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Federal Food Programs and the Public Health: Can All Americans Afford Access to Nutritious Foods?

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About this Paper

President Bush has proposed in his fiscal year 2008 budget to cut more than 300,000 low-income people, primarily working families with children, from the Food Stamp Program to achieve a savings of more than \$600 million over the next five years. As well, his proposed budget would eliminate funding for the federal Commodity Supplemental Food Program, which last year provided a monthly package of nutritious foods to some low-income 423,000 seniors and 40,000 women, infants and children, at a cost of \$107 million.

These proposals raise broader questions about the value of federal programs in meeting the nutritional needs of Americans, and improving the public health. To inform the debate, this paper reviews:

- Existing food and nutrition programs for low-income Americans, and their influence on health;
- Current levels of food insecurity; and
- The health consequences of food access and affordability.

For more information about the federal food programs:

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About the Rapid Health Policy Response Project

The Rapid Health Policy Response Project of the School of Public Health and Health Services at The George Washington University presents data and other background information on breaking public health stories. The goal is to educate the public, policymakers, legislators, health care providers, the media and others in order to promote informed decisionmaking. Karyn Feiden, an independent consultant who writes about public health and health care, provides editorial support for this project. Financial support comes from the Public Health and Policy Group of Pfizer, Inc.

Federal Food Programs and the Public Health: Can All Americans Afford Access to Nutritious Foods?



President Bush has proposed in his fiscal year 2008 budget to cut more than 300,000 low-income people, primarily working families with children, from the [Food Stamp Program](#) to achieve a savings of \$600 million over the next five years.¹ This would be achieved by stripping states of their flexibility to link eligibility for food stamps to eligibility for certain Temporary Assistance for Needy Families (TANF) programs.

As well, the President's proposed budget would eliminate funding for the [Commodity Supplemental Food Program](#), which cost the federal government \$107 million in 2006.² Last year under this program, about 423,000 low-income people age 60 or older (including about 150,000 over 75) received monthly packages of nutritious foods, such as canned meats, beans, cereals, rice and other grains, and canned fruits, vegetables and juice. An additional 40,000 women, infants and children were served.

The proposed cuts raise questions about the value of federal programs in meeting the nutritional needs of Americans, and more broadly about their role in public health. To provide some answers, this paper looks at:

- Existing food and nutrition programs for low-income Americans, and their influence on health;
- Current levels of food insecurity; and
- The health consequences of food access and affordability.

Federal Food-Related Programs

Fifteen distinct programs, all administered by the Food and Nutrition Services of the U.S. Department of Agriculture, comprise the federal nutrition safety net for low-income households. In fiscal year 2006, USDA spent \$52.9 billion, or 60 percent of its annual budget, on these food assistance and nutrition programs, which were used at some point during the year by one in five Americans.³ The three largest are:

Food Stamps: The cornerstone of federal food assistance is the [Food Stamp Program](#), which was initiated as a temporary program during the Depression, resurrected in the 1960s as part of the War on Poverty, and shaped into its current form with passage of the Food Stamp Act of 1977.⁴ In 2006, the program cost the federal government almost \$33 billion to reach all 50 states.⁵ An additional \$1.5 billion in block grants provide a similar benefit in Puerto Rico and certain American territories.⁶

The USDA calls food stamps “the first line of defense against hunger,” and their use tends to track poverty rates, which have been rising steadily in the new century. Some key data:

- In 2006, 26.7 million people received food stamps in an average month, compared with 17.2 million in 2000. (This growth followed six years of continuous declines, with food stamp participation falling from a peak in 1994 of 27.4 million people.⁷ This reflected

the strong economy of the late 1990s coupled with the effects of 1996 federal legislation that replaced Aid to Families with Dependent Children with the more limited Temporary Aid to Needy Families.)

- Half of current food stamp recipients are children, with almost 80% of all benefits going to families with children.⁸
- Eligible households are allowed no more than \$2,000 in assets (\$3,000 if there is an individual 60 or older or a person with a disability in the household; some assets, including a home, are excluded). The states are allowed some flexibility in this asset test so that families eligible for TANF-funded programs can also receive food stamps; the President's proposed budget would eliminate this flexibility.⁹
- Gross income is limited to \$1,062 a month for a one-person household, and \$2,167 a month for a four-person household. Currently, states can use slightly higher gross income levels to match the cutoff permitted for some TANF-funded programs. Net income, which includes deductions for child care and high housing costs, must still remain at or below the poverty line. The Bush proposal would eliminate the flexibility in gross income.¹⁰
- The average monthly per-person benefit in 2006 was \$94.¹¹

School Lunches: At a cost in 2006 of \$7.6 billion,¹² the [National School Lunch Program](#) is a distant second in size, providing subsidized meals that meet federal nutritional standards to some 30 million school children daily (lunch is free to children in households at or below 130% of the federal poverty level; the cost can not rise above 40 cents for those over 130% and at or below 185% of the poverty level).¹³ School lunches are required to meet current Dietary Guidelines for Americans, which restrict fat consumption and recommend vitamin and mineral allowances. Legislation authorizing the school lunch program was enacted in 1946. Its companion, the [School Breakfast Program](#), was launched as a pilot in 1966 and made permanent in 1975; in 2006, it provided free or subsidized daily meals to nearly 10 million children from low-income families at a cost of \$2.1 billion.¹⁴

WIC: The [Special Supplemental Nutrition Program for Women, Infants and Children](#) (WIC), launched in 1975, provides nutritious foods, nutrition education and counseling, and screening and referrals to other health, welfare and social services. On average in 2006, WIC reached just over eight million low-income pregnant and postpartum women, infants and children under five every month.¹⁵ Eligible families are those at nutritional risk who receive health coverage through Medicaid or earn at or below 185% of the poverty level. The cost to the federal government of food provided through WIC is about \$3.6 billion; an additional \$1.4 billion is used to fund nutrition services, administrative costs and certain special projects.¹⁶

Other Food Programs: The palette of other federal food assistance and nutrition programs includes: The [Child and Adult Care Food Program](#), which targets child care, adult day care and homeless shelters (\$2.1 billion in 2006);¹⁷ the [Summer Food Service Program](#),

which provides funds to non-profit community organizations to serve nutritious food during their summer activity programs (\$295 million in 2005);¹⁸ and the [Emergency Food Assistance Program](#), which distributes commodities to poor and unemployed individuals via food banks, food pantries, and soup kitchens (\$190 million in federal contributions in 2006).¹⁹

The [Commodity Supplemental Food Program](#) is substantially smaller than any of these programs, but it reaches a uniquely vulnerable population. Because commodity packages are often delivered directly to homes, they have special value for elderly people in remote settings or unable to travel to grocery stores. “The elderly face multiple barriers in trying to access food,” says Wayne Miller, PhD, Professor of Exercise Science at GW’s School of Public Health and Health Services, who has conducted focus groups with low-income elderly residents in the Washington, DC area. “Many of them aren’t mobile, so if they don’t have relatives who can bring in food, they are stuck.”

The eligible population for the commodity program is people 60 or over who are at or below 130% of the federal poverty level, and women, infants and children at or below 185% of that level. Participants in the commodity program may simultaneously receive food stamps, if they meet the program’s more stringent financial asset limitations, but they can not also receive WIC. Some seniors have said in focus groups that they find the food stamp program more difficult to navigate and less user-friendly.²⁰

Assessing the Benefits

Together, the federally-funded package of food and nutrition programs has made severe hunger in America rare. This stands in stark contrast to the late 1960s, when public and legislative attention was galvanized by reports of hunger and malnutrition in the poorest pockets of the nation.²¹ With the exception of the school lunch program, and a small milk program, virtually all federal food assistance and nutrition programs were launched or dramatically expanded and retooled after 1967, with most of the major programs permanently authorized in the mid-1970s.

Among their reported health benefits:²²

- ▶ Children in families who have participated in either the food stamp or WIC programs have fewer of the health problems associated with inadequate nutrition among low-income children (including anemia and failure to thrive), with a resulting cost savings to Medicaid. They are also less likely to be neglected or abused.²³
- ▶ Children receiving food stamps are less likely to be food insecure—defined as a situation in which access to adequate food is limited by a lack of money and other resources—than eligible children who do not receive food stamps.²⁴
- ▶ Children who begin to participate in the food stamp program between kindergarten and fourth grade have higher scores in reading and mathematics than those who stop their participation during this period.²⁵

- The WIC program reduces the incidence of low birthweight babies; increases intake by pregnant women of nutrients considered important during pregnancy, including protein, vitamin C, iron and calcium; increases intake of selected nutrients by children and infants; and improves the general health status of children.²⁶
- School lunch participants consume more milk, vegetables and key dietary nutrients, and fewer sweets and snack foods, than non-participants. And the availability of a school breakfast program makes it much more likely that low-income students will eat a more substantial breakfast.²⁷

Food Insecurity, Obesity and Nutritional Choices

Although the combination of public resources and personal assets give most U.S. households (89%) consistent, dependable access to the food they need, USDA has documented significant gaps among low-income households.²⁸ In a 2005 survey that assessed food security, food expenditures and use of food assistance programs, USDA concluded that:

- People in households at or below 185% of the poverty level are five times more likely to be food insecure than in households with income above that level.
- One out of every three low-income American households—and 45% of low-income households headed by a single woman—faced food insecurity in 2005.
- Low-income households with children are more likely to be food insecure than low-income households without children (41% vs. 28%).

These data suggest that federal food programs are not meeting all the needs of the low-income population. This group is also more likely to be obese, and thus at increased risk for certain obesity-related diseases, including cardiovascular disease, some forms of cancer, stroke, hypertension, and diabetes.²⁹ Researchers have also documented links between food insecurity and higher weight.³⁰ A number of efforts have been made to understand the reasons for this apparent irony.

No Causal Connection: One theory is that some kind of a causal connection exists between federal food programs and obesity—that, for example, participating in the food stamp or school lunch program drives weight gain. An expert panel convened in February 2005 by the USDA's Food and Nutrition Service, examined that idea and concluded that while there is an association between food stamp program participation and obesity—that is, those who participate are more likely to be obese—there is no evidence that the first causes the second. Indeed, the panel concluded more broadly, there is “no evidence of a causal relationship between the four major Food and Nutrition Service food assistance programs and overweight.”³¹

An Economic Perspective: There is also a body of literature that looks at the cost of food as a factor in obesity.³² On a per-calorie basis, lean meat, fish, fruits and vegetables are more expensive than the more energy-dense refined grains, sugars and fat that are linked to

excess weight. In many low-income neighborhoods, the latter group also tend to be more readily available. The decision to purchase good-tasting foods that will satisfy hunger at the lowest possible cost needs to be understood in the context of the options available when resources to spend on food are limited.

A focused look at how poverty, food choices and disease are linked is the *Healthy Heart Study*, conducted at the Center for Cardiovascular Disease in Women at Boston's Brigham and Women's Hospital.³³ In that study, dietitians worked with focus groups in Roxbury, a low-income African-American community, to develop seven-day menu plans that were culturally appropriate, nutritionally adequate and met dietary recommendations for reducing the risk of heart disease. After translating those menus into shopping lists, they priced the foods at large, local grocery stores, choosing affordable products, generic brands, and bulk purchases.

Based on 2003 prices, the cost of the "healthy heart" diet was \$692/month for a family of four, or \$227 above the maximum monthly Food Stamp Program benefit at the time, according to the Boston study. The cost was also \$138/month above the Massachusetts Financial Economic Self-Sufficiency Standard, a more generous measure of the costs of living in the state. For an elderly woman, the healthy diet costs \$242/month, or \$103 above the maximum monthly food stamp benefit. Thus, although African American women have higher rates of heart disease than all other racial and ethnic groups, residents of neighborhoods such as Roxbury, where 29% of the population lives below the poverty line, can not afford foods that lower their risks.

"There is a persistent belief that low-income consumers have made wrong or inappropriate food choices and need to be educated, taught or motivated to behave otherwise," writes Adam Drewnowski of the Center for Public Health Nutrition at the University of Washington in Seattle. "In reality, their food choices are quite rational from an economic standpoint."³⁴

In Conclusion

As Congress takes up the 2008 budget, it will have to consider the President's proposal to cut back on the Food Stamps Program and eliminate the Commodity Supplemental Food Program in the larger context of the federal role in providing adequate food and nutrition assistance. A number of interrelated public health issues need to be addressed to answer one overarching question: How can the federal government best lessen food insecurity, promote healthier eating, reduce obesity, and enable all Americans affordable access to the foods that lessen their risk of disease?

The nation has come a long way since 1968, when the Citizens Board of Inquiry reported in *Hunger USA* that millions of Americans were affected by malnutrition, that Federal programs to alleviate the problem had largely failed, and that Congressional committees and the USDA were discriminating against the needs of the poor and the hungry.³⁵ Nonetheless, much work remains to be done so that all American can eat nutritiously.

Notes on Sources

- ¹ [Budget of the United States Government Fiscal Year 2008](#), Table S-5.
- ² A detailed analysis of the Commodity Supplemental Food Program and the implications of the proposed cuts is contained in Rosenbaum D, "[President's Budget Would Cut Food for 440,000 Low-Income Seniors](#)," Feb. 8, 2007, produced by the [Center on Budget Policy and Priorities](#). The program is also described on the USDA's [Commodity Supplemental Food Program](#) web site.
- ³ "[The Food Assistance Landscape: FY 2006 Annual Report](#)" summarizes key USDA programs and provides a breakdown of costs and participation rates, based on preliminary fiscal year 2006 data (Oct. 1, 2005 to Sept. 30, 2006), which are subject to revision. Some USDA sources count 16 domestic food-related programs, based on a slightly different categorization method. In addition to the USDA programs, the [Administration on Aging](#) of the Department of Health and Human Services spends more than \$700 million on food assistance programs, including congregate and home-delivered meals.
- ⁴ "[A Short History of the Food Stamp Program](#)," USDA Food and Nutrition Service.
- ⁵ [Food Stamp Program Participation and Costs](#)," USDA Food and Nutrition Service [Program Data](#).
- ⁶ Block grants in lieu of food stamps are provided through the [Nutrition Assistance Program in Puerto Rico, American Samoa, and the Northern Marianas](#).
- ⁷ [Year-by-year statistics](#) chart the declining Food Stamp Program participation rate from 1995 through 2000, followed by upward growth through 2006.
- ⁸ The [Center on Budget Policy and Priorities](#) describes the Food Stamp Program and the reasons for its growth in Rosenbaum, D, "[The Food Stamp Program is Growing to Meet Need](#)," July 12, 2006.
- ⁹ Current asset limitations are described in a Food Stamp Program [Fact Sheet](#). See the USDA's overview of budget [proposals to alter flexibility in the asset test](#).
- ¹⁰ Current income limitations are described in a Food Stamp Program [Fact Sheet](#). See the USDA's overview of budget [proposals to alter the flexibility in gross income limitations](#).
- ¹¹ For average monthly benefit data over the past five years, see "[Food Stamp Program: Average Monthly Benefit per Person](#)" and "[Food Stamp Program:](#)

[Average Monthly Benefit per Household](#),” USDA Food and Nutrition Service [Program Data](#).

- ¹² *Budget of the United States Government, Fiscal Year 2008*, Appendix, p. 163.
- ¹³ Eligibility criteria, cost and nutritional requirements are described in a [National School Lunch Program Fact Sheet](#). Participation rates are listed in “[The Food Assistance Landscape: FY 2006 Annual Report](#).” The current federal poverty level for a family of four is \$20,650
- ¹⁴ USDA’s [School Breakfast Program](#) web site.
- ¹⁵ “[WIC Program Participation and Costs](#),” and “[WIC: Nutrition Program Facts](#),” USDA Food and Nutrition Service [Program Data](#).
- ¹⁶ “[WIC Program Food Costs](#)” and “[WIC Program: Nutrition Service and Administration Costs](#),” USDA Food and Nutrition Service [Program Data](#). The WIC program purchases infant formula at greatly reduced prices; if participants had to purchase the food themselves, they would pay an additional \$1.5 billion.
- ¹⁷ [The Food Assistance Landscape: FY 2006 Annual Report](#).
- ¹⁸ “[Frequently Asked Questions](#),” Summer Food Service Program, USDA Food and Nutrition Service.
- ¹⁹ “[The Emergency Food Assistance Program](#),” Food Distribution Fact Sheet, USDA Food and Nutrition Service, March 2006.
- ²⁰ For background on the Commodity Supplemental Food Program, see Rosenbaum D, “[President’s Budget Would Cut Food for 440,000 Low-Income Seniors](#),” Feb. 8, 2007, produced by the [Center on Budget Policy and Priorities](#). Focus group results are described in [Seniors’ View of the Food Stamp Program and Ways to Improve Participation: Focus Group Findings in Washington State](#), June 2002, commissioned by the Economic Research Service of USDA’s Food Assistance & Nutrition Research Program, and prepared by Health Systems Research, Inc.
- ²¹ See, for example, the Walter Cronkite special, “CBS Reports: Hunger in America,” aired in 1968, which helped prompt a Senate investigation and ultimately a \$200 million allocation for food programs, and *Hunger USA: A Report by the Citizens’ Board of Inquiry into Hunger and Malnutrition in the United States* (Beacon Press, 1968). The growth of hunger in America as a political issue is well-documented by Larry Brown in the “[Hunger USA: The Public Pushes Congress](#),” *Journal of Health and Social Behavior*, 1970;11 (2);115.

- ²² For a comprehensive review of the research literature on the nutrition and health outcomes associated with federal food programs, see Fox MK, Hamilton W, Lin B-H, [“Effects of Food Assistance and Nutrition Programs on Nutrition and Health,”](#) Volume 4: Executive Summary of the Literature Review, published by the Economic Research Services of USDA, November 2004.
- ²³ Lee BJ, Mackey-Bilaver L, Chin M. [“Effects of WIC and Food Stamp Program Participation on Child Outcomes,”](#) Economic Research Service Report 27, USDA, December 2006.
- ²⁴ Children’s Sentinel Nutrition Assessment Program, [“Food Stamps as Medicine: A New Perspective on Children’s Health,”](#) February, 2007. See also [Feb. 15, 2007 testimony](#) before the House Committee on the Budget by C-SNAP’s Deborah Frank. Other published reports are available on the web site of [C-SNAP](#), a network of pediatricians and child health professionals engaged in research and advocacy in the field of childhood nutrition and hunger.
- ²⁵ Frongillo EA, Jyoti DF, Jones SJ, [“Food Stamp Program Participation is Associated with Better Academic Learning Among School Children,”](#) *Journal of Nutrition*, April 2006;136:1077-80.
- ²⁶ [“Effects of Food Assistance and Nutrition Programs on Nutrition and Health,”](#) cited above.
- ²⁷ [“Effects of Food Assistance and Nutrition Programs on Nutrition and Health,”](#) cited above.
- ²⁸ Nord M, Andrews M, Carlson S., [Household Food Security in the United States, 2005](#), *Economic Research Report 29*, USDA Food Assistance & Nutrition Research Program, November, 2006. This is the source for all of the food insecurity data provided in the bullets below.
- ²⁹ Paeratakul S, Lovejoy JC, Ryan DH, Bray GA. [“The relation of gender, race and socioeconomic status to obesity and obesity comorbidities in a sample of US adults,”](#) *International Journal of Obesity* September 2002;26 (9):1205-10.
- ³⁰ Adams EJ, Grummer-Strawn L, Chavez G., [“Food Insecurity is Associated with Increased Risk of Obesity in California Women,”](#) *Journal of Nutrition*, April 2003;133:1070-4. Townsend MS et al., [“Food Insecurity is Positively Related to Overweight in Women,”](#) *Journal of Nutrition* 2001;131:1738-45. Olson CM, [“Nutrition and Health Outcomes Associated with Food Insecurity and Hunger,”](#) *Journal of Nutrition* 1999;12:521-4.

- ▶ ³¹ USDA Food and Nutrition Service, “[Obesity, Poverty, and Participation in Nutrition Assistance Programs](#),” 2004. Report No. FSP-04-PO.
- ▶ ³² See, for example: Drewnowski A, Darmon N, “[The Economics of Obesity: Dietary Energy Density and Energy Cost](#),” *American Journal of Clinical Nutrition* July 2005;82 (1):265S-73S. Drewnowski A, Darmon N, “[Food Choices and Diet Costs: An Economic Analysis](#),” *Journal of Nutrition* 2005;135:900-4. Drewnowski A, Specter SE, “[Poverty and Obesity: The Role of Energy Density and Energy Costs](#),” *American Journal of Clinical Nutrition* 2004;79:6-16. The Drewnowski articles cite other literature demonstrating that energy-dense foods are less costly.
- ▶ ³³ Center for Cardiovascular Disease in Women at the Mary Horrigan Connors Center for Women’s Health and Gender Biology, “[The Healthy Heart Initiative: Barriers to Eating a Heart Healthy Diet in a Low Income African American Community](#).” A Special Report from Brigham and Women’s Hospital, November 2004.
- ▶ ³⁴ Drewnowski A, Darmon N, “[Food Choices and Diet Costs: An Economic Analysis](#),” *Journal of Nutrition* 2005;135:901.
- ▶ ³⁵ *Hunger USA: A Report by the Citizens’ Board of Inquiry into Hunger and Malnutrition in the United States* (Beacon Press, 1968).