversion of money to tobacco in these households.²³

Among children of all ages, food insecurity is linked with lower cognitive indicators, dysregulated behavior, and emotional distress. Children between 4 and 36 months of age who live in low-income, food-insecure households are at higher risk of developmental problems, which presage impaired school function, compared with children of the same age living in low-income, food-secure households.¹⁰ Longitudinal studies have shown that food insecurity in kindergarten students predicts reduced academic achievement in math and reading over a 4 year period.¹¹

Young children in food-insecure households are more likely to have behavior problems above and beyond those attributable to their mother's depression and anxiety.¹² Adolescents in food-insecure families are more likely to experience dysthymia and suicidal ideation.²⁴ These observations may be attributable, in part, to

neurotransmitter perturbations from poor diet and the sensation of hunger and in part from children's emotional reactions to food insecurity itself and its social meaning.

School-aged children are aware of and distressed by food insecurity in their household. They often try to help manage food resources in the family, either by supporting the efforts of their parents or by initiating their own strategies for reducing food intake (including choosing to eat less than they want). Parents may be unaware of their child's understanding of the family's plight and may believe their child is unaware of the family's lack of food.^{25–26} Adolescents describe food insecurity in terms of quantity (eating less than usual, eating more or faster when food is available), quality (having only a few low-cost foods), affective states (worry, anxiety, or sadness about the family's food, shame or fear of being labeled “poor,” feelings of having no choice or of adults trying to shield them from food insecurity), and social dynamics (using social networks to get food or being socially excluded).²⁷

As with many pediatric conditions, the health effects of food insecurity and associated malnutrition may persist beyond early life into adulthood. A substantial body of literature also links early childhood malnutrition to adult disease, including diabetes, hyperlipidemia, and cardiovascular disease.^{5–6} Studies of the outcomes of food insecurity in childhood suggest that it may be an example of ecologic context modifying individual physiologic function. Overall, the effects of food insecurity on the physical, mental, and emotional health of children and families are additive to the effects of low income alone.

Programs To Mitigate Food Insecurity

Given the high prevalence of food insecurity among U.S. families with children and given its potential health effects, pediatricians need to be aware of resources that can mitigate food insecurity and know how to refer eligible families. These programs serve as critical supports for the physical and mental health and academic competence of children (*Table 1*).

Table 1—Websites With Nutritional Information on Programs to Mitigate Food Insecurity

Program	Information	Income Eligibility	Website
WIC	WIC food packages	≤185% of Federal poverty level ^a	http://www.fns.usda.gov/wic/final-rule-revisions-wic-food-packages
	State agency WIC-approved food lists for food packages		http://www.fns.usda.gov/wic/links-state-agency-wic-approved-food-lists
SNAP	Eligible food items	<130% of Federal poverty level ^a	http://www.fns.usda.gov/snap/eligible-food-items
National School Lunch and National School Breakfast Programs	SNAP-Ed resources	Reduced-cost meals: ≤185% of Federal poverty level; ^a free meals: ≤130% of Federal poverty level ^a	http://snap.nal.usda.gov/
	Nutritional standards for school lunches and breakfasts		http://www.fns.usda.gov/school-meals/nutrition-standards-school-meals
Child and Adult Care Food Program	Meal patterns for infants, children, and adults		http://www.fns.usda.gov/cacfp/meals-and-snacks
Summer Food Service Program	Finding summer meal programs in the community and meal content		http://www.fns.usda.gov/sfsp/summer-food-service-program-sfsp

^aAvailable at <http://familiesusa.org/product/federal-poverty-guidelines>.

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), first established in the early 1970s, is a discretionary Federal program for which Congress must appropriate funding each year. Its mission is “to safeguard the health of low-income women, infants and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to healthcare.” WIC participants are pregnant women, breastfeeding women (up to the child's first birthday), non-breastfeeding *postpartum* women (up to 6 months *postpartum*), infants (up to their first birthday), and children up to their fifth birthday.

Prenatal WIC participation has been consistently associated with higher birth weight and longer gestation, particularly among mothers at highest risk.²⁸ Participation in WIC also is associated with more iron-dense diets and increased food and vegetable intake in preschoolers.²⁸ WIC serves 53% of all infants younger than 1 year old in the United States. Most states provide vouchers or electronic benefits transfer cards for use in the purchase of eligible products and for nutrition counseling and connection to health and social services. In most states, WIC also has

an associated program, the WIC Farmer's Market Nutrition Program, which gives additional vouchers for the purchase of fresh, locally grown produce at farmers' markets and roadside stands.

WIC is an effective evidence-based intervention for improving the health of low-income women and their children. WIC has a strong commitment to increase breastfeeding among its participants, providing counseling, peer support, enhanced food packages, and access to breast pumps to support the initiation and continuation of breastfeeding. WIC participation has been linked to better infant health and lower rates of overweight and underweight status among infants.²⁹

SNAP

SNAP is an entitlement program that provides nutrition assistance to low-income families and individuals. SNAP, piloted as the Food Stamp Program in 1961 and confirmed with the Food Stamp Act in 1964 (Pub. L. No. 88-525), is the largest food and nutrition program of the USDA. It serves 47 million Americans, 72% of whom are in families with children. Like WIC, it is a Federal program, administered through state agencies. Although SNAP application and eligibility rules can be complex, the program has been shown to be effective in reducing food insecurity and negative health and developmental outcomes among recipients.³⁰ SNAP provides monthly benefits (usually via electronic benefit transfer cards) to purchase eligible food items at retailers participating in the program. SNAP allotment is calculated as 30% of the net monthly household income, capped by number of members of the household (e.g., the maximum monthly allotment for a family of four is currently \$649, or a maximum of \$1.80 per person per meal).³¹ A pilot program to increase monthly family SNAP allotments by \$60 was successful in reducing very low food security among children by 30%. A subsequent pilot program found that a \$30 per month allotment reduced very low food security among children as well as the higher benefit but produced smaller reductions in food insecurity among adults and the full household.³²

National School Lunch and National School Breakfast Programs

The National School Lunch Program was established in 1946, although the USDA had provided funds and food to schools for many years before that. More than 32 million children annually are provided with a nutritionally balanced, low-cost or free lunch in over 100,000 public and nonprofit private schools and residential child care institutions. The School Breakfast Program was started as a pilot program in 1966 and was made permanent in 1975. It provides 13 million children each year with a free, nutritionally balanced breakfast in more than 89,000 schools. In 1998, Congress expanded the National School Lunch Program to include coverage for snacks served to children in after-school educational and enrichment programs. In 2010, the Healthy, Hunger-Free Kids Act (Pub. L. No. 111-296) established the Community Eligibility Provision, which allows schools in areas of high poverty to offer both breakfast and lunch at no charge to all students while eliminating the stigmatizing school meal application process, which burdens both parents and school personnel. Notable savings in administrative costs also have been attributed to the Community Eligibility Provision.³³

The Healthy, Hunger-Free Kids Act required the USDA to update the meal pattern and nutrition standards for school meals and foods sold in schools during school hours based on the latest *Dietary Guidelines for Americans*. Some of the recent positive changes to the meal patterns included more whole grains offered, 0 grams of trans fat per portion, appropriate calories by age, more fruit offered, and reduction of sodium content. Although all meals must meet Federal meal requirements, local food authorities make the decisions about which specific foods to serve and how they are prepared. Implementation of these changes has increased fruit consumption and decreased wasted food among students participating in the National School Lunch Program.³⁴

Child and Adult Care Food Program

The Child and Adult Care Food Program, administered by the USDA, provides cash assistance to states to assist child and adult care institutions and family or group child care homes in providing nutritious foods that contribute to the wellness, healthy growth, and development of children. In Fiscal Year 2013, the program served more than three million children. In the Child and Adult Care Food Program, the USDA establishes meal patterns with minimum food component and quantity requirements; these requirements are currently under revision to make them more consistent with the *Dietary Guidelines for Americans*.

Summer Food Service Program

The Summer Food Service Program (SFSP) began as a pilot program, the Special Food Service Program, in 1968, serving children during the summer and in child care. In 1975, the programs split and the SFSP came to stand on its own. The SFSP ensures that low-income children continue to receive nutritious meals when school is not in session and sustains children's physical and social development, helping them return to school ready to learn. Children 18 years old and younger can receive free meals and snacks at approved community sites, which may include health care institutions.

The SFSP serves approximately two million children each summer. Despite its importance, participation in SFSP is far below the number of children eligible for the program and also below the number participating in school meals during the school year. In part, this reflects the challenge of reaching some populations of children during the summer, particularly children in rural areas, areas with dangerous levels of summer heat, or very urban areas where transportation or safety may be a challenge. Within communities, advocacy by pediatricians is especially important during the summer, when school nutrition programs may be insufficient or inaccessible for many children and families.

Food Pantries and Soup Kitchens

Food pantries and soup kitchens are often available in local areas and serve as another vital piece of the safety net for children and families struggling with food insecurity. These resources usually are funded by a combination of local philanthropic organizations, faith-based communities, and government resources. Knowing what is available in the community can help support improved nutrition and reduce food insecurity among families served by pediatricians. However, many charitable food providers are not consistently able to provide healthful food in general, nutritional items appropriate for infants and toddlers, or amounts adequate to protect families from food insecurity for more than a few days. Realizing the limited capacity of existing community resources is essential to tailoring referrals for families facing food insecurity.

Screening Tools for Pediatricians

Pediatricians can better assess the stress of food insecurity in individual families by incorporating a screening tool into their practice. The USDA uses an 18 item measure to assess food insecurity with the Household Food Security Scale,¹ which is the standard tool for research. A more practical in-office tool is the two item screen designed by Hager, *et al.*³⁵ (Table 2), which uses a subset of two questions from the Household Food Security Scale. Affirmative answers to either of these two questions identified food insecurity with a sensitivity of 97% and a specificity of 83% (as compared with the full 18 item Household Food Security Scale). These screens are designed to identify food insecurity in a family as a whole. In some cases, a single child in a family may be more or less affected by food insecurity than the others; this difference will not be detected by these screens. Some resources to address food insecurity when discovered at a clinic visit are listed in Table 3.

Table 2—Screening for Food Insecurity

1. Within the past 12 mo, we worried whether our food would run out before we got money to buy more. (Yes or No)
2. Within the past 12 mo, the food we bought just didn't last and we didn't have money to get more. (Yes or No)

Adapted from Hager, *et al.*³⁵ Although an affirmative response to both questions increases the likelihood of food insecurity existing in the household, an affirmative response to only one question is often an indication of food insecurity and should prompt additional questioning.

Table 3—Resources for Pediatricians Dealing With Food-Insecure Families

Program	Website	Description
2-1-1	211.org , then access by ZIP Code or city	Access to information on school lunch programs, summer food programs for children, and other government-sponsored programs (<i>e.g.</i> , SNAP, WIC) as well as soup kitchens and community gardens
Healthy Food Bank Hub	Healthyfoodbankhub.feedingamerica.org	Includes a food bank locator and other tools and resources for food-insecure households
MyPlate	http://www.choosemyplate.gov/budget/downloads/MeetingYourMyPlateGoalsOnABudget.pdf	Recipes and tip sheets for low-cost healthy eating

Advocacy and Education

At the Federal level, pediatricians have historically advocated in support of expanded funding for and access to key nutritional assistance programs such as WIC, SNAP, and the school nutrition programs. It is critical to maintain strong, evidence-based nutrition guidelines for all public programs that support childhood nutrition, including school lunches. Because Congress is scheduled to reauthorize many of the aforementioned child nutrition programs in the near future, attempts to weaken nutrition standards in school meals and other children's programs are anticipated. Advocacy by the American Academy of Pediatrics is crucial to ensure that nutrition standards remain in place and that access to effective assistance programs is expanded rather than reduced.

Advocacy efforts at the Federal, state, and community levels must incorporate both obesity prevention and expanded nutritional access at the Federal, state, and local levels to promote children's health. Engagement of community residents in understanding local context³⁶ and establishment of interdisciplinary collaboration are key elements of advocacy efforts that address food insecurity in communities.

Medical education offers a natural opportunity to teach students and residents to screen for food insecurity regularly as a part of pediatric care. National initiatives such as the Community Pediatrics Training Initiative increasingly emphasize community- and population-based objectives throughout residency training,³⁷⁻³⁸ and evidence suggests that formal training in community health is associated with community child health involvement among pediatricians.³⁹ The following approaches enhance training about food insecurity within community pediatrics: engaging on-site social and legal resources to emphasize screening and management of food insecurity;⁴⁰ using quality improvement methods to improve screening and evaluate efforts;⁴¹ including obtaining data on the impact of community-based initiatives such as farmers' markets and food pantries on food insecurity; establishing curriculum-based community site visits that expose medical students and residents to successful Federal programs, such as WIC;⁴² and encouraging medical students and residents to participate in local, regional, and Federal advocacy efforts. More data are needed to elucidate how curriculum elements can most effectively teach trainees to assess food insecurity and advocate for programs that mitigate food insecurity.

Recommendations

The American Academy of Pediatrics recommends that pediatricians engage in efforts to mitigate food insecurity at the practice level and beyond. The following recommendations offer practice-level strategies for pediatricians.

- A two question validated screening tool (*Table 2*) is recommended for pediatricians screening for food insecurity at scheduled health maintenance visits or sooner, if indicated.
- It is beneficial for pediatricians to familiarize themselves with community resources so that when children screen positively for food insecurity, referral mechanisms to WIC, SNAP, school nutrition programs, local food pantries, summer and child care feeding programs, and other relevant resources are accessible and expedient. This information is particularly important for new mothers. New mothers in food-insecure households can be connected to WIC and other community resources during pregnancy and early in the *postpartum* period to encourage breastfeeding.
- When advocating for programs targeted at families with food insecurity, it is important that pediatricians be aware of the nutritional content of food offered in supplemental programs (*Table 3*).
- In the office setting, pediatricians who are aware of the factors that may increase vulnerability of food-insecure populations to obesity and factors that disproportionately burden food-insecure households may address these issues at clinic visits. These factors include lack of access to healthy and affordable foods, cost of healthy food (and the low cost of many unhealthy foods), media messaging that promotes non-nutritious foods and beverages, and the role of stress in decisionmaking related to food.

At a system level, pediatricians can advocate for the needs of children and families facing food insecurity.

- Food insecurity, including screening tools and community-specific resource guides, can be incorporated into education of medical students and residents to prepare future generations of physicians to universally screen for and address food insecurity.

- Pediatricians can advocate for protecting and increasing access to and funding for SNAP, WIC, school nutrition programs, and summer feeding programs at the local, state, and national levels. Advocacy must also include keeping the food offered in these programs high in nutrient quality and based on sound nutritional science. Pediatricians can promote access to nutritious foods in out-of-school settings, particularly in child care, in preschool, and during the summer. Advocacy for “express lane eligibility” (adjunctive eligibility), which permits a state to use findings from enrollment in one program to enroll the family in other programs for which they qualify, also will increase access to food and nutrition assistance programs.
- Pediatricians can strongly support interdisciplinary research that elucidates the relationship between stress, food insecurity, and adverse health consequences; the barriers to breastfeeding for women under stress in food-insecure households; and evidence-based strategies that optimize access to high-quality, nutritious food for families facing food insecurity.

Conclusions

Food insecurity is a complex issue that presents profound challenges for children and families. Pediatricians play an essential role in recognition of food insecurity, practice-level intervention, and advocacy to mitigate food insecurity within our communities.

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Abbreviations

SFSP: Summer Food Service Program
 SNAP: Supplemental Nutrition Assistance Program
 USDA: U.S. Department of Agriculture
 WIC: Special Supplemental Nutrition Program for Women, Infants, and Children

References

1. Coleman-Jensen A, Gregory C, Singh A. *Household Food Security in the United States in 2013*. Publication no. ERR-173. Washington, D.C.: U.S. Department of Agriculture, Economic Research Service; September 2014.
2. Coleman-Jensen A, McFall W, Nord M. *Food Insecurity in Households With Children: Prevalence, Severity, and Household Characteristics, 2010-11*. Publication no. EIB-1. Washington, D.C.: U.S. Department of Agriculture, Economic Research Service; May 2013.
3. Gundersen C. *Food insecurity is an ongoing national concern*. *ADV. NUTR.* 2013; 4(1):36-41.
4. *U.S. Food Security: Before and After the Great Recession*. Washington, D.C.: U.S. Department of Agriculture, Economic Research Service; April 2015. Available at: www.ers.usda.gov/data-products/food-security-in-the-united-states/interactive-chart-food-security-trends.aspx. Accessed August 12, 2015.
5. Calkins K, Devaskar S.U. *Fetal origins of adult disease*. *CURR. PROBL. PEDIATR. ADOLESC. HEALTH CARE.* 2011;41(6): 158-176.
6. Portrait F, Teeuwisz E, Deeg D. *Early life undernutrition and chronic diseases at older ages: the effects of the Dutch famine on cardiovascular diseases and diabetes*. *SOC. SCI. MED.* 2011; 73(5): 711-718.
7. Cook J.T., Black M., Chilton M., et al. *Are food insecurity's health impacts underestimated in the U.S. population? Marginal food security also predicts adverse health outcomes in young U.S. children and mothers*. *ADV. NUTR.* 2013; 4(1):51-61.
8. Eicher-Miller H.A., Mason A.C., Weaver C.M., McCabe G.P., Boushey C.J. *Food insecurity is associated with iron deficiency anemia in U.S. adolescents*. *AM. J. CLIN. NUTR.* 2009; 90(5): 1358-1371.
9. Skalicky A, Meyers A.F., Adams W.G., Yang Z., Cook J.T., Frank D.A. *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.
10. Rose-Jacobs R, Black M.M., Casey P.H., et al. *Household food insecurity: associations with at-risk infant and toddler development*. *PEDIATRICS.* 2008; 121(1):65-72.
11. Jyoti D.F., Frongillo E.A., Jones S.J. *Food insecurity affects school children's academic performance, weight gain, and social skills*. *J. NUTR.* 2005; 135(12): 2831-2839.
12. Whitaker R.C., Phillips S.M., Orzol S.M. *Food insecurity and the risks of depression and anxiety in mothers and behavior problems in their preschool-aged children*. *PEDIATRICS.* 2006; 118(3). Available at: www.pediatrics.org/cgi/content/full/118/3/e859.
13. Mabl J., Cohen R., Potter F., Zhao Z. *Hunger in America 2010*. National Report Prepared for Feeding America. Princeton, NJ: Mathematica Policy Research Inc; 2010.
14. Chilton M., Black M.M., Berkowitz C., et al. *Food insecurity and risk of poor health among U.S.-born children of immigrants*. *AM. J. PUBLIC HEALTH.* 2009; 99(3):556-562.
15. Mabl J., Worthington J. *Supplemental Nutrition Assistance Program participation and child food security*. *PEDIATRICS.* 2014; 133(4):610-619.
16. Bartfeld J.S., Ahn H.M. *The School Breakfast Program strengthens household food security among low-income households with elementary school children*. *J. NUTR.* 2011;141(3): 470-475.
17. Shonkoff J.P., Garner A.S.; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. *The lifelong effects of early childhood adversity and toxic stress*. *PEDIATRICS.* 2012; 129(1). Available at: www.pediatrics.org/cgi/content/full/129/1/e232.
18. Hanson K.L., Connor L.M. *Food insecurity and dietary quality in U.S. adults and children: a systematic review*. *AM. J. CLIN. NUTR.* 2014; 100(2):684-692.
19. Eicher-Miller H.A., Mason A.C., Weaver C.M., McCabe G.P., Boushey C.J. *Food insecurity is associated with diet and bone mass disparities in early adolescent males but not females in the United States*. *J. NUTR.* 2011; 141(9):1738-1745.
20. Institute of Medicine. *Hunger and Obesity: Understanding a Food Insecurity Paradigm: Workshop Summary*. Washington, D.C.: National Academies Press; 2011.
21. Lariaia B.A. *Food insecurity and chronic disease*. *ADV. NUTR.* 2013; 4(2):203-212.
22. Larson N.I., Story M.T., Nelson M.C. *Neighborhood environments: disparities in access to healthy foods in the U.S.* *AM. J. PREV. MED.* 2009; 36(1):74-81.
23. Cutler-Triggs C., Fryer G.E., Miyoshi T.J., Weitzman M. *Increased rates and severity of child and adult food insecurity in households with adult smokers*. *ARCH. PEDIATR. ADOLESC. MED.* 2008; 162(11):1056-1062.
24. Alaimo K., Olson C.M., Frongillo E.A. *Family food insufficiency, but not low family income, is positively associated with dysthymia and suicide symptoms in adolescents*. *J. NUTR.* 2002; 132(4):719-725.
25. Fram M.S., Frongillo E.A., Jones S.J., et al. *Children are aware of food insecurity and take responsibility for managing food resources*. *J. NUTR.* 2011; 141(6): 1114-1119.
26. Fram M.S., Ritchie L.D., Rosen N., Frongillo E.A. *Child experience of food insecurity is associated with child diet and physical activity*. *J. NUTR.* 2015; 145(3):499-504.
27. Connell C.L., Lofton K.L., Yadrick K., Rehner T.A. *Children's experiences of food insecurity can assist in understanding its effect on their well-being*. *J. NUTR.* 2005; 135(7):1683-1690.
28. Colman S., Nichols-Barrer I.P., Fedline J.E., Devaney B.L., Ansell S.V. *Effects of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): A Review of Recent Research*. U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis. Report WIC-12-WM. Alexandria, VA: U.S. Department of Agriculture; 2012.
29. Black M.M., Cutts D.B., Frank D.A., et al., Children's Sentinel Nutritional Assessment Program Study Group. *Special Supplemental Nutrition Program for Women, Infants, and Children participation and infants' growth and health: a multisite surveillance study*. *PEDIATRICS.* 2004; 114(1):169-176.
30. Mabl J., Ohls J., Dragoset L., Castner L., Santos B. *Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security*. U.S. Department of Agriculture, Food and Nutrition Service. Alexandria, VA: U.S. Department of Agriculture; 2013.
31. Supplemental Nutrition Assistance Program. *How much could I receive*. 2014. Available at: www.fns.usda.gov/snap/how-much-could-i-receive. Accessed August 30, 2015.
32. U.S. Department of Agriculture. *Summer Electronic Benefit Transfer for Children (SEBTC)*. Available at: www.fns.usda.gov/ops/summer-electronic-benefit-transfer-children-sebtc. Accessed August 12, 2015.

33. Logan C.W., Connor P., Harvill E.L., et al. *Community Eligibility Provision Evaluation*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service; 2014.
34. Schwartz M.B., Henderson K.E., Read M., Danna N., Ickovics J.R. *New school meal regulations increase fruit consumption and do not increase total plate waste*. *CHILD. OBES.* 2015; 11(3): 242–247.
35. Hager E.R., Quigg A.M., Black M.M., et al. *Development and validity of a 2-item screen to identify families at risk for food insecurity*. *PEDIATRICS.* 2010; 126(1). Available at: www.pediatrics.org/cgi/content/full/126/1/e26.
36. Larson C., Haushalter A., Buck T., Campbell D., Henderson T., Schlundt D. *Development of a community-sensitive strategy to increase availability of fresh fruits and vegetables in Nashville's urban food deserts, 2010–2012*. *PREV. CHRONIC DIS.* 2013; 10:E125.
37. Rezet B., Risko W., Blaschke G.S.; Dyson Community Pediatrics Training Initiative Curriculum Committee. *Competency in community pediatrics: consensus statement of the Dyson Initiative Curriculum Committee*. *PEDIATRICS.* 2005; 115 (4 suppl.): 1172–1183.
38. Kuo A.A., Etzel R.A., Chilton L.A., Watson C., Gorski P.A. *Primary care pediatrics and public health: meeting the needs of today's children*. *AM. J. PUBLIC HEALTH.* 2012; 102(12):e17–e23.
39. Minkovitz C.S., Grason H., Solomon B.S., Kuo A.A., O'Connor K.G. *Pediatricians' involvement in community child health from 2004 to 2010*. *PEDIATRICS.* 2013; 132(6):997–1005.
40. O'Toole J.K., Burkhardt M.C., Solan L.G., Vaughn L., Klein M.D. *Resident confidence addressing social history: is it influenced by availability of social and legal resources?* *CLIN. PEDIATR. (PHILA.)* 2012; 51(7):625–631.
41. Burkhardt M.C., Beck A.F., Conway P.H., Kahn R.S., Klein M.D. *Enhancing accurate identification of food insecurity using quality-improvement techniques*. *PEDIATRICS.* 2012; 129(2). Available at: www.pediatrics.org/cgi/content/full/129/2/e504.
42. Risko W., Chi G., Palfrey J., eds; Anne E. Dyson Community Pediatrics Training Initiative Curriculum Committee. *Community Pediatrics Curriculum*. Elk Grove Village, IL: American Academy of Pediatrics; 2005. Available at: <https://www2.aap.org/compeds/cpti/Curriculum-Bod-2005.pdf>. Accessed August 12, 2015.

Promoting Food Security for All Children

Council on Community Pediatrics and Committee on Nutrition

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SUBMITTED REPORT BY EDUARDO OCHOA, JR., M.D., F.A.A.P., LITTLE ROCK, AR; ON BEHALF OF CHILDREN'S HEALTHWATCH

Series—Hunger: A New Vital Sign

Doctor's Orders—Promoting Healthy Child Development by Increasing Food Security in Arkansas

“At Arkansas Children’s Hospital, we recognize alarming and disappointing rates of food insecurity among our vulnerable patients. To improve the health of our patients, we have implemented innovative programs to alleviate food insecurity. We urge other doctors and hospitals to take similar steps to ensure that young children are healthy and nutritiously fed.”

Patrick H. Casey, M.D.

April 2015
Children's HealthWatch

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Executive Summary

Parents should be able to afford to meet basic needs, including rent, utilities, medical bills, and prescriptions, and still have enough each month to pay for adequate food for all family members. Unfortunately, this is not a reality for many families in Arkansas, especially those with young children. Even those with higher levels of education and employment report an inability to make ends meet. When bills, including rent and utilities, drain already tight household budgets, families often cut the only flexible budget item: food. Both mothers and children in families that lack enough money to provide food for all members to lead active, healthy lives—a condition known as food insecurity—face increased risk of health and development concerns. Food-insecure families are also at increased risk of being unstably housed and having inadequate home energy to keep warm in winter or cool in summer.

Compared with Arkansas children from food-secure families, those from food-insecure families were more likely to:

- Have been hospitalized.
- Have developmental delays.
- Be in fair or poor health.

and their families were more likely to experience:

- Fair or poor maternal health.
- Housing insecurity.
- Energy insecurity.
- Foregoing needed health care for household members due to cost.
- Trade-offs between paying for other basic living expenses such as food, rent, or housing in order to pay for health care.

Health providers around the state are in a unique position to both screen for, and rapidly respond to, food insecurity in families. Many health facilities in Arkansas—and across the country—are leading the way by offering innovative health care-based approaches to reducing food insecurity.

Options for connecting food-insecure families with assistance include:

- Sharing handouts or online listings of food assistance programs and local resources.
- Establishing or partnering with a food pantry and/or farmer's market within the health facility to better connect patients with healthy foods.
- Sponsoring an on-site USDA Summer Food Service Program or Child and Adult Care Food Program (CACFP)-funded meal to feed children while they attend their appointment.
- Training in-house financial counselors to serve as SNAP/WIC application liaisons or establishing roles for SNAP/WIC outreach

Household Food Insecurity: When households lack access to sufficient food for all members to lead active, healthy lives because of insufficient family resources. **Child Food Insecurity:** When children experience reductions in the quality and/or quantity of meals because caregivers can no longer buffer them from inadequate household food resources (the most severe level of food insecurity).

Housing Insecurity: When households experience ANY of the following in the past year: frequent moves (two or more times), crowded housing situation, or doubling-up with another household for financial reasons. **Energy Insecurity:** When households lack consistent access to enough of the kinds of energy (*e.g.*, electricity, natural gas and/or heating oil) needed for a healthy and safe life.

Health-care Trade-offs: When a household is unable to pay for basic living expenses, including rent, utilities, or food, due to payment of medical expenses.

SNAP: The Supplemental Nutrition Assistance Program, formerly known as food stamps, is the United States' largest child nutrition program and is proven effective in reducing food insecurity.

WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children is a nutrition program specifically for low-income pregnant, *postpartum* and breastfeeding women, and infants and children under the age of 5.

Hunger Hurts

The Impact of Food Insecurity on Children

Arkansas has the second-highest overall population rate of food insecurity in the United States (19.7 percent or 570,000 people in 2013). The rate of food insecurity among Arkansas households with children is substantially higher at 27.7 percent (affecting approximately 196,950 children),¹ which is, in turn, well above the national average of 21.6 percent among households with children.²

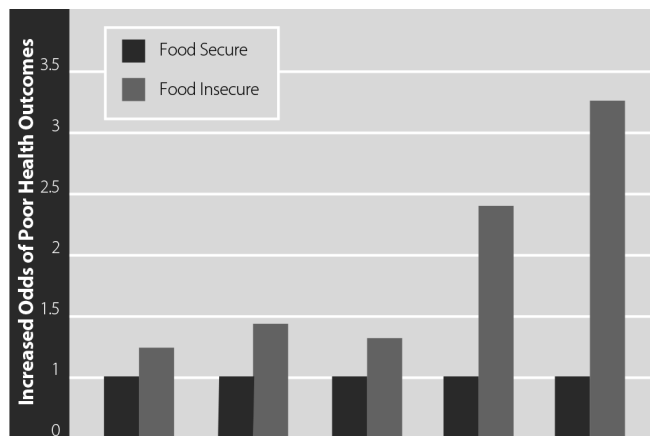
Household and child food insecurity can harm every aspect of a child's well-being—growth and development,³ psychosocial functioning (*e.g.*, ability to make friends, behavior, *etc.*),⁴ academic performance, and physical health.^{5–7} In particular, the first few years of life are critical because they are a significant time of brain and body growth, and establish the foundation for future physical and emotional health and school and workforce readiness. Deprivation of any length during this period can have harmful consequences that are remediable, but require much more effort and investment than is needed to prevent such deprivation in the first place.⁸

Parents do everything they can to protect their children from going hungry, including going without food themselves.⁹ This can lead to poor diets and negative physical and mental health outcomes for parents^{8, 10–11} as well as diminished energy to work and/or care for the child.¹⁰

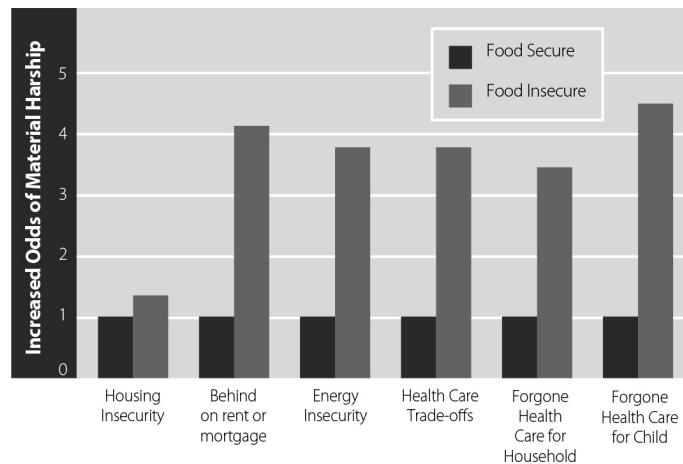
In 2013, 22.7 percent of families with children under the age of 4 who received care at the Arkansas Children's Hospital Emergency Department and participated in the Children's HealthWatch survey reported food insecurity. Among those families surveyed, 8.3 percent reported child food insecurity. In a sample of more than 8,800 interviewed between 2004 and 2014, families with a range of caregiver educational attainment and level of employment reported food insecurity. Some of the children in this sample had complex medical needs; medical costs associated with such needs can make it even more difficult for families to afford other basic necessities including food, rent and utilities.¹²

Figure 1

Food-Insecure Families in Arkansas Are More Likely to Have Poor Child and Maternal Health Outcomes



Source: Children's HealthWatch Data, January 2004–June 2014. All increases statistically significant at $p < .05$.

Figure 2**Food-Insecure Families in Arkansas Are More Likely To Experience Additional Household Hardships**

Source: Children's HealthWatch Data, January 2004–June 2014. All increases statistically significant at $p < .05$.

Compared with young children in food-secure families, young children in food-insecure Arkansas families were:

- 19% more likely to be hospitalized, not including at birth.
- 45% more likely to be in fair or poor health.
- 31% more likely to be at risk of developmental delays.
- Almost five times as likely to have foregone health care.

Compared with food-secure families, mothers in food-insecure Arkansas families were:

- Over twice as likely to be in fair or poor health.
- Over three times as likely to report depressive symptoms.

Compared with food-secure families, food-insecure Arkansas families were:

- 37% more likely to be housing insecure.
- Four times as likely to be behind on their rent or mortgage payments.
- Almost four times as likely to be energy insecure.
- Almost four times as likely to report making health care trade-offs.
- Three and a half times as likely to have foregone health care.

"I am not hungry anymore, my stomach has shrunk so I [am] used to it."

Caregiver of patient at Arkansas Children's Hospital

"We can afford healthy food at the beginning of the month when we receive SNAP. By the end of the month we are eating a lot of noodles and carbs. Therefore, we are constantly losing and gaining weight."

Caregiver of patient at Arkansas Children's Hospital

Stranded in Arkansas' Food Deserts

Poor access to food is a concern in Arkansas. "Accessibility" of food can refer to both affordability and physical proximity, and many Arkansas residents struggle with a lack of both.^{13–14} Food deserts—areas where people have limited access to a variety of healthy and affordable food—abound in Arkansas. Located far from supermarkets and grocery stores (defined as more than 1 mile away in urban areas and more than 10 miles away in rural areas),¹⁵ people living in a 'food desert' may have no food access or are served only by fast food restaurants and convenience stores. All regions of Arkansas have food deserts. The fact that many do not have

reliable access to transportation creates an additional barrier to food access and adds to the cost of obtaining food.

The need for food assistance in Arkansas is large and growing. Between 2010 and 2014, there was a 103.7 percent increase in food distributed by the Arkansas Foodbank. Although food banks and pantries are an essential part of an emergency response, they are not designed to be a long-term solution and cannot match the rising tide of need.

“ . . . food banking was started to provide people with immediate and temporary food. We have taken on a wider role because of need, and while we would love to provide for all needs, we cannot.”

Rhonda Sanders, CEO Arkansas Foodbank

Food pantries are not able to meet the full need of families in Arkansas. In 2014, 29 percent of Arkansas food pantries did not have enough food to meet clients' needs, and 52 percent limited the number of times a household could receive food in order to conserve resources.¹⁶ When clients were able to get food from the pantries, 51 percent of them said they did not find fruits or vegetables at their pantry, and 40 percent could not find dairy products.

Shoring up food pantries with more supplies is helpful, but food pantries and banks report they do not have nearly enough resources to bring about permanent food security. At the root of food insecurity is an inability to access and afford food. Federal programs such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP) reduce food insecurity by allowing families to purchase food appropriate to their needs and at times that are convenient to them, while also contributing to the local economy.



Spotlight on Arkansas Children’s Hospital in collaboration with the Arkansas Hunger Relief Alliance

Arkansas Children’s Hospital (ACH) is the state’s only pediatric medical center. Its mission is: “We champion children by making them better today and healthier tomorrow.” To achieve this mission, ACH has implemented several innovative programs to address and alleviate food insecurity among its patients and families. ACH currently:

- Provides lunches to children visiting the hospital by acting as a sponsor site for the USDA Summer Food Service Program and Child and Adult Care Food Program.
- Offers cooking and nutrition education resources to caregivers in partnership with local organizations.
- Employs financial counselors trained to assist families with SNAP applications on-site when they apply for Medicaid.
- Enrolls mothers and children in WIC through an on-site office.

Trendlines

Is the American Dream Still Alive in the ‘Natural State’?

While food insecurity rates are traditionally high among very low-income families, working families with higher education also struggle with food insecurity. Employment and higher education are usually seen as a solution to food insecurity, but when basic living expenses are greater than wages, even families with a working adult with a technical or college degree may face significant hardship.

The Great Recession and slow recovery affected families in Arkansas from across the economic spectrum; many struggled to make ends meet, experiencing food insecurity. Families with access to a wide range of financial resources continue to be impacted. Unfortunately, sometimes conditions are such that the traditional economic safeguards of education and employment do not guarantee food security.

In a sample of 2,566 Arkansas families with an employed caregiver who attended technical school, college, or higher, 13.4 percent reported household food insecurity and five percent reported child food insecurity.

Compared to young children in similar food-secure families, young children in food-insecure families with an employed caregiver with education beyond high school were:

- Nearly 1½ times as likely to be in fair or poor health.

Compared to mothers in similar food-secure families, employed mothers with education beyond high school in food-insecure families were:

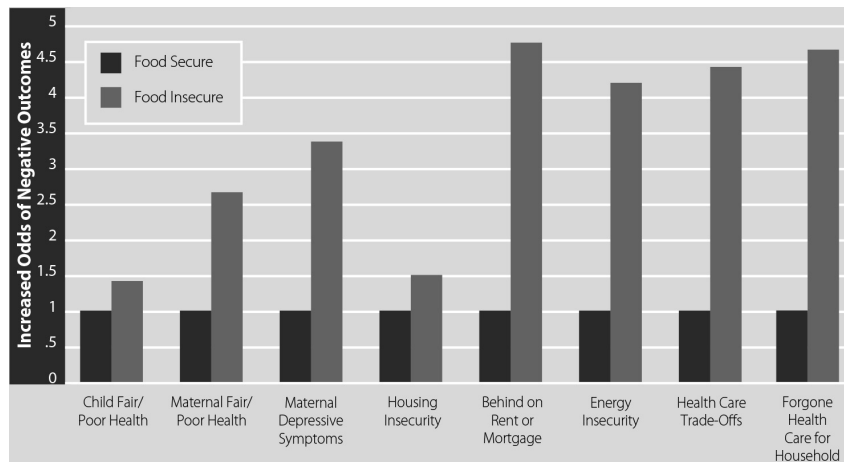
- Over 2½ times as likely to be in fair or poor health.
- Almost 3½ times as likely to report symptoms of depression.

Compared to similar food-secure families, food-insecure families with an employed caregiver with education beyond high school were:

- 1½ times as likely to be housing insecure.
- Nearly five times as likely to be behind on rent or mortgage.
- Over four times as likely to be energy insecure.
- Almost 4½ times as likely to have made health care trade-offs.
- Nearly five times as likely have foregone health care due to inability to pay.

Mind the Gap—Ensuring Families Across the Entire Economic Spectrum Receive the Help They Need

Health providers must be aware that even caregivers who are employed and have education beyond high school may have a difficult time providing enough food for their families. Screening all families and ensuring that all have access to enough healthful food is crucial for the health and well-being of Arkansas’ children and families.

Figure 3**Food-Insecure, Working Families with Education Beyond High School Are at Increased Risk of Poor Health Outcomes and Difficulty Paying for Housing, Utilities and Health Care**

Source: Children's HealthWatch Data, January 2004–June 2014. All increases statistically significant at $p < .05$.

Opportunities to Improve Access to Food at Health Facilities

Many clinics and hospitals around the country, recognizing the difficulty of improving their patients' health if patients and their families are food-insecure, have taken a preventive health approach by actively screening for food insecurity and offering services to combat it. A variety of healthcare-based approaches to addressing food insecurity can be tailored for the needs of individual healthcare settings.^{17–18} Many health providers in Arkansas routinely work with their patients to solve and control acute and chronic health problems, but typically may not consider assessing and addressing food security as part of routine care. An Internal Revenue Service (IRS) ruling may spur additional conversation and innovation among nonprofit health facilities seeking ways to reduce patients' food insecurity. Recognizing the importance of such efforts, the IRS now allows nonprofit health facilities to claim an exemption on Federal tax returns for services related to improving nutrition access.¹⁹

The Children's HealthWatch Hunger Vital Sign™

Children's HealthWatch validated the Hunger Vital Sign™, a two question screening tool based on the U.S. Household Food Security Survey Module and suitable for clinical or community outreach use. The Hunger Vital Sign™ identifies families with young children as at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

"Within the past 12 months we worried whether our food would run out before we got money to buy more."

"Within the past 12 months the food we bought just didn't last and we didn't have money to get more."



Listed are various ways health facilities have improved their patients' access to food. These options are grouped by level of effort involved (Level 1 being the most easily achieved and Level 3 being more involved) so any health facility, regardless of size or resources, will be able to find a way to help connect vulnerable patients with food resources.

Level 1: Preparing the Ground

- Use the Children's HealthWatch Hunger Vital Sign™²⁰ during intake to determine whether a family is at risk of food insecurity.
 - If the caregiver responds affirmatively to either question, clinic/hospital staff can direct them to food assistance services.

For example:

- provide a handout with information on how and where to apply for SNAP and/or WIC as well as where to find emergency food assistance.
- refer patients to a designated in-house outreach worker or partner organization.
- Provide information on hospital/clinic's website with links to instructions and applications for SNAP/WIC.

Level 2: Planting Seeds

- Include the Hunger Vital Sign™ in the hospital/clinic electronic medical record, simultaneously providing health professionals with documentation of individual patient needs and the ability to track the level of need across the hospital/clinic population.
- Partner with a trusted, local nonprofit organization for electronic or faxed referrals for assistance. Once families are identified as at risk for food insecurity, an electronic 'prescription' for outreach services can be sent to the partner organization, which then follows up with the family.
- Partner with, or establish on-site, a food pantry or farmer's market.
- Partner with the state's Department of Human Services or the state Health Department to outstation a SNAP and/or WIC enrollment worker at the health facility each week.

Level 3: Putting Down Roots

- Sponsor an on-site Summer Food Service Program and/or Child and Adult Care Food Program (CACFP)-funded meal to provide nutritious meals to children while visiting the health facility.
- Raise philanthropic support to feed parents as well as children during visits.
- Train financial counselors or other relevant staff to act as SNAP/WIC application liaisons and/or establish a role for SNAP/WIC establish a role for SNAP/WIC in the healthcare facility.

Best Practices to Ensure Success



Implementing tailored health care-based responses to hunger requires planning to ensure all stakeholders will work toward success. Below are proactive steps to take when implementing new programs or changes to existing programs.

- *Talk with other health facilities that have undertaken similar efforts to learn how they implemented their nutrition access programs, garnered support from key stakeholders, and effectively reached out to families.*
- *Engage medical staff early and provide them with information on the connections between food insecurity and health.*
- *Reach out to hospital/clinic administrators to discuss potential ways to assist patients at various levels of effort and cost. Nonprofit health facilities can report on tax returns some efforts to improve patient nutrition access.*
- *Determine where nutrition access fits into the clinic/hospital's organizational structure and who will be responsible for implementation of new programs and future sustainability.*
- *Engage Arkansas' DHS/DSS^[1] and/or the local health unit in efforts to train the health facility's financial staff (who already assist families with state health insurance applications) to assist caregivers through the SNAP and WIC application processes.*
- *Partner with Arkansas' DHS/DSS and/or the State Health Department offices and solicit support from local stakeholders to increase the likelihood of approval from the USDA for implementing food assistance programs onsite.*
- *Partner with local nonprofit agencies and individuals with an interest in addressing food insecurity at the neighborhood, county or state level.*

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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^[1]The Arkansas Department of Human Services/Department of Social Services (DHS/DSS) is the state department responsible for administering benefits, including SNAP, to families.

investigator; Kathy Barrett, M.S.E., Little Rock Site Coordinator; and Sharon Coleman, M.S., M.P.H., Statistical Analyst.

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Endnotes

1. Feeding America. (2014). *Map the Meal Gap*. Retrieved from: <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/>.
2. Coleman-Jensen, A., Nord, M., and Singh, A. (2013). *Household Food Security in the United States in 2012*, Economic Research Report no. 155. U.S. Department of Agriculture, Economic Research Service. Retrieved from: <http://www.ers.usda.gov/publications/err-economic-research-report/err155.aspx#.UwARENi07Gg>.
3. Casey, P.H., Szeto, K.L., Robbins, J.M., Staff, J.E., Connell, C., Gossett, J.M., and Simpson, P.M. (2005) *Child Health-Related Quality of Life and Household Food Security*. JAMA PEDIATRICS, 159(1):51-56.
4. Alaimo, K., Olson, C.M., Frongillo Jr, E.A. (2001) *Food Insufficiency and American School-Aged Children's Cognitive, Academic, and Psychosocial Development*. PEDIATRICS, 108(1):44-53.
5. Casey, P.H., Szeto, K., Lensing, S., Bogle, M., Weber, J. (2001) *Children in Food-Insufficient, Low-Income Families: Prevalence, Health, and Nutrition Status*. ARCHIVES OF PEDIATRIC AND ADOLESCENT MEDICINE, 155(4):508-14.
6. Alaimo K., Olson, C.M., Frongillo Jr, E.A. and Briefel, R.R. (2001) *Food Insufficiency, Family Income, and Health in U.S. Pre-School and School-Aged Children*. AMERICAN JOURNAL OF PUBLIC HEALTH, 91(5):781.
7. Cook, J.T., Black, M., Chilton, M., Cutts, D., Ettinger de Cuba, S., Heeren, T.C., Rose-Jacobs, R., Sandel, S., Casey, P., Coleman, S., Weiss, I., Frank, D.A. (2013) *Are Food Insecurity's Health Impacts Underestimated in the U.S. Population? Marginal Food Security Also Predicts Adverse Health Outcomes in Young U.S. Children and Mothers*. ADVANCES IN NUTRITION, 4(1), 51-61.
8. Shankoff J.P., Garner A.S., et al. (2012) *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*. PEDIATRICS, 129(1):e232-e246.
9. Bickel, G., Nord, M., Price, C., Hamilton, W., Cook, J. (2000) *Guide to Measuring Household Food Security*. United States Department of Agriculture, Food Nutrition Service. Retrieved from: <http://www.fns.usda.gov/sites/default/files/FSGuide.pdf>.
10. Cristofar, S.P. and Basiotis. (1992) *Dietary Intakes and Selected Characteristics of Women Ages 19-50 Years and Their Children Ages 1-5 Years by Reported Perception of Food Sufficiency*. JOURNAL OF NUTRITION EDUCATION, 24(2):53-58.
11. Cook, J. and Jeng, K. (2007) *Child Food Insecurity: The Economic Impact on our Nation*. Feeding America and the ConAgra Foods Foundation. Retrieved from: <http://www.nokidhungry.org/sites/default/files/child-economy-study.pdf>.
12. Parish, S.L., Rose, R.A., Grinstein-Weiss, M., Richman, E.L., Andrews, M.E. (2008) *Material hardship in U.S. families raising children with disabilities*. EXCEPTIONAL CHILDREN, 75(1):71-92.
13. Krukowski, R., Smith West, D., Harvey Berino, J., and Prewitt, T.E. (2010) *Neighborhood Impact on Healthy Food Availability and Pricing in Food Stores*. J. COMMUNITY HEALTH, 35(3): 315-320.
14. Connell, C.L., Yadrick, M.K., Simpson, P., Gossett, J., McGee B. B., Bogle, M.L. (2007) *Food Supply Adequacy in the Lower Mississippi Delta*. JOURNAL OF NUTRITION EDUCATION AND BEHAVIOR, 39(2):77-83.
15. United States Department of Agriculture, Agricultural Markets Service. *Food Deserts*. Retrieved from: <http://apps.ams.usda.gov/fooddeserts/fooddeserts.aspx>.
16. Weinfield, N.S., Mills, G., Borger C., Gearing, M., Macaluso, T., Montaquila, J., Zedlewski, S. (2014) *Hunger in America 2014*. Feeding America. Retrieved from: http://help.feedingamerica.org/HungerInAmerica/hunger-in-america-2014-full-report.pdf?src=W151DIRCT&subsrc=http%3A%2F%2Fwww.feedingamerica.org%2Fhunger-in-america%2Fourresearch%2Fthe-hunger-study%2F&_ga=1.214648471.1063929397.1409241861.
17. Project Bread and University of Massachusetts Memorial Health Care. (2009). *Hunger in the Community: Ways Hospitals Can Help*. Retrieved from: <http://www.projectbread.org/reusable-components/accordions/download-files/hospital-handbook.pdf>.
18. Share Our Strength, No Kid Hungry. (2012) *Fighting Hunger Through Health Care: A Seamless Solution*. Retrieved from: <http://bestpractices.nokidhungry.org/sites/default/files/resources/Health%20Care%20Issue%20Brief.pdf>.
19. THE HAGSTROM REPORT. (2015) *IRS Nonprofit hospitals can claim nutrition access aid to avoid taxes*. 5(1). Retrieved from <https://madmimi.com/p/d6d0c5?e=1&pa=27429225056>.
20. Hager, E.R., Quigg, A.M., Black, M.M., Coleman, S.M., Heeren, T., Rose-Jacobs, R., & Frank, D.A. (2010). *Development and validity of a 2-item screen to identify families at risk for food insecurity*. PEDIATRICS, 126(1), e26-e32.

SUBMITTED QUESTIONS

Response from Ruth Riley, Former WNBA Athlete and Olympic Gold Medalist; on Behalf of NBA Cares

Questions Submitted by Hon. Rodney Davis, a Representative in Congress from Illinois

Question 1. Ms. Riley, as a Coach and father of two growing boys, I understand the value of ensuring every child access to nutritious meals. Without these meals, kids would not have the fuel they need to put in all the hours of practice, training and conditioning that lead to athletic success. But, from your personal experience, just how vital is three meals a day towards achieving success in the classroom?

Answer. Growing up, I knew the expectation for me to excel set by my mom was based on what I would learn from 8:00-3:00 rather than any activity I pursued after school. While there is plenty of research that highlights the correlation between

hunger and children's capacity to focus and learn, I have personally found my ability to concentrate on any task is significantly hindered when I am hungry. From a purely academic perspective, it is imperative for kids to have three meals a day to not only focus while they are at school, but also to help them concentrate on their homework at night.

Question 2. Was it your experience that government programs served as a support, but were not the total solution? For example, in addition to getting food stamps, were there also times that your family turned to food pantries for help?

Answer. My family never saw the governmental assistance programs as a singular answer to our problems. They were a complementary and essential piece of a holistic solution. We received food stamps only for a short period of time while my mother was obtaining the skill-set she needed to provide for us. Off and on throughout my childhood, we also were beneficiaries of the generosity of our family, friends, churches, and strangers. Different individuals and organizations collectively helped us when we needed it the most.

Question 3. How important were programs like school meals to ensuring you received three meals a day?

Answer. School meals were incredibly important for our family throughout my childhood. It not only provided two of our three meals each school day, it also helped my mom make her monthly budget stretch farther and ensured we would have enough food for dinner each night when we got home.

**SUPPLEMENTAL NUTRITION ASSISTANCE
PROGRAM**
**(PAST, PRESENT, AND FUTURE OF SNAP: THE NATIONAL
COMMISSION ON HUNGER)**

WEDNESDAY, NOVEMBER 18, 2015

HOUSE OF REPRESENTATIVES,
COMMITTEE ON AGRICULTURE,
Washington, D.C.

The Committee met, pursuant to call, at 10:00 a.m., in Room 1300 of the Longworth House Office Building, Hon. K. Michael Conaway [Chairman of the Committee] presiding.

Members present: Conaway, Austin Scott of Georgia, LaMalfa, Davis, Yoho, Walorski, Allen, Bost, Abraham, Newhouse, Kelly, Peterson, David Scott of Georgia, Walz, Fudge, McGovern, DelBene, Lujan Grisham, Kuster, Nolan, Bustos, Kirkpatrick, Aguilar, Plaskett, Adams, Graham, and Ashford.

Staff present: Anne DeCesaro, Haley Graves, Jadi Chapman, Jessica Carter, Mollie Wilken, Lisa Shelton, Liz Friedlander, Matthew MacKenzie, Nicole Scott, and Carly Reedholm.

**OPENING STATEMENT OF HON. K. MICHAEL CONAWAY, A
REPRESENTATIVE IN CONGRESS FROM TEXAS**

The CHAIRMAN. Good morning. I am going to call the hearing to order. I will ask David Scott to open us with a prayer. David?

Mr. DAVID SCOTT of Georgia. Dear Heavenly Father, we come before your throne of grace to, first of all, give thanks. We thank you for the bountiful blessings that you give to each of us every single day. Some we know not, some we asked not for, but you intercede on our behalf and give us the blessings that we need. And Heavenly Father, at this time we ask a special blessing, that your arms of protection hover around those families of those individuals of those 500 or more who were assassinated and slaughtered and injured by those radical Islamic terrorists in Paris. Now, dear Heavenly Father, we pray that you give our nation, the United States, the will and the backbone to stand up and lead. We ask, dear God, that you give us all that power and strength. I pray that we, as NATO, would give in to our Article V and help France the same way that, when we were attacked, we asked for Article V of NATO. We must do the same, and stand up and fight this evil, stand up with France as they stood with us in our time of need. And our President will lead and invoke Article V of NATO. This is my prayer, dear God. And finally, give this nation the Isaiah instinct. For when you said, "Whom shall we send, and who will go for us in

that great time of need,” Isaiah, without hesitation, said, “Here, my Lord, send me.” Thank you, dear God. This is what we pray for, the courage and the backbone. We ask this prayer from our humble hearts, all of us, that we are able to rid this evil. We pray for this earnestly, and we pray for it in the name of your Son, Jesus Christ, and you, dear God. Amen.

The CHAIRMAN. Amen. Thank you, David. Well, good morning, this hearing on the past, present, and future of SNAP: the National Commission on Hunger, will come to order. I want to welcome our witnesses to today’s hearing, and thank them for taking time to share their experience as members of the National Commission on Hunger. This hearing, like those before, builds on the Committee’s top to bottom review of the Supplemental Nutrition Assistance Program, or SNAP. Throughout this process we have had an eye towards strengthening SNAP so that it doesn’t become a trap, but rather a tool to help individuals to move up the economic ladder.

As we have learned throughout this hearing series, SNAP does not operate in a vacuum. It should not be expected to carry the entire load and provide all the solutions for the most vulnerable. That being said, it does serve an important role in the lives of nearly 46 million Americans. For them, and the integrity of our review, it is important that we continue to invite for our consideration a range of perspectives and recommendations for improving SNAP and the other nutrition programs under our jurisdiction. Hearing from the National Commission on Hunger is a continuation of that effort.

As you will hear, the Commission spent the last year traveling the country to see and listen to those closest to this issue, to better understand the challenges within these programs, as well as learn about the successes. The Fiscal Year 2014 omnibus appropriations bill provided \$1 million for a national commission on the domestic hunger by including an amendment from former Congressman Frank Wolf. The purpose of the Commission, according to the bill, was to provide policy recommendations to Congress and the Secretary of Agriculture on how to more effectively use existing Department of Agriculture programs, and their funds, to combat domestic hunger. They were also instructed to develop innovative recommendations to encourage public-private partnerships, faith-based sector engagement, and community initiatives to reduce the need for government nutrition assistance programs, while protecting the safety net for the most vulnerable members of society.

The ten member Commission was made up of individuals appointed by the Speaker, the Minority Leader of the House, the Senate Majority Leader, and the Senate Minority Leader, the result being five Republican and five Democratic selected Commissioners with a range of backgrounds from a medical doctor to a grocery store owner, to hunger advocates and community leaders. Today, the Commission selected Co-Chairs are here to share their year-long experience with a process that involved field hearings and site visits, to nine different cities. Each hearing began with invited witnesses, similar to our format, but it would then open up for public input. I believe the hearing in D.C., back in the spring, lasted more than 5 hours. Now, that is pretty remarkable, considering each public witness was limited to 5 minutes.

While their report is not yet final, I commend their efforts to remain united as a Commission, especially given their diverse backgrounds, in presenting their final recommendations, and for staying within their charge to not propose policies that increase costs or require additional resources. I look forward to hearing from the Commission's Co-Chairs about their process, the emergent themes from the process, and a preview of what we can expect when their final report is released in the coming weeks.

[The prepared statement of Mr. Conaway follows:]

PREPARED STATEMENT OF HON. K. MICHAEL CONAWAY, A REPRESENTATIVE IN
CONGRESS FROM TEXAS

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I look forward to hearing from the Commission's co-chairs about their process, emergent themes from that process, and a preview of what we can expect when their final report is released in the coming weeks.

The CHAIRMAN. And with that, I turn to the Ranking Member for any comments he would like to make.

**OPENING STATEMENT OF HON. COLLIN C. PETERSON, A
REPRESENTATIVE IN CONGRESS FROM MINNESOTA**

Mr. PETERSON. Thank you, Mr. Chairman, and I would like to yield our time to the Ranking Member of the Nutrition Subcommittee, Mr. McGovern, from Massachusetts.

**OPENING STATEMENT OF HON. JAMES P. MCGOVERN, A
REPRESENTATIVE IN CONGRESS FROM MASSACHUSETTS**

Mr. MCGOVERN. I thank the Ranking Member for yielding me the time. And let me also thank Dr. Chilton, and Mr. Doar, for being with us today. And I want to thank you for your work in Co-Chairing the National Commission on Hunger. This is a very important subject. It is a big deal, and, quite frankly, the issue of hunger ought to be a bigger deal in this Congress than it is. I appreciate you being here.

I will say that this particular hearing is a little bit premature, in the sense that we haven't seen the final report yet. So, to me, it is difficult to see how we can get into the details on anything we haven't seen on paper. That being said, I appreciate your being here and giving us a preview of the Commission's findings. You were given no easy task, to come up with policy recommendations to solve hunger, and to put them all in one report, and you were given very, very strict parameters, to work within existing programs, and to carry out your work on a very limited budget. The Chairman began by saying that we want to strengthen SNAP, however, I have gotten the feeling that, rather than strengthening SNAP, it is a program that is constantly under attack in this Congress. And I do think we need to re-focus our attention on how we strengthen not only SNAP, but programs to make sure that people in this country have enough to eat, have access to good nutritious food, and don't go hungry.

I want to just take a moment to remind everyone about a few fundamental facts about the SNAP program. First and foremost, it is a food program, not a jobs program. Its purpose is to provide food for people who are struggling. Second, about $\frac{2}{3}$ of those who receive SNAP are children, senior citizens, and the disabled. They are not expected to work. So we can talk all we want about work requirements, but the bottom line is those won't apply to the majority of those who are receiving SNAP. Of those who can work, the majority do work. Let me repeat that. The majority of SNAP recipients, who are able to work, do work. But the reality is they earn so little, either at full time jobs or at multiple part time jobs, that they still qualify for the benefit. And we do know, when people go back to work, they begin to lose some of their benefits, and sometimes they find themselves in this precarious predicament where, even though they are working, hunger is a bigger issue, rather than a smaller issue.

There is no doubt that a strong economy and a living wage are the best pathways out of poverty, but compelling people to work when there are no jobs, or there are precious few slots in work training programs, or that they are not expected to work to begin with, doesn't make a lot of sense to me. Cutting them off from SNAP only makes hunger worse. SNAP is a food program, and we shouldn't expect it to single-handedly solve the many challenges of

our country's poorest families. SNAP can't be expected to solve broader economic challenges, or barriers people have to work.

So as we begin today's hearing, I urge my colleagues to remember that. What we really need is a national conversation about how we can better tackle hunger in this country. For a long time now I have been saying that the White House ought to convene a White House conference on food, nutrition, and hunger. Congress should work with the White House and the full range of stakeholders to come up with a holistic plan to end hunger in this country. We have programs to deal with this challenge, but I don't know of anybody when asked the question, what is our plan to end hunger, whether it is childhood hunger, or hunger among senior citizens, or hunger in general, that can actually articulate for me very specifically what their plan is. At the heart of that plan would be strengthening SNAP, and other anti-hunger programs, helping families put food on the table.

Let me just finally say that, ultimately, hunger is a political condition. We know we have the resources, we have the intellectual capacity to solve this problem, we have the infrastructure, but for some reason it hasn't been a priority, and there is no sense of urgency to deal with this issue. And too often when we have these debates they end up turning into a session where people who are poor, and who are struggling, are blamed, and we are not talking about developing a road map to end hunger. So, I hope that this hearing is not just a hearing to check the box, but I hope it is a hearing that will actually begin to lay the groundwork for a wider discussion. We need other agencies, other departments in the government to be working together, not in a silo-like way. We need more public-private partnerships. We have great examples of what works, and I am sure you have seen some of them all across the country. But we need to pull all this together, and work with the White House to develop a comprehensive plan to end hunger once and for all in this country. I thank you for being here, and look forward to your testimony. I yield back.

The CHAIRMAN. I thank the gentleman. The chair requests that other Members submit their opening statements for the record so the witnesses may begin their testimony, and ensure there is ample time for questions.

I would like to welcome our witnesses to the table today. We have Mr. Robert Doar, Co-Chair of the National Commission on Hunger, Morgridge Fellow in Poverty Studies, American Enterprise Institute here in Washington, and Dr. Mariana Chilton, Co-Chair of the National Commission on Hunger, and she is the Director of the Center for Hunger-Free Communities at Drexel University in Philadelphia. So, Mr. Doar, the microphone is yours for 5 minutes.

STATEMENT OF ROBERT DOAR, CO-CHAIR, NATIONAL COMMISSION ON HUNGER; MORGRIDGE FELLOW IN POVERTY STUDIES, AMERICAN ENTERPRISE INSTITUTE, WASHINGTON, D.C.

Mr. DOAR. Thank you, Chairman Conaway, and Ranking Member Peterson. I appreciate being invited today to testify about the activities of the Congressionally appointed National Commission on Hunger. My name is Robert Doar, and I am the Morgridge Fellow

in Poverty Studies at the American Enterprise Institute. Prior to coming to AEI, I was the Commissioner of the New York City Human Resources Administration, and prior to that, I was the Commissioner of the New York State Office of Temporary and Disability Assistance.

It has been an honor to serve on the Commission. As a former State and City Administrator of Welfare Programs, including the Supplemental Nutrition Assistance Program, I was familiar with the challenges faced both by struggling Americans, and by the government, and not-for-profit organizations, which do so much to try to help poor Americans. But the experience of the last 18 months, where we gathered testimony and observed the difficulties facing low-income communities across the country, has given me an even greater understanding of the issue, and the ways in which we can address it.

This morning I would like to highlight seven aspects of what we learned during this process. First, we came to an understanding of how to quantify the problem of hunger. We decided early on to focus on very low food security at the household level, an annual measure produced by the USDA, drawn from a survey of Americans. To the members of the Commission, reports of eating patterns being interrupted due to lack of resources is a significant indication of difficulty within a household, which requires attention. While we want to be clear that the hunger seen in America is not equivalent to the malnutrition seen in developing nations, we do believe that the very low food security measure reflects the reality of hardship in the United States. And by this measure, 5.6 percent of households reported hunger in 2014, a rate that remains elevated more than 5 years into the economic recovery.

Second, members of the Commission were cognizant of the fact that our charge limited us to proposing changes which stayed within existing resources. We are aware of the fiscal challenges facing this country, and we are confident that more progress can be made in reducing hunger without having to significantly increase Federal spending. Third, members of the Commission were unanimous in identifying a number of root causes of hunger, many of which were beyond the traditional scope of the food and nutrition programs of the Federal Government. The root causes we identified included the still struggling economy, which contributes to unemployment, the growth in hunger rates are significantly higher for single parent families than they are for married families—and the need for personal responsibility from those with limited resources. To the members of the Commission, it was important to say to Congress that progress on reducing hunger will require attention to these issues, which are not solely the responsibility of the food and nutrition programs.

Fourth, we came away from our field visits and hearings convinced that a key to solving hunger is helping more poor Americans find full time employment. Rates of very low food security are significantly higher in households with no adults working than it is in households with a full time worker. Our various social services programs, and our economy, must do a better job bringing people into the workforce if we are to make strides in reducing hunger.

Fifth, members of the Commission learned that a lot of the best work being done on this issue is taking place in states, and is often led by the not-for-profit community. And the Commission feels that, to the extent possible, we should use states and localities as places for experimentation with new and different approaches, all to be rigorously evaluated before making nationwide changes to the various programs. We don't pretend to have all the answers to the problem of hunger, but we are confident that if states are allowed to experiment with pilot programs, better ideas will come to the fore. Sixth, members of the Commission came to believe that addressing hunger also means addressing nutrition. We can do a better job helping Americans have access to, and to prepare and consume more healthy foods, and in doing so we will make progress on alleviating hunger.

Finally, Commission members came away from their experience exploring this issue deeply proud of the extensive activity by Federal, state, and local governments, corporations and not-for-profits, individuals and faith-based institutions, which is already directed at alleviating, and does alleviate, for many, this difficult problem. Members were unanimous in wanting to celebrate the great contribution our country already makes to address this issue. And they also understood that knowledge of what we already have accomplished should give us a foundation to build on, and confidence that we can solve this problem. We can end hunger in America. Thank you.

The CHAIRMAN. Thank you, Mr. Doar. Dr. Chilton, 5 minutes.

STATEMENT OF MARIANA M. CHILTON, Ph.D., M.P.H., CO-CHAIR, NATIONAL COMMISSION ON HUNGER; ASSOCIATE PROFESSOR, DEPARTMENT OF HEALTH MANAGEMENT AND POLICY, DORNSIFE SCHOOL OF PUBLIC HEALTH, DREXEL UNIVERSITY; DIRECTOR, CENTER FOR HUNGER-FREE COMMUNITIES, PHILADELPHIA, PA

Dr. CHILTON. Again, thank you for the opportunity to testify about the National Commission on Hunger. As a scientist at the Dornsife School of Public Health at Drexel University in Philadelphia, I bring over 15 years of experience designing and carrying out research studies among families with young children to investigate the causes, consequences, and prevention of hunger. I have directly witnessed the physical, social, emotional, and spiritual pain that hunger causes.

Our field hearings for the National Commission also helped us to learn about the realities of hunger. The experience of one particular person, Saleema Akbar, who lives right here in Washington, D.C., made that hardship of hunger quite clear, and these are her words. "I have worked since I was 13 years old. I am not a senior yet. I am only 57. I have fibromyalgia, osteoarthritis, and diabetes. With the diabetes, they tell me that I have to eat a lot of protein. I get food stamps, but I don't have enough money to buy enough protein to make it through the rest of the month. I am not a child, so I can't get help from any programs, and I am not yet a senior, so I can't get those, so I am stuck between a rock and a hard place. My disability income goes to pay my rent. I get disability because I am 100 percent disabled." She said, "When you are talking about

hunger, it is right here, right here. I know you have to feed the babies. I know you have to feed the seniors. But what about the people in the middle?"

Ms. Akbar's testimony reveals to us two things. Number one, like her, the vast majority of people who experience hunger are already vulnerable. They are made vulnerable by their physical and mental health, or perhaps by historical and social circumstances, or perhaps they are incapable of coping with the stress of poverty. Number two, while it is absolutely true that we have very effective nutrition programs, and other support for low-income families, there are still many people that are missed, discounted, or uncared for that are poorly served through our current program structures.

Hunger is an experience of poor nutrition that has major health consequences. Our research shows that hunger has serious consequences, especially in early childhood. Infants and toddlers that are younger than age 3 are in the most important years of human development, and any type of nutritional deprivation in those early years has lifelong consequences, and that is because hunger negatively affects children's physical, social, emotional, and cognitive functioning. These consequences stay with kids across their lifespan, and they can be transferred to the next generation. This type of childhood adversity is what neuroscientists call toxic stress. Other types of toxic stress are homelessness, exposure to violence, or having a parent in prison. Our report insists that families with young children are quite vulnerable to hunger, and they need special attention. Another group that needs our attention is America's veterans. Among veterans of the Iraq and Afghanistan wars, 12 percent reported hunger. This is twice the rate of hunger in the general population. Given the serious problems associated with Post-Traumatic Stress Disorder, we understand that in addition to having nutrition support, veterans may need specialized support to find jobs, and access to safe, affordable housing.

SNAP, WIC, and other nutrition programs do a good job of reducing hunger and promoting health, but they do not solve hunger completely. Clearly we need to improve our current programs, but we also need to address the root causes of hunger, and ensure that we are counting and supporting the most vulnerable citizens of America. Saleema Akbar experiences hunger right here in D.C., and she can no longer be discounted. So many people in communities across America need your attention and leadership. One of our recommendations, therefore, is quite simple. Congress, and the White House, must insist on more effective cross-agency collaboration. Beyond the Department of Agriculture, this includes the Department of Health and Human Services, the Department of Education, Department of Labor, Department of Housing and Urban Development, and the Veterans' Administration. In concert with leadership from the White House and Congress, these agencies should make a coordinated national plan to end hunger in America. Only with this type of leadership, driven by your sense of social, moral, and personal responsibility to our country, is ending hunger possible. Thank you.

[The joint prepared statement of Mr. Doar and Dr. Chilton follows:]

JOINT PREPARED STATEMENT OF ROBERT DOAR, CO-CHAIR, NATIONAL COMMISSION ON HUNGER; MORGRIDGE FELLOW IN POVERTY STUDIES, AMERICAN ENTERPRISE INSTITUTE, WASHINGTON, D.C.; AND MARIANA M. CHILTON, PH.D., M.P.H., CO-CHAIR, NATIONAL COMMISSION ON HUNGER; ASSOCIATE PROFESSOR, DEPARTMENT OF HEALTH MANAGEMENT AND POLICY, DORNSIFE SCHOOL OF PUBLIC HEALTH, DREXEL UNIVERSITY; DIRECTOR, CENTER FOR HUNGER-FREE COMMUNITIES, PHILADELPHIA, PA.*

Chairman Conaway, Ranking Member Peterson, and other distinguished Members of the Committee, thank you for giving us the opportunity to testify about the findings of the National Commission on Hunger.

This Commission was created by legislative mandate in the Omnibus Appropriations Bill of 2014, with the following charge:

To provide policy recommendations to Congress and the USDA Secretary to more effectively use existing programs and funds of the Department of Agriculture to combat domestic hunger and food insecurity; and to develop innovative recommendations to encourage public-private partnerships, faith-based sector engagement, and community initiatives to reduce the need for government nutrition assistance programs, while protecting the safety net for the most vulnerable members of society.

Congressional leaders from both parties appointed ten members to the Commission: three each by the Speaker of the House and the Senate Majority Leader (John Boehner, R-Ohio, and Harry Reid, D-Nevada, respectively, at that time); and two each by the House and Senate Minority Leaders (Nancy Pelosi, D-California, and Mitch McConnell, R-Kentucky, respectively, at that time). The Commission members represent government, industry, academia, and nonprofit organizations. The biographies of each Commission member are included in the *Appendix*.

At the outset of our work together, the Commission selected two of our members as co-chairs to guide our work: Mr. Robert Doar and Dr. Mariana Chilton.

Between the two of us, we have over 35 years of experience in addressing poverty and hunger. Robert Doar spent nearly 2 decades administering many of our nation's major safety net programs in New York City and New York State, and Dr. Mariana Chilton has dedicated much of her academic career to studying hunger, its causes, and its consequences for low-income Americans. We have been honored to serve as co-chairs of this bipartisan Commission.

The Commission's goal is to develop recommendations to Congress and the USDA that has the unanimous, bipartisan support of all our members. We are close to completing our report, and are honored to share our process with you.

Over the last year and a half, we traveled to nine cities and heard testimony from 80 invited experts and 102 members of the public who provided testimony and advice during hearings, briefings and site visits. We also observed government and nonprofit programs designed to alleviate hunger. We talked with struggling Americans trying to ensure a better life for themselves and their children. We listened to state officials describe the challenges they face in serving their populations. Through this process, we gained insight into the root causes of hunger in America, why it is such a significant problem, and what improvements can be made.

As is to be expected from bipartisan commissions, sometimes we saw the same things and reached different conclusions about solutions. However, we are working together to put forward a report that gains the unanimous endorsement from our members and presents a full picture of hunger in America. We are confident that consensus will soon be reached and hopeful that upon its release, the report will be considered carefully by Congress.

Today, we will give an update on our findings and the themes at the center of our forthcoming report. We lead with our outline:

- I. Our definition of hunger and its consequences.
- II. The root causes of hunger.
- III. The populations that warrant specific concern.
- IV. Our priorities in recommending solutions and improvements.

I. Our Definition of Hunger and its Consequences

Before we could reach any conclusions about hunger in America, we first had to agree about how to define and quantify it. We chose a measure of hunger called

*The views expressed in this testimony are those of the authors on behalf of the National Commission on Hunger. Institutional affiliations are provided for identification purposes only and do not imply institutional support or endorsement.

“very low food security,” defined as the disruption of eating patterns and reduced food intake for at least one household member because the household lacked money or other resources for food. As a Commission, we are in agreement that hunger is an important problem. We also want to be clear that the hunger seen in America is not the equivalent of the famine and severe malnutrition found in developing countries. In our judgment, the very low food security measure of hunger appropriately reflects the reality of serious hardship and focuses our attention on the U.S. households where the problem is most severe. By this measure, 5.6 percent of households (6.9 million households) reported hunger in 2014.¹

This is a troubling statistic because the research shows hunger has far-reaching effects on Americans of all ages. When children experience hunger, their academic performance suffers.² Adolescents in families reporting hunger encounter more problems with mental health and thoughts of suicide.³ Adults that report hunger are more likely to be overweight and have other health problems.⁴ For seniors, hunger can lead to depression and reduced capacity to perform day-to-day tasks.⁵

We believe that addressing this problem is a question of values—no one in a country as rich as ours should go hungry. And given these concrete consequences, we argue that reducing hunger should be an urgent priority of Congress.

II. The Root Causes of Hunger

After hearing over 180 testimonies and visiting multiple cities, it is clear to the Commission that there are many factors leading to hunger in America. A simple explanation focused only on low household income or insufficient nutrition assistance ignores other critical causes. For example, underemployment and unemployment are major factors. Underemployment, which includes part time jobs with unpredictable and fluctuating amounts of hours, seasonal work, or very low wages, causes major income instability or sharp income fluctuations, which are associated with increased odds of hunger. Additionally, households without a working adult are disproportionately likely to experience hunger.⁶ The 2007–2009 economic downturn led to a more than doubling of unemployed workers, and hunger levels spiked correspondingly.

Six years after the official end of the recession, hunger rates today remain at historically high levels. And the negative impact of labor market forces on hunger is not just cyclical. Due to globalization and automation, our economy has experienced structural shifts over the last 60 years that have led to fewer well-paying job opportunities for Americans without a college degree.⁷ Adverse labor market conditions weaken the best defense against hunger: adequate earnings from employment.

Relatedly, we identified a strong relationship between hunger and education that works in both directions. Children experiencing hunger have lower graduation rates, while individuals without a high school degree are more likely to experience hunger than their peers who completed high school.^{8–9}

A third critical factor is family structure. Marriage has a significant impact on whether or not a household will experience hunger: The hunger rate for households headed by married couples is 3.2%, yet for households headed by a single mother

¹Coleman-Jensen A., Rabbitt M., Gregory C., Singh A. *Household food security in the United States in 2014*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; September 2015. Available at <http://www.ers.usda.gov/publications/err-economic-research-report/err194.aspx>.

²Hickson M., de Cuba S.E., Weiss I., Donofrio G., Cook J. *Too hungry to learn: Food insecurity and school readiness, Part I of II*. Boston, MA: Children’s HealthWatch, Boston Medical Center; 2013. Available at http://www.childrenshealthwatch.org/wp-content/uploads/toohungrytolearn_report.pdf.

³Alaimo K., Olson C.M., Frongillo E.A. *Family food insufficiency, but not low family income, is positively associated with dysthymia and suicide symptoms in adolescents*. *J. NUTR.* 2002; 132(4): 719–725.

⁴Lee J.S., Gundersen C., Cook J., Laraia B., Johnson M.A. *Food insecurity and health across the lifespan*. *ADV. NUTR.* 2012; 3(5): 744–745.

⁵Ziliak J.P., Gundersen C., Haist M. *The causes, consequences, and future of senior hunger in America*. Lexington, KY: University of Kentucky; 2008. Available at <http://www.ukcpr.org/Publications/SeniorHungerStudy.pdf>.

⁶Coleman-Jensen A. *Working for peanuts: nonstandard work and food insecurity across household structure*. *JOURNAL OF FAMILY AND ECONOMIC ISSUES*. 2011; 32: 84–97.

⁷Acemoglu D., Autor D., Dorn D., Hanson G.H., Price B. *Import competition and the great U.S. employment sag of the 2000s*. August 2014. Available at <http://economics.mit.edu/files/9811>.

⁸Alaimo K., Olsen C., Frongillo J. *Food insufficiency and American school-aged children’s cognitive, academic and psycho-social development*. *PEDIATRICS*. 2001; 108(1): 44–53.

⁹Coleman-Jensen A., McFall W., Nord M. *Food insecurity in households with children: prevalence, severity, and household characteristics, 2010–11*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; May 2013. Available at <http://www.ers.usda.gov/media/1120651/eib-113.pdf>.

with children, the rate is four times that at 12.8%. For households headed by single fathers, the rate is more than two times that of married couples at 7%.¹⁰ Furthermore, children who grow up in single parent families are less likely to do well in school or graduate high school.¹¹ The fact that 40% of children in the United States are now born to parents that are not married is a key explanation for the continued existence of hunger.¹²

We also agreed that a full understanding of hunger requires acknowledging the fact that the historical legacies of racism in America and continued racial discrimination today affect access to jobs, home ownership, education, and affordable healthy food. The persistence of racial inequality contributes to hunger rates of 10.4% and 6.9% for African American and Hispanic households, respectively, compared to a 4.5% rate for white households.¹³ Additionally, there is a clear link in the research between exposure to violence and hunger.¹⁴

Finally, it is critical to acknowledge one other key ingredient—the actions of individuals. We agree as a Commission that personal agency, responsibility, and the importance of individuals making good choices play a role in the extent to which Americans are hungry, and any discussion of hunger that ignores the importance of personal responsibility is incomplete.

III. Populations of Specific Concern

In our study of this issue, we have discovered that certain groups in our country are particularly at risk of experiencing hunger. For instance, the number of seniors will increase dramatically over the next few decades, and it seems likely that the number of homebound seniors will increase correspondingly. Because this growth will further strain organizations on which many elderly Americans depend, such as Meals on Wheels, seniors will be a group that warrants attention. People with disabilities are also a population of specific concern as 38% of all households experiencing hunger include an adult with a disability.¹⁵

A third population we want to focus on is America's veterans and active duty military. A 2012 study of veterans of the Iraq and Afghanistan wars found that 12% reported hunger, and approximately 1–2% of active duty military members receive SNAP benefits.¹⁶ While there is little data on the extent of hunger among active duty military and veterans, we agree that this issue deserves careful research and consideration.

Our Commission is also particularly worried about the formerly incarcerated, who have difficulty finding jobs, adequate housing and opportunities to re-engage with their families and communities. As previously indicated, single parent families with young children are especially vulnerable to experiences of hunger. And immigrants and American Indians face particular challenges in gaining access to enough healthy food.

As Congress considers what interventions should be used to reduce hunger, we recommend that these seven groups—seniors, single parent families, people with disabilities, veterans and active duty military, American Indians, immigrants, and the formerly incarcerated—be given special consideration.

IV. Priorities in Recommending Solutions and Improvements

In our field visits and hearings, we saw and heard about public and private food programs that were effective in reducing hunger. We encountered research showing that the Federal Government's food assistance programs—SNAP, WIC, and school

¹⁰ Coleman-Jensen A., Rabbitt M., Gregory C., Singh A. *Household food security in the United States in 2014*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; September 2015. Available at <http://www.ers.usda.gov/publications/err-economic-research-report/err194.aspx>.

¹¹ Pruett K. *Father-need*. New York, NY: Broadway Books; 2000.

¹² The vast majority of pregnancies among couples that are not married are unplanned.

¹³ Coleman-Jensen A., Rabbitt M., Gregory C., Singh A. *Household food security in the United States in 2014*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; September 2015. Available at <http://www.ers.usda.gov/publications/err-economic-research-report/err194.aspx>.

¹⁴ Chilton M.M., Rabinowich J.R., Woolf N.H. *Very low food security in the USA is linked with exposure to violence*. PUBLIC HEALTH NUTR. 2014; 17(1): 73–82.

¹⁵ Coleman-Jensen A., Nord M. *Food insecurity among households with working-age adults with disabilities*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; January 2013. Available at http://www.ers.usda.gov/media/980690/err_144.pdf.

¹⁶ Windome R., Jensen A., Bangert A. *Food insecurity among veterans of the U.S. wars in Iraq and Afghanistan*. PUBLIC HEALTH NUTR. 2015; 18(5): 844–848; and U.S. Department of Agriculture, Food and Nutrition Service. *Quick facts: SNAP participation among members of the Armed Forces*. Washington, D.C.: U.S. Department of Agriculture, Food and Nutrition Service; February 2014. Available at http://mlde.whs.mil/public/docs/report/qol/SNAP_and_Military_Quick_Facts_Feb_2014_update_w_2010-2012_ACS.pdf.

meals among others—are essential tools that effectively target those in need.¹⁷ However, the latest ERS statistics show that hunger remains elevated despite a 171 percent increase in SNAP receipt since 2000. This illustrates clearly that food assistance programs are addressing the problem, but not fully solving the problem, and this Commission believes that, without a focus on root causes and emphasis on work and nutrition, we will continue to fail to end hunger. Our vital safety net programs provide a strong foundation on which to build a more effective approach to fighting hunger.

While we are still working towards consensus on the final specific recommendations, the Commission thinks reforms must speak to the following themes: work, nutrition and well-being, experimentation, and executive leadership. The primary goal of SNAP is to treat and prevent hunger, but it can also serve as a support for families as they enter the job market. We will put forward recommendations designed to help benefit recipients find work, improve work incentives in assistance programs, and encourage policymakers to evaluate the states' performance in helping employable recipients go to work so they can earn sufficient wages.

We also believe that nutrition programs should be viewed as an opportunity to ensure healthy choices among recipients, and we will endorse evidence-based strategies to encourage good nutrition, promote health, and help recipients make positive choices for their families.

Our Commission will also prioritize finding ways to directly improve the immediate well-being of vulnerable Americans. Our recommendations will involve increasing access to and coordination of essential safety nets, improving the support offered to military families, and encouraging civic engagement efforts to provide help to our neighbors in our own communities.

We don't pretend to have all of the answers to the problem of hunger in America. Instead, we want policymakers at the Federal, state, and local level to experiment with new ideas and to advance changes that prove to be successful. We plan to recommend several pilot programs and to encourage rigorous testing and evaluation of these experiments.

Finally, while Congress can move forward on many of our recommendations, addressing the root causes of hunger, and ensuring that we protect the most vulnerable citizens of America will also take very deliberate, cross-sector and cross-agency collaboration that is encouraged by Congress and led by the Executive Branch. This will ensure that the relevant agencies such as the Department of Health and Human Services, the Department of Education, the Department of Labor, the Department of Agriculture, and the Veterans Administration (to name only a few) coalesce around the common cause of ending hunger in America. This type of leadership, collaboration, and commitment will demonstrate to all Americans that ending hunger is an achievable goal.

Thank you again for the opportunity to provide you with an overview of our work. We hope that our findings and recommendations prove useful in your efforts to help America become a stronger and healthier nation.

APPENDIX: BIOGRAPHIES OF MEMBERS OF THE NATIONAL COMMISSION ON HUNGER

Mariana Chilton, Ph.D., M.P.H. is an Associate Professor at Drexel University School of Public Health and Director of the Center for Hunger-Free Communities. She directs multiple research studies on the impact of public policy on food insecurity and health and well-being among families with young children. (Reid appointee)

Spencer Coates is President of Houchens Industries, Inc. and serves on its Board of Directors. He joined the Houchens family of companies in October 2003, after retiring from BKD, LLP, a national public accounting firm where he had spent 30 years serving in various capacities. (McConnell appointee)

Robert Doar is the Morgridge Fellow in Poverty Studies at the American Enterprise Institute, where he studies how improved Federal policies and programs can reduce poverty and provide opportunities for vulnerable Americans. Previously, he served as Commissioner of the New York State Office of Temporary and Disability

¹⁷Shafir E. *Invited written testimony to the National Commission on Hunger*. Professor, Princeton University Woodrow Wilson School of Public and International Affairs, Research Triangle Park, NC: National Commission on Hunger; July 26 2015. Available at https://hungercommission.rti.org/Portals/0/SiteHtml/Activities/WrittenTestimony/InvitedWritten/NCH_Invited_Written_Testimony_Eldar_Shafir.pdf; and Rachidi A. *Invited testimony before the National Commission on Hunger: Addressing very low food security among American households*. Albany, NY: Research Fellow in Poverty Studies, American Enterprise Institute for Public Policy Research; May 13 2015. Available at https://hungercommission.rti.org/Portals/0/SiteHtml/Activities/PublicHearings/AlbanyNY/AlbanyNY_Testimony_Angela_Rachidi.pdf.

Assistance and Commissioner of the New York City Human Resources Administration. (Boehner appointee)

Jeremy Everett is the founding Director of the Texas Hunger Initiative at Baylor University, a capacity building project that seeks to develop and implement strategies to alleviate hunger through research, policy analysis, education, and community organizing. (Boehner appointee)

Susan Finn, Ph.D. is the CEO of the global consultancy Finn/Parks & Associates and a recognized leader and a respected communicator in the food, nutrition, and health arena. She is a leader in the Academy of Nutrition and Dietetics and is committed to advancing nutrition research and education. (Boehner appointee)

Deborah Frank, M.D. is a child health researcher and the inaugural incumbent of a newly established Pediatric Professorship in Child Health and Well Being at Boston University School of Medicine. She began working at Boston City Hospital (now Boston Medical Center) in 1981. In 1984, she founded the Failure to Thrive Program, now called the Grow Clinic for Children. (Pelosi appointee)

Cherie Jamason is President of the Food Bank of Northern Nevada, a nationally recognized anti-hunger organization and recent Feeding America Food Bank of the Year. She successfully implemented the Nevada Child Nutrition Initiative providing summer food and after school meal programs for low income children throughout Nevada. (Reid appointee)

Billy Shore is the founder and CEO of Share Our Strength, a national nonprofit dedicated to ending childhood hunger in America through its No Kid Hungry campaign. He is also the author of four books, including *The Cathedral Within*, and chair of Community Wealth Partners, which helps change agents solve social problems. (Pelosi appointee)

Russell Sykes is an independent consultant working on multiple Federal and state projects focusing on Job Search in Temporary Assistance for Needy Families (TANF), Medicaid Reform, Social Security Disability and workforce engagement. He was the former Deputy Commissioner for New York State's Office of Temporary and Disability Assistance where he was responsible for the administration of SNAP, TANF, welfare-to-work and multiple other public benefit programs. (McConnell appointee)

Note: Congressional leaders appointed ten people to the Commission, but one, Ricki Barlow (Reid appointee), later resigned for personal reasons and is not listed above. Institutional affiliations are provided for identification purposes only and do not imply institutional support or endorsement.

The CHAIRMAN. Thank you to our panel, our witnesses. The chair would remind Members that they will be recognized for questioning in order of seniority for Members who were here at the start of the hearing. After that, Members will be recognized in order of arrival. I appreciate Member's understanding. I recognize myself for 5 minutes.

Again, I thank the witnesses for being here. We scheduled this hearing in anticipation that the final report would be done in October, and so that is why we are a little bit out of sync, but I wanted to go ahead and bring the Co-Chairs in with us this morning to visit.

Today is our tenth hearing on SNAP, which actually is more than the last three Congresses combined, and calls attention to an issue that is of great concern to all of us. We have made a conscious effort to proceed without preconceived notions, and with a desire to hear from a range of perspectives. We have heard from policy experts, advocates, practitioners, agency officials, and, most importantly, current and former SNAP recipients, and it appears that the Commission made a similar effort to cover a range of perspectives, and to open this process to public witnesses. You are both well versed in the topic of hunger, as are the other Commission members, and you could easily have met and brought your ideas to form your recommendations. Instead, you took a considerable effort to go beyond your own knowledge base, which is impor-

tant to do. So, with that backdrop, what additional perspectives did you pull in that we might not have been addressing here so far?

Mr. DOAR. Well, Mr. Chairman, we definitely went around the country. We went to the West Coast, we went to Maine, we went to Texas, we went to Arkansas, and we saw a very comprehensive picture of the extent to which many Americans are working hard to address this issue, and we heard from people who were struggling. I don't want to compare what perspectives we got to what perspectives you get, because I presume you get all the perspectives too. But we did a comprehensive job. I think we talked to a lot of people, we learned a lot, we listened, and our report will reflect their voices, both from the not-for-profit, or government, or advocacy community, as well as the recipient community.

The CHAIRMAN. What surprised you, or stood out, as a result of your hearings? Dr. Chilton or Mr. Doar?

Mr. DOAR. I would say one was the enormous amount of not-for-profit involvement that we saw. That surprised me. I didn't realize quite the extent of it. Second was that we did hear from recipients of the Supplemental Nutrition Assistance Program who were grateful for the assistance that they were provided, but hoped that the social services programs broadly would be more helpful in helping them get into full time employment.

The CHAIRMAN. Dr. Chilton?

Dr. CHILTON. It certainly wasn't a surprise to hear that—

The CHAIRMAN. Please talk into your microphone.

Dr. CHILTON. Thank you. It certainly wasn't a surprise to hear, across the country, from most of the people who are recipients of SNAP and the other programs, that their primary concern is finding access to well-paying jobs. When we were in New Mexico, and in Maine, and in Texas, we heard a lot about how the economy was still struggling, high unemployment rates and it is still, very difficult to find full time employment so that they could get off of SNAP. There was a strong desire to be off of the nutrition programs, and the other programs, but there was also a strong appreciation for how those programs were helping families to get through the day.

I think some of the surprises were, I brought it up in my testimony, the rates of hunger among veterans. And we heard a little bit about active duty military, which were things that were very concerning to us, which we are hoping to investigate a little bit more. We were also hearing, especially in Washington, D.C., about the relationship between disability and food insecurity or hunger, and that was made to us very clear, especially by Saleema Akbar and several others in Washington, D.C. We heard many other things, but those were the things that surprised me. Certainly the veterans, we need more assistance from the Department of Defense and the Veterans' Administration.

The CHAIRMAN. You mentioned Ms. Akbar. Were there other memorable witnesses that stand out, besides her experience that you can share with us?

Mr. DOAR. Well, that is a hard question. We heard a lot. This testimony that my Co-Chair refers to does reflect the kind of gap in services between someone who is, due to a physical or mental incapacity, is restrained to her home, and Medicaid and Medicare,

and other programs, aren't actually set up that well to provide food assistance to them, or SNAP, while they are at home and cannot get out. That was an issue that I thought was striking to us.

Dr. CHILTON. In Maine there was someone who testified who has been a recipient of SNAP, and who has also been in and out of the workforce, and was also very appreciative of the summer feeding programs, but one of the comments that she made is that we spend so much time and effort figuring out how to coordinate summer feeding, or how to help people to not experience hunger, but that we aren't doing enough to address the underlying issues that are related to poverty. She wants more access to skills, more training, more opportunities to get out of poverty. And what was upsetting, and sad to hear, but also very revealing, was that the access to emergency food, and to other food programs, is good, but all that really does in the end is keep her in line, waiting for the box of food.

Mr. DOAR. Mr. Chairman, if I could just add one other, we also saw effective summer feeding programs that were located in schools, or libraries, where the children that came and participated in them received the benefit both of the additional nutrition, but also of the programmatic offerings that that program would offer, that there was a benefit in learning, and in growth, that went beyond just the provision of food. And that was inspiring to us.

The CHAIRMAN. Okay. Thank you. My time has expired. Mr. Scott, for 5 minutes.

Mr. DAVID SCOTT of Georgia. Thank you, Mr. Chairman. I want to talk about our veterans, because it is a very, very particular disgrace and shame of this nation that disabled veterans, disabled, not just veterans, those who lost their limbs on the battlefield, those who suffer from PTSD from the battlefield, are twice as likely to be a part of a food-insecure household. And according to the Center on Budget and Policy Priorities, between 2011 and 2013, 1.7 million veterans live in households that need, and that use, food stamps. And 70,000 of those veterans, and disabled veterans, live in my home State of Georgia. For veterans who are struggling to overcome obstacles to feed their families, food stamps make a crucial, crucial difference.

But now the question, Dr. Chilton, the question is, given all of this, despite all this knowledge, we have people who want to cut food stamps, who want to limit food stamps. When we have our dear soldiers, who have given their all on the battlefield, 1.7 million of them living in households where they need and use food stamps. Why? What in God's name is causing people to want to so drastically cut a program of food stamps when our soldiers need it to exist? Can you answer that for me?

Dr. CHILTON. Thank you very much for your question. As a Member of Congress, you might be better poised to answer the question about why there is interest in cutting the programs. From my perspective as a scientist, my sense is that many legislators, and just the general public, do not understand what the experience of hunger is like. They may have this notion that hunger is a type of an eyeball diagnosis, that somehow we can see it on a person's face, or see it very easily. But hunger manifests in very invisible ways, but very harmful ways. It manifests in poor mental health, poor

physical health, inability to get along with your peers, especially for children. For adolescents who are experiencing food insecurity, it is related to thinking about suicide. So it is hard to see it, and there is a lack of understanding about what the true issues really are.

Mr. DAVID SCOTT of Georgia. Dr. Chilton, and you too, if you have something—

Mr. DOAR. Sure.

Mr. DAVID SCOTT of Georgia.—to add to this—

Mr. DOAR. Yes.

Mr. DAVID SCOTT of Georgia.—because this is a very, very burning issue. I work closely with veterans. I have jobs fairs every year, health fairs, and I partner it with the VA in Atlanta, Georgia, with Ms. Leslie Williams, who you may know is Director of the VA program in Atlanta, and Al Bocchicchio, who is the Regional Director for the whole region. The issue is, and you put your finger on it, we in Congress sit here. Many of those voices who want to cut this program come from Congress, comes from us. And so what I want to ask is, what is it going to take to finally get the issue of food stamps to be addressed properly? And if we are not willing to do that for our soldiers, I mean, how does that speak of our nation?

Mr. DOAR. Congressman, one of the motivating factors behind this discussion is the extent to which we have had, over the last 7 or 8 years, a very significant increase in SNAP expenditures and SNAP recipients. And yet, at the same time, we have had a stubbornly high very low food security measure, at about 5½ percent, which has not come down despite this—and also big increase in school meals as well. All I would say is that what we did hear was some frustration about that may not be enough, you need to do other things as well to help people escape hunger.

And that is what is happening when we have discussions about SNAP not being sufficient, or doing enough, or being effective enough. It is effective, but it is frustrating to have, really, record high expenditures and number of recipients, and also record high very low food security 5 years after the end of the recession.

Mr. DAVID SCOTT of Georgia. Well, just in conclusion, Dr. Chilton, and I know you have passion for the veterans, and this is what my passion is as well, and it is certainly the passion of all of us in Congress, but whatever you can do to help get this misguided vision of us here in Congress, and to lay out and continue to stress the dire need of correcting this terrible imbalance on food stamps, and use the examples of how critically our veterans need it—

The CHAIRMAN. The gentleman's time has expired. Austin Scott, 5 minutes.

Mr. AUSTIN SCOTT of Georgia. Thank you, Mr. Chairman. Ma'am and sir, thank you for being here today. And one of the things that certainly I wrestle with is the balance between access of the system for those who need it, and that it was designed for, and the integrity of the system, where we have certainly some abuses. I don't think it is a huge portion of the program, but I do think that it is important for us to maintain the integrity of any program that we have in Washington. The other thing that I see is different policies that are put in place that increase the cost of food. If the cost

of food goes up 20 percent, then that is 20 percent less in calories, assuming they were buying the same foods—

Dr. CHILTON. Yes.

Mr. AUSTIN SCOTT of Georgia.—that they would have that they took home. Another issue that I see, quite honestly, is abuse at the retail level, where many poor people in this country end up paying significantly more for a gallon of milk than my wife and I pay for it when we go to the local grocery store and shop. I don't know that we can mandate fixes to all of those things, but I do know that the only way out of poverty is a job, and work. And the easier it is to create a job in this country, the easier it is to own a business in this country, the easier it is going to be for people to find that work to hopefully work their way out of poverty. And the goal would be to get them to the point where they no longer needed to be on the program.

So one of my key questions—you do a nice job highlighting the positive effects of work. I think that is a bipartisan effort in the Commission.

Dr. CHILTON. Yes.

Mr. AUSTIN SCOTT of Georgia. Do you think that the current structure of the SNAP program discourages work?

Dr. CHILTON. I will start in on that. I am not really sure I would use the word *discourage*, but there is an issue that our Commission has really investigated, and that is it turns out that very low food security is often reported by people who are earning a little bit more than some people, and if they lose their SNAP benefits because they find a better job, they may have gotten a raise because they are doing well in the workforce, it is possible that they are losing their food stamps too soon, before they are able to adjust to the new income.

And we have research with the Children's HealthWatch study, I am a member of that study. I know my colleague, Dr. Eddie Ochoa, was here a few weeks ago. It is a part of our research that shows that when families earn a little bit more, and then lose their food stamps, that they are more likely to report child hunger, which is the most severe form of food insecurity. It is a little bit counter-intuitive, so something is going on there in the SNAP program where our Commission thinks that we could do a better job incentivizing people into the workforce. And a part of that may be lengthening the amount of time that we give families to stabilize themselves so that the income fluctuations don't push a person off of the SNAP benefits, and it makes them hungrier than they were before.

Mr. AUSTIN SCOTT of Georgia. In other words, if I make \$1 too much to qualify, I could lose hundreds of dollars worth of—

Dr. CHILTON. Yes. In a manner of speaking, yes.

Mr. DOAR. And in addition, there was testimony, and the Commission members came to believe that the programs that provide assistance to low income Americans do not work well together to help people who are on SNAP get into work. And we will make recommendations concerning greater encouragement, greater encouragement of collaboration, greater focus on that minority of SNAP recipients who are adults, and could work, but are not reporting earnings on their case.

Mr. AUSTIN SCOTT of Georgia. I think this is an issue not only with SNAP, but with other things as well, where if you make \$1 too much, then if you put in that extra effort, and you work the overtime, it costs you more.

Mr. DOAR. Absolutely. That came up, the disincentive, and the marginal tax rate issue for people who are trying to transition off of benefit programs. There was a feeling that we don't have it quite right in this country in how we encourage people to get to self-sufficiency, as opposed to remaining on assistance, and maybe working less.

Mr. AUSTIN SCOTT of Georgia. I am almost out of time, but as you write the report, I would appreciate your opinion on that balance between access and integrity, and how we hit those areas of abuse. With that, Mr. Chairman, I yield the remainder of my time.

The CHAIRMAN. The gentleman yields back. Ms. Fudge, 5 minutes.

Ms. FUDGE. Thank you very much, Mr. Chairman, and I thank you both for being here. Certainly I really very much appreciate the discussion you were having about veterans, and just want to bring to your attention that today at noon there is going to be a briefing in Canon 340 about veteran food insecurity. So if anyone sitting here today would like to attend, certainly it is open to you.

Let me just say that I thank the witnesses for the work they do. I thank you very much for how dedicated you are to eradicating hunger. And please do understand that what I am about to say does not have anything to do with you, is not directed to you, or any other person who has testified about SNAP or food insecurity. This is our tenth hearing on SNAP or food insecurity. It has, in fact, become an exercise in futility. It is a waste of our time if we are not going to do something about it. We can talk, and talk, and talk. I have no idea what the outcome is, or what we are even looking to do. What I do know is that hunger is not a game. It is not something that we play with. It is life and death for far too many Americans.

We know the statistics. We have the data. We know the problem. I don't know why we keep asking you. We know the problem. We know about hungry veterans. We know about hungry seniors and hungry kids. When are we going to stop talking and do something? We can talk forever and never change one person's life. So the next hearing I want to go to about SNAP is how we are going to make it better. I don't want to hear any more of this. Enough. Let us do what the American people sent us here to do. We need to take care of our poor. We need to take care of our children. We need to take care of our veterans. It is time to stop talking. I yield back.

The CHAIRMAN. I thank the gentlelady for yielding back. Mr. LaMalfa, 5 minutes.

Mr. LAMALFA. Thank you, Mr. Chairman. That is why we do come here and talk, is to have a dialogue about how we improve a system that is in place that is helping many, many children, and people on the lower end of the income scale. We just want to target that better, because we are all about having it be effective, and having people's tax dollars be stewarded carefully as well, too. There are both ends of that scale that you hear. So I hope the hearings will produce a better coordinated effort there, what your ef-

forts have done with your panels around the country, it looks like. So how many of those have you convened around the country? I am aware of one you had in Oakland, and—

Dr. CHILTON. Seven. We were in Albany, New York, Oakland, California. We had a roundtable discussion in Albuquerque, New Mexico, and had a site visit in New Mexico. We were in Little Rock, Arkansas, El Paso, Texas, Portland, Maine—

Mr. LAMALFA. Were they all similar—

Dr. CHILTON.—Washington, D.C.

Mr. LAMALFA.—similar type hearings, with many witnesses, or did—

Dr. CHILTON. Yes. We started out with about eight to ten invited witnesses, and then we opened it up for at least 2 hours for public testimony, where anyone could sign up, and we had a variety of people. We had about 80 invited testimonies, and 100 uninvited, or just public testimonies.

Mr. LAMALFA. Now, we were supposed to have a report in October. What held that up from—I guess it is going to be December now?

Mr. DOAR. It is a hard thing, reaching a unanimous conclusion, and it was important to us. We wanted to have this diverse group come together unanimously and endorse something that they all could stand behind. And that required some intense discussions and meetings, and writing it, getting it right. We had felt obligated to our customer, the Congress of the United States, to produce a report that we could be proud of. And, we didn't get it done, but we—

Mr. LAMALFA. All right. Well, I appreciate the effort.

Mr. DOAR.—next month.

Mr. LAMALFA. I appreciate the effort. IRS demands I get mine done on time. I am just kidding you a little bit there, the thing you are talking about here with the gap, Mr. Scott was talking about that it has puzzled me for a long time, even before I have been here in this political world. You can have the so-called welfare cliff, where they have a certain amount of income from public assistance, and then if they get a job, they find that they are lower than that.

I have always felt the need to find a better way of tapering that to where a job, whether they have been able to become employed, or a better position or whatever, that will be a net plus to them to be employed, and if they are receiving some sort of assistance, whether it is SNAP or others, that they are better off, and that the incentive to advance is better, if they are in a position without disability, or retirement, whatever, that they can do that. So I hope the efforts of this Commission will help us to shape that. It is something that I am surprised we are not really aware of after all this time. Ms. Fudge was frustrated we talked a lot. Well, I guess I would be frustrated too that we don't know this already, of how to—

Mr. DOAR. Yes.

Mr. LAMALFA.—get there.

Mr. DOAR. The issue is the coordination of the benefits across programs. That is the hard part, as a former Administrator of all these—

Mr. LAMALFA. That is the thing here; we don't talk enough in this town of the cost of doing business. I am a farmer in my real life, and the cost of producing food, whether it is me and rice, or my colleagues and dairy, or—

Mr. DOAR. Yes.

Mr. LAMALFA. There are so many costs that raise the cost of delivering a product from the field, or the handling. You have intervention, environmental regs, and you have the labor regs, you have health regs, some of them very well intentioned, some of them way off the mark. We are having food costs, or other, like, Health Department issues, where people that want to donate food, or they want to help people in certain ways, find barriers to that. Stupid barriers, sometimes, because of a bureaucrat somewhere saying, you can't do this, and people are ready to help. Or you have somebody saying you can't do that because it might cause a labor problem, something like that. I hope we can really identify these cost of doing business barriers that aren't necessary. Whether it is producing the food—and we talked about jobs. Mr. McGovern, Mr. Scott also mentioned that if we had more jobs available in this country. We don't have a jobs economy lately. We have trillions of dollars offshore that would like to be repatriated back to this country. Probably not your bag here, but there are issues that we need to do to have a jobs economy in this country, and raise people up from that.

So the cliff, was this brought up a lot in the public testimony on your various stops?

Dr. CHILTON. Not only was it brought up in our testimonies, but we also were reviewing the research. It is about 20 years of food insecurity research that we were investigating, and also talking to administrators about the experience of trying to administrate staff, and helping people to find jobs. And so it was not just in the testimonies that we heard it, but we also see it in the research.

Mr. LAMALFA. I thank you. I will yield back, Mr. Chairman.

The CHAIRMAN. The gentleman's time has expired. Mr. McGovern, 5 minutes.

Mr. MCGOVERN. Thank you, Mr. Chairman. Again, let me thank you for your testimony, and for the work that you have done. This is big. This is a very important issue. We should all be ashamed that there are so many people, of all ages, in our country—the richest country in the history of the world—that are hungry. And we also should be ashamed about the fact that our response has not been particularly effective here in Congress. And, in fact, those of us here have actually cut SNAP. We cut it in the farm bill. We didn't renew the stimulus monies, so some people saw actually a decrease in their benefit. So, we have made people's lives more difficult because of some of the things that we have done.

You mentioned the importance of cross-sector and cross-agency collaboration, and more help from the Executive Branch. I hope that you will help me, and be specific with the Administration that they ought to do a White House conference on food, nutrition, and hunger. We need White House leadership to convene all the agencies and the departments together, as this issue falls under various responsibilities from various agencies and departments, as it does here in Congress. It is not just the Agriculture Committee with

oversight. There are a number of other committees that do as well, so we need to work together. And so, whatever your recommendation is, you have to be specific, because people don't get it if you are vague. You need to be specific, and say to the White House, you have to do this. And, hopefully in a bipartisan way, we would support that. So I appreciate your comment on that.

The other thing is: Mr. Doar, you talked about flexibility, and I have to tell you, I get nervous when people say *flexibility*. The way I look at flexibility, and the way some people look at flexibility, we have two different definitions. If flexibility means block granting this program and limiting the amount of resources to go to help feed hungry people so that it is not based on need, but based on a defined number. I have a problem with that. I have no idea what the economy is going to do. I hope it gets better, and better, and better, and fewer people need it, but I do worry about that.

And the other thing is, as I understand it, under current law, states already have quite a lot of flexibility in how they administer their program, and how it interacts with other social programs. There is even extra funding available for states who want to expand employment and training, plus matching money for administrative expenses, and farmers' markets programs, among other things. And so, I am puzzled about the continued call for more flexibility, when many states don't take advantage of the flexibility that already exists. I would like you to comment on that as well. Also, in your hearings' testimony, did you bump into anybody who said cut the program, cut SNAP more, cut nutrition programs more, or anybody come out and say, block grant it, so that it is not based on need, but based on just a defined number?

Mr. DOAR. Well, we did get testimony on work requirements, and we got testimony on the ineffectiveness of SNAP over these past years to bring very low food security down, so there was some testimony along those lines. On flexibility, I am a former State Administrator from New York. We used flexibility to the extent that we could to do a lot of good things. As someone who had oversight from SNAP, Medicaid, cash welfare, and child support enforcement, I would say that the SNAP one was the one that I felt the most rigorous oversight and holding on us. Although, through elaborate processes of applying for ability to do waivers, you could get some flexibility.

I am kind of a state guy. I like giving states—

Mr. MCGOVERN. I love states too. I love my state, but I am just simply saying that states are given a lot of flexibility right now, a lot of which they don't take advantage of. And I am all for flexibility, as long as it is not code for cutting the program, or eliminating the benefit.

Mr. DOAR. Well, the Federal Government can put restrictions on it, with regard to benefit levels or other, but I definitely feel that there is innovation opportunities out there if states were given greater ability to do more and different things, especially around work. One of the E&T, you have to come up with a local match in order to—

Mr. MCGOVERN. Right.

Mr. DOAR.—get most of the dollars. That puts a little bit of pressure that makes them put money in the game, and I understand

why the Feds would want that, but it does make states reluctant to do more on work and food stamps.

Mr. MCGOVERN. And Dr. Chilton, do you want to comment? And will you comment—

Dr. CHILTON. Certainly.

Mr. MCGOVERN.—on whether we should have a White House conference so we can get the White House listening—

Dr. CHILTON. Yes.

Mr. MCGOVERN.—they will actually do something?

Dr. CHILTON. I will—

Mr. MCGOVERN. Yes.

Dr. CHILTON. I will get to that in a second.

Mr. MCGOVERN. Okay.

Dr. CHILTON. Talking about flexibility first, actually, in the employment and training programs, it turns out that, in the states that are trying to administer those, and trying to enhance those that the instructions are actually very confusing, and it is very difficult for them to figure out how to tap into subsidized employment. Also, we have heard from state administrators that when families are on this, and when a person isn't in an employment training program, and they get a job, that they lose their SNAP benefits too quickly, they are off the program. That also needs to be something that we look at.

So there are some very positive ideas related to flexibility that we could explore. One thing that is very concerning, that we heard in New Mexico, however, is that the Governor of New Mexico is now trying to institute a work requirement, a work participating type of requirement, for 16 and 17 year old children to participate in unpaid work. This is very concerning. It actually may not be allowable by Federal Law. So there are some times when states may take things into their own hands, and make matters worse.

On the issue of Executive leadership, we will make very precise recommendations, as precise as we can make them, as a non-Congressional type of a Commission. We are going to pitch it all to you, and we hope that you can put it in statute to make sure that the Executive Branch is actually taking some leadership, and incentivize the cross-agency collaboration. It has to be incentivized, and we have to actually think beyond a conference. It needs to be ongoing leadership at the highest levels of the White House.

Mr. MCGOVERN. I appreciate it.

The CHAIRMAN. The gentleman's time has expired. Mr. Kelly, 5 minutes.

Mr. KELLY. Mr. Doar first, but follow up if you need to, please, ma'am. Can you talk about the selection process, and why you believe it was the appropriate cross-section of the Commission? Mississippi, my state, is one of the highest food insecurity states in the country. We have the highest poverty, the highest obesity rates, which quite often go with hunger. We have actually, a lot of the people who are in the poorest area are actually in the areas where the food is grown, which are the poorest, and have the least food, which does not make sense. But you chose other food-insecure areas that are much less insecure in food, like Albany, or Oakland, as opposed to going to the Deep South, where some of the heart of

the problem is. Do you feel like the Commission maybe should have looked at those areas?

Mr. DOAR. I definitely feel that it would have been better to go to more places, and it would have been nice to go to Mississippi. We did go to Little Rock, and we did go down into the Delta, and to—

Dr. CHILTON. Pine Bluff.

Mr. DOAR.—Pine Bluff, Arkansas. So we got a sense of that. Arkansas also has very high food insecurity rates. I think the highest in the country.

Dr. CHILTON. Yes.

Mr. DOAR. So we tried to do that. But, Congressman, you are right to wish that we would been able to do more.

Dr. CHILTON. What we did learn about in Pine Bluff in Arkansas is that there is a major struggle. And in Pine Bluff especially, their primary concern, again, was jobs, well-paying jobs that had good safety measures for occupational hazards. The major employers in that area, the fastest growing employment opportunity is the Department of Corrections. That was very concerning to us, and also very concerning to the people in that area, who are losing their youth who are moving to the city, looking for jobs, because there is nothing else happening there. There are very high rates of hunger, and Arkansas itself had the biggest increase in the previous years.

We should have gone to Mississippi. We had very little time. It was a little bit difficult to get the money for us to travel. But we do hope that you, sir, could potentially make something happen to create an official visit to your state so that you could really investigate, and hear from people who are struggling, and then bring that back to Congress.

Mr. KELLY. Yes. And this is a comment, it is not a question. But, people like to use us for the poster child of all the last, and those things, or the 49th or the 48th. You think you would start there, going to veterans, that is very dear to me, okay? And when we talk about veterans, there are two points that you made. Number one, that 12 percent of our veterans are under-nutritioned, or hungry.

Dr. CHILTON. Yes.

Mr. KELLY. The second part of that is, having served, and being able to see those soldiers at the E1 through the E4 level, who, quite frankly, a lot of time are newlywed, sometimes have children and those things, you said 12 percent of veterans, and I am assuming that is folks who have served in the past, but what percentage of our actually currently serving E1s through E4s in the military service have children or families who are undernourished?

Dr. CHILTON. Sir, I am sorry, we don't have that specific data, and one of our recommendations that we will be making is that we need to do a better job of measuring food insecurity and SNAP participation among our veterans and active duty military. Right now it is very difficult for us to get that information. It is not readily available. It is not formally collected, and we think that should be collected. And what will help us—this is the idea of being uncounted or discounted. We need to make sure that we are counting those families that are being missed by our samples nationally. And we can't do anything about it, we think, if you can't measure

it and see some kind of a movement on it, try to find a way to intervene.

Mr. KELLY. And, again, I will just reiterate, I don't know the numbers, but I have served with those guys—

Dr. CHILTON. Yes.

Mr. KELLY.—so I know that they can't afford to feed their families sometimes on what they are paid.

Dr. CHILTON. Yes.

Mr. KELLY. And the hard part of that is that most of these guys and girls, who cannot afford—the same gene that drives them to serve this great country at a very low profit to them also keeps them from asking or requesting assistance from a government which they love so much they would die for. So, again, I guess the whole point in my thing is let us look at the areas where it is most prevalent, and that would be our E1s through E4s, and the active duty military, and the poorest of poor states, the Deep South, the Mississippis, so that our recommendations reflect what best helps those who have the most need. And with that I yield back, Mr. Chairman.

The CHAIRMAN. The gentleman yields back. Mr. Aguilar, for 5 minutes.

Mr. AGUILAR. Thank you, Mr. Chairman. Thank you both for being here as well. A couple of my colleagues have picked up on the nine visits that you made, and I wanted to talk a little bit about the—the number was 80 experts as well. So what process did you use to reach out to pick experts at these site visits to listen to? Was it coordination with the states and coordination with other groups? How did that process come about?

Dr. CHILTON. First of all, we reviewed the research that the staff created for us for the Research Triangle Institute, RTI. We looked at the populations that were the most vulnerable, and then we looked at the states that had the rates of very low food security, in other words hunger, and where there were major increases. Because of the limited amount of funds that were allotted to our Commission, and the limited amount of time, we worked through our networks to figure out where we could go in a way that would be low cost. So it was primarily through our own networks, and through navigating where the highest rates of hunger were that allowed us to get to Arkansas, Texas, New Mexico, *et cetera*. We also worked very closely with the Southwest Regional Office at the United States Department of Agriculture, and we collaborated with the USDA throughout to try to help us with these hearings.

Mr. DOAR. And we promoted our hearings, and made sure that people were aware that they were taking place, and invited all comers to come and participate. And we stayed for as long as possible to hear all that could be offered.

Mr. AGUILAR. Sure.

Dr. CHILTON. Well, one last thing. In El Paso we also had on site interpretation, live interpretation from English to Spanish, Spanish to English, and that was available to everyone as well—

Mr. AGUILAR. Was that the—

Dr. CHILTON.—in El Paso.

Mr. AGUILAR. That was the only venue where—

Dr. CHILTON. That was the only venue, unfortunately.

Mr. AGUILAR. Okay. The public comment is admirable, I appreciate that. I viewed this as kind of three buckets, so, one, how did you pick the cities and the sites, how did you pick the experts, and then public comment would be another. So I kind of read it in that perspective.

I know this is a bipartisan Commission, Dr. Chilton, and I appreciate that the Commission acknowledges that historical racism and continued racial discrimination play a role in food inequities and hunger. At the rate at which SNAP supports minority families, do you believe it can help close the gap between minorities and white communities? If not, what recommendations do you suggest to close these racial inequities?

Dr. CHILTON. Thank you very much for the beautiful, and extremely important question. Unfortunately, we have seen the racial and ethnic inequities in food insecurity since we have been measuring food insecurity in this country, and there has been no change in those disparities. That is very problematic, and I actually don't think that if we continue to administer SNAP in the current way that we do that we will be able to have an influence on reducing those racial and ethnic disparities.

Currently most of the agencies from the United States actually have an Office of Minority Health, have a particular incentive to reduce disparities. I don't think that, within the United States Department of Agriculture, there is any type of leadership on reducing disparities. There is no major office that is looking at it. And, indeed, it turns out that with American Indians, who have some of the highest rates of hunger, the USDA does fund some very excellent programs, that we heard some very positive things about, but the tribes are continuously complaining that they don't have access to tribal foods. The USDA is asking for studies on American Indian hunger, but it doesn't feel as if they are doing enough to try to reach out to American Indian communities to make sure that they can reduce those rates.

We need a more coordinated effort within the USDA, and, of course, across the agencies, more Executive leadership. The people who are coming out of prison have extremely high rates of food insecurity and hunger. I don't want to get into a conversation about mass incarceration, but I do think that, as we change the prison systems in the United States, that will actually help us to reduce food insecurity and hunger, and reduce some of the disparities. But we need a more comprehensive look, and more leadership at the top.

Mr. AGUILAR. Thank you so much. Mr. Doar, you mentioned the summer feeding program. In response to a question just a little bit ago, you talked about something that you learned within the summer feeding program that includes what I interpreted was kind of education and recreation, a more kind of inclusive view of summer feeding programs. Could we see recommendations that include that within the report?

Mr. DOAR. Well, we are going to say that we are impressed by it, and the aspect of summer feeding, and we are going to talk a little bit about how summer feeding could be expanded. But that is what I came away from, was that the dual benefit of summer feeding, both the food and nutrition and the programmatic aspect,

was a two-fer. It made the program more effective than if you were, for instance, doing home delivered or EBT delivered food assistance. So that was my comment. I think that the households that are struggling with food insecurity or very low food security also have other issues, and sometimes those other issues are addressed by coming to a place in their community where they can get other kinds of programmatic interventions.

Mr. AGUILAR. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. The gentleman's time has expired. Mr. Yoho, 5 minutes.

Mr. YOHO. Thank you, Mr. Chairman. Thank you for being here. A couple things come up. One is the root cause of hunger, reading your reports here, and where it says the fact that 40 percent of the children in the United States are now born to parents that are not married, and it is a key explanation for the continued existence of hunger. Do you have any recommendations on how we can structure the family—and I believe in a traditional family, but I am not going to dictate that to anybody else, nor should the Federal Government. But what metrics can we look at to incentivize a family unit, whatever that person defines it as, because I know there are single mothers or single dads out there, and they have a family unit, and it may be different than what I see.

What do you see that we can do differently to incentivize a situation where that single family doesn't have this problem? Because, with all the programs that I see, we are treating the symptom. The the underlying cause it says here the root cause is the single parent household. What have you guys come up with, or recommendations, whether it is tax incentives—I know we can have another program, and we can grow it, and we can grow it, and we can grow it, but the problem doesn't go away. And if we don't address the underlying problem, it is like dealing with a metastatic lesion in a cancer, and we are just treating that, not the underlying tumor.

Mr. DOAR. Congressman, you will see in our final report that we addressed issues that we thought were underlying causes, like the growing prevalence of single parent families, as being a contributing factor to higher rates of hunger in low income families. But we also recognize the methods to address them were beyond the charge of the Commission, which was to focus mostly on food and nutrition programs. And so we addressed them, and asked Congress to take a comprehensive look at these issues, but it was beyond our charge. And for the purposes of this testimony today, in other contexts, I talk about this issue often, but as a member of the Commission, all we could say was, this is an issue, it is a contributing factor, it can't be ignored, it needs to be talked about, kids need two parents. But we didn't come up with, for the purposes of this Commission, solutions or answers. They exist, but that was not what the Commission decided to tackle.

Dr. CHILTON. That is our story, and we are sticking to it.

Mr. YOHO. All right. Well, then, you lead me into another one, and you gave me the perfect segue, because I wasn't sure how to ask this question. I wasn't sure how to ask this question, but your conversation with my previous colleague was perfect. You were talking about the ethnic disparity that you see in different ethnic categories. And you were talking about the hunger rates—or you

weren't talking about that, but reading in this report, the persistence of racial inequality contributes to hunger rates of 10.4 percent, 6.9 percent for African Americans and Hispanic households, respectively. What is it in other minorities, like, say, the Chinese, or Iranians, or the Cubans, Vietnamese, or Indian households? Are those numbers large enough to do an analysis and a comparison, and what are the results of those? What are you finding?

Dr. CHILTON. Thank you so much for the question. It is actually very difficult to drill down, in any kind of meaningful way, for Asian populations, and Asian is a very, very broad category. There are a number of studies that look at people who are immigrants, but those studies are very small studies, and very localized, so in certain areas of the country we can pick up immigrants from Vietnam, *et cetera*. We can pick, for instance, with Children's HealthWatch, we are picking up the Somali population in Minneapolis, because that is where they are tending the refugees—

Mr. YOHO. Right.

Dr. CHILTON.—are locating. We don't have enough comprehensive information nationally to make any kind of a strong sense of what the estimates are. We can only talk about necessarily immigrants, or people of a variety of ethnicities, but we don't have enough information, the way that we are measuring hunger right now, to be able to drill down. And that is something that we are hoping we will be recommending in our report, is to be able to drill down so we can figure out what is happening in a more precise way.

Mr. YOHO. Well, that is interesting, because I have talked to people from the islands, Jamaica, and some of the other places, and I say, what do you view as poverty in your country? And they say, we don't view it as poverty. That is just the way it is, and we deal with it. And I don't know if we are, we always talk about creating a dependent structure in this country, and I don't know if we need to look at it differently because you don't hear about the disparity in, say, some of the other ethnic groups, and I want to know why. Is it a stronger family unit, or these other things, that we can take that information and utilize it here, and say, you know what, it works here in this group, why don't we assess that, and implement it here, and do a study on that? And so, with that, I yield back, and I appreciate your time and your work. Thank you.

Dr. CHILTON. Thank you.

The CHAIRMAN. The gentleman yields back. Mr. Ashford, 5 minutes.

Mr. ASHFORD. Thank you. This is very interesting. I am interested in your point about that it is really our job to address these things, and maybe we haven't. Is it correct to say that the last real comprehensive legislative approach to poverty was the War on Poverty in Johnson's Administration? Has there been any other real comprehensive big look at poverty?

Mr. DOAR. Well, the welfare reform of 1996 was a—

Mr. ASHFORD. Okay.

Mr. DOAR.—significant piece of legislation, and—

Mr. ASHFORD. Okay. And that was—

Mr. DOAR. And led to reductions in poverty. And the farm bill every year, Earned Income Tax Credit expansions—sometimes I

get a little frustrated with people thinking the last time we looked at poverty was 1965. Back—

Mr. ASHFORD. I was just asking—

Mr. DOAR.—Congress—President—on that for a long time, and some progress was made, and some setbacks have occurred.

Mr. ASHFORD. So I guess the answer is that wasn't the last time?

Mr. DOAR. No.

Mr. ASHFORD. Okay.

Mr. DOAR. It was not.

Mr. ASHFORD. No, but I—

Dr. CHILTON. We have not had a comprehensive view that involves multiple agencies—

Mr. ASHFORD. Right. And that is my point. I don't think there has been a comprehensive look-see at this since the 1960s, and there had been efforts, and the farm bill is one, obviously. There are other efforts like welfare reform. We were involved in doing a welfare reform bill in Nebraska when I was in the legislature, 1994. So, I am aware of those things, and that bill dealt with poverty, it dealt with income disparity, it dealt with incentives to work, and all those sorts of things. But I don't think there has been a comprehensive approach. This year it looks like we may have a comprehensive approach on mental health in the Murphy bill that is going through the Congress now. That has been decades where we haven't had a comprehensive approach on mental health.

I served as Executive Director of a housing authority in Omaha, Nebraska.

Dr. CHILTON. Yes.

Mr. ASHFORD. It was a very challenging job, and all these issues in that job. Clearly the issue of the cliff effect, when someone gets a job, and then loses their public housing immediately, which is exactly what happens. The idea of how much do you spend on these programs in a static sense, how much do you put into the budget for a program, is really not the way to analyze these things. It would seem to me that the way to analyze these efforts is what does it save over time? And so I support and would love to see some ideas about ex-offenders, with housing, and with veterans. Every hearing we have had this year, and they have been great. I like these hearings. I think we could have as many hearings as we can have, because we are identifying the problem, and the solution is inter-agency collaboration.

Mr. DOAR. That is correct.

Dr. CHILTON. Yes.

Mr. ASHFORD. You have already said it, so I guess you don't need to say it again. I honestly don't know why we don't do it. I mean, we need that same comprehensive approach we are doing to mental health, with the Murphy bill and other things, to really address this. It isn't just the farm bill, and the farm bill can't—

Dr. CHILTON. Yes.

Mr. ASHFORD.—possibly do this. I don't know if you have any other comment on that.

Mr. DOAR. Well, it takes Presidential leadership. I mean, that would help. Someone would take a comprehensive look, and make it a high priority. And that will be reflected in some of what we say in our Commission report.

Mr. ASHFORD. Right. So the Commission report suggests that a comprehensive approach, or an inter-agency approach is not only a good idea, but it is essential, critical, can't be any other way. Is that sort of—

Mr. DOAR. Yes.

Dr. CHILTON. Yes. I think we use those words exactly.

Thank you.

Mr. ASHFORD. That makes me feel better. Thank you, Mr. Chairman. I yield back.

The CHAIRMAN. The gentleman yields back. Thanks, Brad. Mr. Allen, 5 minutes.

Mr. ALLEN. Thank you, Mr. Chairman, and thank you for your insight into this. I know we have had a lot of hearings on the nutrition programs, as they relate to agriculture, and that sort of thing. And I do somewhat agree with my colleague, we kind of need to figure out why we are having these problems. And your report is going to give us tremendous insight, and I am looking forward to that report. But one of the things that puzzles me as I am out in the district is that there are jobs available, lots of jobs available, but at the same time we have this disconnect in trying to get folks trained and on the job, and off of these programs. And we have—I don't know, it seems like there is a wall there. And I guess my question is are programs like this discouraging folks from trying to get over that wall, and get employed, and provide for their family, or even have a family?

Mr. DOAR. I think what we heard was that programs, and SNAP would be the principal one that we heard the most about, was that it just doesn't address work sufficiently, that it is a transactional engagement between the case worker and the applicant in which the caseworker says, in effect, "Let me find out what your income is, let me get you on assistance, and everything else about your life, well, you go somewhere else for that. We are just in charge of getting you food stamp benefits." That is what we heard, and that is why we are going to make a recommendation that there needs to be a more holistic, comprehensive look at both the programs and how we address the needs of people we serve.

Mr. ALLEN. My parents drilled into me every day that choices have consequences. And, of course, back when I grew up there were a lot less choices that you could get in serious trouble on. And, it looks like to me that we have created, in some of this—and it is not their fault. It is not the people who are struggling in this cycle. Apparently we are not educating them on, hey, there is a way out of this. Because, what we are doing is we are increasing these programs, thinking that that is going to solve the problem. But then again, we have more single family households being created. We have more people who are not looking for work anymore, and basically more dependence on government. So, in your findings has there been any suggestions on how do we get this thing turned around and start making improvement? Or solving these problems, as my colleague mentioned earlier.

Mr. DOAR. Again, it was a bipartisan Commission—

Mr. ALLEN. Yes.

Mr. DOAR.—so we had to come together unanimously, and I think that these themes of leadership, comprehensive look, coher-

ent, working with multiple agencies, talking about work as being essential, understanding that families matter, racial discrimination matters, these other factors matter as well, that is what we could do.

Mr. ALLEN. Yes.

Mr. DOAR. We think it is a contribution, and it will contribute to a fuller understanding. But, again, we definitely saw witnesses who wanted to achieve self-sufficiency, and just wanted help and how to get there. And I thought we felt that our programs aren't doing enough about that.

Mr. ALLEN. There are also many pro-family organizations out there. The State of Georgia has one, and they do a lot of economic studies based on choices, like finishing high school, and maybe not getting married until you finish high school, and then after you get married, then you have children. And the economic impact of that is enormous. And so how do we get that, because I really believe, like I said, a lot of these folks just don't know a way out. You might look at some of these studies out there, as you put in this report—and, again, this is a report, I guess, just on what your findings are.

Mr. DOAR. Yes.

Mr. ALLEN. But as we go to solutions, it looks like that we would look at, okay, this is the way out. This is the way to get off, to feed your children, and to get a job. And is that something you are going to look at, as far as your Commission is concerned?

Mr. DOAR. Again, we listed issues that are important to resolving this problem—

Mr. ALLEN. Okay.

Mr. DOAR.—and one of them was personal choices, or personal agency, or personal responsibility. We felt that it would be inappropriate to say that the entire solution resides in what government can do for people. It also is related to what people need to do for themselves. So we say that. Now, we don't have many specifics on how to make that happen—

Mr. ALLEN. Okay.

Mr. DOAR.—but we felt it was important to say.

Mr. ALLEN. So that would be the next step?

Mr. DOAR. Yes.

Mr. ALLEN. This is how we make it happen? I yield back. I am out of time.

The CHAIRMAN. The gentleman's time has—

Mr. ALLEN. Thank you.

The CHAIRMAN.—expired. Ms. Plaskett, 5 minutes.

Ms. PLASKETT. Yes, thank you, Mr. Chairman, and thank you all for your testimony, and for the information that you have disseminated.

Dr. CHILTON. Yes.

Ms. PLASKETT. Despite some of the things that I hear, I am going to just stick to what I originally thought I was going to ask as questions. One of the factors that contributes to hunger in the United States is related to food deserts. Can you talk about that a little bit, and has the Commission looked at this issue of food deserts, and how do you factor that in? And have you, if you have looked at it, made recommendations as to how to address it?

Dr. CHILTON. Thank you very much for the question. We did look at food deserts, but I don't think we looked at it thoroughly enough. We heard a lot about lack of access to nutritious food, especially in the State of New Mexico, where the distances to the grocery store are very, very far. But, again, turning back to the concerns of the people that we heard from, the number one concern was being able to have enough money to purchase food, enough money for travel. So we don't make any recommendations in our report about food deserts. We do acknowledge that it is a really important issue. It is something that should be addressed. But the research on the relationship between food deserts and food insecurity is not very comprehensive, so we didn't feel confident enough to be able to make recommendations on—

Ms. PLASKETT. Did you look at—you talked about places like New Mexico—

Dr. CHILTON. Yes.

Ms. PLASKETT.—where it is sheer distance. Did you look at urban areas that are food deserts because people do not have adequate transportation to not just purchase from the corner store, that doesn't have fresh fruit and vegetables?

Dr. CHILTON. We did not look at that thoroughly, no, we did not.

Ms. PLASKETT. Okay. And the other discussion—

Mr. DOAR. Well, one thing—

Ms. PLASKETT. One second. We are—do you have a—

Mr. DOAR. We did discuss the extent to which—there were to be some opportunities for USDA to use its authority approving stores for participating in the SNAP program to encourage greater availability of health fruits and vegetables, and grains, and other—

Ms. PLASKETT. Well, I mean, places in this city itself, Washington, D.C., Chicago, all of those corner stores take food stamps. But do they provide fruit and vegetables at a reasonable price, or at all, to the people that are in those communities—

Mr. DOAR. That was an issue that we heard about, and was something that we took seriously.

Ms. PLASKETT. Did you have any thoughts, or do you have any thoughts about how that can be addressed?

Dr. CHILTON. We were talking among the Commission, we were talking about extending the amount of shelf space for fruits and vegetables and healthier foods at SNAP eligible stores, that the USDA could make modifications to demand more of the corner stores, and demand more of the bodegas to have—

Ms. PLASKETT. Yes.

Dr. CHILTON.—healthier choices. So we did look into it. We don't know necessarily what that is going to do about reducing food insecurity, but we did look into it. We make one minor recommendation on that.

Ms. PLASKETT. And will your report include information related to the U.S. territories, Puerto Rico, Guam, the U.S. Virgin Islands, which have enormous food issues, with having to import a great amount of food, as well as high rates of poverty?

Dr. CHILTON. Thank you very much for the question. We did not investigate in the territories what was happening. We did get some encouragement to look into it, and, again, we did the best that we could with the timeframe, and the amount of funds that we did

have, but we do encourage Congress to maybe make a more comprehensive effort to look at what is happening in the territories, and make a coordinated plan for that.

Ms. PLASKETT. Okay. And because I am who I am, and I can't help myself from asking in response to other questions I heard, you talked some time ago about racial disparities. What are some of those? You didn't go into specifics about what those racial disparities are. What are the factors that cause greater food insecurity in some communities, minority communities, as opposed to other minority communities?

Dr. CHILTON. Okay. So overall the hunger rates for African American families are two to three times that of White families, and for Latino families the same is true. There is——

Ms. PLASKETT. The question——

Dr. CHILTON. I just——

Ms. PLASKETT.—why.

Dr. CHILTON.—evidence—there is good evidence to demonstrate that there is discrimination in access to safe and affordable housing, and to access to jobs, *et cetera*, but we did not get into it in any kind of a deep way. Again, we felt like it was beyond our Commission's call to look at the nutrition assistance programs, but we do acknowledge it as something that is very important. So American Indians, who are often isolated, who have a history of colonization, racial discrimination, also have some major issues and major problems with the nutrition assistance programs, access to housing, *et cetera*. Housing and hunger go together.

Ms. PLASKETT. Housing, and job opportunities, and discrimination in jobs may lead to some of this, as opposed to——

Dr. CHILTON. Yes.

Ms. PLASKETT.—people just don't want to have a job?

Dr. CHILTON. This is true.

Ms. PLASKETT. Thank you.

The CHAIRMAN. The gentlelady's time has expired. Mr. Davis, 5 minutes.

Mr. DAVIS. Thank you, Mr. Chairman, and thank you to both witnesses for being here. My questions today are going to be for Mr. Doar. Coming in late to the hearing, I notice that you already addressed many of the issues that we wanted to bring up. And I want to especially commend both of you for addressing the issue about hunger, and a lack of access to food with our veterans' population. I think it is a population that is self-reliant, in many cases, sometimes not willing to ask for assistance, and the Commission's recognition of this particular group's issues, says a lot about some of the priorities that we should have as policymakers, and also looking ahead.

But Mr. Doar, in your testimony you point out the continuing cycle that is hunger and education. And children experiencing hunger have lower graduation rates, and those without a high school diploma are more likely to be hungry than their peers that completed high school. In our last Nutrition Subcommittee hearing, we started to address this relationship between hunger and education when thinking about ways young people can break the cycle of poverty. And from the stories and the testimony that you have heard, just how vital is three meals a day towards a child being able to

focus and achieve success in the classroom? So simply does the goal of three meals a day get us closer to breaking the cycle?

Mr. DOAR. I don't know that we made a recommendation about the goal of three meals a day. I don't think we did. We definitely heard testimony about the benefits, and aspects, and results from school meals. We saw a breakfast in the school program, in I believe Arkansas—

Mr. DAVIS. Yes.

Mr. DOAR.—and we are aware of the role that school meals play. So I would rank that activity as one of those things that made us feel as if a lot of good work is being done in helping people who struggle with hunger. And one place it is happening is in schools, with school meals. But, specifically on this sort of goal of three meals a day, or how government or school meals would address it, I don't believe we got into that.

Mr. DAVIS. Well, do you have any additional comments relating to the possibility of three meals a day that would be relevant to our conversations that we have in this Committee hearing room?

Mr. DOAR. If you are talking about—no, I don't, because I don't know exactly what it means. If it is discussing a mandate, or a Federal requirement that all schools provide three meals a day, I don't think I know enough about that topic, and how that would work, and the cost-benefit of it, to comment.

Mr. DAVIS. Okay. Well, Dr. Chilton, do you have any thoughts on this issue?

Dr. CHILTON. I do. We very deliberately chose the measure of very low food security at the household level, which we are referring to as hunger, which is an indication of reduced nutrient intake, and also disordered eating patterns, skipping meals, not eating for a whole day, and sometimes reporting hunger because families don't have enough money for food. This is a readily available measure that does indicate serious nutrition hardship in our country, and so we wanted to work with a measure that actually already exists, it is mandated through the United States Department of Agriculture and the Economic Research Service. So we feel like that is a very good measure to be working with. It is also a very broad measure. It picks up other kinds of issues about anxiety about having enough money for food, and it picks up the issue about having enough income for food, which is very, very important to the underlying issues of food insecurity.

Mr. DAVIS. Well, thank you, and I do appreciate the work that the Commission is doing. I represent a rural district that has many metropolitan areas, and there are, I am glad that there is starting to be a recognition of food deserts in rural areas. And programs can work, but we have to get transportation to those meal sites. So your willingness to continue this discussion, and also intertwine it with a discussion on the school lunch program, and how or why our kids may be still not getting enough within those two meals that are being provided at the school, and how that could impact that student's not only learning, but also their physical abilities and capabilities as we move into the rest of the day, whereas you just mentioned, they may not get that third meal once they get home.

So these are issues that are very important to me and my district, and I know they are very important to Chairman Conaway, and I look forward to working with you in the future. I yield back.

The CHAIRMAN. The gentleman yields back. Ms. Adams, 5 minutes.

Ms. ADAMS. Thank you, Mr. Chairman, and thank you both for being here. Next year, up to one million people in the U.S. will lose SNAP benefits, and they will lose food assistance because time limit waivers will expire for able-bodied adults who work less than 20 hours a week, and do not have dependents. In my home State of North Carolina, the Governor recently signed a bill that would prohibit the state from asking for waivers, even during economic downturns. Instead of helping these people find jobs, North Carolina has decided to just cut off their benefits. The North Carolina unemployment rate is about the 11th highest in the nation, and in my district it is about 13.8 percent. So a lot of people who want to work can't find a job. And I am not opposed to encouraging people to look for work, but sometimes the jobs just aren't there, and people have significant barriers, as we have heard, to obtaining and keeping a job.

Based on the conversations you have had during the hearings that you held throughout the country, what do you think will be the true impact of allowing these benefits to expire?

Mr. DOAR. Well, Congresswoman, we do not make a recommendation about waivers in our report. We could not come to an agreement on that. As the Co-Chair, that is as far as, I feel, for this testimony, I should go. That is a big issue, but that is what the Commission has decided, to not make a recommendation on that matter.

Dr. CHILTON. What we—if—can I add here?

Ms. ADAMS. Yes, please.

Dr. CHILTON. What we do think is really important is that states make more of an effort to help people find employment and training opportunities. As we heard in New Mexico, and in Maine, both of those states are now doing work requirements, and we heard in the testimonies that there is a lot of difficulty in finding jobs, getting transportation to those jobs, and getting access to child care. So as a Commission we did work very hard to find out ways that we could help states, or encourage, or potentially require states to offer assistance in helping families to find jobs with sustainable, good wages, and to be able to have the support that they need. Again, that could be child care, transportation, *et cetera*.

So with the waivers now expiring, this is very concerning, and we really hope that you can send a strong message to the states to make sure that there are good supports in place to help those families find gainful employment.

Mr. DOAR. I should also say we did hear testimony from the Commissioner of Social Services in Maine, who talked positively about the benefits of the waiver ending, and helping people get into work by being expected to get into work.

Ms. ADAMS. Okay. We notice also in our state we have a skills gap as well, so the jobs that are available, people are not qualified to take them. Of course, then education becomes an issue there.

But wouldn't the increase in hunger lead to greater stress and more difficulty in job seeking?

Mr. DOAR. I think that the premise of your question is that there will be an increase of hunger because waivers are ending. I do not accept that premise. I don't know that that will take place.

Ms. ADAMS. Okay. Dr. Chilton?

Dr. CHILTON. Although we do know, through our research, and through the research of the United States Department of Agriculture, that when families do lose their SNAP benefits, and lose them too soon, they are more likely to report food insecurity, or very low food security. So it is a concern that families might be losing their—especially will be losing their SNAP benefits. Again, if there are the proper supports in place to help those individuals find and be able to keep jobs, then we can prevent any type of potential increase in hunger. It is a serious concern, and the issue about waivers is something that is very important. And again, as you know, we did not necessarily agree on that issue, and so we weren't able to pick it up. But there are 27 states that have voluntary employment and training programs, and they also need some support in helping to help people find good available employment, and opportunities for volunteering.

Ms. ADAMS. Thank you. How would fully funding the Child Care Development block grant support working families with children?

Dr. CHILTON. Robert?

Mr. DOAR. This is the Child Care block grant?

Ms. ADAMS. Right, yes.

Mr. DOAR. Well, that, again, this is sort of outside the scope of our Commission, representing the Commission, I don't want to comment on it. But, in my other work, I will say that child care assistance is something that is of concern to me, and helping low income families stay in employment.

Ms. ADAMS. Thank you very much. I yield back, Mr. Chairman.

The CHAIRMAN. The gentlelady yields back. Well, thank you very much. I appreciate both of you being here today. We are all coming face to face with this difficulty of trying to capture the essence of what we are talking about in 30 second sound bites. Did you have a question?

Ms. LUJAN GRISHAM. I do, sir. Nice to see you this morning.

The CHAIRMAN. Well, thank you. We started at 10:00. You are recognized for 5 minutes.

Ms. LUJAN GRISHAM.—the same thing.

The CHAIRMAN. I have you. But the Agriculture Committee is alphabetically first, so the gentlelady from New Mexico is recognized for 5 minutes.

Ms. LUJAN GRISHAM. Thank you, Mr. Chairman, and I can't really argue with the alphabet. So I really appreciate this panel, and I am very grateful, sir, that I got here in the nick of time. I spend a lot of time, really, talking about the conditions in New Mexico, which, given your research, and some of your—particularly, Dr. Chilton, some references that there are concerns about states like New Mexico, who have had waivers for the work requirements because our employment issues, and our economic climate, is so severe. I learned public health by the seat of my pants. I don't know what they did by appointing a lawyer to run the Department of

Health in New Mexico. I can't really explain it. But I am very now clear about making policy decisions, particularly in the area of public health, that are evidence-based.

Work, and improved economic conditions, are absolutely powerful tools in helping people achieve advances so that they are not in poverty. But I also am clear about two facts. One, that we have a working poor dilemma in this country that doesn't really address being able to meet your basic needs, and that two, New Mexico is in such a terrible set of circumstances that there is no way that people can actually get the kind of jobs that you would in states that make traditional investments in helping folks navigate, and get the skills that they need to meet the work requirement.

In fact, in a state that is so severely depressed economically, it is my understanding that the state is thinking about investing somewhere between \$2½ million and \$4 million without really what I would consider a tested evidence-based plan on initiating a work requirement program without any identification about real work, while at the same time ignoring the fact that we still have one of the hungriest populations in the country. Do you have data from New Mexico, and from states in similar situations, that would indicate that when the economic climate is this bad, that these investments, and the way in which we make them, actually improve the hunger status of the entire family, and particularly the children?

Dr. CHILTON. How do you want to handle that one? I will go first. Thank you very much for your comments, and also for mentioning public health. We—in the world of public health, we see public health in all policies. So even though some people may think that food stamps, or SNAP, is a nutrition policy, it is actually a public health policy—

Ms. LUJAN GRISHAM. Yes.

Dr. CHILTON.—as well as labor policies, *et cetera*. So I appreciate you mentioning that. We did not specifically look at any data to see whether an investment of having a work requirement actually reduces hunger. I don't know if that data really exists. We don't have data from New Mexico. Although I do know that there are 23 counties in New Mexico that still have very high rates of unemployment, that would still make New Mexico eligible for the waiver to not require work, and that there is a very deep concern. We heard that when we were in Albuquerque, at our roundtable for the hearing, that imposing a strong work requirement for almost the whole state, and also for children and elders, or people who are over 50, was very concerning. And it was especially concerning among the tribal groups, who felt as if they had not been heard by the Governor's Office, *et cetera*, even though they had been trying to get meetings.

So we understand that there is very heightened concern, very heightened worry, and that is a concern for us on the Commission, but, again, we really strongly recommend that, as states move people into the workforce, they actually provide the support necessary. Again, transportation, child care, and access to training opportunities.

Ms. LUJAN GRISHAM. Go ahead. And then I am going to try to have a couple seconds at the end.

Mr. DOAR. We did not make a recommendation on waivers as a Commission, and we heard concerns in testimony, but we did also have two former SNAP directors of state food stamp programs who did not take the waiver, and thought the waiver wasn't necessary to help people get into employment.

Ms. LUJAN GRISHAM. They don't have data that indicates that what they were doing without the waiver made a difference. And one of the—

Mr. DOAR. Well—

Ms. LUJAN GRISHAM.—individuals, I will tell you, said things that are so highly inflammatory and discriminatory is no longer working in the State of New Mexico. So, in claiming my time, I just want to point that out, that we have to be clear, and that is why I want the data. So it isn't politically driven, it is data driven. It is evidence-based, so we make decisions about reforming these programs that are in the best interest, in a public health sense, of the population for whom we are serving. Because I don't think that data exists, and, Mr. Chairman, with all due respect, we should be demanding that that data is available to us, and available in this Committee, that leads the Congress on sound nutrition policy so that we have an impact on stopping hunger in the richest country in the world. Thank you both very much.

The CHAIRMAN. A bit of a conflict there, you said the data doesn't exist, so—

Ms. LUJAN GRISHAM. Much of the data about the work requirement's impact on hunger does not exist, and—

The CHAIRMAN. Okay, then—

Ms. LUJAN GRISHAM.—it certainly doesn't exist in New Mexico.

The CHAIRMAN.—have it if it doesn't exist, okay. Mr. Abraham, 5 minutes.

Mr. ABRAHAM. Thank you, Mr. Chairman. I apologize for my tardiness from another committee. I read your testimonies on the root causes of hunger, and you lay out several critical factors. One of them is work, which seems to be a theme throughout the testimony. As you point out, we are 6 years from the recession ending, yet hunger remains historically high. You suggest digging a little deeper, beyond households being low income. You talk about underemployment, which is a situation in which a worker is employed, but his or her work and/or wages have been reduced, other than at the worker's request. How is that different from being low income? Because at the end of the day, it is still not enough income to meet the needs of one's family. Are there any particular policies currently in place that promote underemployment? Say the 30 hour workweek requirement under Obamacare.

Mr. DOAR. As you will see in both our testimony, and in the final report, there will be a reference to underemployment. So we did hear from folks who indicated that the extent to which they were not able to get full time work put them in a situation that was precarious with regard to food. Now, we do not, I believe, make any recommendations concerning Federal policies that could incentivize, or regulate businesses that make them more likely to cut people off at 30 hours, but it is an issue that did come up among both our members, and in testimony, that people wanted

more hours, but, for whatever reason, the employers were not offering them.

Dr. CHILTON. In addition, the research bears out that families that have jobs that have unpredictable work hours, or that are seasonal workers, have major income fluctuations, and those income fluctuations are not necessarily accommodated in the SNAP program, so people may lose their SNAP benefits before they have stabilized their income, and are more likely to report hunger. So we are very interested in trying to figure out how we can have a system within SNAP that doesn't cut families off too soon, and helps to smooth out their incomes in a way that can help to allay what is happening in terms of reports of hunger.

Again, I want to reiterate what Co-Chair said, we do not make any recommendations about what type of labor laws and labor practices there should be, but we do recognize it as an issue, and we heard about it in the field.

Mr. ABRAHAM. Thank you, Mr. Chairman. That is the only question I had.

The CHAIRMAN. Well, I thank the gentleman, he yields back his time. One quick one. As you look at a community, where the rubber meets the road, there is a vast array of resources. And you talked a bit about the lack of coordination at the Federal level, between all this nonsense, and I will talk to you in a second about that, but can you talk to us a little bit about if there are community examples where they have actually integrated the not-for-profits, the churches, all those other hunger resources and assets in with the state efforts and the Federal efforts? Are you seeing a better job of coordinating there with jobs, and all the other programs they have—about case managers, and the importance they have? Did you see it being done well somewhere?

Mr. DOAR. We did see it being done well, in your home State of Texas, under the leadership of one of the Commission members, Jeremy Everett. The Texas Hunger Initiative does a lot to coordinate both the—

The CHAIRMAN. A Baylor grad, by the way.

Mr. DOAR. Yes. Well, I am not sure I heard you, Mr. Chairman, but anyway, we also saw it in Indianapolis, where another member of our Commission took us to see this really robust interaction between the not-for-profit, the faith-based, the corporate, and the government efforts to help people that are struggling. And it will come through in our report, our belief that that kind of thing is very much part of the solution.

Dr. CHILTON. And that it should also be incentivized. What made those groups be able to coalesce together was they had some incentive to work together. And also we recognized, when we were in Texas, and seeing what the Texas Hunger Initiative was doing, we recognized it really takes very strong leadership in the local community. We saw a really extraordinary summer feeding program in Anthony, Texas, where they were employing teenagers, 70 teenagers, to help package the food, and help distribute it out to members of their community. That was extraordinary, and that was good public-private partnership. That was a way of leveraging Federal funds, and using community funds, to get really good nutritious food to families in the summertime. It was very exciting to

see that, and we hope that Congress can find ways to incentivize that further.

The CHAIRMAN. Well, again, thank you both for being here. The difficulty we all have is this is a broad issue with a lot of aspects, and finding a 30 second sound bite to answer this, about the attention span of many of us, is proving difficult. We also spent a lot of time talking past each other. One side uses an extreme of a 27 year old surfer, and the other side uses the extreme of folks that no one would argue ought to come off the benefits. Dr. Chilton, even you, when we were talking you mentioned that it is hard for families to come off too quickly, but you corrected yourself.

Dr. CHILTON. Yes.

The CHAIRMAN. Even there we were talking about families, we are—so we all use these—and in good faith. No one wants anybody hungry. There is no one who would argue that we need more hunger in this country, and we are all against it. I appreciate the comments, at least in your testimony, about the impact of families, and jobs, and education, and the personal responsibility we have with respect to what we are all struggling with as we move forward.

Again, thank you for what you have done. I am looking forward to your recommendations, as you complete your report. You are doing the Lord's work, so to speak, and I appreciate your efforts, and also the efforts of trying to find a consensus among yourselves. I sensed a bit of a struggle on certain issues.

Mr. DOAR. No.

Dr. CHILTON. It is all very friendly.

The CHAIRMAN. Obviously, we do the same thing here. You appear to have broken through those barriers in a way that should be instructive to us, but none of us have all the answers. I, for one, don't know everything I need to know about it. Maybe there some folks on our Committee who know everything they ever need to know about this issue. I don't, and so that is the rationale behind this long look. We think it is an appropriate look. You spent a year looking at it in a deeper way than we can, and I appreciate getting your report in a month or so, and being able to evaluate and analyze it. So, again, thank you very much.

Under the rules of the Committee, today's record of the hearing will remain open for 10 days to receive additional material and supplemental written responses from the witnesses to any questions posed by a Member. This hearing of the Committee of Agriculture is adjourned. Thank you.

[Whereupon, at 11:46 a.m., the Committee was adjourned.]

[Material submitted for inclusion in the record follows:]

SUBMITTED REPORT BY NATIONAL COMMISSION ON HUNGER

Freedom from Hunger:**An Achievable Goal for the United States of America***Recommendations of the National Commission on Hunger to Congress and the Secretary of the Department of Agriculture*

2015

**Executive Summary**

To identify solutions to hunger, Congress created the bipartisan National Commission on Hunger “to provide policy recommendations to Congress and the USDA Secretary to more effectively use existing programs and funds of the Department of Agriculture to combat domestic hunger and food insecurity.”

This report is based on the Commission members’ full agreement that hunger cannot be solved by food alone, nor by government efforts alone. The solutions to hunger require a stronger economy, robust community engagement, corporate partnerships, and greater personal responsibility, as well as strong government programs.

Our Process. The Commission held regular meetings; traveled to eight cities across America to hold public hearings and visit government, nonprofit, community, and faith-based programs working to alleviate hunger; and heard testimony from 80 invited experts from government, industry, universities, and nonprofits and from 102 members of the public.

What Is Hunger? We chose a precise and readily available measure of hunger called *very low food security*. For purposes of this report, hunger means the lack of access to food when families do not have enough money, causing them to cut the size, quality, or frequency of their meals throughout the year. We wish to be very clear that hunger in America is not the same as famine and the resulting malnutrition seen in developing countries.

Why Is Hunger Significant? In 2014, 5.6% of households in America experienced hunger in the past year, for an average of about 7 months.¹ The percent of households facing hunger rose from 4.1% in 2007 to 5.4% in 2010, and has remained around 5.6% since, even as the economic recovery enters its sixth year.

Root Causes. Many factors lead to hunger in America; focusing only on household income or the availability of government assistance misses major contributing factors such as low or underemployment, unstable families, insufficient education, exposure to violence, a history of racial or ethnic discrimination, personal choices, or a combination of these. These factors can play a large role in hunger and cannot be addressed solely through public nutrition assistance programs or charitable giving.

Populations of Specific Concern. We focused on seven groups that experience high rates of hunger: seniors, single parent families with young children, people with disabilities, veterans and active duty military, American Indians, people affected by high incarceration rates, and immigrants.

Addressing Hunger. The U.S. Government, along with a host of nonprofit organizations, corporations, and individuals, works daily to reach millions of families, and they do so in comprehensive, effective, and creative ways. In 2014, the U.S. Government spent an estimated \$103.6 billion on Federal food and nutrition assistance programs.² Supplementing these are many community programs and private initiatives.

Recommendations. We offer 20 specific recommendations in six areas to reduce hunger:

- I. Improvements to the Supplemental Nutrition Assistance Program (SNAP) (10 recommendations)

- II. Improvements to child nutrition programs (4 recommendations)
- III. Improvements to nutrition assistance options for people who are disabled or medically at risk (2 recommendations)
- IV. Pilot programs to test the effectiveness of strategic interventions to reduce and eliminate hunger (1 recommendation)
- V. Incentives to expand roles for corporate, nonprofit, and public partnerships in addressing hunger in civil society (1 recommendation)
- VI. Creation of a White House Leadership Council to End Hunger (2 recommendations).



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Introduction

[The] leading object [of our government] is . . . to lift artificial weights from all shoulders; to clear the paths of laudable pursuit for all; to afford all an unfettered start and a fair chance in the race of life.

ABRAHAM LINCOLN, July 4, 1861

In America, we seek freedom and opportunity. But for almost seven million households, the experience of hunger limits their freedom and reduces their chances of success. Thus, hunger in the United States can undermine our nation's full potential.

In spite of diverse viewpoints on the causes and consequences of hunger, we as a Commission are in agreement that hunger is an important problem and that we can do something about it.

Hunger in America is solvable. People in America are not hungry due to war or famine or drought. Our country—with all its strength, genius, creativity, and spirit of community—has the ability to be free from hunger. America has no shortage of food, and no shortage of food assistance programs. But those programs do not work as effectively, cooperatively, and efficiently as they should.

To identify solutions to hunger, Congress created the ten member National Commission on Hunger. The Commission members, appointed by the House and Senate leadership, represent government, industry, academia, and nonprofit organizations.

We believe that the problem of hunger in America is fundamentally a problem of values—in a nation as rich as ours, no one should go hungry. Our members are in full agreement that the problem of hunger cannot be solved through government efforts alone. In addition to sound public policy, the solution to hunger in America requires an economy with broad opportunity for working age adults, robust community and corporate partnerships, personal responsibility to make good, positive choices for our families and communities, and our sincere commitment to helping others in ways that strengthen the fabric of our society.

There are many root causes of hunger, including labor market forces and job availability, family structure, education, exposure to violence, historical context, and personal responsibility. By focusing on the most vulnerable members of our society,

such as seniors, single parent families with young children, people with disabilities, and our veterans, the United States can surely put an end to hunger.

In this report, we outline the pathway to achieve the goal of ending hunger in the United States through 20 recommendations to Congress, the U.S. Department of Agriculture (USDA), and other Executive Branch agencies that can be acted upon in the immediate future. What we outline here is achievable, practical, and forward thinking. These solutions depend on bipartisan actions in Congress, and commitment from the current and future President of the United States and the Executive Branch, and they depend on each of us to make the personal choice to get involved and act on our commitment to help nourish our families and communities. By doing so, we will “afford all an unfettered start and a fair chance.”

This is our charge:

To provide policy recommendations to Congress and the USDA Secretary to more effectively use existing programs and funds of the Department of Agriculture to combat domestic hunger and food insecurity; and to develop innovative recommendations to encourage public-private partnerships, faith-based sector engagement, and community initiatives to reduce the need for government nutrition assistance programs, while protecting the safety net for the most vulnerable members of society.

Defining Hunger:

Very Low Food Security

“Hunger” is a complex concept to quantify. We wish to be very clear that the situation we call hunger in America is not the equivalent of famine and the resulting malnutrition seen in developing countries.

Food insecurity (see glossary) is measured by the U.S. Household Food Security Survey Module, which has been in widespread use for nearly 20 years. It asks questions about respondents’ reports of uncertain, insufficient, or inadequate food access, availability, and use because of limited financial resources, and about the compromised eating patterns and consumption that might result. The USDA uses the responses to classify households into four categories: high food security, marginal food security, low food security, and very low food security. Households with high or marginal food security are called ***food-secure***, and households with low or very low food security are called ***food-insecure***.

To define hunger for this report, we chose a precise and readily available measure called ***very low food security***, which occurs when eating patterns are disrupted or food intake is reduced for at least one household member because the household lacked money and other resources for food. The use of this particular measure allowed us to focus on households where the problem is most severe.

Thus, when we use the word “hunger” we mean households experiencing ***very low food security***. When statistics are not available for this measure, we may report values for the broader measure of ***food insecurity***, which captures both low and very low food security.

Volunteers at the D.C. Community Kitchen



The Commission's Work

Who We Are

Congressional leaders from both parties appointed the Commission members: three each by the Speaker of the House and the Senate Majority Leader (John Boehner, R-Ohio, and Harry Reid, D-Nevada, respectively, at that time); and two each by the House and Senate Minority Leaders (Nancy Pelosi, D-California, and Mitch McConnell, R-Kentucky, respectively, at that time). We then selected two of our members as co-chairs to guide our work—Dr. Mariana Chilton and Mr. Robert Doar. Our goal was to develop recommendations to Congress and the USDA that had the unanimous, bipartisan support of all our members.



MARIANA CHILTON



SPENCER COATES



ROBERT DOAR



JEREMY EVERETT



SUSAN FINN



DEBORAH FRANK



CHERIE JAMASON



BILLY SHORE



RUSSELL SYKES

Note: Congressional leaders appointed ten people to the Commission, but one, Ricki Barlow (Reid appointee), later resigned for personal reasons and is not listed above.

Mariana Chilton, Ph.D., M.P.H., is an Associate Professor at Drexel University School of Public Health and Director of the Center for Hunger-Free Communities. She directs multiple research studies on the impact of public policy on food insecurity and health and well-being among families with young children. *(Reid appointee)*

Spencer Coates is President of Houchens Industries, Inc., and serves on its Board of Directors. He joined the Houchens family of companies in October 2003, after retiring from BKD, LLP, a national public accounting firm where he had spent 30 years serving in various capacities. *(McConnell appointee)*

Robert Doar is the Morgridge Fellow in Poverty Studies at the American Enterprise Institute, where he studies how improved Federal policies and programs can reduce poverty and provide opportunities for vulnerable Americans. Previously, he served as Commissioner of the New York State Office of Temporary and Disability Assistance and Commissioner of the New York City Human Resources Administration. *(Boehner appointee)*

Jeremy Everett is the founding Director of the Texas Hunger Initiative (THI) at Baylor University, a capacity building project that develops and implements strategies to alleviate hunger through research, policy analysis, education, and community organizing. Prior to THI, Mr. Everett worked for international and community development organizations as a teacher, religious leader, community organizer, and farmer. (*Boehner appointee*)

Susan Finn, Ph.D., is the CEO of the global consultancy Finn/Parks & Associates and a recognized leader and respected communicator in the food, nutrition, and health arena. She is a leader in the Academy of Nutrition and Dietetics and is committed to advancing nutrition research and education. (*Boehner appointee*)

Deborah A. Frank, M.D., is a child health researcher and the inaugural incumbent of a newly established Pediatric Professorship in Child Health and Well Being at Boston University School of Medicine. She began working at Boston City Hospital (now Boston Medical Center) in 1981. In 1984, she founded the Failure to Thrive Program, now called the Grow Clinic for Children, where she still practices. (*Pelosi appointee*)

Cherie Jamason is President and CEO of the Food Bank of Northern Nevada, a nationally recognized anti-hunger organization and recent Feeding America Food Bank of the Year. She established the Nevada Child Nutrition Initiative implementing summer food and after school meal programs for low income children throughout Nevada, and was instrumental in crafting Nevada's first State Food Security Plan and creating Bridges to a Thriving Nevada, which takes on poverty and financial instability. (*Reid appointee*)

Billy Shore is the founder and CEO of Share Our Strength, a national nonprofit dedicated to ending childhood hunger in America through its No Kid Hungry campaign. He is also the author of four books, including *The Cathedral Within*, and chair of Community Wealth Partners, which helps change agents solve social problems. (*Pelosi appointee*)

Russell Sykes is an independent consultant working on multiple Federal and state projects focusing on job search in Temporary Assistance for Needy Families, Medicaid reform, Social Security Disability, and workforce engagement. He was the former Deputy Commissioner for New York State's Office of Temporary and Disability Assistance where he was responsible for the administration of SNAP, Temporary Assistance for Needy Families, welfare-to-work, and multiple other public benefit programs. (*McConnell appointee*)

Our Process

Since May 2014, we have met monthly in person or by phone to carry out our work. In addition, we have held regular meetings with representatives of the USDA.

We invited 83 experts from government, industry, universities, and nonprofits to give us testimony, and received responses from 80 of them. In 2015, we traveled to eight cities across America to visit programs working to alleviate hunger, including government, nonprofit, community, and faith-based programs. We held public hearings in seven of those cities, where we heard from 102 members of the public. Altogether, we received testimony from 182 people, including experts, recipients of assistance, and members of the public.

Not surprisingly, we gained wisdom from people from all walks of life. We listened to corporate executives who have forged public-private partnerships to reduce dependence on government programs, physicians who have treated children lacking adequate nutrition, state officials tasked with implementing large Federal assistance programs while also preventing fraud and abuse, and new Americans in search of a safer and better life for their children. In schools and community centers we witnessed breakfast-in-the-classroom programs, nutrition education and cooking classes, summer meals programs, and emergency food distribution.



Public testimony from Coach Larry Clark of LifeSkills for Youth, where they administer child nutrition programs in Little Rock.
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Sites Visited by the Commission

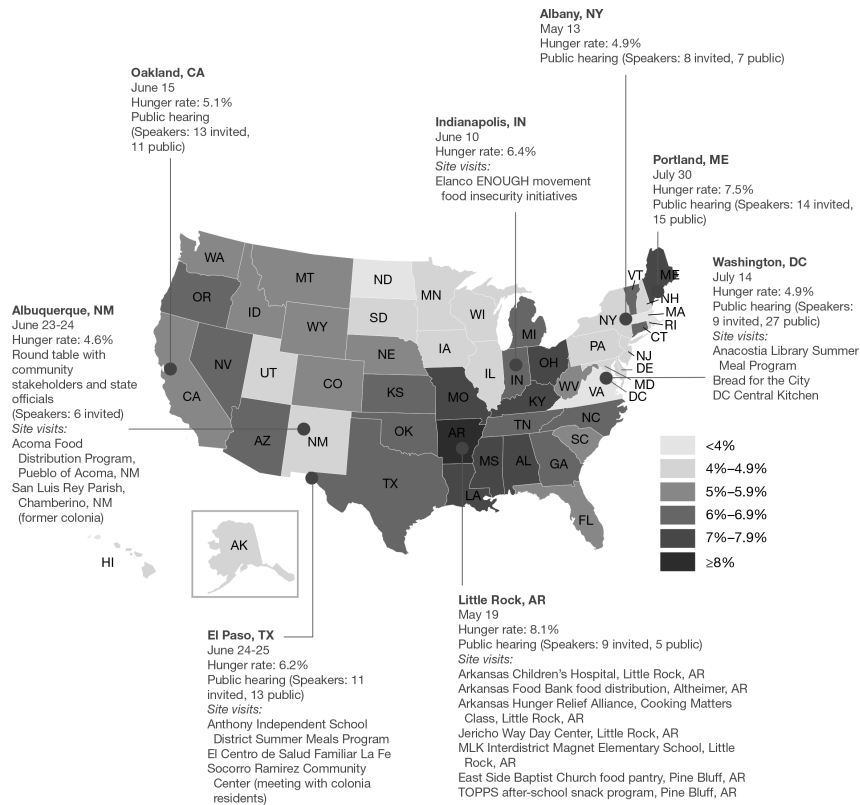


Figure note: All hunger rates are state rate of very low food security for 2012–2014, from USDA Economic Research Service data. State rates range from 2.9% (North Dakota) to 8.1% (Arkansas). U.S. average is 5.6%.



Community meeting at El Centro de Salud Familiar La Fe, El Paso.

We visited Oakland, California, and Albany, New York, sizable cities located in two of the country's largest states, and Portland, Maine, in a northeastern state with high levels of hunger. We visited Little Rock, Pine Bluff, and Altheimer in Arkansas, because Arkansas has one of the highest rates of hunger in the country, and we wanted to observe what local authorities and organizations were doing to address it. We visited immigrant populations in El Paso, Texas, and American Indian (Pueblo) communities participating in a Food Distribution Program on Indian Reservations program near Albuquerque, New Mexico. In Indianapolis, Indiana, we visited a public-private partnership that works on multiple fronts to reduce hunger. In Washington, D.C., we observed an example of a successful summer feeding program and learned about nonprofit organizations offering job training and health services along with food assistance.

Although these visits offered only a snapshot of people's experiences, they provided insights into the available public and private assistance programs, and revealed the need for continued improvements on both fronts for programs to function more effectively. We also learned firsthand about the root causes and consequences of hunger. Many of the causes are associated with poverty and other economic and social factors, and poverty itself has multiple causes. Solutions to these larger issues are beyond the bounds of our mandate, but we encourage Congress and the President to make them a greater focus, as they lay the foundation for eliminating hunger across the nation.

To support us in our efforts, the Secretary of Agriculture selected, through a competitive bidding process, an independent, nonprofit research organization, RTI International, to conduct a current and prospective review of the literature on hunger, offer independent recommendations for reducing hunger, and provide us with ongoing research support and technical expertise. RTI prepared research-based "white papers" on questions posed by Commissioners and potential solutions to hunger.³⁻¹⁵ RTI also created a Commission website, which houses our activities, minutes from our meetings, and written testimonies and transcriptions and recordings of the hearings. Commissioners also contributed relevant peer-reviewed papers and other primary sources, some of which were posted on our website.



Charlotte Douglas, State Representative, R-75th District, Arkansas, provided invited testimony in Little Rock.

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Because our own backgrounds and disciplines are diverse, we often saw and learned the same things but reached different conclusions. We have sought to set those differences aside in favor of reporting on what we did agree upon, and we have synthesized it to present an overall picture of hunger in America today. At a time when our nation's politics are so partisan and polarized, we hope the unanimity that we demonstrate in this report will give its conclusions and recommendations extra weight.

This report takes all of the information we collected through this process and synthesizes it to present our collective view of hunger in America today, and culminates in a set of recommendations to Congress, the USDA, and others committed to decreasing hunger in America. Eliminating hunger, as we define it, is possible, but doing so demands leadership and strategic vision. In light of that challenge, we crafted our recommendations to be targeted, meaningful, and realistic. We hope that Congress, the USDA, and the rest of the Executive Branch respond thoroughly, thoughtfully, and urgently.

What Is Hunger and Why Is It a Significant Problem?

In 2014, 6.9 million households, or 5.6% of households in America, had at least one member experience hunger at some time in the past year.¹

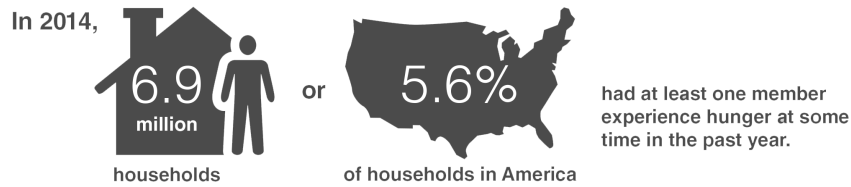
Households reporting hunger (*i.e.*, very low food security) in 2014 experienced it for an average of about 7 months of the year.¹ During the Great Recession, the percent of households that experienced hunger increased from 4.1% in 2007 to 5.4% in 2010. The rate has remained at that level even as the economic recovery enters its sixth year. In addition, too many people who could work remain out of the labor market—labor force participation by working age adults has been declining since its peak in 2000.¹⁶

Hunger has far-reaching consequences, not just on individuals, but also on the U.S. health care system, our educational system, and the economy: hunger contributes to nutritional deficits that can undermine people's health, diminish human capital, and impede children's development.^{17–34} These negative effects can translate into greater health care expenditures, reduced worker productivity, and greater rates of worker absenteeism.^{21, 25}

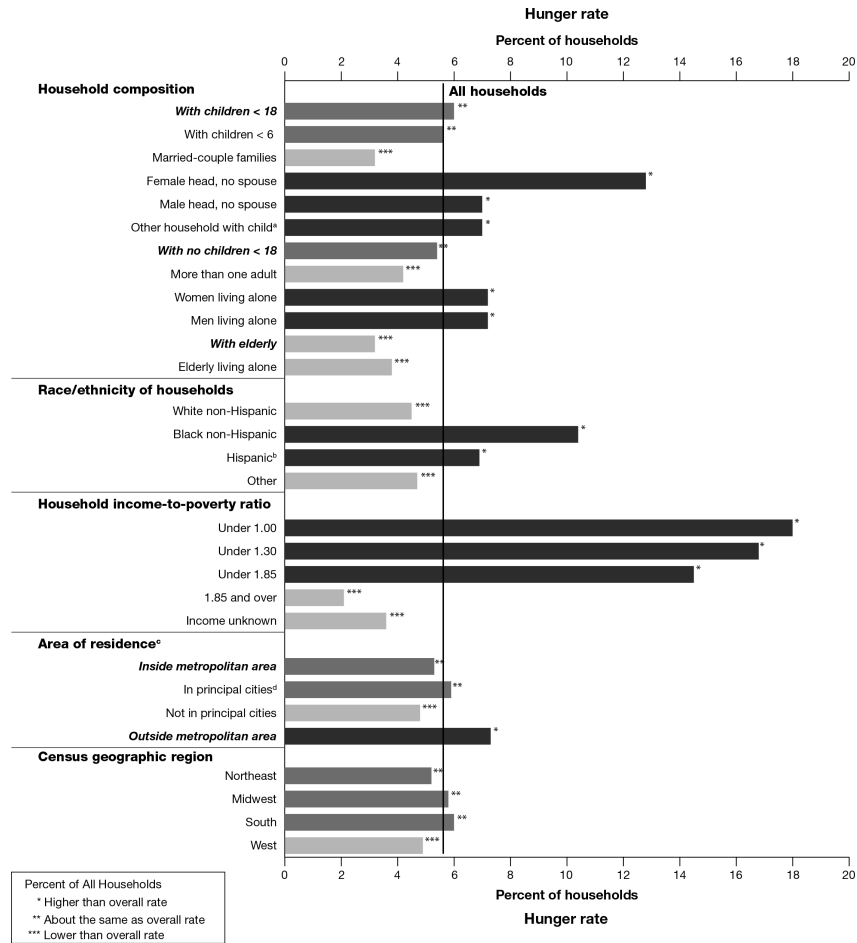
Decades of medical, economic, social science, and educational research have shown that hunger affects people of all ages in the United States. Impairment of childhood health and development arising from hunger may result in poor

health and poor academic achievement, generating potentially preventable costs for the health care and education systems.^{20, 26-27} Adolescents in families reporting hunger experience more problems with mental health and thoughts of suicide.³⁵⁻³⁶ Adults that report hunger also report poorer physical and mental health and higher rates of being overweight or diabetic, and other related problems.^{17, 24, 29, 30, 34} Among seniors, hunger can lead to depression and reduced capacity to perform activities of daily living.³⁷⁻³⁹

Given these serious consequences for individuals and for the productivity and success of our country, it is urgent that we do everything in our power to reduce and ultimately eliminate hunger.



Hunger Rates by Household Characteristics, 2014



^aHouseholds with children in complex living arrangements, e.g., children of other relatives or unrelated roommate or boarder.

^bHispanics may be of any race.

^cMetropolitan area residence is based on 2013 Office of Management and Budget delineation. Prevalence rates by area of residence are not precisely comparable with those of previous years.

^dHouseholds within incorporated areas of the largest cities in each metropolitan area. Residence inside or outside of principal cities is not identified for about 17 percent of households in metropolitan statistical areas.

Source: Calculated by ERS using data from the December 2014 Current Population Survey Food Security Supplement.

Root Causes of Hunger

Many factors lead to hunger in America. A simplistic explanation focused only on household income or the availability of Federal nutrition programs misses major contributing factors.

For example, the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) has been shown to reduce hunger, but it does not succeed in eliminating it altogether for every participant.⁴⁰ Furthermore, hunger occurs in 25.5% of households with incomes below 130% of the poverty line that did apply for and receive SNAP benefits for 12 months, but occurs in only 10% of households at the same income level that did not receive SNAP benefits at all during that period.¹ Clearly, hunger has causes other than income alone, and therefore, food assistance alone will not eliminate hunger.

U.S. households experience hunger because of limited income due to a variety of factors, including low or underemployment, family instability, low educational attainment, exposure to violence, a history of racial or ethnic discrimination, personal choices, or a combination of these. These factors can play a large role in hunger and cannot be addressed solely through the public nutrition assistance programs or through charitable giving. Understanding the root causes of hunger is essential in order to eliminate hunger.

[People put] energy into collecting data and building infrastructure to distribute food boxes and run soup kitchens, creating ways to get kids to want to come eat some of the meals in the parks and close by—that's a lot of work. It's a lot of planning. It's a lot of organizing and it's great intelligence. Yet, doing so does not assist anyone out of poverty, and/or increase their accessibility to be part of mainstream community. It keeps us in line waiting for the box.

DEE CLARKE, *Founder, Survivor Speak (Maine)*

Labor Market Forces and Job Availability

The number of households experiencing hunger is sensitive to economic forces.

Globalization: changes promoting the open flow of goods and services among countries.
Offshoring: moving jobs from the United States to other countries where labor is cheaper.

The 2007–2009 economic downturn, the Great Recession, led to significant unemployment, which in turn led to an increase in hunger. The number of unemployed workers more than doubled, from 7.1 million in 2007 to 14.3 million in 2009.⁴¹ Hunger levels also jumped sharply during that period. Six years after the official end of the recession, hunger rates shamefully remain at historically high levels, with particularly high rates among single parent households with young children, households of persons with disabilities, and the households of racial and ethnic minorities.^{1, 42–43}

Our nation's economy has struggled with significant structural shifts that have occurred over the last 60 years. Manufacturing jobs have declined, partly due to deindustrialization and automation, while the service sector is growing and producing more jobs. Globalization has contributed to more widespread offshoring and outsourcing, particularly of manufacturing jobs, but also of some types of service jobs, such as those in call centers. These trends have contributed to fewer well-paying job opportunities for those without a post-secondary education.^{44–45}

Workers with a high school education or below are more likely to hold jobs that pay low wages, and are part-time, unstable, or seasonal. Oftentimes these types of jobs offer few opportunities for career advancement, and may not offer important supports such as sick leave or family leave. Such jobs are also associated with major income instability or sharp income fluctuations. These are the kinds of conditions that can cause a household to experience hunger.⁴⁶

We hear every day loud and clear from all areas of the state that people can't support their families. They can't get food because they can't find decent jobs. The forest industry, the fishing industry, canning, textile, manufacturing are all in distress. Giant Mills: Empty. A major naval air station: Closed. Mill towns: have struggling economies. We hear about the problem of people living isolated from job centers in a state with virtually no public transportation, or the lack of affordable housing (if people do move to the few job centers).

DONNA YELLEN, *Chief Program Officer*, Preble Street (Maine)

Family Structure

Marriage has a significant impact on whether or not a household will experience hunger: Households with an unmarried head of household are more likely to face hunger than other households in America.

The hunger rate for households headed by a single mother (12.8%, or 1.3 million households) is four times the rate for households headed by a married couple (3.2%, or 804,000 households). For households headed by a single father, the rate (7.0%, or 228,000 households) is more than twice the rate of households headed by people who are married.¹

Today, 40% of children in the United States are born to unmarried parents.⁴⁷ These pregnancies are mostly unplanned: 69% of pregnancies among unmarried couples are unintended, compared to 35% of pregnancies among married couples.⁴⁸ Children growing up in single parent households are more likely to miss out on fundamental opportunities for their social and emotional development,⁴⁹ and are less likely than children in two parent families to do well in school or graduate high school.⁵⁰ Having children too early in life, struggling to create a safe and stable household environment, and having multiple children outside of marriage compounds this problem.^{51*}

Households with one wage-earner typically have lower incomes. In addition, women earned about 81% of the median earnings of their male counterparts in 2012.⁵² Women with children under 18 also earned less than both women and men without children and men with children.⁵³ Understanding that many factors affect the labor market and play a role in these data, these wage disparities compound the problem facing single-earner households, especially those headed by women. The poverty rate among children in households headed by a married couple is 6.2% (3.7 million households), compared to 15.7% of households headed by a single father (970,000 households), and 30.6% of households headed by single mother (4.8 million households).⁵⁴

Basically, what it comes down to, being food-insecure, you have to go through a lot of resources. It is really aggravating because basically I'm doing what I'm supposed to do as a parent, right? But when there's no husband or boyfriend or any other kind of support, everything falls on me.

DENISE SPEED, Marbury Plaza Resident, Anacostia (Washington, D.C.)

Education

U.S. high school graduation rates have improved, with the national graduation rate exceeding 80% in 2012 for the first time in U.S. history; however, economic, racial, cultural, and ethnic differences remain.

The graduation rate for low-income students in 2014 was below 80% in 41 states.⁵⁵ Some of the most important predictors of high school graduation are reading level at third grade, family poverty, family structure, and concentrated poverty at the neighborhood level.

The relationship between hunger and high school graduation operates in both directions: graduation rates are lower among those experiencing hunger, and hunger, in turn, has been linked to special education and grade repetition, both important predictors of high school dropout rates.⁵⁶ Hunger is also related to lower educational attainment: in 46% of households with hunger among children, the adults did not have an education beyond high school.⁵⁷ Hunger among children is present in 2.9% of households in which the adults did not complete high school, 1.3% of those with adults having only a high school education or GED, and 0.4% of households having an adult with a college degree or more.⁵⁷

*It is important to note here that children can be raised in single-parent households for reasons other than parents choosing not to marry, such as divorce or death of a parent.

Exposure to Violence

Research over the last 10 years has found that victims of violence, neglect, or abuse as a child or violence as an adult, are more likely to report hunger.^{58–60}

For example, hunger rates among women who, as children, experienced physical, emotional, or sexual abuse or household dysfunction (domestic violence, parent in jail) are 12 times as high as rates among women who did not.⁶⁰ Hunger is also more frequently reported by women who recently experienced domestic violence. In some studies, women who report experiencing post-traumatic stress disorder are more likely to report household food insecurity.^{61–63}

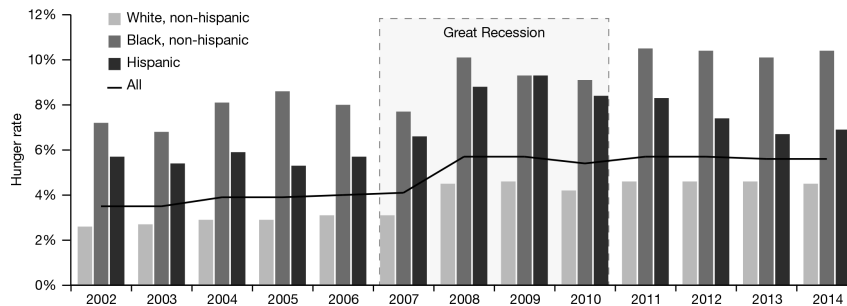
Historical Context

There are significant racial, ethnic, and gender disparities between households that report hunger and those that do not.

For example, the hunger rate among African American households is 10.4% (1.6 million households); for Hispanic households, it is 6.9% (1.1 million households); whereas for white households, that rate is 4.5% (3.8 million households).¹ Among American Indians, data are not available for hunger rates, but the broader food insecurity rate is nearly twice that of the general U.S. population.⁶⁴ These racial and ethnic disparities have been consistent since the USDA began measuring food insecurity in 1995. These disparities may be attributable to a persistent combination of political, social, and economic factors—including residual racial and ethnic discrimination—that affect access to jobs, opportunities for home ownership, high-quality education, and affordable healthy food.

We must acknowledge this historical context if we are to improve the nutrition, health, well-being, and security of all Americans, regardless of race or ethnicity.

Hunger Rates Over Time by Race and Ethnicity



These disparities are wreaking havoc on our communities and our country and we need a sort of holistic response to the economic disparity and the food insecurity that you all are focusing on. Dr. King said in a letter from the Birmingham jail, "We're caught in an inescapable network of mutuality tied in a single garment of destiny. Whatever affects one directly affects all indirectly." This problem isn't a problem for people of color. This is everybody's problem.

GEORGE JONES, CEO, Bread for the City (Washington, D.C.)

Personal Responsibility

Although we feel that our nation would make progress in reducing hunger if we made gains in each of the factors above, we also acknowledge one other key ingredient—the actions of individuals.

Personal agency, personal responsibility, and individuals making good choices play an important role in the extent to which Americans are hungry, and any discussion of how to reduce hunger that omits these factors is incomplete.

Individuals make many life choices that can affect financial circumstances and hunger: choices about staying in or dropping out of high school, choices about getting a job or not, and choices about having or delaying children.

While it is true that enhancing the health and cognitive and emotional well-being of Americans by reducing hunger would produce greater opportunities for individuals, we must always recognize the importance of individual decision-making. As Ron Haskins, Senior Fellow at the Brookings Institution, contends, “changes in personal behavior . . . would have an enormous impact on poverty and opportunity.”⁶⁵



Populations of Specific Concern

Taking into consideration the disparities in household characteristics between those who experience hunger and those who do not, we focused on seven specific groups that are especially vulnerable to hunger: seniors, single parent families with young children, veterans and active duty military, people with disabilities, American Indians, people affected by high incarceration rates, and immigrants.

Seniors

The number of older adults will increase over the next few decades, and if we do not change the way we assist seniors, the number of seniors who experience hunger will increase significantly.⁶⁶

In 2014, 3.2% of households with seniors aged 65 and older (1.1 million households) and 3.8% (480,000 households) of households with seniors living alone were hungry.¹ Many seniors who live alone depend on organizations such as Meals on Wheels.

Multigenerational: a family headed by an adult householder aged 40 or older and with three generations (grandparent, parent, child) or grandparent and grandchild with no adult parent (so-called skipped generation).

Among adults aged 40 and older, those living in multigenerational households have higher rates of hunger (5.5%) than those who do not (3.1%).³⁸ Hunger rates among multigenerational households have also increased substantially over the past decade.

Compared to seniors who do not experience hunger, seniors experiencing hunger are three times as likely to suffer from depression, 50% more likely to have diabetes, and 60% more likely to have congestive heart failure or a heart attack.⁶⁷ In addition, 20% to 50% of patients admitted to the hospital are malnourished and thus compromised in their ability to fight illness and complications; these patients are predominately low-income/Medicaid patients 65 and older.⁶⁸ Readmissions among this group costs the health care system approximately \$25 billion annually, and 70% of this cost is for return trips that might not have been necessary if patients had received proper care, including proper nutrition.⁶⁹ Programs such as Meals on Wheels (both pre-admission and post-

discharge), as well as greater attention to early nutrition assessment and intervention are critical to preventing complications and lowering costs.⁶⁸ These interventions in both health care settings and the community are not meeting growing need: in many communities, there is a waiting list for Meals on Wheels and similar programs.⁷⁰⁻⁷¹



Gloria Gonzalez and Father Villegas, San Luis Rey Parish, Chamberino, NM.

Single Parent Families with Young Children

Substantial research has found that a substantial percentage of young children in food-insecure households experience negative social, emotional, and cognitive outcomes.^{28, 31, 72-75}

About 6% (4.4 million individuals) of individuals in households with children under age 6 are in households that report hunger; the rate is the same for households with children under 18 (9.5 million individuals). These rates are slightly higher than the percent of individuals in all households that report hunger (5.5%, 17.2 million individuals). But the problem is much worse in households with only one adult. Among married couple families with children, the rate of hunger among individuals is 3.5% (3.9 million individuals), whereas for households headed by a single mother, the rate is 13.2% (4.7 million individuals), and for households headed by a single father, the rate is 7.2% (0.8 million individuals).⁷⁶

Although adult caregivers (including grandparents) often try to mitigate the effects of hunger on their children by reducing their own food intake, such reductions affect the caregivers' health and capabilities, which in turn affects their ability to juggle parenting, work, and self-care. We heard this reflected in testimony from single parents during our field hearings.

Given the serious consequences of hunger for families with young children and children in the sensitive period of brain development, single parent families merit particular attention, care, and support to lay the foundation for optimal child development for school performance, good health, and participation in the workforce.

The cycle of hunger has never left my family. My siblings and I lived with my mom growing up, and we struggled with hunger. When she died, we went to live with my dad. And we struggled then. The stress of having no food affected him. He couldn't deal. He was so overwhelmed he started drinking instead of eating, and he sent us down South to our aunts, thinking we'd be better off. But we still were hungry there. And on top of that, we were missing our dad, and missing our mom. Hunger destroys people. It destroys families.

TANGELA FEDRICK, Witnesses to Hunger (Washington, D.C.)



Courtesy of Tangela Fedrick.

Veterans and Active Duty Military

America's veterans and active duty military have provided and continue to provide our country with outstanding service to protect our freedom and security.

However, there is evidence that both groups have experiences with food insecurity and have inconsistent or inadequate access to nutrition assistance. In a 2012 study of veterans of the Iraq and Afghanistan wars, 12% reported hunger.⁸⁰ Approximately 1–2% of active duty military members (more than 20,000) and 7% of veterans (1.6 million veterans) receive SNAP benefits.⁸¹ Hunger tends to occur among the lower enlisted ranks, especially those with multiple dependents.⁸¹

These issues are concerning, yet the Department of Defense, the Veterans Administration, and the USDA provide little data on the extent of hunger among active duty military and veterans.

I ask that you consider our veteran population in your work, and the only thing I have to say is that no veteran should go hungry after serving honorably on behalf of this country. No veteran should be left behind and that's what I ask of you is to make sure that the veteran population is included in this discussion about hunger in America. We're hungry, too.

Carlos Rivera, Veteran, U.S. Air Force, 1971 to 1975 (El Paso)



People with Disabilities

Disability has been identified as “one of the strongest known factors that affect a household’s food security.”⁷⁷

Thirty-eight percent of all households experiencing hunger include an adult with a disability.⁴² Families with children with disabilities are also at increased risk for hunger.⁷⁸

Low employment rates and high health care costs constrain the economic resources of people with disabilities, leading to higher rates of hunger. Despite special SNAP provisions regarding resource limits and medical deductions for adults with disabilities, $\frac{1}{3}$ of chronically ill adults cannot afford both food and medicine.⁷⁹ In addition, their health may be more fragile than those who do not have disabilities, making them more vulnerable to the health consequences of hunger. In Washington, D.C., we heard from Saleema Akbar, a 57 year old sufficiently disabled from arthritis and diabetes to receive Supplemental Security Income and SNAP. She relies on a manual wheelchair to go out, but she is too young to qualify for programs that deliver meals to seniors. She said her SNAP benefits are not sufficient to provide the high-protein diet recommended for her diabetes, and in the previous year, she lost more than 100 pounds from lack of sufficient protein.

American Indians

American Indians and Alaska Natives experience food insecurity at rates more than twice those of non-Hispanic Whites (23% vs. 11%).⁸²

The Navajo Nation has the highest reported rate of food insecurity of any sub-population in the United States, with 76.6% of households on their reservation experiencing food insecurity.⁸³ * This is more than three times the food insecurity rate of American Indians as a whole.⁸⁴

For many American Indians living in their traditional homelands or reservations, obtaining nutritious, affordable food can mean traveling more than 30 miles. In one study of Navajo members, 51% traveled off-reservation to get to a grocery store. Among this sample, the shortest distance traveled off-reservation was 155 miles round-trip.⁸³ Lack of access to healthy food is a daunting problem for American Indians, who are two to three times more likely than the general population to have diabetes, and are also more likely to be obese.⁸⁵⁻⁸⁶

* Although figures for hunger specifically are not available, the figures for the broader category of food insecurity highlight the disparities in rates between American Indians and other populations.

Those Affected by High Incarceration Rates

Incarceration affects not just those in prison, but also their families and communities.

For a family, one member's incarceration can mean loss of income and emotional support, disruption of family life, and social stigma. Especially for children, the result can be insufficient food and shelter, emotional trauma, difficulty in school, and increased stress.⁹³ Several studies have found significant correlations between parental incarceration and food insecurity.^{94–95}

About 650,000 people are released from prison each year; most are poor, unemployed, and homeless or living in marginal housing.⁹⁶ Returning to society after serving time, finding a job, getting housing, and reconnecting with family and community is often very difficult. Felons are ineligible to be a principal lease-holder for subsidized housing, and in most states, those convicted of a drug felony (but not other felonies, including violent ones) are prohibited from receiving SNAP. Currently, no nationally representative study assesses the hunger rate of people recently released from prison across the United States, but in a recent study, 90% of individuals released from prison reported household food insecurity, and 37% reported not eating for an entire day because they had no money.⁹⁷ All of these difficulties affect not just the released inmate, but also their families.

Meeting with Commissioners in Washington, D.C., two women described their lives as “broken” after leaving prison, until they began job training at D.C. Central Kitchen. Monitoring hunger and providing assistance to people who have served their time and are re-entering society with a willingness to become productive and responsible members of society will not only help reduce hunger, but may also help to keep people from returning to prison and lessen the impact on their families.

Immigrants

Individuals and families immigrate to the United States for a variety of reasons: economic opportunity, reunification with family, or asylum from ethnic, religious, or political persecution.

Forty-one million immigrants—13.1% of our population—live in the United States. Of those 41 million, about 27% (11.3 million) do not have legal documentation.⁸⁷ Documented and undocumented immigrants represent a sizeable portion of our population, and their children account for a significant proportion of our future workforce. Therefore, understanding and monitoring hunger among immigrant families, including undocumented persons, is an important part of preventing long-term negative impacts.⁸⁷

Documented immigrants are those who are in the United States legally.

Undocumented immigrants are those who are here illegally. These may include asylum seekers (people who have entered illegally seeking refugee status, which if granted, would regularize their presence and make them legal) and those who entered the United States legally on a temporary visa that has since expired, rendering their presence here illegal.

Colonia: an unincorporated settlement of immigrant families, the majority of whom are undocumented.

Assessing hunger in documented and undocumented immigrant populations is challenging for a variety of reasons. Immigrant households may include citizen children and non-citizen parents, who may or may not be documented. Extended family members—documented and undocumented—may also live in such households, either temporarily or permanently. In addition, immigrants who are seasonal workers move frequently. Undocumented persons may avoid participating in surveys and the Census out of fear of deportation or incarceration. Therefore, even though they are included in survey results, these factors make it difficult to compare hunger rates between documented and undocumented populations.⁸⁸

Given these complexities, studies among immigrants tend to be small, may include people of many different countries of origin, or be limited to particular geographies or professions, making it hard to compare hunger rates. We do know that children in immigrant households are disproportionately affected by hunger: children in households with immigrant mothers are three times as likely to be hungry as children in households with U.S.-born mothers⁸⁹ (documentation status not reported). Children in households headed by a recent im-

migrant are also more likely to be hungry than children in other households⁹⁰ (documentation status not reported). One small study compared documented and undocumented workers in Georgia and found that undocumented workers were about three times as likely to be food-insecure as documented workers.⁹¹

On our trip to El Paso, we visited Colonias in the Lower Rio Grande Valley. Women and lay community health workers from those communities told us that their communities lack basic infrastructure for safety and security. A survey of women in the Colonias found that 78% of households did not have enough food, and 7% had no food at all. Approximately 18% had adults who were unemployed (documentation status not reported).⁹²



A home to a family of nine in Sparks, a Colonia near El Paso, Texas.
Photo courtesy of Socorro Ramirez Community Center, El Paso, TX.



Addressing Hunger in America

In our field visits, we observed many successful public and private food programs with track records of effectiveness and bipartisan support. These partnerships highlighted for us the synergy that can occur between government entities, nonprofits, industry, and individuals, not only producing a greater impact on hunger than any

one of these sectors could alone, but also strengthening the bonds of communities across social classes and sectors. Through our review of the research, we learned of many effective programs as well as opportunities to enhance the work. The U.S. Government, along with many nonprofit organizations, corporations, and individuals, works daily to reach millions of families, and they do so in comprehensive, effective, and creative ways.

Federal Programs

In 2014, the U.S. Government spent an estimated \$103.6 billion on Federal food and nutrition assistance programs,² with one in four people having participated in at least one of the government's 15 food assistance programs at some point during the year.⁹⁸ The five largest programs accounted for 97% of these expenditures. Together these programs form a nutritional safety net for millions of children and low-income adults, providing them the additional nutrition assistance they need to lead an active and healthy life. In his formal testimony to the Commission, Dr. Eldar Shafir, the William Stewart Tod Professor of Psychology and Public Affairs in the Woodrow Wilson School of Public and International Affairs at Princeton University, wrote, "The data suggest that government safety nets are not luxuries, but can be powerful tools to improve conditions precisely when things are difficult."⁹⁹

In her formal testimony to the Commission, Angela Rachidi, a research fellow in poverty studies at American Enterprise Institute, told Commissioners, "Data suggest that our main food assistance programs are appropriately targeting those with very low food security."¹⁰⁰

The largest food assistance programs are discussed below.

Largest Federal Food Assistance Programs

SNAP: Supplemental Nutrition Assistance Program

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children

School Meals:

- **National School Lunch Program**
- **School Breakfast Program**

Summer and after school Programs

- **Summer Food Service Program**
- **Child and Adult Care Food Program**

WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children



The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to states for specific healthy foods, health care referrals, and nutrition education for low-income pregnant or postpartum women, and to infants and children under 5 who are at nutritional risk. In 2014, approximately 8.3 million women, infants, and children under 5 received help through the WIC pro-

gram in an average month.¹⁰⁷ More than ½ of all newborn children in the United States participated in the WIC program. As of Fiscal Year 2013, 23% of WIC participants were infants, about 54% were children from 1–4 years old, and 24% were women.¹⁰⁷

WIC has been credited with a 68% reduction in hunger among families with young children.¹⁰⁸ Kate Breslin, President and CEO of the Schuyler Center for Analysis and Advocacy, explained in her testimony that WIC is associated with healthier births, more nutritious diets, improved cognitive development, and stronger connections to preventive health care, including an increased likelihood of children receiving immunizations.¹⁰⁹ Research supports Breslin's testimony: a longitudinal study of WIC participation examined the association between how long a household participated in WIC and food security status. Among pregnant women who reported hunger, receiving WIC in the first or second trimesters, as opposed to only the third trimester, reduced the odds of food insecurity. Additionally, among children living in food-insecure households, children who were on WIC longer had lower odds of hunger at the final clinic visit.¹¹⁰

WIC, which involves participants in intensive nutrition education and encourages linkages to health care services, exerts a positive influence on health beyond reducing hunger. According to an analysis of data from the Early Childhood Longitudinal Study of 10,700 children born in 2001, WIC decreased the rate of low birth weight by at least 20%.¹¹¹ Low birth weight is associated with increased risk of impaired immune function, chronic disease, developmental delays, and high perinatal and lifelong health and educational costs. Another study of 26,950 WIC-eligible women and children from 2000 to 2010 found that receiving WIC diminished the effects of multiple stressors, including food insecurity and the depression often accompanying it.¹¹²

SNAP: The Supplemental Nutrition Assistance Program



The Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) is the nation's largest program meant to address hunger by improving access to food for low-income individuals and households through additional income for groceries. According to program operations data from the USDA Food and Nutrition Service, SNAP provided assistance to 46.5 million people in an average month in Fiscal Year 2014, slightly fewer than the 47.6 million people served in an average month in Fiscal Year 2013. Thomas Ptacek, a military veteran who had experienced homelessness, spoke at the public hearing in Portland, Maine. He said, "It was not a quick and easy road back for me, and the SNAP program was a big part of my success in returning to a more fulfilling life. To me, the most beneficial aspect of the SNAP program is that it allows for choice in the purchase of food that can be prepared in the home . . . This extra piece, that I personally benefited from greatly, is the sense of normalcy and stability that comes from going to the grocery store and choosing your food."¹⁰¹

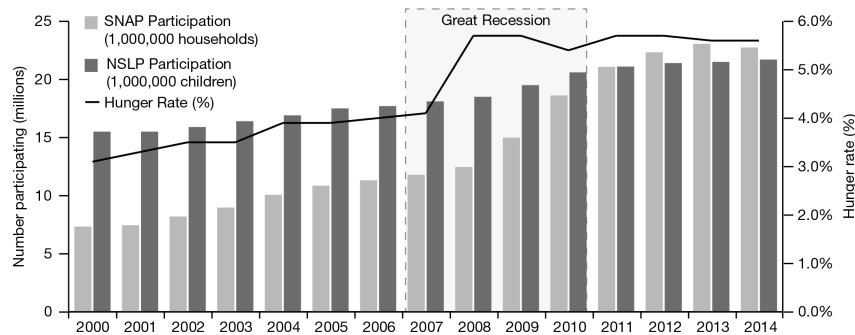
SNAP participation has decreased the percentage of households experiencing hunger by 12–19%.¹⁰² In addition, people who participate in SNAP for 2 years are 20–50% less likely to report hunger than those who leave the program before 2 years.¹⁰³

SNAP provides benefits that go beyond money for food. Compared to low-income, non-SNAP households, mothers receiving SNAP are less likely to experience maternal depression, although they are still more likely to experience maternal depression than mothers in food-secure households.¹⁰⁴ In households participating in SNAP, children are 16% less likely to be at risk of developmental delays and have lower rates of failure to thrive and hospitalization compared to children in similar households not participating in SNAP.¹⁰⁴

The larger issues of economic growth, job creation, wages, and family choices are the underpinnings of addressing the root causes of hunger. SNAP is, by design, one of the most responsive programs to economic downturns, diminished labor force participation, and recession economies, doing exactly what it should do to mitigate hunger-eligibility for participation increasing when incomes are decreasing.

In spite of SNAP's success, hunger remains a stubborn problem. SNAP administrative data show that from 2000 to 2014, the number of SNAP participants has increased 171%.^{105–106} However, hunger rates, relatively steady between 3% and 4% until 2007, also increased dramatically in 2008 (from 4.1% to 5.7%) and remained high in 2009 and 2010. But through 2014, both the increased participation levels and the increased hunger rates have yet to decline significantly, even 6 years into the recovery.

SNAP and National School Lunch Program (NSLP) Participation Compared to Hunger Rates Over Time



Our research has demonstrated the benefits of SNAP and WIC on the health and developmental academic well-being of children. We have come to think of these programs as prescriptions for healthier children. We need research on the adequacy of SNAP benefits in varying family contexts which relate to SNAP benefit levels.

PATRICK CASEY, M.D., *Harvey and Bernice Jones Professor of Developmental Pediatrics, University of Arkansas for Medical Sciences (Little Rock)*

School Meals

The National School Lunch Program and School Breakfast Program offered meals to more than 30 million students in Fiscal Year 2014. The programs operate in more than 100,000 public and nonprofit private schools and residential child care institutions. Because school nutrition programs have such bipartisan support, many communities have seen this as an excellent way to reduce hunger and improve the nutritional status of our children.

Researchers found that children from food-insecure and marginally food-secure households receive a larger proportion of their food and nutrient intakes from school meals than do children from food-secure households. This difference is partially explained by the higher participation rates of the food-insecure and marginally food-secure in school meal programs.¹¹³ While some studies have examined the relationship between school meal programs and food security, they cannot assess what the food security status of school meals participants would have been in the absence of the program. However, national nutrition survey data suggest that school meals are an important source of healthy foods: all school lunch participants, especially low-

income participants, generally consume more healthful food at lunch than non-participants.¹¹⁴

In similar fashion to SNAP and WIC, school nutrition programs have an impact that goes beyond decreasing household hunger. Some studies have examined the correlation between participation in the School Breakfast Program and academic performance. Low-income school breakfast participants are reported to have lower tardiness and absence rates and a larger increase in test scores than low-income children who did not participate.¹¹⁵ Similarly, studies have linked higher rates of school breakfast participation with improved grades in math.^{116–117}



A school garden in Little Rock.

Despite the value of school breakfast, there remains a wide gap between the number of children who receive school lunch and the number who receive breakfast. In 2014, nearly 22 million school children received a free or reduced price school lunch, but despite the same eligibility, only about $\frac{1}{2}$ those children participated in school breakfast.¹¹⁸ Implementing “breakfast after the bell” strategies such as “breakfast in the classroom” or “grab-and-go” meals (instead of serving breakfast in the cafeteria) is a promising approach to improving child nutrition and academic achievement.

Under the National School Lunch and School Breakfast Programs, the Community Eligibility Provision allows schools and local educational agencies in communities with high poverty rates to provide breakfast and lunch to all students without certification requirements, thus decreasing the school’s administrative costs and reducing stress and stigma for parents who would normally have to apply on an individual basis. The Community Eligibility Provision eliminates the burden of collecting household applications to determine eligibility for school meals, relying instead on information from other means-tested programs such as SNAP and Temporary Assistance for Needy Families. Marian Wright Edelman, President of the Children’s Defense Fund, recommended in her testimony to the Commission that use of the Community Eligibility Provision be promoted, since it predominantly serves low-income children and increases access to the school meal program while reducing labor costs to schools.¹¹⁹

More than 14,000 high-poverty schools in 2,200 school districts participated under the Community Eligibility Provision¹²⁰ in the first year of nationwide availability, and more than six million children now attend schools participating in the program. In Illinois, Kentucky, and Michigan, schools implementing the Community Eligibility Provision in the 2011–2012 school year saw breakfast participation increase from 44% in October 2010 to 56% in October 2012. Lunch participation increased from 69% in October 2010 to 78% in October 2012.¹²¹ To our knowledge, no data are yet available linking the implementation of the Community Eligibility Provision to food security. Therefore, this is an important area for further research.

Other Federal Nutrition Assistance Programs

The Federal Government operates a number of other smaller programs targeted to specific populations to assist with reducing and preventing food insecurity:

- The **Food Distribution Program on Indian Reservations** provides USDA foods to low-income households, including the elderly, living on Indian reservations.¹²⁸ For those living far from food stores, the Food Distribution Program on Indian Reservations is seen as more accessible than SNAP, although traditional food offerings are limited and overall food choices are restricted. Those living near supermarkets tend to choose SNAP for a better variety of foods.
- The **Emergency Food Assistance Program** provides USDA foods to emergency food providers and food banks to supplement the diets of low-income Americans, including the elderly.¹²⁴
- The **Commodity Supplemental Food Program** provides seniors with a food package containing good sources of nutrients.
- The **Fresh Fruit and Vegetable Program** provides students with no-cost fresh fruits and vegetables in school.
- The **Special Milk Program** provides participants with no-cost milk through their school, childcare center, or camp.
- The **WIC Farmers' Market Nutrition Program** and **Senior Farmers' Market Nutrition Program** provide coupons participants can use at farmers' markets for fruits, vegetables, honey, and fresh herbs.

To our knowledge no recent research examines the effects of these programs on hunger.

Summer and Afterschool Food Programs



A child receiving lunch in the summer at Acoma Pueblo Community Center in New Mexico.

Millions of students participate in school lunch and breakfast programs, but during the summer, many children face a period without substantial healthy meals. In 2012, about 4% of households participating in the National School Lunch Program reported “sometimes or often not having enough to eat” from January to May, but this figure increased to over 5% in June and July.¹²²

In an effort to address this issue, the Summer Food Service Program enables low-income children to receive meals when school is not in session by going to a central location and eating in a supervised setting. The program is delivered through public-private partnerships with summer camps, summer school, parks and recreation programs, churches, and other community organizations. Unfortunately, and for a variety of reasons, participation is relatively low. In 2014, approximately 14% of eligible children received meals in the summer.¹²³ More than 2.6 million children par-

ticipated at almost 45,200 sites in the summer of 2014.¹²⁴ While visiting Washington, D.C., we observed the operation of the Summer Food Service Program at Anacostia Public Library. Washington, D.C.'s summer food programs have served over one million meals to children and youth in the District of Columbia in the past three summers, and serve approximately 60% of the D.C. children who are eligible.¹²⁵ On a field visit in Texas, the Anthony Independent School District reported that they increased summer meal participation by almost 60,000 meals. This program helps to employ over 70 high school students who get involved in distributing meals at the baseball and t-ball fields, with a welcoming community atmosphere.

The Child and Adult Care Food Program is another program that serves nutritious meals and snacks to eligible children and adults at participating child care centers, day care homes, and adult day care centers. The program also provides meals and snacks to children and youth participating in after school programs or living in emergency shelters. On an average day, 3.8 million children receive nutritious meals and snacks through the Child and Adult Care Food Program in an effort to reduce hunger.¹²⁶ The program also provides meals and snacks to 120,000 adults who receive care in nonresidential adult day care centers.¹²⁶⁻¹²⁷ However, more empirical research remains to be done to assess links between the Child and Adult Care Food Program and reductions in hunger.

Community Programs

Across our country, individuals, nonprofit organizations, faith-based organizations, and corporations are engaged in helping to alleviate hunger in their communities. In 2013, 62.6 million people in the United States contributed 7.7 billion volunteer hours, time estimated to be worth \$173 billion. Providing food to others was among the most frequently reported activities, with 24% of volunteers saying that they “collected, distributed, prepared, or served food” during the year.¹²⁹

We heard from many volunteers at our hearings, and they were very proud of their organizations’ accomplishments in providing food to low-income people. While almost all experts point out that volunteers alone cannot meet the overall needs of families, and that their efforts cannot replace the effectiveness of Federal nutrition assistance programs, volunteers can play an important role in supplementing and leveraging those programs.

Through innovative school nutrition and summer feeding programming, job training efforts, social services provision, community gardening, farm-to-table programs, soup kitchens, food pantries, and advocacy efforts, volunteers significantly contribute to the work of hunger relief organizations across the country. We provide some examples below.

- In Maine, **Preble Street** involves 5,000 volunteers in serving 500,000 meals yearly across eight local soup kitchens.¹³⁰
- The **D.C. Central Kitchen** relies on 14,000 volunteers each year to help prepare meals, which are provided under government contracts to D.C. public schools that don’t have the equipment and staff to do their own healthy “scratch cooking,” and to 80 partner agencies, such as homeless shelters.
- **Feeding America**, the largest umbrella organization for food banks and food rescue organizations, has 200 members supporting 61,000 agencies that, as of 2010, distributed food to 37 million Americans, including 14 million children.¹³¹ Feeding America organizations benefit from 8 million hours of service per month from two million volunteers; more than ½ of these volunteers manage entire agencies without full-time staff.¹³²

Public-Private Partnerships

People and businesses in America are generous and motivated to help solve problems in their communities, and local organizations offer opportunities for cross-sector collaboration to maximize the effectiveness of publicly funded nutrition assistance programs. Public-private partnerships create valuable relationships that draw on the strengths of each organization to meet community needs.¹³³⁻¹³⁴ Partnerships between public and private entities have the potential to address hunger in ways that go beyond the limitations of government entities, by taking advantage of the ingenuity and creativity of private enterprise. For example, both the public and private sectors bring knowledge about food production and insights about pressing social issues.¹³³

Public-private partnerships use a variety of strategies to reduce hunger, and can be classified into five categories.¹³⁵⁻¹³⁶

- **SNAP partnerships** offer outreach to increase SNAP participation and train volunteers to help individuals apply for SNAP and offer nutrition education. For example, the Arkansas Hunger Relief Alliance brings together 47 food banks and pantries and has increased access to SNAP applications throughout the state. SNAP partnerships also involve efforts to assist eligible participants in completing SNAP applications. Another example is Making Dinner a SNAP, a collaborative effort developed between the private nonprofit Ohio District 5 Area Agency on Aging Inc., five grocery stores, the Department of Job and Family Services in Richland County, and local nursing homes. The program aims to increase senior SNAP participation and teach seniors about cost-effective, nutritious recipes.
- **Child nutrition partnerships** focus on increasing school meal and summer meal participation and promoting farm-to-table initiatives. For example, ConAgra Foods has funded grants to Feeding America programs such as Kids Café, which provides free meals or snacks in after school settings, and Child Hunger Corps, which trains people in food banks nationwide to implement outside-of-school meal programs for children. Public-private partnerships also work together to implement child nutrition assistance initiatives. For example, the Academy of Nutrition and Dietetics and ConAgra work together to facilitate community education delivered by registered dietitian nutritionist educators. In addition, more than 80 private partners and state agencies recruit meal sites and facilitate the distribution of meals for summer breakfasts, lunches, and food backpacks on the weekends.
- **Food distribution partnerships** include food hubs that coordinate the sale and transport of produce from farm to local markets, stores, and emergency food providers. For example, in Indianapolis, we visited a partnership between Elanco (a division of Eli Lilly and Company), Kroger Country, Rose Acres Farms, and two Indiana food banks to make eggs more accessible to undernourished people of all ages.¹³⁷ The Indianapolis partnership also meets regularly to discuss and collaborate on research projects and a variety of other anti-hunger efforts.
- **Healthy food access partnerships** work to improve availability of healthy foods. For example, the Boston Bounty Bucks program promotes the purchase of fruits and vegetables. The program, begun in 2008 as a partnership between The Food Project nonprofit and the City of Boston, provides electronic benefit transfer terminals at farmers' markets so SNAP recipients can use benefits to buy produce. The program promotes purchase of healthful food by providing a dollar-for-dollar matching incentive for SNAP purchases up to \$10. By the 2013–2014 season, \$166,540 SNAP and Bounty Bucks dollars were spent through the program at 20 farmers' markets in the Boston area.¹³⁸ The New York City Health Department and Human Resources Administration works with Greenmarket Co. to distribute \$2 Health Buck coupons for every \$5 that electronic benefit transfer customers spend on fresh fruits and vegetables at the farmer's market. Fifty-one Greenmarkets distributed over \$260,000 in Health Bucks in 2013.¹³⁹ In addition, the Academy of Nutrition and Dietetics, using funding from Feeding America, General Mills, the ConAgra foundation, and the National Dairy Council, provides community training tools and educational grants for registered dietitian nutritionists to teach low-income people how to cook for their families. In another example, Share Our Strength's Cooking Matters Program works with local organizations to educate and empower low-income families to stretch their food budgets so their children get healthy meals at home. Cooking Matters, which leverages SNAP Nutrition Education funding in local markets, helps participants learn to shop strategically, use nutrition information to make healthy food choices, and cook affordable meals.
- **Research and education partnerships** create collaborations among government agencies, businesses, nonprofits, and community organizers to raise awareness and engage other stakeholders in their efforts. For example, the USDA Hunger-Free Communities Grants Awards program provided money to local governments and nonprofits to help assess and reduce hunger. In another example, Tyson Foods launched the KNOW Hunger Initiative with the Food Research and Action Center to assess people's views on hunger in the United States and raise awareness of hunger among stakeholders to encourage people to get involved in anti-hunger campaigns.^{140–141}

Public-private partnerships can help address hunger and many related issues (e.g., insufficient low-cost housing, lack of employment, inadequate child care opportunities) that contribute to food insecurity in communities where Federal assistance

programs cannot fulfill immediate needs. Open communication and clear guidelines may help to increase the effectiveness of partnerships.¹³³ Existing partnerships may serve as examples for future initiatives and can provide peer advice to other non-profits, faith-based organizations, and corporations that wish to similarly commit resources and staff to such partnerships.



“Que Sabrosa Vida! (What a Delicious Life!)” by Mauricio Mora.

This painting hangs in the main lobby of El Centro de Salud Familiar (Family Health Center) La Fe’s Child and Adolescent Wellness Center in South El Paso. It is meant to capture the beauty of traditional and healthy Mexican-American foods.

Recommendations

Defining Hunger:

Very Low Food Security

As noted in the box in the Introduction, when we use the word “hunger” we mean households experiencing very low food security.

The latest USDA statistics, published in September 2015, show levels of hunger that are still elevated from the pre-recession period. This illustrates clearly that existing food assistance programs are not solving the problem—nor are they likely to do so without progress on the root causes of hunger. The Commission believes that we must continue to improve existing food assistance programs to alleviate hunger as effectively as possible, while also working to address the root causes. Accordingly, we offer the following recommendations for system changes, both statutory and administrative, across both the public and private arenas, to reduce hunger. However, we want to emphasize that although existing programs have not completely eliminated hunger, the research and information we reviewed and the testimony we heard support the conclusion that rates of hunger would be higher without them. Thus, they provide both opportunities for improvement and a strong foundation on which to build.

Mindful of our charge to “*provide recommendations to more effectively use existing [USDA] programs and funds,*” our recommendations will not require significant new resources, but may lead to some future spending if further analysis or evaluations reveal opportunities for improvement.

We urge Congress to act on these recommendations as soon as possible, without waiting for bills (such as the farm bill) that are on a particular timeline. The child nutrition program improvements can be made through the upcoming Child Nutrition Act reauthorization process.

We make recommendations in six areas to comprise a total of 20 specific recommendations to Congress and the USDA.

- I. **Make improvements to SNAP** (10 recommendations in three categories: work, nutrition, and well-being)
- II. **Make improvements to child nutrition programs** (4 recommendations)
- III. **Improve nutrition assistance options for people who are disabled or medically at risk** (2 recommendations)
- IV. **Fund pilot programs to test the effectiveness of strategic interventions to reduce and eliminate hunger** (1 recommendation; 4 pilots)
- V. **Incentivize and expand corporate, nonprofit, and public partnerships to address hunger in civil society** (1 recommendation)
- VI. **Create a White House Leadership Council to End Hunger** that includes participation by a broad group of government and non-government stakeholders (2 recommendations).

With a little help, every non-disabled working-age adult has the capacity to pull themselves out of poverty and experience the life-changing, transcendent dignity that comes from gainful employment.

MARY MAYHEW, *Commissioner*, Maine Department of Health and Human Services (Portland)

I Make Improvements to SNAP that Promote Work, Improve Nutrition, and Enhance well-being

We identified ten areas for improvement in SNAP, which we have placed in three categories: work, nutrition, and well-being.

Ensure that SNAP Promotes and Supports Work

While the primary goal of SNAP is to treat and prevent hunger, it can also serve as a way to help support families as they enter or re-enter the job market. The majority of people who receive SNAP benefits are not expected to work: they are the elderly, children, or people who are disabled. Another group of recipients includes adults who report earnings when they apply for assistance. In these cases, SNAP is acting to support work.

But a substantial number of working age, non-disabled adults who receive SNAP benefits report no earnings on their case budgets, and state SNAP administrators provide little help to these adult participants in their search for employment. This needs to change.

- 1 Encourage a greater focus on job placement, job training, and career development among SNAP recipients, and ensure necessary supports and infrastructure to facilitate finding work.

Rationale: *Having sufficient earnings is the best defense against hunger and reduces the need for nutrition assistance. If SNAP, as the number one nutrition assistance program, did more to help families move beyond the need for nutrition assistance, not only would it be an investment in improving the success, health, and productivity of low-income participants, but also, in the long run, it would reduce government spending.*

Action Items:

- a. **Congress and the USDA** should require states to provide more opportunities for adults participating in SNAP to attain the skills they need and find jobs with wages sufficient to enable them to leave SNAP. All non-working, non-public assistance (Temporary Assistance for Needy Families or state cash assistance programs), non-disabled, non-pregnant heads of households (with or without young children) applying for or participating in SNAP should be strongly encouraged and supported in their efforts to seek employment or participate in work-related activities realistically designed to lead to available employment. SNAP eligibility case workers should, at all stages of the program (initial application, during household participation, and re-certification), assist all employable heads of household to secure employment by promoting the importance of earnings both socially and economically. For adult, non-senior recipients who are not reporting earnings, not disabled, and not on Temporary Assistance for Needy Families, states must provide more case management and employment

services at initial application and re-certification. Further, they should offer participants the ability to participate in existing SNAP employment and training programs or connect employable adults on SNAP to other existing job readiness, job development, and job placement providers in the community that offer case management, supervised job search, resume preparation, transportation assistance, soft skill training, and short-term career training related to available jobs in the local community. For households with children, families should be connected to subsidized, safe, accessible, and affordable child care. Such requirements on states to promote work and connect employable adults to appropriate services should be defined by USDA's Food and Nutrition Service in regulations and implemented by the states.

- b. **Congress** should ensure that the USDA collaborates with the Department of Labor, the Department of Health and Human Services, and other relevant agencies at the state and local level to facilitate the administration of programs that can support families applying for or participating in SNAP as they look for work and enter the workforce. Employers and community colleges should be integrally involved in designing career-directed training and skill development relevant to existing labor-market job opportunities. Specific services to ensure that families can find employment are outlined in (a) above.
 - c. **Congress** should direct USDA to monitor and report annually, on a state-by-state basis, the share of working age, able-bodied adult SNAP recipients who do not report earnings and who are not receiving Temporary Assistance for Needy Families. This may include adding new tables to the "Characteristics of Supplemental Nutrition Assistance Program Households" report or beginning a stand-alone, annual report on the labor force participation and employment levels of SNAP recipients. In documenting these labor and SNAP participation dynamics, the USDA would provide reliable metrics to evaluate their performance in helping employable recipients successfully connect to the labor market.
 - d. **The USDA** should allow states greater flexibility within their current SNAP Employment and Training funding to test innovative approaches that encourage work. Currently, the USDA has rigid and complex rules governing how SNAP Employment and Training funds can be utilized, which potentially stifle the creative and effective provision of employment services. For example, while other work support programs and SNAP Employment and Training can be integrated to leverage funds across programs, more should be done to help states to utilize Employment and Training funds for programs such as subsidized employment, substance abuse and mental health treatment, and legal aid services that help recent prisoners reenter the workforce. While ten new SNAP Employment and Training pilots have been funded and will be evaluated for broader replication, awaiting their results should not be a reason to wait on efforts to improve the use of SNAP Employment and Training.
- 2 Ensure SNAP eligibility incentivizes work by improving responsiveness to earned-income fluctuations.

Rationale: *SNAP has a logical phase-down of benefits as income increases. Still, there is evidence that when people abruptly lose all SNAP benefits at the top end of income eligibility, they may have less time to adapt to new income realities and may report that they experience hunger.*^{46, 142, 143} *Faced with this possibility, some SNAP recipients may not seek out work or seize an opportunity to increase their earnings.*

Action Items:

- a. **Congress** should allow states to offer all households leaving SNAP for employment that pays sufficiently to end their program eligibility an appropriate extension of their SNAP benefits at the pre-existing level to help them navigate pay lags and adjust household food budgeting. The period of extended benefits shall be determined by states. In implementing these adaptations, states should measure their effectiveness through outcomes such as household reports of hunger, amount of administrative savings and cost of benefits, and amount of churn (reapplications for benefits within 3 months).

- b. **The USDA** should encourage states to improve their administration of SNAP by mandating a more streamlined and effective approach to re-certification for recipients who are working.

Ensure that SNAP Promotes Improved Nutrition

- 3 Encourage the use of financial incentives to SNAP recipients to facilitate the purchase of fruits, vegetables, high-quality proteins, whole grains, and other healthy foods.

***Rationale:** SNAP is not only an opportunity to help families meet the costs of providing food for themselves and their families, but can also play a crucial role in promoting healthy choices and good nutrition.*

Action Items:

- a. **Congress** should encourage the USDA to continue to develop mechanisms for incentivizing purchases of healthier foods and to promote cost-sharing opportunities with states, nonprofits, and municipal governments to incentivize purchases of healthy foods.
 - b. **The USDA** should ensure mechanisms that provide broad, understandable, and culturally appropriate communication regarding these healthy incentives.
- 4 Exclude a carefully defined class of sugar-sweetened beverages from the list of allowable purchases with SNAP benefits.

***Rationale:** SNAP benefits should help families meet their nutritional needs, not contribute to negative health outcomes through poor nutrition choices. Recent scientific evidence suggests that the consumption of sugar-sweetened beverages, which are unhealthy, can have profound and serious negative effects on health, such as obesity and diabetes, especially among children.¹⁴⁴⁻¹⁴⁸ Reducing the consumption of sugar-sweetened beverages also follows the guidelines of leading health agencies such as the World Health Organization, the National Institutes of Health, the Centers for Disease Control and Prevention, the Institute of Medicine, and the Surgeon General of the United States. The technology to exclude certain items already exists at the participating retail store level. In light of the research and the recommendations of numerous health agencies, sugar-sweetened beverages should be added to the list of items excluded from the allowable purchase with SNAP.*

Action Items:

- a. **Congress** should enact legislation to restrict the purchase of a carefully defined list of sugar-sweetened beverages developed in consultation with major health and nutrition organizations (e.g., the organizations mentioned above), nutritionists, and scientific experts.
 - b. **The USDA** should ensure mechanisms that provide broad, understandable, and culturally appropriate communication regarding this new restriction.
- 5 Use evidence-based product placement strategies that encourage purchase of healthy products with SNAP benefits, and tie it to SNAP eligibility for stores.

***Rationale:** Participating SNAP retail stores receive significant revenue from SNAP and should therefore promote the purchase of healthy products. If the amount of shelf space allocated to healthy foods is increased, and shelf space for sugar-sweetened beverages and other unhealthy products is reduced, consumers are more likely to purchase healthier foods.*

Action Item:

The USDA should create new standards for SNAP vendor eligibility to ensure that participating stores, including not just grocery stores, but other outlets, comply with improved health and nutrition standards. For example, the USDA should require retail stores that currently accept SNAP or apply to become a participating retailer to provide enhanced and immediately visible shelf space for healthy foods and beverages.

- 6 Reform SNAP Nutrition Education (SNAP-Ed) to ensure that efforts are likely to lead to measurable improvements in the health of SNAP recipients.

***Rationale:** While there are other nutrition education programs in the USDA system, SNAP Ed, which operates in all 50 states, is the most comprehensive. The USDA spent about \$400 million on SNAP-Ed in Fiscal Year 2014.¹⁴⁹ While there are many evaluations of individual SNAP-Ed programs that demonstrate*

their impact on nutrition, there is an opportunity to standardize the data collection and evaluation across programs to assess the effectiveness of SNAP-Ed on improving health and hunger outcomes.

Action Item:

The USDA should continue to collaborate with the Centers for Disease Control and Prevention and the Department of Health and Human Services and other agencies and experts to ensure that funds designated for SNAP-Ed are supporting state-of-the-art nutrition education that is effective, relevant, and meaningful to SNAP participants. USDA can use multiple tools, such as the Academy of Nutrition and Dietetics Guide for Effective Nutrition Interventions and Education (GENIE), to define best practices within SNAP-Ed, develop or modify programs, and evaluate outcomes.¹⁵⁰ We note that, currently, SNAP-Ed outcomes data tend to focus on inclusion of fruits and vegetables in the diets of recipients. Future studies, however, should broaden that focus to include whole grains, low-fat dairy products, and high-quality proteins (including lean meat, fish, and eggs), in addition to fruits and vegetables.

Maximize SNAP's Ability To Promote Well-Being

Overall, SNAP participation can improve health and well-being and help steer participants to make healthy choices. SNAP is often only one of the multiple services that a family or individual needs. For instance, given the evidence that food insecurity is related to increased risk of depression and poor mental health, or to unsafe housing conditions, or to employment barriers, SNAP application and administration provides an opportunity to assist families on a number of fronts. Building on this, the Commission recommends the following:

- 7 Continue to promote and facilitate greater coordination of means-tested programs across Federal and state agencies and provide state incentives for establishing a “no wrong door” approach between SNAP and non-nutrition family support programs.

***Rationale:** Families that are eligible for SNAP are often eligible for other programs, such as Medicaid and housing assistance. Efforts are underway to find ways to serve families more holistically. However, these programs still have their own application mechanisms, facilities for application, and distinct funding streams at the Federal level, which are attached to differing rules and regulations for eligibility and administration. This can create greater hardship for eligible families and increase the administrative burden and costs for states. In the case of Social Security/disability benefits, such rules and regulations can sometimes act at cross-purposes.*

Action Items:

- a. **Congress** should intensify existing efforts to encourage collaboration across agencies to facilitate the coordination of programs and to serve families more holistically in terms of SNAP, housing, medical care, education, child care, and job training supports. Additionally, states should be encouraged to use the option for enhanced Federal systems match funding to coordinate Medicaid, SNAP, veteran's benefits, and Temporary Assistance for Needy Families more widely.
 - b. **Congress** should increase their efforts to identify additional ways to link funding streams between different agencies to ensure greater collaboration between SNAP and other means-tested programs to ensure efficient and effective delivery of services, increased earnings, and reduced hunger.
 - c. **The USDA** should find ways to ensure states are working to collaborate across agencies and should incentivize SNAP programming that collaborates with other state and Federal agencies.
- 8 The USDA should use its current flexibility to the greatest extent possible to support state innovations that would help clients to become more food-secure and more self-sufficient, and should approve or disapprove these requests within 90 days of submission.

***Rationale:** States have long been a valuable arena for trying new ideas and evaluating them to see if they could work on the national scale. In addition, not all states have the same problems or conditions, labor markets, or caseload composition. Therefore, it is important for the USDA to be receptive to state innovation and experimentation, both by encouraging demonstration projects and by reviewing proposed projects in a timely manner. The USDA should create a process*

and offer staff support to encourage such innovation, and maximize the demonstration and waiver authority of the programs within its purview, while adhering to the SNAP goal of treating and preventing hunger, maintaining client protections, and keeping program integrity safeguards intact.

Action Item:

Congress should require that the USDA allow greater flexibility for states to apply for SNAP waivers and demonstrations, and ensure that the USDA approves or disapproves such requests within 90 days of submission, including a thorough explanation of the final decision.

A common sense approach is needed [that would enable] states . to ensure welfare benefits are being used appropriately. Being closer to recipients, state governments can more effectively determine which program changes best fit their populations. . . . [S]tates have made significant strides in some areas to tackle fraud, waste and abuse in the system.

JASON TURNER, *Executive Director*, [State Human Services] Secretaries' Innovation Group (Maine)

- 9 Create mechanisms for improved training for front-line SNAP caseworkers to maintain a customer service perspective that facilitates best practices of case management.

Rationale: *Although accessibility to participation in SNAP has improved, the relationship between front-line caseworkers and applicants could be more positive and effective. Front-line caseworkers are often a client's first encounter with a system meant to help them; therefore, they have the best opportunity to provide effective and appropriate assistance.*

Action Item:

The USDA should require states to provide comprehensive training and modern infrastructure support for front-line caseworkers that ensures strong knowledge of SNAP eligibility; an emphasis on the importance of positive client service that explores potential other problems (such as violence exposure or homelessness) faced by the applicant; cultural competency; and the ability to thoughtfully convey the benefits of full-time work and related work supports. Periodic retraining is also recommended, as program rules change often. Accountability mechanisms to demonstrate high performance on client service and case management standards should be built into caseworker performance reviews. The USDA should also measure the performance of states relative to customer service, in addition to the current focus on error rates and timeliness. Unless such new measurements and expanded training are added, client service will likely not improve. In many places, office hours extending beyond 9–5 and offsite access points for working families are already available and should be encouraged.

I urge the Commission to focus on the horizontal integration of these important programs, and not only linking these resources, but [also] making the individual programs easy to navigate. Because it is a social safety net, not a ropes course.

SARAH PALMER, *Policy Associate*, California Association of Food Banks; former CALFresh (SNAP) Recipient (Oakland)

- 10 Support the well-being of families that have members who serve or have served in the U.S. Military.

Rationale: *Families with an active duty service member should have as much support as possible to stay healthy, well-nourished, and financially stable while their family member serves to protect our country. Likewise, veterans who have served our country should not have to struggle to put food on the table for themselves and their families.*

*There is a particular policy issue that restricts some SNAP-eligible active duty military families from qualifying for SNAP benefits. For families living off base or in privatized on-base housing, the Basic Allowance for Housing is counted as income in the determination of eligibility for SNAP and may prevent or reduce eligibility for SNAP. However, the Basic Allowance for Housing is currently **excluded** as income for calculating income taxes and eligibility for other government programs, including WIC. The Basic Allowance for Housing is also counted as income in determining eligibility for the Family Subsistence Supplemental Allowance, a program administered by the Department of Defense that operates*

somewhat in parallel to SNAP and was created to move military families off of SNAP.

Finally, data on food security and SNAP participation among members of the military on active duty, veterans, and their families are not readily available.

Action Items:

- a. **Congress** should enact legislation to exclude the Basic Allowance for Housing as income for the determination of SNAP eligibility and benefit levels for families who have an active duty service member.
- b. **Congress** should direct the Department of Defense to undertake a comprehensive review of the Family Subsistence Supplemental Allowance program and recommend reforms that are directed at improving food security in active duty military families.
- c. In keeping with our country's priority of national security, **the USDA** should work jointly with the **Department of Defense** and the **Department of Veterans Affairs** to help with collecting data on food security, its causes and consequences, and SNAP participation among active duty military and veterans, and make this data available to Congress, the President, and to the public at regularly specified intervals.

II Make Targeted Improvements to Child Nutrition Programs

Nutrition programs that are especially targeted to children provide much needed nutrition assistance in key periods of a child's developmental growth, promoting their health and well-being and having an impact on their ability to learn, grow, and develop to their full potential. The WIC and school meal programs are widely available, show significant effectiveness, and should be sustained and enhanced. However, other programs, which seek to reach children outside of the normal school hours and academic schedule, can be improved. Below we make four specific recommendations.

- 11 Improve access to summer feeding programs and congregate meals by reconsidering requirements for rural areas.

Rationale: *Children living in rural areas may have limited access to summer nutrition programs due to remote living conditions and lack of transportation.*

Action Item:

Congress should change the congregate feeding requirements based on a community's stated need and local context to allow them to substitute or supplement with different, more accessible approaches. This includes areas of high need in rural areas where congregate feeding can be a barrier to feeding as many children as possible.

- 12 Change area eligibility for reimbursement of summer feeding from 50% of children eligible for free or reduced price school meals to 40% to help reach children in rural and suburban areas.

Rationale: *The summer feeding program uses an area eligibility test to determine whether to provide reimbursements for snacks and meals. This test defines a "low-income area" as one where more than 50% of children are eligible for free or reduced-price school meals. It is particularly hard for rural and suburban areas to meet this 50% requirement, because poverty is less concentrated in these areas. That keeps many communities with significant numbers of low-income children, but not a high enough concentration of poverty, from participating. In addition, the 50% test is inconsistent with federally funded summer programs, such as the 21st Century Community Learning Center programs and Title I Education funding, which require only 40% school meal participation.*

Action Item:

Congress should change the area eligibility criteria for participation in summer feeding programs from 50% to 40% of children participating in free or reduced priced school meals.

- 13 Make the summer electronic benefit transfer option available by creating a mechanism that allows communities to apply for it if they can clearly demonstrate a barrier to congregate feeding related to remoteness, climate, or safety.

Rationale: *Despite a high prevalence of children at risk for hunger in some communities, participation in summer feeding programs can be very low. This may indicate that the need is not as serious as thought in some areas, but in*

others, may reflect chronic under-service due to transportation barriers related to remote living conditions, severe weather patterns, or parental concerns regarding community violence. These barriers can occur in both rural and urban settings. USDA pilot studies have shown that participation in an electronic benefit transfer option can reduce hunger among families with children by more than 30%.¹⁵¹ This is significant evidence of a targeted child nutrition program improvement.

Action Items:

- a. **Congress** should allow the USDA to offer summer electronic benefit transfer in communities that are especially at risk for hunger among children and where participation in summer feeding sites is restricted or minimized by remoteness, safety, or climate. The electronic benefit transfer option should be offered in areas (Census tracts or school attendance zones) without the consistent presence of summer meals sites in an effort to minimize the duplicate use of summer electronic benefit transfer and congregate sites.
- b. **The USDA** should work with communities at risk to create an administrative mechanism through which funds can be provided directly to families with eligible at-risk children through an existing electronic benefit transfer mechanism.

At [our health center] we talk about Nuestro Bienestar, we talk about our total wellness. We talk about the categorical, dysfunctional system that we live in: where we talk about health and nothing else; where we talk about education and nothing else; where we talk about hunger and nothing else—as if each one were to lead a separate life. We know that all of them are intermingled. All of them are one.

SALVADOR BALCORTA, CEO, El Centro de Salud Familiar de La Fe (El Paso)

- 14 Streamline and simplify administrative processes among the child nutrition programs.

Rationale: *Currently, the various child nutrition programs have different application processes, even though the same organizations and sponsors frequently administer these programs. Having to complete separate applications and comply with differing or conflicting regulations places undue administrative burdens on the community-based programs that run these programs. Currently, community-based organizations operate the Child and Adult Care Food Program's At Risk after school Meal Program and the Summer Food Service Program separately, even though they are serving the same children, often at the same sites, throughout the year. This approach not only burdens community organizations, but also incurs unnecessary USDA costs to review and respond to multiple applications from the same providers under complex regulations.*

Action Items:

- a. **Congress** should allow the USDA to streamline and consolidate the application processes, funding mechanisms, and regulations for the Summer Food Service Program and the Child and Adult Care Food Program's At-Risk after school Meal Program into one program for community-based sponsors.
- b. **Congress** should allow the USDA to permit school food authorities, with a single application, to provide and administer the School Breakfast Program, the National School Lunch Program, the Summer Food Service Program, and the Child and Adult Care Food Program's At Risk after school Meal Program under National School Lunch Program regulations.

*It's very difficult on the SNAP and Medicaid side to have the kind of effective streamlined eligibility access that leads to that integrative perspective that we want to see, because they are driven by different rules. That is something that is within the hands of national policy makers to change—it's a modernization. We know that if we can get services delivered faster in earlier ways to families, and we're not caught by the fact about whether someone qualifies for Medicaid or for SNAP or **vice versa**, we're serving families better and ultimately reducing taxpayer dollars because we're driving down the cost of health.*

TRACY WAREING EVANS, Executive Director, American Public Human Services Association

III Improve Nutrition Assistance Options for People Who Are Disabled or Medically at Risk

People with disabilities or multiple, debilitating health conditions are at increased risk for hunger and poor nutrition status. Additionally, homebound seniors and others with disabilities with limited ability in activities of daily living are also at nutritional risk. Such problems can exacerbate illnesses, decrease functioning, lower productivity, and increase health care costs. In our research, as well as in our field visits and hearings, we heard from agency administrators, people who are disabled and medically at risk, and physicians about ways to improve programming for medically vulnerable people. Below we make two recommendations that will improve conditions for people who are frail or disabled.

- 15 Expand Medicare managed care plans to include coverage for meal delivery for seniors with physician recommendation.

Rationale: *Meals on Wheels programs meant to serve home-bound elderly people have been found to be highly effective in improving seniors' nutritional intake and reducing health care costs.¹⁵⁴ Access to this type of programming for under-served seniors would be important, especially as the baby-boomers are approaching their senior years, drastically increasing the numbers who will need assistance and who will be looking to be productive citizens in their own communities. This approach is appropriately the responsibility of the health care financing systems, because increased home-delivered meals could be an important cost-effective approach to reduce costly hospital admissions and readmissions. Currently, Medicare Advantage plans under Medicare Part C that cover home-delivered meals in certain circumstances are available in some areas. However, since these areas can be small, the reach of existing plans is difficult to determine.*

Action Item:

Congress should work with the USDA and the Department of Health and Human Services to leverage existing efforts under Medicare Part C to create a national mechanism to provide home-delivered meals to seniors as a reimbursable cost through Medicare.

- 16 Expand Medicaid managed care plans to include coverage, with a physician recommendation, for meal delivery for individuals who are too young for Medicare, but who are at serious medical risk or have a disability.

Rationale: *Home-delivered meals for medically at-risk patients can promote health and prevent readmission to the hospital; as noted earlier, 20% to 50% of patients admitted to the hospital are malnourished, and readmissions among this group cost the health care system approximately \$25 billion annually. Programs such as Meals on Wheels, as well as greater attention to early nutrition assessment and intervention, are critical to preventing complications and lowering costs. Additionally, some people who are too young to receive Medicare have multiple debilitating health problems that affect their functioning and activities of daily living. Such patients should be afforded the same assistance as people over 65. Currently, some states offer home-delivered meals via a Medicaid Section 1915(c) Home and Community Based Services waiver or a Section 1115 demonstration waiver. However, these waivers cover a broader range of services than home meal delivery, so reach is difficult to determine.*

Action Item:

Congress should work with the USDA and the Department of Health and Human Services to leverage existing efforts under Medicaid waivers to create a national mechanism through which to provide home-delivered meals to people at risk and find a way for this to be a reimbursable cost through Medicaid.

IV Fund Pilot Programs To Test the Effectiveness of Strategic Interventions To Reduce and Eliminate Hunger

As with any endeavor, research and development is required to consistently find ways to improve government programs and systematic efforts designed to reduce and eliminate hunger. There are many valid and empirically based ideas that suggest that USDA should make a strong commitment to testing particular interventions. We recommend funding the following demonstration projects. An evaluation component should be part of each pilot, based on multi-year, rigorous, random assignment protocols that include statistically valid sample sizes and a cost-benefit analysis that pays special attention to documenting potential savings in health and education spending. This list of projects is not meant to be exhaustive; many addi-

tional approaches are worthy of adequately funded research, but are beyond the time constraints of the Commission to elucidate fully.

- 17 Congress should allot funds to the USDA to implement, evaluate, and disseminate results of multiple pilot programs to assess their effectiveness on reducing hunger.

Pilot A: Investigate the effect on hunger of changing the SNAP benefit calculation from the Thrifty Food Plan to the Low Cost Food Plan.

Rationale: *While families are meant to supplement their SNAP allotment with 30% of their own net income after deductions, the combination of the Thrifty Food Plan and additional family dollars may not be adequate to provide enough healthful nutrition for their families. Health and nutrition experts, including the Institute of Medicine, contend that the Low Cost Food Plan shows promise in reaching the appropriate nutrition levels for low-income families and individuals. Testing this theory will shed important new light on this issue.*

Pilot B: Test the effect on working families of three different increases to the earnings disregard compared to the current 20% (control).

Rationale: *Providing a higher income disregard may reduce the danger of losing benefits before families are ready to transition to self-sufficiency. A higher income disregard may provide families time enough to stabilize their economic situations, and may also promote entry into the workforce and job retention by eliminating a potential disincentive to increase earnings or to engage in work.*

Pilot C: Test the impact on hunger of increasing the maximum excess shelter deduction/allowance in SNAP. Focus test demonstrations on the five markets with the highest housing costs.

Rationale: *Research has linked the lack of affordable housing with hunger.^{152–153} If the shelter allowance was raised to more realistically account for the cost of housing, this change could reduce hunger.*

Pilot D: Further assess the effectiveness of public and private forms of nutrition education on purchasing habits, nutrient intake, health, and food insecurity, and conduct meta-analyses to better understand and build on collective evidence across these domains.

Rationale: *Multiple federally funded studies have been conducted on the effectiveness of Federal nutrition education programs at improving purchasing habits, health, and nutrient intake, but the evidence is mixed. Additionally, there is limited research on how both public and private nutrition education programs impact hunger. While there is a foundation of studies analyzing the scope of nutrition education programs, their barriers, and characteristics of successful programs with programmatic recommendations, the USDA should invest additional funds to test, rebuild, and re-analyze these programs using standard methodologies across a variety of domains and demographic sectors.*

V Incentivize and Expand Corporate, Nonprofit, and Public Partnerships to Address Hunger in Civil Society

Federal Government programs are not and cannot be the only answer to hunger—civil society plays a vital role as well. Many stakeholders are already deeply involved in addressing the issues faced by households that report hunger. For instance, corporations, faith-based and community organizations, agriculture programs, and government entities at all levels (e.g., local health departments) have a role to play in providing fresh and nutritious foods for all people in the United States by, for example, keeping food costs low or providing strategic guidance and resources.

Community efforts should engage corporations in joint community impact efforts. Additionally, it has been a long-standing tradition in the United States for nonprofits, institutions of higher education, and faith-based organizations to find creative and meaningful ways to help people rise out of poverty through outreach to potentially eligible households regarding existing public benefit programs and the strategic provision of food, resources, technical assistance, education and training, and behavioral health supports. Many times, government programs cannot reach all eligible people in need, and sometimes the added efforts of our community organizations, private philanthropy, and corporations can not only help reach the most vul-

nerable, but also provide strategic solutions to improve government programs. Therefore, we make the following recommendation.

- 18 Incentivize and expand civic engagement efforts on reducing and eliminating hunger.

Rationale: *Addressing hunger should not be the responsibility of individuals and government alone, but should be shared with multiple stakeholders and a large volunteer base of committed community leaders for widespread community impact. Much ingenuity arises out of such community-based or corporate-led efforts, and these efforts should be rewarded and encouraged, as the strong desire to help our neighbors and to empower others is part of our American values and social fabric.*

Action Items:

- a. **Congress** should designate existing funds to measures such as tax incentives, matching funding programs, and other similar measures that provide incentives to and catalyze the development of greater private efforts to address hunger and support existing partnerships with government.
 - b. **The USDA** should provide incentives for creating and sustaining public-private partnerships (which should adhere to the same standards of non-discrimination that apply to fully public programs) while also placing greater emphasis on and providing funds for
 - i. Hunger-Free Communities collective impact efforts.
 - ii. Efforts that improve the quality of emergency food and reduce food waste by enabling grocers, restaurant owners, caterers and other food service providers, and food producers to donate extra food to emergency food providers and others who serve low-income communities (this requires improved Good Samaritan laws).
 - iii. Programs that provide incentives for farmers to contribute food to food banks and other food providers.
 - iv. Social enterprise that supports job training and education, and placement strategies for high-risk groups.
- VI Create a White House Leadership Council to End Hunger that Includes Participation by a Broad Group of Government and Non-Government Stakeholders

As stated above, the root causes of hunger are many and varied, and many of the consequences of hunger are far beyond the reach and effectiveness of nutrition assistance programs. For instance, employment trends and labor market dynamics, housing costs, disability, access to quality education, the rising prevalence of single parent families, behavior, income dynamics, and access to medical care all have an impact on hunger, but cannot be addressed effectively solely through nutrition assistance programs. Therefore, just as hunger cannot be solved by food alone, national efforts to alleviate hunger cannot be carried out by the USDA alone. To improve the overall health and well-being of people in the United States, the White House should mount a thoughtful, coordinated, and focused effort to address hunger and its root causes.

This strong commitment will demand

- A willingness to review all programs meant to assist low-income families for their effectiveness and to candidly discuss economic dislocation, discrimination, and the family structure and formation issues that contribute to hunger.
- Cross-agency collaboration among, at minimum, the following agencies: the Departments of Agriculture, Housing and Urban Development, Health and Human Services, Labor, Energy, Defense, Education, and Veterans Affairs; the National Institutes of Health; the Centers for Disease Control and Prevention; and the Center for Medicare and Medicaid Services.
- Strong representation, participation, and commitment from the corporate, non-profit, university, and faith-based sectors.
- More civic engagement in our communities, as well as meaningful initiative and involvement from those experiencing hunger.

Therefore, we make the following two recommendations.

- 19 Establish a mechanism for cross-agency collaboration to facilitate improved public assistance programming and evaluation through enhanced technology, data sharing, and coordinated funding streams that protect effective programs and encourage coordinated efforts to address larger issues of poverty.

Rationale: *Currently, mechanisms for funding streams, eligibility and delivery systems, and accountability are separate, resulting in a variety of disparate and uncoordinated rules and regulations confusing to administrators and recipients alike. Additionally, there is no single agency that can improve hunger alone. A national, coordinated plan among multiple government and private sector partners to address hunger and its root causes should be developed. This plan must build upon and improve current public and private programs and have the mutual goals of improved outcomes and cost efficiency.*

Action Items:

- a. **The President** should establish a **White House Leadership Council to End Hunger** with representation from government, corporations, non-profits, faith-based organizations, community leaders, program beneficiaries, private foundations, and other stakeholders to develop and implement a comprehensive plan to eliminate hunger, and should ensure that the Council has adequate resources and staff.
 - b. **The President** should establish, convene, and lead the White House Leadership Council to End Hunger through the office of the Domestic Policy Council. The White House Leadership Council to End Hunger will be charged with developing a coordinated plan for ending hunger.
- 20 The White House Leadership Council to End Hunger and its members should monitor hunger at the Federal and state level, with a specific emphasis on the following at-risk populations:
- (a) seniors,
 - (b) single parent households with young children,
 - (c) people with disabilities,
 - (d) veterans and active duty military,
 - (e) American Indians,
 - (f) those reentering society from prison,
 - (g) survivors of violence, abuse, and neglect, and
 - (h) immigrants (including documented and undocumented, asylum seekers and refugees).

Rationale: *The groups listed above are particularly vulnerable to hunger. Their individualized and unique issues are often misunderstood and too often go unaddressed.*

Action Item:

The **White House Leadership Council to End Hunger** should oversee progress within the involved government agencies and report annually to the Administration, Congress, and the public regarding the status of hunger nationwide among all families and individuals, as well as those particularly vulnerable populations outlined above. They should also report annually on the progress being made to eradicate hunger. Further, as part of their charter, they should regularly review program efficiency and effectiveness and recommend to the Administration and Congress any changes necessary to accomplish their goals.



High school students preparing food for a summer food program at Anthony Independent School District in El Paso, Texas.

Conclusion

In this report, we have described our process, what we learned, and what we think our nation should do to address hunger. We believe that our best chance for success is to make progress on the contributing factors and underlying root causes we have described. We also are confident that the implementation of our recommendations will lead to a significant reduction in hunger.

At various points in this report, we have said that personal choices and individual responsibility are factors associated with hunger in America. But there is another aspect of personal responsibility at work: personal responsibility extends to all. Everyone can take direct actions to reduce hunger. Each of us should extend compassion for and help to our neighbors and get involved in hunger relief efforts in our communities. We need more of that kind of personal responsibility, too. With it, we will end hunger in the United States.

References

1. Coleman-Jensen A, Rabbitt M, Gregory C., Singh A. *Household food security in the United States in 2014*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; September 2015. Available at <http://www.ers.usda.gov/publications/err-economic-research-report/err194.aspx>.
2. U.S. Department of Agriculture, Economic Research Service. *Expenditures for USDA's food assistance programs fall in 2014*. Washington, DC: U.S. Department of Agriculture; May 7, 2015. Available at <http://www.ers.usda.gov/data-products/chart-gallery/detail.aspx?chartId=40105>.
3. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: American Indian Experiences*. Research Triangle Park, NC: RTI International; 2015.
4. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Effects of Shifting Biofuel Subsidies to the WIC and SNAP Programs*. Research Triangle Park NC: RTI International; 2015.
5. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Special Efforts by USDA or Other Agencies to Reduce Disparities in Food Insecurity*. Research Triangle Park, NC: RTI International; 2015.
6. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Food Insecurity Among LGBT Communities and Individuals*. Research Triangle Park, NC: RTI International; 2015.
7. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Public-Private Partnerships*. Research Triangle Park, NC: RTI International; 2015.
8. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Pine Bluff, Arkansas*. Research Triangle Park, NC: RTI International; 2015.
9. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Experiences of Those Who Have Served Time and Those Recently Released From Prison*. Research Triangle Park, NC: RTI International; 2015.
10. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Food Insecurity Among Older Adults*. Research Triangle Park, NC: RTI International; 2015.
11. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Nutrition Education Programs*. Research Triangle Park, NC: RTI International; 2015.
12. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Estimating the Impact of Discounting Income From SSI When Calculating SNAP Benefits*. Research Triangle Park, NC: RTI International; 2015.

13. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Cost Savings From Uniform Regulations for New Store Approval in WIC and SNAP*. Research Triangle Park, NC: RTI International; 2015.
14. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Estimating Additional Economic Activity Stemming From an Increase in SNAP Benefits*. Research Triangle Park, NC: RTI International; 2015.
15. RTI International. *Research to Support Potential Recommendations of the National Commission on Hunger to Reduce Very Low Food Security: Intimate Partner Violence Screening and Referral*. Research Triangle Park, NC: RTI International; 2015.
16. Bureau of Labor Statistics, U.S. Department of Labor. *Labor force statistics from the current population survey*. Available at <http://data.bls.gov/timeseries/LNS11300000>. Accessed November 12, 2015.
17. Berkowitz S.A., Baggett T.P., Wexler D.J., Huskey K.W., Wee C.C. *Food insecurity and metabolic control among U.S. adults with diabetes*. *DIABETES CARE*. 2013; 36(10): 3093–3099.
18. Brown L., Shepard D., Martin T., Orwat J. *The economic cost of domestic hunger estimated annual burden to the United States*. Sodexo Foundation: in partnership with the Public Welfare Foundation and Spunk Fund, Inc.; June 5, 2007.
19. Carmichael S.L., Yang W., Herring A., Abrams B., Shaw G.M. *Maternal food insecurity is associated with increased risk of certain birth defects*. *J. NUTR.* 2007; 137(9): 2087–2092.
20. Cook J.T., Frank D.A. *Food security, poverty, and human development in the United States*. *ANN. N. Y. ACAD. SCI.* 2008; 1136: 193–209.
21. Cook J., Jeng K. *Child food insecurity: the economic impact on our nation*. Chicago, IL: Feeding America; 2009. Available at <http://www.nohidhungry.org/sites/default/files/child-economy-study.pdf>.
22. Glynn L.M., Schetter C.D., Hobel C.J., Sandman C.A. *Pattern of perceived stress and anxiety in pregnancy predicts preterm birth*. *HEALTH PSYCHOL.* 2008; 27(1): 43–51.
23. Gowda C., Hadley C., Aiello A.E. *The association between food insecurity and inflammation in the U.S. adult population*. *AM. J. PUBLIC HEALTH*. 2012; 102(8): 1579–1586.
24. Hadley C., Crooks D.L. *Coping and the biosocial consequences of food insecurity in the 21st century*. *Am. J. Phys. Anthropol.* 2012; 149 Suppl. 55: 72–94.
25. Hamelin A.M., Habicht J.P., Beaudry M. *Food insecurity: consequences for the household and broader social implications*. *J. NUTR.* 1999; 129 (2S Suppl.): 525S–528S.
26. Hickson M., de Cuba S.E., Weiss I., Donofrio G., Cook J. *Too hungry to learn: Food insecurity and school readiness, Part I of II*. Boston, MA: Children's HealthWatch, Boston Medical Center; 2013. Available at http://www.childrenshealthwatch.org/wp-content/uploads/toohungrytolearn_report.pdf.
27. Hickson M., Ettinger de Cuba S., Weiss I., Donofrio G., Cook J. *Feeding our human capital: Food insecurity and tomorrow's workforce, Part II of II*. Boston, MA: Children's HealthWatch, Boston Medical Center; 2013. Available at http://www.childrenshealthwatch.org/wp-content/uploads/FeedingHumanCapital_report.pdf.
28. Kursmark M., Weitzman M. *Recent findings concerning childhood food insecurity*. *CURR. OPIN. CLIN. NUTR. METAB. CARE*. 2009; 12(3): 310–316.
29. Lارايا B.A. *Food insecurity and chronic disease*. *ADV. NUTR.* 2013; 4(2): 203–212.
30. Lee J.S., Gundersen C., Cook J., Lارايا B., Johnson M.A. *Food insecurity and health across the lifespan*. *ADV. NUTR.* 2012; 3(5): 744–745.
31. Murphy C., Ettinger de Cuba S., Cook J., Cooper R., Weill J.D. *Reading, writing and hungry: The consequences of food insecurity on children, and on our nation's economic success*. Washington, D.C.: The Partnership for America's Economic Success; November 19 2008. Available at http://frac.org/newsite/wp-content/uploads/2010/03/reading_writing_hungry_report.pdf.
32. Perez-Escamilla R., De Toledo Vianna R.P. *Food insecurity and the behavioral and intellectual development of children: a review of the evidence*. *JOURNAL OF APPLIED RESEARCH ON CHILDREN*. 2012; 3(1): 1–16.
33. Shepard D., Stetren E., Cooper D. *Hunger in America: suffering we all pay for*. Washington, D.C.: Center for American Progress; 2011. Available at <http://americanprogress.org/issues/poverty/report/2011/10/05/10504/hunger-in-america/>.
34. Tayie F.A., Zizza C.A. *Food insecurity and dyslipidemia among adults in the United States*. *PREV. MED.* 2009; 48(5): 480–485.
35. Alaimo K., Olson C.M., Frongillo E.A. *Family food insufficiency, but not low family income, is positively associated with dysthymia and suicide symptoms in adolescents*. *J. NUTR.* 2002; 132(4): 719–725.
36. McIntyre L., Williams J.V., Lavorato D.H., Patten S. *Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger*. *J. AFFECT. DISORD.* 2013; 150(1): 123–129.
37. Coleman-Jensen A., Nord M., Andrews M., Carlson S. *Spotlight on senior health: adverse health outcomes of food-insecure older Americans*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; September 2012. Available at <http://www.ers.usda.gov/publications/err-economic-researchreport/err141.aspx>.
38. Ziliak J.P., Gundersen C. *Multigenerational families and food insecurity*. Lexington, KY: University of Kentucky Center for Poverty Research; November 2012. Available at http://uknowledge.uky.edu/ukcpr_papers/25/.
39. Ziliak J.P., Gundersen C., Haist M. *The causes, consequences, and future of senior hunger in America*. Lexington, KY: University of Kentucky; 2008. Available at <http://www.nfesh.org/wp-content/uploads/2013/03/Causes+Consequences+and+Future+of+Senior+Hunger+2008.pdf>.
40. Nord M., Coleman-Jensen A.L. *Food insecurity after leaving SNAP*. *J. HUNGER ENVIRON. NUTR.* 2010; 5(4): 434–453.
41. Bureau of Labor Statistics, U.S. Department of Labor. *HOUSEHOLD DATA ANNUAL AVERAGES. Table 1. Employment status of the civilian noninstitutional population, 1944 to date*. Available at <http://www.bls.gov/cps/cpsaat01.pdf>. Accessed November 12, 2015.
42. Coleman-Jensen A., Nord M. *Food insecurity among households with working-age adults with disabilities*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; January 2013. Available at http://www.ers.usda.gov/media/980690/err_144.pdf.
43. Coleman-Jensen A., Nord M., Singh A. *Household food security in the United States in 2012*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; September 2013. Available at <http://www.ers.usda.gov/publications/err-economic-research-report/err155.aspx>.
44. Acemoglu D., Autor D., Dorn D., Hanson G.H., Price B. *Import competition and the great U.S. employment decline of the 2000s*. August 2014. Available at <http://economics.mit.edu/files/9811>.
45. Autor D.H., Dorn D. *The growth of low-skill service jobs and the polarization of the U.S. Labor Market*. *AM. ECON. REV.* 2013; 103(5): 1553–1597.
46. Coleman-Jensen A. *Working for peanuts: nonstandard work and food insecurity across household structure*. *JOURNAL OF FAMILY AND ECONOMIC ISSUES*. 2011; 32: 84–97.
47. Martin J.A., Hamilton B.E., Osterman M.J., Curtin S.C., Matthews T.J. *Births: final data for 2013*. *NATL. VITAL STAT. REP.* 2015; 64(1): 1–65.
48. Zolna M., Lindberg L. *Unintended pregnancy: incidence and outcomes among young adult unmarried women in the United States, 2001 and 2008*. New York, NY: Guttmacher Institute; April 2012. Available at <https://www.guttmacher.org/pubs/unintended-pregnancy-US-2001-2008.pdf>.
49. Lamb M.E. *The role of the father in child development*. 5th ed. Hoboken, NJ: John Wiley & Sons; 2010.
50. Pruett K. *Father-need*. New York, NY: Broadway Books; 2000.
51. Tach L., Mincey R., Edin K. *Parenting as a "package deal": Relationships, fertility, and nonresident father involvement among unmarried parents*. *DEMOGRAPHY*. 2010; 47(1): 181–204.
52. Bureau of Labor Statistics, U.S. Department of Labor. *Highlights of women's earnings in 2012* (BLS Report 1045). October 2013. Available at <http://www.bls.gov/cps/cpswom2012.pdf>. Accessed September 29, 2015.
53. Bureau of Labor Statistics, U.S. Department of Labor. *The Economics Daily, Median weekly earnings by sex, marital status, and presence and age of own children under 18 in 2012*. December 3, 2013. Available at http://www.bls.gov/opub/ed/2013/ed_20131203.htm. Accessed September 29, 2015.
54. U.S. Census. *Table 4. Poverty status of families, by type of family, presence of related children, race, and Hispanic origin: 1959 to 2014*. Available at <https://www.census.gov/hhes/www/poverty/data/historical/families.html>. Accessed September 29, 2015.

55. National Center for Education Statistics. *Public high school graduation rates*. Washington, D.C.: National Center for Education Statistics; May 2015. Available at http://nces.ed.gov/programs/coe/indicator_coi.asp.
56. Alaimo K., Olsen C., Frongillo J. *Food insufficiency and American school-aged children's cognitive, academic and psycho-social development*. PEDIATRICS. 2001; 108(1): 44–53.
57. Coleman-Jensen A., McFall W., Nord M. *Food insecurity in households with children: prevalence, severity, and household characteristics, 2010–11*. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture; May 2013. Available at <http://www.ers.usda.gov/media/1120651/eib-113.pdf>.
58. Wehler C., Weinreb L.F., Huntington N., et al. *Risk and protective factors for adult and child hunger among low-income housed and homeless female-headed families*. AM. J. PUBLIC HEALTH. 2004; 94(1): 109–115.
59. Chilton M.M., Rabinowich J.R., Woolf N.H. *Very low food security in the USA is linked with exposure to violence*. PUBLIC HEALTH NUTR. 2014; 17(1): 73–82.
60. Jing S., Knowles M., Patel F., Frank D., Heeren T., Chilton M. *Childhood adversity and adult reports of food-insecurity among households with children*. AM. J. PREV. MED. 2016, in press. Available at [http://www.ajpmonline.org/article/S0749-3797\(15\)00626-1/pdf](http://www.ajpmonline.org/article/S0749-3797(15)00626-1/pdf).
61. Melchior M., Caspi A., Howard L.M., et al. *Mental health context of food insecurity: a representative cohort of families with young children*. PEDIATRICS. 2009; 124(4): e564–572.
62. Davison K.M., Marshall-Fabien G.L., Teeson A. *Association of moderate and severe food insecurity with suicidal ideation in adults: national survey data from three Canadian provinces*. SOC. PSYCHIATRY PSYCHIATR. EPIDEMIOL. 2015; 50(6): 963–972.
63. Hernandez D.C., Marshall A., Mineo C. *Maternal depression mediates the association between intimate partner violence and food insecurity*. J. WOMENS' HEALTH. 2014; 23(1): 29–37.
64. Gordon A., Oddo V. *Addressing child hunger and obesity in Indian Country: report to Congress*. Final report. Washington, D.C.: U.S. Department of Agriculture; January 12, 2012. Available at <http://www.fns.usda.gov/sites/default/files/IndianCountry.pdf>.
65. Haskins R. *Poverty and opportunity: begin with facts*. Testimony before the House Budget Committee. January 28, 2014. Available at <http://www.brookings.edu/research/testimony/2014/01/28-povertyopportunity-begin-with-facts-haskins>.
66. Ziliak J., Gundersen C. *Senior hunger in the United States: Differences across states and rural and urban areas*. Lexington, KY: University of Kentucky Center for Poverty Research Special Reports; September 2009. Available at <http://www.mouaa.org/document.doc?id=193>.
67. Ziliak J.P., Gundersen C. *The health consequences of senior hunger in the United States: Evidence from the 1999–2010 NHANES*. Alexandria, VA: National Foundation to End Senior Hunger; February 2014. Available at <http://www.nfesh.org/wp-content/uploads/2013/03/Health-Consequences-of-Food-Insecurity-final.pdf>.
68. Tappenden K.A., Quatrara B., Parkhurst M.L., Malone A.M., Fanjiang G., Ziegler T.R. *Critical role of nutrition in improving quality of care: an interdisciplinary call to action to address adult hospital malnutrition*. J. ACAD. NUTR. DIET. 2013; 113(9): 1219–1237.
69. PriceWaterhouse Coopers' Health Research Institute. *The price of excess: identifying waste in healthcare, 2008*. October 2015. Available at www.pwc.com/us/en/healthcare/publications/the-price-of-excess.jhtml.
70. U.S. Government Accountability Office. *Older Americans Act: Updated information on unmet need for services*. Washington, D.C.: U.S. Government Accountability Office; June 10, 2015. Available at <http://www.gao.gov/products/GAO-15-601R>.
71. U.S. Government Accountability Office. *Older Americans Act: More should be done to measure the extent of unmet need for services*. Washington, D.C.: U.S. Government Accountability Office; February 2015. Available at <http://www.gao.gov/products/GAO-11-237>.
72. Eicher-Miller H.A., Mason A.C., Weaver C.M., McCabe G.P., Boushey C.J. *Food insecurity is associated with diet and bone mass disparities in early adolescent males but not females in the United States*. J. NUTR. 2011; 141(9): 1738–1745.
73. Ettinger de Cuba S., Frank D.A., Rose-Jacobs R. *Nourishing development: a report on food insecurity and the precursors to school readiness among very young children*. Boston, MA: Children's Sentinel Nutrition Assessment Program (C-SNAP); 2008. Available at http://www.childrenshealthwatch.org/wp-content/uploads/nourishing_development_2_08.pdf.
74. Rose-Jacobs R., Black M.M., Casey P.H., et al. *Household food insecurity: associations with at-risk infant and toddler development*. PEDIATRICS. 2008; 121(1): 65–72.
75. Ryu J.H., Bartfeld J.S. *Household food insecurity during childhood and subsequent health status: the early childhood longitudinal study-kindergarten cohort*. AM. J. PUBLIC HEALTH. 2012; 102(11): e50–55.
76. Coleman-Jensen A., Rabbitt M.P., Gregory C., Singh A. *Statistical supplement to household food security in the United States in 2014*. Washington, D.C.: U.S. Department of Agriculture, Economic Research Service; September 2015. Available at <http://www.ers.usda.gov/publications/ap-administrative-publication/ap069.aspx#VAXb/WMZnFI>.
77. Coleman-Jensen A., Nord M. *Disability is an important risk factor for food insecurity*. Washington, D.C.: U.S. Department of Agriculture (USDA), Economic Research Service (ERS); May 6, 2013. Available at <http://www.ers.usda.gov/amber-waves/2013-may/disability-is-an-important-risk-factor-for-food-insecurity.aspx#VgRaZ6Mo6M9>.
78. Boell A., Rose-Jacobs R., Ettinger de Cuba S., Coleman S., Frank D.A. *Nurturing children: solutions to alleviate hardships and barriers for families of children with special health care needs*. Boston, MA: Children's HealthWatch; August 2015. Available at <http://www.childrenshealthwatch.org/publication/nurturing-children-solutions-to-alleviate-hardships-and-barriers-for-families-of-children-with-special-health-care-needs>.
79. Berkowitz S.A., Seligman H.K., Choudhry N.K. *Treat or eat: food insecurity, cost-related medication underuse, and unmet needs*. AM. J. MED. 2014; 127(4): 303–310 e303.
80. Windome R., Jensen A., Bangarter A. *Food insecurity among veterans of the U.S. wars in Iraq and Afghanistan*. PUBLIC HEALTH NUTR. 2015; 18(5): 844–848.
81. U.S. Department of Agriculture, Food and Nutrition Service. *Quick facts: Snap participation among members of the Armed Forces*. Washington, D.C.: U.S. Department of Agriculture, Food and Nutrition Service; February 2014. Available at http://midc.whs.mil/public/docs/report/qof/SNAP_and_Military_Quick_Facts_Feb_2014_update_w_2010-2012_ACS.pdf.
82. *Healthy People 2010*. Nutrition and overweight chapter. 2011. Available at http://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_focus_area_19.pdf.
83. Pardilla M., Prasad D., Suratkar S., Gittelsohn J. *High levels of household food insecurity on the Navajo Nation*. PUBLIC HEALTH NUTR. 2014; 17(1): 58–65.
84. Gundersen C. *Measuring the extent, depth, and severity of food insecurity: An application to American Indians in the USA*. JOURNAL OF POPULATION ECONOMICS. 2008; 21: 191–215. <http://www.nptao.arizona.edu/%5C/pdf/xtent%20Depth%20and%20Severity%20of%20Food%20Insecurity%20to%20An%20Application%20to%20American%20Indians%20in%20the%20United%20States%20-%20J%20Pop%20E.pdf>.
85. Liao Y., Bang D., Cosgrove S., et al. *Surveillance of health status in minority communities—Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) risk factor survey, United States, 2009*. Atlanta, GA: Centers for Disease Control and Prevention; 2011. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6006a1.htm>.
86. O'Connell J., Yi R., Wilson C., Manson S.M., Acton K. *Racial disparities in health status: A comparison of the morbidity among American Indian and U.S. adults with diabetes*. DIABETES CARE. 2010; 33(7): 1463–1470. <http://care.diabetesjournals.org/content/33/7/1463.full>.
87. National Academies of Sciences, Engineering, and Medicine. *The integration of immigrants into American society*. In: *Panel on the integration of immigrants into American society*, Waters M.C., Pineau M.G., eds. Committee on Population. Division of Behavioral and Social Sciences and Education. Washington, D.C.: The National Academies Press; 2015.
88. De La Puenta M., Stemper D. *The enumeration of colonias in Census 2000: perspectives of ethnographers and census enumerators*. Washington, D.C.: U.S. Census Bureau, Statistical Research Division; September 22, 2003. Available at <http://www.census.gov/pred/www/rpts/J.4.pdf>.
89. Cook J. *Risk and protective factors associated with prevalence of VLFS in children among children of foreign-born mothers*. Lexington, KY: University of Kentucky Center for Poverty Research; 2013. Available at http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1011&context=ukepr_papers.

90. Anderson P.M., Butcher K.F., Hoynes H.W., Schanzenbach D.W. *Beyond income: What else predicts very low food security among children?* Lexington, KY: University of Kentucky Center for Poverty; 2014. Available at http://www.ukcpr.org/sites/www.ukcpr.org/files/documents/DP2014-06_0.pdf.
91. Hill B.G., Moloney A.G., Mize T., Himelick T., Guest J.L. *Prevalence and predictors of food insecurity in migrant farmworkers in Georgia*. AM. J. PUBLIC HEALTH. 2011; 101(5): 831–833.
92. Sharkey J.R., Dean W.R., Johnson C.M. *Association of household and community characteristics with adult and child food insecurity among Mexican-origin households in colonias along the Texas–Mexico border*. INT. J. EQUITY HEALTH. 2011; 10: 19.
93. Annie E. Casey Foundation, Hairston C.F. *Focus on children with incarcerated parents: an overview of the research literature*. Baltimore, MD: Annie E. Casey Foundation; October 1, 2007. Available at <http://www.aecf.org/resources/focus-on-children-with-incarcerated-parents/>.
94. Cox R., Wallace S. *The impact of incarceration on food insecurity among households with children*. FRAGILE FAMILIES WORKING PAPER: 13–05–FF. 2013. Available at http://sentencingproject.org/doc/publications/cc_A%20Lifetime%20of%20Punishment.pdf.
95. Turney K. *Paternal incarceration and children's food insecurity: a consideration of variation and mechanisms*. Lexington, KY: University of Kentucky Center for Poverty Research; 2014. Available at http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1002&context=ukepr_papers.
96. U.S. Department of Justice. *Prisoners and prisoner re-entry*. Washington, D.C.: U.S. Department of Justice; n.d. Available at http://www.justice.gov/archive/fbci/progmenu_reentry.html.
97. Wang E.A., Gefei A.Z., Evans L., Carroll-Scott A., Desai R., Fiellin L.E. *A pilot study examining food insecurity and HIV risk behaviors among individuals recently released from prison*. AIDS EDUC. PREV. 2013; 25(2): 112–123.
98. Oliveira V. *The food assistance landscape: FY 2014 Annual Report*. Washington, D.C.: U.S. Department of Agriculture, Economic Research Service; March 2015. Available at <http://www.ers.usda.gov/media/1806461/eib137.pdf>.
99. Shafir E. *Invited written testimony to the National Commission on Hunger*. Professor, Princeton University Woodrow Wilson School of Public and International Affairs. Research Triangle Park, NC: National Commission on Hunger; July 26, 2015.
100. Rachidi A. *Invited testimony before the National Commission on Hunger: Addressing very low food security among American households*. Albany, NY: Research Fellow in Poverty Studies, American Enterprise Institute for Public Policy Research; May 13, 2015.
101. Ptacek T. *Public Testimony before the National Commission on Hunger*. Research Triangle Park, NC: National Commission on Hunger; July 30, 2015.
102. Mabli J., Ohls J. *Supplemental Nutrition Assistance Program participation is associated with an increase in household food security in a national evaluation*. J. NUTR. 2015; 145(2): 344–351.
103. Nord M. *How much does the Supplemental Nutrition Assistance Program alleviate food insecurity? Evidence from recent programme leavers*. PUBLIC HEALTH NUTR. 2012; 15(5): 811–817.
104. Sherward R., Ettinger de Cuba S., Cook J., Pasquariello J., Coleman S. *RX for healthy child development: nutritious, affordable food promotes health and economic stability for Boston families*. Boston, MA: Children's HealthWatch; April 2014. Available at <http://www.childrenshealthwatch.org/wp-content/uploads/FINAL-Boston-Food-Insecurity-for-web.pdf>.
105. Ziliak J. *Why are so many Americans on food stamps? The role of economy, policy, and demographics*. Lexington, KY: University of Kentucky Center for Poverty Research; September 2013. Available at http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1019&context=ukepr_papers.
106. U.S. Department of Agriculture, Food and Nutrition Service. *SNAP participation and costs, 1969 to 2014*. Washington, D.C.: U.S. Department of Agriculture, Food and Nutrition Service; November 2015. Available at <http://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.
107. U.S. Department of Agriculture. *Diet quality of American young children by WIC participation status: Data from the National Health and Nutrition Examination Survey, 2005–2008*. Washington, D.C.: U.S. Department of Agriculture, Food and Nutrition Service; May 2015. Available at <http://www.fns.usda.gov/sites/default/files/ops/NHANES-WIC05-08.pdf>.
108. Kreider B., Pepper J.V., Roy M. *Identifying the effect of WIC on very low food security among infants and children*. Lexington, KY: University of Kentucky Center for Poverty Research; 2012.
109. Breslin K. *Invited testimony before the National Commission on Hunger*, Albany, NY. President and CEO, Rockefeller Institute. Research Triangle Park, NC: National Commission on Hunger; May 13, 2015.
110. Metallinos-Katsaras E., Gorman K.S., Wilde P., Kallio J. *A longitudinal study of WIC participation on household food insecurity*. MATERN. CHILD HEALTH J. 2011; 15(5): 627–633.
111. Kreider B., Pepper J., Roy M. *Does the Women, Infants, and Children Program (WIC) improve infant health outcomes?* 2014; http://tippe.uiowa.edu/economics/tow/papers/kreider_b-spring2014.pdf.
112. Black M.M., Quigg A.M., Cook J., et al. *WIC participation and attenuation of stress-related child health risks of household food insecurity and caregiver depressive symptoms*. ARCH. PEDIATR. ADOLESC. MED. 2012; 166(5): 444–451.
113. Potamites E., Gordon A. *Children's food security and intakes from school meals. Final report*. Princeton, NJ: Mathematica Policy Research; May 2010. Available at <http://naldc.nal.usda.gov/download/42320/PDF>.
114. Condon E., Driles S., Lichtenstein C., Mabli J., Madden E., Niland K. *Diet Quality of American School Children by National School Lunch Participation Status: Data from the National Health and Nutrition Examination Survey, 2005–2010*. Prepared by Walter R. McDonald & Associates, Inc. for the Food and Nutrition Service; 2015.
115. Meyers A.F., Sampson A.E., Weitzman M., Rogers B.L., Kayne H. *School Breakfast Program and school performance*. AMERICAN JOURNAL OF DISEASES OF CHILDREN. 1989; 143(10): 1234–1239.
116. Murphy J.M., Pagano M.E., Nachmani J., Sperling P., Kane S., Kleinman R.E. *The relationship of school breakfast to psychosocial and academic functioning: cross-sectional and longitudinal observations in an inner-city school sample*. ARCH. PEDIATR. ADOLESC. MED. 1998; 152(9): 899–907.
117. Kleinman R.E., Hall S., Green H., et al. *Diet, breakfast, and academic performance in children*. ANNALS OF NUTRITIONAL & METABOLISM. 2002; 46 (Suppl. 1): 24–30.
118. U.S. Department of Agriculture, Food and Nutrition Service. *Child nutrition tables: national level annual summary tables FY 1969–2014*. Washington, D.C.: U.S. Department of Agriculture, Food and Nutrition Service; 2014. Available at <http://www.fns.usda.gov/pd/child-nutrition-tables>.
119. Edelman M.W. *Invited written testimony to the National Commission on Hunger*. President, Children's Defense Fund. Research Triangle Park, NC: National Commission on Hunger; July 2015.
120. Neuberger Z., Segal B., Nchako C., Masterson K. *Take up of community eligibility this school year: More than 6 million children have better access to school meals*. Washington, D.C.: Center on Budget and Policy Priorities; February 25, 2015. Available at <http://www.cbpp.org/cms/index.cfm?fa=view&id=5273>.
121. Levin M., Neuberger Z. *Community eligibility: Making high-poverty schools hunger free*. Washington, D.C.: Center on Budget and Policy Priorities and FRAC; October 1, 2013. Available at http://frac.org/pdf/community_eligibility_report_2013.pdf.
122. Huang J., Barnidge E., Kim Y. *Children receiving free or reduced-price school lunch have higher food insufficiency rates in summer*. J. NUTR. 2015; 145(9): 2161–2168.
123. U.S. Department of Agriculture. *Summer Food Service Program website*. April 15. Available at <http://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/summer-food-service-program.aspx>. Accessed November 2, 2015.
124. U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS). *Summer Food Service Program (SFS): frequently asked questions (FAQS)*. July 2013. Available at <http://www.fns.usda.gov/sfsp/frequently-asked-questions-faqs>.
125. D.C. Hunger Solutions. *D.C. free summer meals program: Kids & teens eat free*. Available at http://www.dchunger.org/fedfoodprogs/summer/summer_index.htm. Accessed September 24, 2015.
126. U.S. Department of Agriculture, Food and Nutrition Service (FNS). *FNS Program Information Report*. Available at <http://www.fns.usda.gov/sites/default/files/datastatistics/keydata-august-2015.pdf>. Accessed November 12, 2015.
127. Heflin C., Arteaga I., Gable S. *The child and adult care food program and food insecurity*. Lexington, KY: University of Kentucky Center for Poverty Research; October 2012. Available at http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1028&context=ukepr_papers.

128. U.S. Department of Agriculture. *Food Distribution Program on Indian Reservations*. Food and Nutrition Service, Nutrition Program Fact Sheet. Washington, D.C.: U.S. Department of Agriculture; July 2014. Available at <http://www.fns.usda.gov/sites/default/files/pfs-fdpir.pdf>.
129. Corporation for National & Community Service. *Volunteering and civic life in America 2014*. Available at <http://www.volunteeringinamerica.gov/>. Accessed September 29, 2015.
130. Preble Street. *Soup kitchens*. Available at http://www.preblestreet.org/soup_kitchens.php. Accessed September 30, 2015.
131. Feeding America. *How we work*. Available at <http://www.feedingamerica.org/about-us/how-we-work/>.
132. Donaldson A. *Through the eyes of a volunteer*. 2015. Available at <http://www.feedingamerica.org/hunger-in-america/news-and-updates/hunger-blog/through-the-eyes-of-a.html>.
133. Institute of Medicine (IOM). *Building public-private partnerships in food and nutrition: workshop summary*. Washington, D.C.: The National Academies Press; 2012.
134. van der Meer K. *Public-Private cooperation in agricultural research: Examples from the Netherlands*. In: Byerlee D., Echeverria R.G., eds. *Agricultural Research Policy in an Era of Privatization: Experiences from the Developing World*. New York, NY: CABI; 2002.
135. Kane H., Sreenivasan P., Bronstein K., et al. *Research to support potential recommendations of the National Commission on Hunger to reduce very low food security*. Research Triangle Park NC: RTI International; August 2015.
136. Lawrence M. *Bringing legislators to the table addressing hunger through public-private partnerships*. Washington, D.C.: National Conference of State Legislatures; 2011.
137. Elanco. *Consumer purchases drive donations of HATCH eggs in Indiana*. Greenfield, IN: Elanco; May 18 2015. Available at https://www.elanco.com/pdfs/hatch_update_5-18-2015.pdf.
138. The Food Project. *Boston bounty bucks*. Available at <http://thefoodproject.org/bountybucks>. Accessed September 29, 2015.
139. GrowNYC. *Greenmarket farmers markets*. Available at <http://www.grownyc.org/greenmarket>. Accessed September 29, 2015.
140. Tyson Foods. *Our commitment: KNOW hunger*. Available at <http://www.tysonhungerrelief.com/ourcommitment/>. Accessed September 29, 2015.
141. Nicholson E. *Testimony to the National Commission on Hunger*, Little Rock, AR. May 19, 2015.
142. Nord M., Coleman A.L. *Food Insecurity After Leaving SNAP*. JOURNAL OF HUNGER & ENVIRONMENTAL NUTRITION. 2010; 5(4): 434–453.
143. Ettinger de Cuba S., Harker L., Weiss I., Scully K., Chilton M.M., Coleman, S. *Punishing Hard Work: The Unintended Consequences of Cutting SNAP Benefits*. Found at <http://www.childrenshealthwatch.org/publication/punishing-hard-work-unintended-consequences-cutting-snap-benefits/2013>.
144. Andreyeva T., Tripp A.S., Schwartz M.B. *Dietary Quality of Americans by Supplemental Nutrition Assistance Program Participation Status: A Systematic Review*. AM. J. PREV. MED. 2015; 49(4): 594–604.
145. Brownell K.D., Farley T., Willett W.C., et al. *The public health and economic benefits of taxing sugar-sweetened beverages*. N. ENGL. J. MED. 2009; 361(16): 1599–1605.
146. Vartanian L.R., Schwartz M.B., Brownell K.D. *Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis*. AM. J. PUBLIC HEALTH. 2007; 97(4): 667–675.
147. Malik V.S., Hu F.B. *Fructose and Cardiometabolic Health: What the Evidence From Sugar-Sweetened Beverages Tells Us*. J. AM. COLL. CARDIOL. 2015; 66(14): 1615–1624.
148. Malik V.S., Hu F.B. *Sugar-sweetened beverages and health: where does the evidence stand?* AM. J. CLIN. NUTR. 2011; 94(5): 1161–1162.
149. U.S. Department of Agriculture, Food and Nutrition Service. *Approved Federal Funds for SNAP-Ed, FY2006–FY2014*. Washington, D.C.: U.S. Department of Agriculture, Food and Nutrition Service; May 23 2013. Available at <https://snaped.fns.usda.gov/about-snap-ed-connection-0#snaped>.
150. Abram J.K., Hand R.K., Parrott J.S., Brown K., Ziegler P.J., Steiber A.L. *What is your nutrition program missing? Finding answers with the guide for Effective Nutrition Interventions and Education (GENIE)*. J. ACAD. NUTR. DIET. 2015; 115(1): 122–130.
151. U.S. Department of Agriculture. *Summer Electronic Benefits Transfer for Children (SEBTC) Demonstration: Evaluation Findings for the Full Implementation Year*. 2012 Final Report. August Available at <http://www.fns.usda.gov/sites/default/files/SEBTC2012.pdf>.
152. Cutts D.B., Meyers A.F., Black M.M., et al. *U.S. Housing insecurity and the health of very young children*. AM. J. PUBLIC HEALTH. 2011; 101(8): 1508–1514.
153. Meyers A., Cutts D., Frank D.A., et al. *Subsidized housing and children's nutritional status: data from a multisite surveillance study*. ARCH. PEDIATR. ADOLESC. MED. 2005; 159(6): 551–556.
154. Parikh R.B., Montgomery A., Lynn J. *The Older Americans Act at 50—Community-based care in a value-driven era*. N. ENGL. J. MED. 2015; 373(5): 399–401.

Appendix A. Acknowledgments

The Commission wishes to acknowledge all the organizations that hosted us on our visits, as well as the community members who took the time to talk to us in these informal settings. We found these site visits and conversations enormously helpful—thank you!

- Acoma Food Distribution Program, Pueblo of Acoma, NM.
- Alameda County Board of Supervisors, Oakland, CA.
- Anacostia Library Summer Meal Program, Washington, D.C.
- Anthony Independent School District Summer Meals Program, El Paso, TX.
- Arkansas Children's Hospital Medical Nutrition and Feeding Program, Little Rock, AR.
- Arkansas Children's Hospital WIC Clinic, Little Rock, AR.
- Arkansas Food Bank food distribution and Mayor Zola Hudson, Altheimer, AR.
- Arkansas Hunger Relief Alliance, Cooking Matters Class, Little Rock, AR.
- Bread for the City, Washington, D.C.
- D.C. Central Kitchen, Washington, D.C.
- East Side Baptist Church food pantry, Pine Bluff, AR.
- ELANCO HATCH program, Indianapolis, IN.
- First United Methodist Church, Cooking Matters Class, Little Rock, AR.
- Indian Pueblo Cultural Center, Albuquerque, NM.
- Jericho Way Day Center, Little Rock, AR.
- El Centro de Salud Familiar La Fe, El Paso, TX.

- La Fe Culture and Technology Center, El Paso, TX.
- Marbury Plaza, Washington, D.C.
- Merrill Community Center, Pine Bluff, AR.
- MLK Interdistrict Magnet Elementary School, School Breakfast Program, Little Rock, AR.
- Nelson A. Rockefeller Institute of Government, Albany, NY.
- San Luis Rey Parish and Fr. Robert Villegas, C.S.C., Chamberino, NM.
- Socorro Ramirez Community Center, El Paso, TX.
- Statehouse Convention Center, Little Rock, AR.
- TOPPS (Targeting Our People's Priorities with Service) after-school snack program, Pine Bluff, AR.
- University of Southern Maine, Lee Community Hall, Portland, ME.

We are also grateful to all the people who testified at the public hearings or provided written testimony, both invited and public. We heard from a total of 182 people or organizations.

Summary of Testimony Received by Type and Category

Type	Nonprofit	Government	University/ Research	Industry	Unaffiliated	Total
Invited	53	11	12	4	—	80
Public	64	7	5	—	26	102
Total	117	18	17	4	26	182

Invited Testimonies

Justin Alford, Maine State Senator, Portland, ME
Salvador Balcorta, M.S.S.W., Chief Executive Officer, El Centro De Salud Familiar La Fe, El Paso, TX
Jessica Bartholow, M.P.S., Legislative Advocate, Western Center on Law and Poverty, Oakland, CA
Joel Berg, Executive Director, New York City Coalition Against Hunger, Albany, NY
Laurie Biscoe, Deputy Director, Texas Workforce Commission, El Paso, TX
Janet Bono, Workforce Services Program Administrator, Workforce Solutions Borderplex, El Paso, TX
Linda Bopp, Executive Director, Hunger Solutions New York, Albany, NY
Lee Bowes, Ph.D., CEO, America Works, Albany, NY
Michael Brennan, Mayor, City of Portland, Portland, ME
Kate Breslin, M.P.H., M.R.P., President and CEO, Schuyler Center for Analysis and Advocacy, Albany, NY
Patrick Casey, M.D., Harvey and Bernice Jones Professor of Developmental Pediatrics, University of Arkansas for Medical Sciences, Little Rock, AR
Dee Clarke, Founder, Survivor Speak, Portland, ME
Celia Cole, M.A., CEO, Feeding Texas, El Paso, TX
Faye Conte, MS, Advocacy and Education Director, Hunger Free Vermont, Portland, ME
Christy Daggett, M.P.P.M., Policy Analyst, Maine Center for Economic Policy, Portland, ME
Mitchell Davis, Director, Global Shared Value, ELANCO (written only)
Charlotte Douglas, Arkansas State House of Representatives, Little Rock, AR
Clarissa Douthard, Executive Director, Parent Voices Oakland, Oakland, CA
Marian Wright Edelman, J.D., President, Children's Defense Fund (written only)
Willy Elliot-McCrea, CEO, Second Harvest Food Bank Santa Cruz County, Oakland, CA
Thomas Farley, M.D., CEO, Public Goods Project, Washington, DC
Linda Farr, R.D.N., L.N., F.A.N.D., Speaker-Elect of the House of Delegates, Academy of Nutrition and Dietetics, El Paso, TX
Edward Frongillo, Ph.D., Professor and Chair, Department of Health Promotion, Education, and Behavior, University of South Carolina, Washington, DC
Veronica Garcia, Ed.D., Executive Director, New Mexico Voices for Children, Albuquerque, NM
Karen Gruneisen, Associate Director, Episcopal Community Services in San Francisco, Oakland, CA
Craig Gunderson, Ph.D., Endowed Professor, Department of Agricultural and Consumer Economics, University of Illinois (written only)
Sandra Hassink, M.D., President, American Academy of Pediatrics (written only)
John Hennessy, Interim Canon Missioner for Communication and Advocacy, Episcopal Diocese of Maine, Portland, ME
Ellie Hollander, President and CEO, Meals on Wheels America, Washington, D.C.
Mia Hubbard, M.A., Vice President of Programs, MAZON: A Jewish Response to Hunger, Oakland, CA
George Jones, CEO, Bread for the City, Washington, D.C.
Paula Jones, Ph.D., Senior Health Planner, Office of Equity and Quality Improvement, San Francisco Department of Public Health, Oakland, CA
Kathy Komoll, Executive Director, New Mexico Association of Food Banks, El Paso, TX
Kathy Krey, Ph.D., Director of Research, Texas Hunger Initiative at Baylor University, El Paso, TX
Jennifer Laurent, Executive Director, Randy Sams Outreach Shelter, Little Rock, AR
Rich Livingston, State President, AARP, Portland, ME
Mary Mayhew, Commissioner, Maine Department of Health and Human Services, Portland, ME

Kim McCoy Wade, J.D., Consultant, Alliance to Transform CalFresh, Oakland, CA
Travis McKenzie, Executive Director, Grow the Future, Albuquerque, NM
Edmund McMahon, President, Empire Center for Public Policy, Albany, NY
Robyn Merrill, J.D., M.S.W., Executive Director, Maine Equal Justice Partners, Portland, ME
Kristen Miale, M.B.A., President, Good Shepherd Food Bank, Portland, ME
Oscar Muñoz, Dir., Texas A&M Colonias Program, Center for Housing and Urban Development, El Paso, TX
Matt Newell-Ching, Public Affairs Director, Partners for a Hunger-Free Oregon, Oakland, CA
Ed Nicholson, Senior Director, Community Relations and Customer Service; Representative, Corporate Affairs, Tyson Foods, Inc., Little Rock, AR
Sarah Palmer, M.A., Policy Associate, California Association of Food Banks, Oakland, CA
Kathleen Pickering, Ph.D., Professor of Anthropology, Colorado State University; Dr. Pickering was joined in her testimony by **Benjamin McShane-Jewell**, Community Garden Program Director, Community Crops; **Michael Brydge**, Co-owner, Sweet Grass Consulting; **Marcella Gilbert**, South Dakota State University Extension, Cheyenne River Tribal Office; and **Linda Black Elk**, Secondary Science Education Instructor, Ethnobotany, Sitting Bull College, Standing Rock Reservation (written only)
Louise Pockock, J.D., Staff Attorney, New Mexico Center on Law and Poverty, Albuquerque, NM
Janet Poppendieck, Ph.D., Policy Director, New York City Food Policy Center at Hunter College and the CUNY School of Public Health, Albany, NY
Anne Quaintance, Chief Program & Government Affairs Officer, Meals on Wheels San Francisco, Oakland, CA
Mark Quandt, M.S.W., Executive Director, Regional Food Bank of Northeastern New York, Albany, NY
Angela Rachidi, Ph.D., Research Fellow in Poverty Studies, American Enterprise Institute for Public Policy Research, Albany, NY
Jennifer Ramo, Executive Director, New Mexico Appleseed, Albuquerque, NM
Robert Rector, M.P.S., Senior Research Fellow, The Heritage Foundation, Washington, D.C.
Kori Reed, Vice President, Cause and Foundation, ConAgra Foods, El Paso, TX
Heather Reynolds, President/CEO, Catholic Charities Fort Worth (written only)
Audrey Rowe, Administrator for the Food & Nutrition Service, U.S. Department of Agriculture, Washington, D.C.
Rhonda Sanders, M.P.H., CEO, Arkansas Foodbank, Little Rock, AR
Deborah Sanderson, Maine State Representative, Portland, ME
Eric Saunders, Ed.D., Assistant Commissioner for Fiscal and Administrative Services, Arkansas Department of Education, Little Rock, AR
John Selig, M.P.A., Director, Arkansas Department of Human Services, Little Rock, AR
Cathy Senderling-McDonald, M.P.P.M., Deputy Director, County Welfare Directors Association of California, Oakland, CA
Eldar Shafir, Ph.D., Professor, Princeton University Woodrow Wilson School of Public and International Affairs (written only)
Joseph Sharkey, Ph.D., Professor, Texas A&M School of Public Health, El Paso, TX
Tia Shimada, M.P.H., Managing Nutrition Policy Advocate, Food Policy Advocates, Oakland, CA
Reagan Smetak, Bureau Chief, State of New Mexico Children, Youth & Families Department, Albuquerque, NM
Andrew Souza, President and CEO, Community Food Bank, Oakland, CA
Valerie Tarasuk, Ph.D., Professor, Department of Nutritional Sciences, University of Toronto (written only)
Charolette Tidwell, Director, Antioch Consolidated Association for Youth and Family, Little Rock, AR
Jason Turner, Executive Director, Secretaries' Innovation Group, Portland, ME
Kathy Underhill, Executive Director, Hunger Free Colorado, El Paso, TX
Emily Wang, M.D., Assistant Professor, Yale School of Medicine (written only)
Tracy Wareing Evans, Executive Director, American Public Human Services Association, Washington, D.C.
Kathy Webb, Executive Director, Arkansas Hunger Relief Alliance, Little Rock, AR
Paul Winkler, Independent Consultant (written)
Scott Winship, Ph.D., Walter B. Wriston Fellow, Manhattan Institute for Policy Research, Washington, D.C.
Ian Yaffe, Executive Director, Mano en Mano, Portland, ME
Donna Yellen, M.S.W., Chief Program Officer, Preble Street, Portland, ME
James Ziliak, Ph.D., Founding Director, Center for Poverty Research, University of Kentucky, Washington, D.C.
Kelly Zunie, Cabinet Secretary, Indian Affairs Department, Albuquerque, NM

Public Testimonies

Many of the people who provided public testimony did not provide a written copy, and we have only the sign-in sheet or audio transcripts to document who they were. We apologize to anyone whose name we have inadvertently misspelled as a result. We also had a few people present public testimony who did not identify themselves at all, so we are unable to thank them by name.

127 State and Local Hunger Organizations (See complete list of organizations in *Attachment 1*; written only)

Saleema Akbar, Washington, D.C.

Alexandra Ashbook, J.D., L.L.M., Director, D.C. Hunger Solutions, Washington, D.C.

James Audiffred (written only)

Ali Avery, Portland, ME

Patricia Baker, Senior Policy Analyst, Massachusetts Law Reform Institute (MLRI), Portland, ME

Maria Elena Barrón, Partner, El Pasoans Fighting Hunger, El Paso, TX

Lionel Battle, Washington, D.C.

Rev. David Beckmann, President, Bread for the World, Washington, D.C.

Jill Borak, Policy Manager, Jewish Council for Public Affairs, Washington, D.C.

Rebecca Brislain, Florida Association of Foodbanks (written only)

Katharine Broton, Ph.D. Candidate, University of Wisconsin (written only)

Elaine Bultena, Volunteer Coordinator, Food Ministry—First United Methodist Church, Little Rock, AR
Rhonda Chafin, Executive Director, Second Harvest Food Bank of Northern Tennessee (written only)
Leslie Clark, Veteran, St. Mary's Center, Oakland, CA
Bill Collins, Oakland, CA
Heather Cosson, M.S., Dir. of Communications, National Foundation to End Senior Hunger, Washington, D.C.
Kay Cota (written only)
Evelyn County, Volunteer, Alameda County Community Food Bank, Oakland, CA
Joanna Cruz, Witnesses to Hunger, Washington, D.C.
Mike Curtin, D.C. Central Kitchen, Washington, D.C.
Diana Davis (written only)
Lisa Davis, J.D., Senior Vice President of Government Relations, Feeding America, Washington, D.C.
David DeVaughn, M.P.A., Manager, Policy and Government Relations, City Harvest, Albany, NY
Allissa Eiser, R.D., School Food Service Director, Public School System (written only)
Brooke Evans, Student and McNair Scholar, University of Wisconsin-Madison (written only)
Tangela Fedrick, Witnesses to Hunger, Washington, D.C.
Susan Forte, Exec. Director, House About It Community and Economic Development Agency, Little Rock, AR
Dana Frasz, Founder and Director, Food Shift, Oakland, CA
Abby Getman, The Food Bank of Western Massachusetts (written only)
Sara Goldrick-Rab, Ph.D. Candidate, University of Wisconsin (written only)
Rev. Phillip Grigsby, Executive Director, Schenectady Inner City Ministry, Albany, NY
Sarah Grow, Director of Advocacy and Development, The Open Door, Portland, ME
Jonetta Hall, Oakland, CA
Scott Hamann, State Representative, Maine House of Representatives, Portland, ME
James Hanna, Executive Director, Cumberland County Food Security Council, Portland, ME
Helen Hanson, Portland, ME
Jim Hoffman, Friar, Franciscan Outreach Association (written only)
Ortencia Hopvi, Oakland, CA
Noel Hubler, Ray of Hope Food Pantry Inc., Little Rock, AR
Jean Ingram, SNAP-Ed Program Manager, University of New England, Portland, ME
Jennifer Johnson, President, George J Mitchell School PTO, Portland, ME
Andrea Jones, Oakland, CA
Rev. Kasey Jones, National Baptist Memorial Church, Washington, D.C.
Monica Kamen, Advocacy Coordinator, DC Fair Budget Coalition, Washington, D.C.
Erika Kelly, Meals on Wheels, Washington, DC
Courtney Kennedy, Nutrition Educator Manager, Good Shepherd Food Bank, Portland, ME
Jeff Kleen, Public Policy Advocate, Oregon Food Bank (written only)
Jeremiah Lowery, Research and Policy Coordinator, Restaurant Opportunity Center, Washington, D.C.
Cindy MacIntyre, Grace Episcopal Church Food Pantry, Washington, D.C.
Kate Maehr, M.P.P.A., Executive Director, Greater Chicago Food Depository (written only)
Nahomi Martinez, El Paso, TX
Oscar Martinez, Coordinator, Social Justice Education Project, El Paso, TX
Janese Massey (written only)
Kirk Mayes, Chief Executive Officer, Forgotten Harvest (written only)
Shannon McCabe, Portland, ME
Bruce Meraviglia, Bread for the Cities, Washington, D.C.
Joycene Moore, Washington, D.C.
Artrese Morrison, Executive Vice President, Strategic Initiatives, Project Open Hand (written only)
Corina Marruto, El Paso, TX
National Association of Food Distribution Programs on Indian Reservations (written only)
Gina Nuñez, Ph.D., Interim Director of Women's Studies, The University of Texas, El Paso, TX
Teri Olle, Director of Policy and Advocacy, San Francisco Marin Food Bank, Oakland, CA
Marisa Parisi, M.S., Executive Director, Hunger Free Vermont, Portland, ME
Mary Penet, Director of Senior Feeding Programs, FeedMore, Washington, DC
Delene Perley, Food Pantry Coordinator, Project FEED, Portland, ME
Sr. Frances Mary Pierson, Dominican Sisters of MSJ (written only)
Shanti Prasad, Community Mobilization Coordinator, Alameda County Community Food Bank, Oakland CA
Carla Price (written only)
Thomas Ptacek, Portland, ME
Paula Reichel, D.C. Regional Director, Capital Area Food Bank, Washington, D.C.
Jeanne Reilly, Director of School Nutrition, Windham Raymond School Nutrition Program, Portland, ME
Colleen Rivecca, Advocacy Coordinator, St. Anthony Foundation, Oakland, CA
Carlos Rivera, President, Legacy of Valor, El Paso, TX
Wes Rivers, Policy Analyst, D.C. Fiscal Policy Institute, Washington, D.C.
Connie Rizoli, Director of Public Policy, Project Bread (written only)
Rosemary Rodibaugh, Ph.D., University of Arkansas Cooperative Extension, Little Rock, AR
Madonna Sactomah, Former Passamaquoddy Tribal Representative, Maine State Legislature, Portland, ME
David Sanchez, Regional Evaluator, Aliviane, Inc. and Prevention Resource Center 10, El Paso, TX
Ruben Sanchez, Regional Director, Texas Hunger Initiative, El Paso, TX
Anne Sheridan, M.S., Director, Maryland Governor's Office for Children, Washington, D.C.
Janie Sinclair, Executive Director, El Pasoans Fighting Hunger Food Bank, El Paso, TX
Ana Solis, Open Arms Catholic Charismatic Community, El Paso, TX
Denise Speed, Washington, D.C.
Triada Stampas, M.P.A., Vice Pres. for Research and Public Affairs, Food Bank for New York City, Albany, NY
Kyle Stephan, Volunteer, Border Servant Corps-Kelly Memorial Food Pantry, El Paso, TX
Andrew Stettner, M.P.P., Chief Program Officer, Single Stop (written only)
Duke Storen, Sr. Director of Research, Advocacy, & National Partnerships, Share Our Strength, Washington, D.C.

Nermin Tadros, Board Member, New York City Coalition Against Hunger Food Action, Albany, NY
William Taft, Bread for the Cities, Washington, D.C.
Joel Thomas, Lead Culinary Educator, Martha's Table, Washington, D.C.
Daryl Twerdahl (written only)
Sr. Betsy Van Deusen, C.S.J., Catholic Charities of the Diocese of Albany, Albany, NY
Gloria Williams, El Paso, TX
Michael Wilson, Director, Maryland Hunger Solutions, Washington, D.C.
Witnesses to Hunger, Washington, D.C.
Diane Woloshin, R.D., M.S., Director of Nutrition Services, Nutrition Services of Alameda County, Oakland, CA
Jessica Wynter Martin, Restaurant Opportunity Center, Washington, D.C.
Esther Zapata, El Paso, TX
Ginger Zielinskie, M.B.A., President, Benefits Data Trust, Washington, D.C.
Susan Zimet, Executive Director, Hunger Action Network of New York State, Albany, NY

Attachment 1. List of Signers of Letter from 127 Organizations

AHEPA [American Hellenic Educational Progressive Association]	Food Bank of Alaska	Ohio Association of Foodbanks
Alabama Food Bank Association	Food Bank of Central New York	Orange East Senior Center
Arkansas Hunger Relief Alliance	Food Bank of Contra Costa & Solano	Oxnard-Pathway to Educated Nutrition, Inc.
Arrowhead Senior Center	Food Bank of Delaware	Oregon Food Bank
Association of Arizona Food Banks	Food Bank of the Golden Crescent	Partners for a Hunger-Free Oregon
B.J. Jordan Child Care Programs	FRAC	Pennsylvania Council of Churches
Baltimore Area Faces of Homelessness Speakers' Bureau	Franklin Grand Isle Community Action	Point Roberts Food Bank
Baltimore Outreach Services, Inc.	GEDCO (Govans Ecumenical Development Corporation)	Poor Peoples United Fund
Bay Area Food Bank	Great Plains Food Bank	Preble Street Maine Hunger Initiative
Bean's Cafe	Greater Philadelphia Coalition Against Hunger	Public Policy Center of Mississippi Project Bread
Blue Valley Community Action Partnership	Hardwick Area Food Pantry, Inc.	Redwood Empire Food Bank
CAPB (Capital Area Food Bank)	Harvest Regional Food Bank	Regional Food Bank of Oklahoma
Cambridge Economic Opportunity Committee, Inc.	Hawaii Appleseed Center for Law & Economic Justice	Rhode Island Community Food Bank
Capital Area Food Bank of Austin	Hunger Advocacy Network	Roxbury Food Shelf
CDA	Hunger Free Colorado	San Francisco-Marin Food Bank
Center for Civil Justice	Hunger Free Vermont	Schenectady Inner City Ministry
CFPA (California Food Policy Advocates)	Hunger Solutions Minnesota	Second Harvest Food Bank of Middle Tennessee
Champlain Islands Foodshelf	Hunger Solutions New York	Single Stop
Child and Family Policy Center	Hunger Task Force	South Carolina Appleseed Legal Justice Center
Child Care Food Program Roundtable	Idaho Hunger Relief Task Force	South Plains Food Bank
Children's Alliance	Illinois Hunger Coalition	St. J. Nutritional Center/Meals on Wheels
Citizens for Citizens, Inc.	Imperial Valley Food Bank	St. Mary's Food Bank Alliance
Committee on Temporary Shelter	Kenai Peninsula Food Bank	Survivors, Inc.
Community Action Committee of Lehigh Valley & Northeast Pennsylvania	Kentucky Equal Justice Center	Tennessee Justice Center
Community Action Marin	Kingdom Community Services	The Food Depot
Community Servings	Loaves and Fishes Food Pantry	The Greater Boston Food Bank
D.C. Hunger Solutions	Long Island Care, Inc.	The Open Door
Day Care Connection	Louisiana Food Bank Association	The Food Bank of Western Massachusetts
Duxbury Elf Food Shelf	Maryland Hunger Solutions	Three Square Food Bank
El Paso Human Services, Inc.	Mercy Medical Center—Mercy Supportive Housing Program	Toledo Northwestern Ohio Food Bank, Inc.
Empire Justice Center	MLRI (Massachusetts Law Reform Institute)	Treasure Coast Food Bank
End Hunger CT!	Montana Food Security Council	Turning Point
Enosburg Food Shelf	North Carolina Association of Food Banks	Umbrella, Inc.
Facing Hunger Food Bank	National Health Care for the Homeless Council	United Ministries, Inc.
Fair Share	New Hampshire Food Bank	United Way of King County
Faith in Action Northern Communities Partnership	Nebraska Appleseed	Virginia Poverty Law Center
Federation of Virginia Food Banks	New Jersey Anti-Hunger Coalition	Utahans against Hunger
Feeding Indian's Hungry	New York City Coalition Against Hunger	Western Center on Law and Poverty
Feeding Missouri	Northeast Kingdom Neighbors Helping Neighbors/RuralEdge	Woodbury Calais Food Shelf
Feeding South Dakota	Northwest Harvest	Woodstock Community Food Shelf
Feeding Texas		Worcester Food & Active Living Policy Council
Food Bank for New York City		Worcester State University
Florida Impact		Wu Yee Children's Services

Note: This letter was provided to us by FRAC (Food Research Action Center). Some signers provided only an acronym. Where possible, we have identified those and spelled them out in parentheses following the acronym.

Appendix B. U.S. Household

Food Security Survey Model

In 2012, researchers at the USDA Economic Research Service compiled and made available a current version of the U.S. Household Food Security Survey Module to help other researchers achieve accuracy and standardization in application of the measures in empirical research. The U.S. Household Food Security Survey Module is available at the USDA Economic Research Service website, Food Security in the United States, (<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx#USHyuLFvOk>) along with very helpful guidance and recommendations for researchers' use of the module. In addition, Economic Research Service researchers have been an ongoing accessible and very helpful sources of advice, help, and guidance for public and private researchers who wish to use the food security measures in their own research. The support provided by the Economic Research Service has been a key factor in the large number of high-quality research studies that have been conducted on food security in the United States.

A household's raw score is the number of "affirmative" responses (*e.g.*, "yes," "often," "sometimes," "almost every month," "some months but not every month") to the questions (listed below). The raw score is translated into one of four food security levels (high, marginal, low, very low) using ranges that depend on the subset of questions used.

How is food security measured?

(Scores are adult-only households on left; households with children on right)

	Raw scores	Examples of coping strategies	Examples of survey questions	
Food Secure	High food security	0 0		
	Marginal food security	1 1		
		2 2		
Food Insecure	Low food security	3 3		
		4 4	Worry, stretch, juggle	
	Very low food security	5 7	Reduce quality and variety of diet	"The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes or never true for you in the last 12 months?
		6 8		In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?
		7 9		
		8 -	Reduce food intake (adults)	
		9 -	Reduce food intake (of children)	In the last 12 months, did you ever not eat for a whole day because there wasn't enough money for food?
10 18				

U.S. Household Food Security Survey Module Questions

1. "We worried whether our food would run out before we got money to buy more." Was that often, sometimes, or never true for you in the last 12 months?

2. "The food that we bought just didn't last and we didn't have money to get more." Was that often, sometimes, or never true for you in the last 12 months?

3. "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

4. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food? (Yes/No)

5. (If yes to question 4) How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

6. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? (Yes/No)

7. In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food? (Yes/No)

8. In the last 12 months, did you lose weight because there wasn't enough money for food? (Yes/No)

9. In the last 12 months did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food? (Yes/No)

10. (If yes to question 9) How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

(Questions 11–18 were asked only if the household included children age 0–17)

11. "We relied on only a few kinds of low-cost food to feed our children because we were running out of money to buy food." Was that often, sometimes, or never true for you in the last 12 months?

12. "We couldn't feed our children a balanced meal, because we couldn't afford that." Was that often, sometimes, or never true for you in the last 12 months?

13. "The children were not eating enough because we just couldn't afford enough food." Was that often, sometimes, or never true for you in the last 12 months?

14. In the last 12 months, did you ever cut the size of any of the children's meals because there wasn't enough money for food? (Yes/No)

15. In the last 12 months, were the children ever hungry but you just couldn't afford more food? (Yes/ No)

16. In the last 12 months, did any of the children ever skip a meal because there wasn't enough money for food? (Yes/No)

17. (If yes to question 16) How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

18. In the last 12 months did any of the children ever not eat for a whole day because there wasn't enough money for food? (Yes/No)

Glossary

Child and Adult Care Food Program: A Federal nutrition assistance program that provides meals to children and adults in institutions and day care centers. Generally subject to the congregate feeding requirement.

Colonia: An unincorporated settlement of immigrant families, the majority of whom are undocumented.

Congregate Feeding Requirement: A requirement of the Summer Food Service Program and the Child and Adult Care Food Program to provide meals at a public site (*e.g.*, school, senior center).

Documented immigrant: A citizen of another country who is in the United States legally.

Food-insecure: A household with low or very low food security, as measured by the U.S. Household Food Security Survey Module.

Food insecurity: A household-level economic and social condition of limited or uncertain availability of nutritionally adequate and safe foods, or the limited or uncertain ability to acquire acceptable foods in socially acceptable ways without resorting to emergency food supplies, scavenging, stealing or other coping strategies.

Food-secure: A household with high or marginal food security, as measured by the U.S. Household Food Security Survey Module.

Food security: Access by all people at all times to enough food for an active, healthy life.

Globalization: Changes promoting the open flow of goods and services among countries.

Hunger: Households experiencing very low food security.

Multigenerational household: A family headed by an adult householder aged 40 or older and with three generations (grandparent, parent, child) or grandparent and grandchild with no adult parent (so-called skipped generation).

National School Lunch Program: A Federal nutrition assistance program that provides school children with free or reduced price lunch.

Offshoring: Moving jobs from the United States to other countries where labor is cheaper.

Public-private partnerships: Arrangements between public, private, and non-profit organizations to provide public services.

School Breakfast Program: A Federal nutrition assistance program that provides school children with free or reduced price breakfast.

SNAP: Supplemental Nutrition Assistance Program, the largest Federal nutrition assistance program. Formerly called Food Stamps.

Summer Food Service Program: A Federal nutrition assistance program that provides children with food during the summer when they are not in school. Generally subject to the congregate feeding requirement.

Undocumented immigrant: A citizen of another country who is in the United States illegally. These may include asylum seekers (people who have entered illegally seeking refugee status, which if granted, would regularize their presence and make them legal) and those who entered the U.S. legally on a temporary visa, such as a student or tourist visa, that has since expired, rendering their presence here illegal.

U.S. Household Food Security Survey Module: A survey used to classify households into four food security categories: high food security, marginal food security, low food security, and very low food security. See *Appendix B*.

Very low food security: The disruption of eating patterns and reduced food intake for at least one household member because the household lacked money and other resources for food.

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children; a Federal nutrition assistance program that provides assistance to pregnant and postpartum women, infants, and children under 5 to ensure they get adequate nutrition.