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In the Middle Ages in Europe the folklore which ordinary people created and retold reflected the concerns of their daily lives—collective anxieties grounded in their real experience and conditions—and many of those stories were about hunger. Hungry children were left to wander in the forest (families had too many mouths to feed). Food was often the first request when a fairy offered wishes.

In that world of want, the dream was of a “Cockaigne”—a fabled land of luxury and lavishness, one where the harsh life of a peasant was transformed. Rivers would flow with milk and honey. Skies would rain cheeses. Cooked fish would jump out of the water and land at one’s feet. Even architecture would be edible: roofs of pancakes, walls of gingerbread.¹

In the new millennium in America many of us live in that Cockaigne. By historical standards tens of millions of Americans lead lives of fabulous luxury, and television bombards every person in our country with a culture of riches. Deep hunger and severe want have virtually disappeared from the popular culture, if not from the society. This was true before the Great Recession began and largely has remained true since.

In our land of milk and honey, however, hunger and food insecurity afflict tens of millions who can only dream of consistently having enough food, of not having to choose daily between food and medicine and heat, of not choosing who in the family has enough to eat that day, of being able to buy food while keeping rent payments current.

A few years ago the mother of a baby, standing in a seemingly endless line of 896 people outside a food bank in rural southeastern Ohio, told a CBS reporter that she bought whole milk and cut it with an equal part of water: “It makes milk last longer. Because the baby … needs milk.” When asked her dream, this woman in twenty-first century America said that it was to feed her baby undiluted milk.²

¹See Cockaigne, ENCYCLOPEDIA BRITANNICA (2012), http://bit.ly/Qtte70. A modern American version of this is the hobo’s report of the “big rock candy mountain.”

This mother’s struggles are representative of the struggles of millions of American families. We are thankful that starvation is rare in America, as are the distended bellies we see in pictures from famine in the developing world. But hunger today, although a less visible phenomenon, is widespread. Children and adults have enough to eat on some days but not on others. Parents and grandparents skip meals so that the children can eat. Families fall behind on rent or medical bills to buy food, or go from food pantry to food pantry to supplement the meager amount of food they can purchase. Children and adults adopt cheaper, less healthy diets that harm their productivity, ability to learn, and health.

Partially because the physical manifestations of this American hunger are more subtle, the nation pays little attention. And as material misery for most of us receded over the past hundred years, the poverty and deprivation that continue to afflict a large minority no longer are part of a broadly shared experience. Now, because it is less common in our society as a whole, hunger has become a more private experience, and one often felt to be shameful.

As David Shipler wrote in *The Working Poor*, what Americans consider poverty may not be absolute deprivation by historical standards or the standards in the developing world. “[b]ut that does not mean that the poor are not poor, or that those on the edge of poverty are not truly on the edge of a cliff.” Shipler goes on to quote Michael Harrington on the sense of difference that this poverty creates:

> The American poor … are dispossessed in terms of what the rest of the nation enjoys, in terms of what the society could provide if it has the will. They live on the fringe, the margin. They watch the movies and read the magazines of affluent America, and those tell them that they are internal exiles ….³

This food insecurity, this marginalization, and this internal exile are prevalent. In 2007, before the recession, thirty-six million Americans lived in households that the federal government deemed “food insecure” based on U.S. Department of Agriculture (USDA) analysis of Census Bureau surveys. By 2010 that number had shot up to forty-nine million.⁴

“Food insecurity” is a government euphemism for families which are outright hungry or which struggle with a lack of resources for enough food and healthy food. Of the 49 million in 2010, 16.1 million lived in the worst circumstances, in households with “very low food security,” meaning food intake of household members was reduced and normal eating patterns were disrupted because of lack of resources for food.⁵

The postrecession number, however, obscures the long-term problem: decades of wage stagnation, workplace discrimination, inadequate public supports, and other fundamental economic problems have created widespread and persistent hunger and food insecurity. The recession exacerbated that problem, but hunger was unacceptably widespread before the recession. From 1999 to 2007, for example, the economy grew, but most benefits of growth went to the affluent. Food insecurity rose from 10.1 percent in 1999 to 11.1 percent of households in 2007.⁶

This problem is considerably worse in minority communities. The household food insecurity rate in 2010 was 26.2 percent among Hispanic households, 25.1 percent in black non-Hispanic households, and 10.8 percent in white non-Hispanic households.⁷ A recent poll found

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⁵Id.

⁶Id.

⁷Id. at 10.
nearly four in ten Hispanics (39 percent) worried about having enough money to put food on the table at some point in the next year, compared with 23 percent of non-Hispanics.8

Food insecurity, while it disproportionately afflicts African American and Hispanic households, is not primarily a minority or inner-city phenomenon, contrary to stereotypes. By raw numbers, far more non-Hispanic whites than members of other ethnic groups are food-insecure. In 2010 these groups were food-insecure: 9 million white, non-Hispanic households; 3.7 million black, non-Hispanic households; 3.7 million Hispanic households; and 881,000 other households.9

Hunger crosses geographic boundaries as well: 14.7 percent of households outside metropolitan areas and 14.5 percent of households inside metropolitan areas, were food-insecure in 2010. Nor is food insecurity confined to the poorest families. The rate of food insecurity does not decline sharply until family incomes approach 1.5 times or 2 times the poverty level.10

Households with children experience particularly high food insecurity rates—21.6 percent of children, compared with 14.2 percent of adults, lived in food-insecure households in 2010.11 Because adults often shortchange their own diets to protect the children, the intensity of children’s food insecurity is often less, but skipping meals or otherwise skimping imposes on parents or other caretakers stress that nonetheless takes a toll on the children.

USDA information on food insecurity relies on a supplement to the Census Bureau Current Population Survey that asks a battery of questions about food shortages and dietary shortcomings. The relatively small sample size means that the margins of error are too large to report data at the metropolitan or congressional district level.

By contrast, the Gallup organization, in a partnership with Healthways, has been interviewing about a thousand households per day almost every day since January 2008 to measure national well-being.12 One question in the interview relates to food hardship: “Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed?” While the multiple questions of the USDA-Census Bureau survey allow a more nuanced view of the depth of food insecurity and the particularity of families’ struggles, the very large Gallup sample allows a closer, more localized, and (as data are issued more quickly) more recent look at food hardship.

That look reveals high rates of food hardship throughout the country. In 2011 in seventeen states 20 percent or more of respondents answered that they did not have enough money to buy food at some point in the previous twelve months; in forty-one states and the District of Columbia the proportion was 15 percent or more. In only two states did fewer than one in eight respondents answer the question affirmatively.13

The Gallup–Healthways survey also allows an in-depth look at food hardship in large metropolitan statistical areas, which the Census Bureau defines to include central cities and surrounding counties with strong economic and social ties to the central cities. In 79 of the 100 metropolitan statistical areas with the largest number of respondents to the

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9Coleman-Jensen et al., supra note 4, at 11 tbl.2.
10Id.
11Coleman-Jensen et al., supra note 4, at 6 tbl.1A, 8 tbl.1B.
13Rachel Cooper & Michael Burke, Food Research and Action Center, Food Hardship in America 2011: Data for the Nation, States, 100 MSAs, and Every Congressional District (Feb. 2012), http://bit.ly/R9x5D.
2010–2011 survey, 15 percent or more of households answered this question affirmatively. Again, despite variation around the country, the inability to purchase adequate food was a serious problem in virtually every metropolitan statistical area.

The Gallup–Healthways survey sample is large enough to measure food hardship in congressional districts. In well over one-third—162—at least 20 percent of households faced food hardship, and in 323 districts the rate was 15 percent or higher. Only 14 congressional districts reported a rate lower than 10 percent. In other words, in virtually every congressional district more than one in ten respondents reported food hardship. The median rate was 18.2 percent.\textsuperscript{14}

The Harm of Food Insecurity

Even moderate food insecurity harms those who suffer from it. Solving the problem is essential because the damage is so great. Maternal undernutrition increases the risk of certain birth defects and contributes to low infant birth weight. Food insecurity among very young children can cause stunted growth, iron-deficiency anemia, and delayed cognitive development. Food insecurity harms children’s physical growth and immune systems, weakens resistance to infection, and in both early childhood and the school years causes children to lag behind their peers and learn less. These learning deficits accumulate.\textsuperscript{15}

For adults, food insecurity means lower productivity, higher rates of hospitalization, and poorer health. And adult hunger also harms children. Often parents or grandparents do everything they can to protect children from hunger: they feed the children first, although the meal may not be balanced or healthy. But when adults go hungry to protect children, the resulting stress and depression harm not only the adults but also the children’s health, mental health, and schooling.

What Federal Nutrition Programs Do

Food insecurity in the United States and the harm it causes would be far worse if not for the strong federal nutrition programs that push back against hunger and are especially efficacious for children.

Even before the terrible recession began in 2008, participation in America’s nutrition programs (especially the Supplemental Nutrition Assistance Program, or SNAP; the Special Supplemental Nutrition Program for Women, Infants, and Children program, or WIC; and school breakfast) was growing. This growth was spurred by the many people struggling with stagnant or declining wages during the economic “growth” years earlier in the decade; by changes that Congress, USDA, states, and nonprofit entities made in program rules and practices; and by outreach that made the programs more open to low-income families in need.

Then the recession struck. Participation skyrocketed not only because need increased drastically but also because of positive Congressional action, the adoption of smart state and local practices, outreach, and advocacy. The nutrition programs reached a higher percentage of the (growing number of) eligible people, and did so with improved benefits.

The key federal nutrition programs are food stamps (renamed SNAP at the federal level in 2008, but still often referred to as “food stamps”); school lunch; school breakfast; the child care food program that pays for nutrition in Head Start, child care centers, family child care homes, homeless and domestic violence shelters, and (since an important 2010 amendment) after-school programs; the summer meals programs; and WIC. Most of these focus solely on children (or in the case of WIC, on children and pregnant and postpartum women). SNAP eligibility is broader: despite some arbitrary categorical exclusions, generally low-income adults and children both are eligible. Three quarters

\textsuperscript{14}Id.

of SNAP benefits, however, go to families with children. Other smaller programs that primarily serve seniors and people with disabilities include the Commodity Supplemental Food Program (appropriated at $176.8 million in fiscal year 2012, compared to, for example, $6.6 billion for WIC) and the Meals on Wheels program.

All of these, and especially SNAP and the child nutrition programs, have become fundamental not just to reducing hunger but to the economic security, health, early child development, education, and well-being of tens of millions Americans. While the recession has exacerbated the struggles with economic insecurity and food insecurity that millions of households face, the federal nutrition programs that are entitlements have responded robustly. Because they are structurally sound and well targeted to people in need and can expand when need grows, these programs have grown by millions of beneficiaries and billions of dollars per year.

With the exception of WIC, Meals on Wheels, and the Commodity Supplemental Food Program, the programs mentioned above—SNAP, school lunch and breakfast, child care food, summer and after-school food—are entitlements, without limits on the number of participants or funding caps. Without new federal legislation or appropriations, that structure allows states, counties, cities and school districts, service providers, advocacy groups, and other nonprofit entities to develop strategies and activities that add eligible low-income people to coverage and that increase benefits. The programs can be grown through outreach, changes in state or local policy and practice, development of partnerships, and adoption of best practices. And the programs can respond robustly and quickly to local as well as national economic downturns.

In most of the nutrition programs, moreover, benefits are 100 percent federally funded. The federal government also covers most or all administrative costs, except in SNAP where such costs are shared with the states. Thus most effective strategies can drive participation growth and improve benefits without fear of any significant cost to state treasuries. This is true even—especially—in hard economic times. And expansion of the programs boosts local economies. Studies show that increased SNAP spending is the single most effective form of economic stimulus because needy families spend the benefits so quickly.16

SNAP is the nation’s largest nutrition program and best defense against hunger: the program is a bulwark against poverty as well. While SNAP’s reach was growing before the recession, that growth has accelerated in the last three years:

- The program grew from an average of 17.2 million beneficiaries per month in the 2000 federal fiscal year to a monthly average of 28 million in the middle of the 2008 fiscal year.17 Some of this growth was due to the stagnation or erosion of wages of the lowest-earning workers, and some was because Congress expanded the program (e.g., increasing the pool of eligible people). The proportion of potentially eligible people who actually participated rose substantially, from 57 percent in 2000 to 71 percent in 2008, due to more outreach and improvements in state and local rules, among other factors.18

- The recession then threw millions of additional families into economic distress. More than forty-six million people—eighteen million more than four years earlier—now participate in SNAP.19 The participation rate grew

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even as the number of eligible people jumped; the program now reaches more than seven in ten of those who are eligible. But still millions of eligible people are missed, especially Hispanics, seniors, and families with one or more wage-earners.

- SNAP is among the largest public programs that provide economic support to low-income Americans. The Congressional Budget Office projects SNAP spending of $747 billion over the next ten fiscal years (2013–2022)—$200 billion more than unemployment compensation and half again larger than the refundable earned income tax credit and child tax credit combined.20

Because of the economic squeeze on families in which at least one member works and volatility in employment and income among workers, vast numbers have come to rely on nutrition program benefits at some point, often just for relatively short periods. For example, even before the recession, half of all children in the United States were estimated to have used food stamp benefits at some time by age 20; and 51 percent of all adults used food stamps at some time between the ages of 20 and 65.21 In the 2011 calendar year alone, sixty-three million Americans—one out of five—received SNAP for at least one month.22

While SNAP is the largest, other federal nutrition programs also reach many millions of needy people:

- On an average day 22.4 million low-income children, up from 15.5 million in 2000, eat a free or reduced-price school lunch. And 10.2 million low-income school children eat a school breakfast every day, up from 6.3 million in 2000.23

- WIC reaches half of all pregnant women and half of all infants in the United States every month.24

- The federal programs for meals and snacks in Head Start, child care centers, family child care homes, and summer and after-school programs for school-age children feed additional millions of children every day.25

While monthly allotments in SNAP generally are not adequate for a truly healthy diet, the nutrition programs still are among the nation’s most effective supports for economic security and food security. SNAP lifted 3.9 million people above the poverty line in 2010.26 SNAP is roughly as effective as the earned income tax credit in lifting otherwise poor people out of poverty and is far more effective than the earned income tax credit or any other program in ameliorating the deepest poverty: lifting families above half of the poverty line.

20Congressional Budget Office, An Update to the Budget and Economic Outlook: Fiscal Years 2012 to 2022, at 6 tbls.1–2 (2012), http://1.usa.gov/Q30e2U. The earned income tax credit and child tax credit numbers would be roughly equal to the Supplemental Nutrition Assistance Program (SNAP) except that the Congressional Budget Office assumes that certain expiring provisions will not be continued.


22See JAMES MABLI ET AL., FOOD AND NUTRITION SERVICE, U.S. DEPARTMENT OF AGRICULTURE, DYNAMICS OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM PARTICIPATION IN THE MID-2000S (Sept. 2011), http://1.usa.gov/TWd2BS; Food and Nutrition Service, U.S. Department of Agriculture, Building a Healthy America: A Profile of the Supplemental Nutrition Assistance Program (April 2012), http://1.usa.gov/Q34BuN. Mabli et al. estimate that about 40 percent more individuals participate in SNAP over the course of a year than in an average month in the mid-2000s. The Food and Nutrition Service reports that 44.7 million people received benefits in an average month of the 2011 fiscal year. If the relationship observed in the mid-2000s continues to hold, the implication is that about 63 million people (44.7 x 1.4) received SNAP benefits at some point in 2012.


25For specific figures, see Food and Nutrition Service, U.S. Department of Agriculture, Program Data: Child Nutrition Tables (Aug. 29, 2012), http://1.usa.gov/TeXZOG.

Especially when benefits are closer to adequacy, the programs also reduce the depth of hunger and lift some families out of food insecurity altogether. For example, USDA found that the boost to SNAP benefit amounts that Congress passed in 2010 lowered the rate of food insecurity by 2.2 percent among low-income households.27 Nutrition programs also bolster health, development, and learning and boost healthy eating. For example, looking at some of the impact on children:28

- SNAP benefits protect the health of young children.
- School lunch and breakfast programs reduce hunger and obesity, provide a substantial share of the key nutrients schoolchildren need each day, boost health, reduce school nurse visits, and improve attendance, behavior, educational achievement, and test scores.
- The nutrition program for children in Head Start, child care centers, and family child care homes similarly improves nutrition, reduces obesity, and strengthens the quality of care.
- After-school and summer nutrition programs draw hungry children into school and community programs that keep them safe and engaged in out-of-school time activities as well as reduce obesity.
- Federal nutrition programs provide substantial funds that child care and after-school and summer providers—both school-based and community-based—use to strengthen their services or expand their reach and that help build sustainable services.
- WIC boosts rates of prenatal care, reduces low birth weight, infant mortality, childhood anemia, and obesity, and saves money in health systems.

### Food Insecurity, Obesity, and Federal Nutrition Programs

Besides its hunger problem, the United States has a very serious obesity problem among both children and adults.29 Obesity rates have more than doubled for both groups since the 1970s. While recent estimates suggest that the overall rates of obesity have plateaued, obesity is widespread. Two-thirds of U.S. adults are overweight or obese, as are about a quarter of 2-year-olds to 5-year-olds and one-third of school-age children (including adolescents).30 While all segments of the U.S. population are affected by obesity, one common misconception is that all or virtually all low-income people are more likely to be obese than those with higher incomes. In fact, the relationship between income and weight can vary with gender, race-ethnicity, or age. Overall there is more consistent research showing a greater risk of obesity for women and children (especially white women and children) of low-income or low socioeconomic status than for similarly situated men. Evidence also suggests that, where there are gaps in obesity rates between high- and low-income groups, the gaps have been closing as those with higher incomes become more obese.31

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31Food Research and Action Center, Do the Data Show a Relationship Between Obesity and Poverty? (Fall 2010), http://bit.ly/NSm12.
Separate from the association—or lack thereof—between obesity and low income for women and perhaps for children is the question of whether food insecurity and hunger are associated with obesity. As is true with income, the relationship between obesity and food insecurity is complicated. While coexistence may seem counterintuitive, food insecurity and obesity can coexist in the same individual, family, or community. The research on whether there is a relationship, however, offers mixed results. Some research studies in the United States and abroad have found positive associations between food insecurity and overweight and obesity. Other studies have found no relationship, or even a lower risk of obesity, with food insecurity. Overall the strongest and most consistent evidence is for a higher risk of overweight and obesity among food-insecure women.32

An association between food insecurity and obesity for some groups does not necessarily mean the two are causally linked; each can be a separate consequence of low income and the resulting lack of access to enough nutritious food. More specifically, obesity among food-insecure people, as well as among low-income people, occurs in part because they are subject to the same influences as other Americans—e.g., more sedentary lifestyles, increased portion sizes—but also because they face unique challenges in adopting healthful behavior:

- Many low-income neighborhoods lack full-service grocery stores and farmers’ markets where residents can buy a variety of fruits, vegetables, whole grains, and low-fat dairy products. Instead, especially if they lack reliable transportation, residents often must shop at small neighborhood convenience and corner stores where access to fresh produce and low-fat items is limited. A comprehensive review of studies of neighborhood disparities in food access found that people with better access to supermarkets and limited access to convenience stores tend to have healthier diets and reduced risk for obesity.33

- Even when healthier food is available, it is often more expensive than food with refined grains, added sugars, and fats. Households with limited resources often try to stretch their food budgets by purchasing cheap, energy-dense foods that are filling—maximizing their calories per dollar to stave off hunger.34

- Even when available, healthy food, especially fresh produce, is often of poorer quality in lower-income neighborhoods.35

- Lower-income neighborhoods offer fewer opportunities for physical activity—fewer or less safe parks, green spaces, bike paths, and recreational facilities—making a physically active lifestyle more difficult.36

- Students in low-income schools spend less time being active during physical education classes and are less likely to have recess; this is of great concern given the already limited opportunities for physical activity in their communities.37
Low-income and food-insecure people face other challenges than neighborhood attributes that can contribute to obesity:

- Eating less or skipping meals to stretch food budgets may lead to overeating when food does become available, resulting in chronic ups and downs in food intake that can contribute to weight gain. Cycles of restriction or deprivation also can lead to an unhealthy preoccupation with food and metabolic changes that promote fat storage.38

- The “feast or famine” situation is especially a problem for low-income parents, particularly mothers, who often restrict their food intake and sacrifice their own nutrition to protect their children from hunger.39

- Members of low-income families, including children, may face high levels of stress due to the financial and emotional pressures of food insecurity, low-wage work, lack of access to health care, and other factors. Research has linked stress to obesity in youth and adults.40

One way to boost healthy eating and prevent obesity is to improve federal nutrition programs and make their benefits available to more low-income and food-insecure people. Because federally funded child nutrition programs contain defined nutrition standards, the foods that children receive through these programs are generally of higher nutritional quality than the food served in schools or child care settings where the programs are not in place, or that children choose for themselves outside the federal programs:

- Low-income school-age children who eat federally funded school breakfast have better overall diet quality than those who eat breakfast elsewhere or skip breakfast.41

- School meal participants are less likely to have nutrient inadequacies and are more likely to consume fruit, vegetables, and milk at breakfast and lunch.42

- School-age children have higher daily intake of fruits, vegetables, milk, and key nutrients such as calcium, vitamin A, and folate on days they eat federally funded supper at an after-school program compared to days they do not.43

- The overall diets of young children aged 1 to 4 and enrolled in WIC are more nutrient-rich and lower in calories from solid fats and added sugars than the diets of income-eligible nonparticipants. Those enrolled in WIC, alone or in combination with SNAP, have lower rates of nutrient deficiency.44

- Child and Adult Care Food Program participants 3 to 5 years of age in child care centers have higher intake of many key nutrients and foods, includ-

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39Basiotis & Lino, supra note 34; Kristen Dammann & Chery Smith, Factors Affecting Low-Income Women’s Food Choices and the Perceived Impact of Dietary Intake and Socioeconomic Status on Their Health and Weight, 41 JOURNAL OF NUTRITION EDUCATION AND BEHAVIOR 242 (2009).

40Jason P. Block et al., Psychosocial Stress and Change in Weight Among U.S. Adults, 170 AMERICAN JOURNAL OF EPIDEMIOLOGY 181 (2009); Craig Gundersen et al., Linking Psychosocial Stressors and Childhood Obesity, OBESITY REVIEWS 9 (2010).


42Melissa A. Clark & Mary Kay Fox, Nutritional Quality of the Diets of U.S. Public School Children and the Role of the School Meal Programs, 109 JOURNAL OF THE AMERICAN DIETETIC ASSOCIATION (2 Supp.) S44 (2009); Elizabeth M. Condon et al., School Meals: Types of Foods Offered to and Consumed by Children at Lunch and Breakfast, id. S67.


ing vegetables and milk, and fewer servings of fats and sweets.\textsuperscript{45}

These positive outcomes, moreover, are based on nutrition standards that predate improvements in child nutrition programs dictated by the Healthy, Hunger-Free Kids Act of 2010. In coming years nutrition and health gains driven by the programs should be even greater.

When low-income children have greater access to nutrient-rich foods, evidence suggests that their risk of obesity is lowered. Conversely, when children are not participating in programs governed by those standards but have to fall back on their family’s limited resources, their own choices, or choices made by schools or child care providers outside the federal programs, the obesity risk rises. Both by improving dietary intake and reducing food insecurity, participation in the federal nutrition programs can prevent obesity.

Here are some representative findings:

- School breakfast participation is associated with a significantly lower body mass index.\textsuperscript{46}
- Food-insecure girls participating in the school lunch, school breakfast, or SNAP programs (or all three) have a lower risk of being overweight.\textsuperscript{47}
- WIC has been shown to prevent overweight and obesity in young children.\textsuperscript{48}
- Based on national food consumption data, each additional SNAP dollar increases a household’s score for overall dietary quality (as measured by USDA’s Healthy Eating Index). The higher the level of SNAP benefits, the larger the positive nutritional effect of program participation.\textsuperscript{49}

Some critics question whether SNAP contributes to the obesity crisis in the United States. In fact, a growing body of research suggests that SNAP participation protects against obesity risk:

- Adult SNAP participants in Massachusetts living in households participating in the program for at least six months had a lower body mass index than those participating for less than six months, suggesting that long-term participation is associated with lower body mass index.\textsuperscript{50}

- A study set in eight New York City area primary care practices found that food insecurity is associated with increased body mass index only in women not receiving food assistance (SNAP or WIC); this suggests that food assistance program participation protects against obesity among food-insecure women.\textsuperscript{51}

- Food insecurity is related to increased body mass index among North Carolina women receiving less than $150 in SNAP benefits per household member, but not related among those women receiving at least $150 in benefits. The mean body mass index of women receiving at least $150 in benefits per household member is lower than the mean body mass index of women receiving less than $150 in benefits. These findings “suggest that the provision of adequate SNAP benefits per

\textsuperscript{45}Kay Stearns Bruening et al., Dietary Intake and Health Outcomes Among Young Children Attending 2 Urban Day-Care Centers, 99 JOURNAL OF THE AMERICAN DIETETIC ASSOCIATION 1529 (1999).


\textsuperscript{49}P. Peter Basiotis et al., Maintaining Nutrition Security and Diet Quality: The Role of the Food Stamp Program and WIC, 11 FAMILY ECONOMICS AND NUTRITION REVIEW 4 (1998).

\textsuperscript{50}Aimee L. Webb et al., Food Stamp Program Participation but Not Food Insecurity Is Associated with Higher Adult BMI in Massachusetts Residents Living in Low-Income Neighbourhoods, 11 PUBLIC HEALTH NUTRITION 1248 (2008).

\textsuperscript{51}Arati Karnik et al., Food Insecurity and Obesity in New York City Primary Care Clinics, 49 MEDICAL CARE 658 (2011).
household member might partially ameliorate the negative effects of food insecurity on [body mass index].”52

Moving to End Hunger in America

In a 2008 position paper titled “Tackling Domestic Hunger,” the Obama campaign said that “[t]oo many fellow citizens—over 35.5 million Americans, including 12.6 million children—face a constant struggle against hunger” and that “Barack Obama will strengthen and expand nutrition programs and commit to ending childhood hunger by 2015.” 53 Since taking office, President Obama has reiterated this commitment, as have White House officials and Secretary of Agriculture Tom Vilsack.

Children must be well fed if America is to reach its health, education, and economic goals. Indeed, ending childhood hunger is not enough; the country should eliminate all hunger, and the American people fully support this goal. Polls consistently find that voters do not think the nation is doing enough to solve hunger and want government and political leaders to make sure that everyone in the United States has enough to eat.54

Moreover, feeding children and leaving adults in crisis is not enough either ethically or practically—and this shortchanges both parent and child: parents’ struggles with hunger have negative effects on children’s development, behavior, health, and learning. Food insecurity during pregnancy, for example, is associated with poor birth outcomes; and parental food insecurity—and the resulting stress, depression, and poor health for the parent—continue to affect children adversely throughout childhood. Senior hunger harms health and increases medical costs.

Ending hunger is a goal that we can achieve, providing we make a concerted effort across a range of strategies:

Restore Economic Growth and Create Jobs with Better Wages for Lower-Income Workers. The recession has added millions of Americans to the ranks of those living in poverty and struggling with hunger. As the economy recovers, the nation must strive to ensure that all Americans get a fair share of economic growth—something that has not occurred over most of the last thirty years. Parents want jobs with good wages and benefits sufficient to support their families. Ensuring family-supporting jobs for all who want them requires fiscal and monetary policies that restore and sustain growth; robust private and public sector job creation and job training with new attention to making the economy work for all, including disadvantaged populations; full-time jobs at good wages that create family-supporting incomes; benefits and leave provisions that are consistent with family well-being; and strong child care supports.

Take Action to Support the Incomes of the Lowest-Income Families. President Obama’s “Tackling Domestic Hunger” analysis made the point that “[t]he most effective way to eliminate childhood hunger and reduce hunger among adults is through a broad expansion of economic opportunity.”55 He outlined a range of initiatives “to reduce and alleviate poverty, including providing permanent tax relief for working families, expanding the Earned Income Tax Credit, raising the minimum wage, and providing affordable, accessible health insurance.”56


55Obama and Biden, supra note 53, at 2.

56Id.
That is the right approach. Nutrition programs alone cannot carry the whole burden of government supports to end hunger when wages and benefits fall short. There must be decent family incomes on which to build. If a full-time minimum wage job pays too little to meet a family’s basic needs, substantially improved food stamp and school meals programs can reduce suffering but will not end hunger. The nation must lift the incomes of as many families as possible well above the poverty line. To accomplish this, key strategies are, among others, increasing the federal minimum wage; improving tax credits for working families; and improving other supports such as unemployment insurance, child support recovery, and the Temporary Assistance for Needy Families program.

Strengthen SNAP. Greatly strengthening the nation’s nutrition programs is a crucial part of this effort. SNAP is the nation’s most substantial direct defense against hunger; the program can do the most to eliminate hunger by delivering benefits directly to struggling families and letting them use the same commercial food outlets as other Americans.

SNAP is fundamentally strong but must be reformed and improved. These are key changes:

- **Update and Improve Benefit Allotments.** Benefit levels are too low to stave off hunger throughout the month, much less allow a family to purchase a healthy diet. The monthly allotment is predicated on an emergency “thrifty food plan” that originated in the Depression of the 1930s “as a restricted diet for emergency use.” The allotment typically carries even the most careful of families only three-quarters or four-fifths of the way through the month. The government’s own “low-cost food budget”—the lowest of three budgets for normal use—is approximately 25 percent higher than the thrifty food plan and should be the basis for SNAP allotments. The low-cost food budget is generally in line with what low- and moderate-income families report that they need to spend on food.57

- **Expand Eligibility and Improve Benefit Computation Rules.** Policymakers should extend the program to cover people now excluded from benefits by arbitrary eligibility rules; fully allow SNAP benefits to increase when high housing costs consume more of a family’s income (a provision that was cut back for families with children by 1996 legislation); reduce unnecessary red tape that deters participation; and improve earnings disregards and other benefit computation rules.

**Strengthen Child Nutrition Programs.** President Obama’s “Tackling Domestic Hunger” paper emphasized that child nutrition programs are essential tools for ending childhood hunger. The paper correctly notes that these programs and SNAP do more than alleviate hunger: “they reduce poverty, prevent obesity, strengthen schools and child care programs, and boost children’s health, development and school achievement.”58 The programs, among our nation’s most dependable and cost-effective public interventions, must be bolstered: increase participation for children of all ages in all settings; reverse a shortsighted congressional rule that limits the number of meals for preschoolers to two a day regardless of the number of hours per day in care; expand WIC eligibility to reach many more of the 1-to-4-year-olds who are eligible for but do not receive benefits; and improve meal quality. USDA has begun to act on this last goal, particularly following congressional action in passing the Healthy, Hunger-Free Kids Act of 2010.59

**Work with States, Localities, and Non-profit Entities to Expand and Improve Participation in Federal Nutrition Programs.** Federal income support and

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58Obama and Biden, supra note 53, at 2.

nutrition programs need to be strengthened, but program intermediaries should take better advantage of them. Today SNAP participation among eligible people ranges from about 50 percent in some states to more than 90 percent in others. In some states only 33 low-income children get school breakfast for every 100 who get school lunch; in others the rate is much higher.

Even in the best states rates often are too low, and underparticipation everywhere contributes enormously to the hunger problem. The differences in both official attitudes and results among the states show why federal programs should be even stronger with robust federal funding and clear national program rules. Whether a child is hungry—or healthy and able to learn—should not depend on an accident of birth or family mobility.

Strengthening the national framework, however, while essential, is not sufficient; we must enable state and local agencies, schools, and nonprofit entities to make full use of federal programs and available federal funds.

**Ensure All Families’ Convenient Access to Reasonably Priced, Healthy Food.** Many neighborhoods and towns lack decent-sized stores that sell a good variety of food, especially fresh produce, at reasonable prices. For families living in these “food deserts,” staving off hunger and staying healthy are far harder, if not impossible. They often must forgo healthy food, spend scarce resources traveling to food stores, or pay higher prices for food of lesser nutritional quality.

Community and school gardens, farmers’ markets and green carts, and improving the offerings of corner stores can help accomplish this goal, but more to the point is to make decent full service grocery stores accessible to all Americans. A California initiative, the California FreshWorks Fund, and the President’s Healthy Food Financing Initiative are taking steps in this direction.

Food insecurity was already unacceptably high before the recession, but after the recession began, the rates jumped—and have remained at the new, higher level. This struggle with hunger harms Americans’ health, education, and productivity.

Ending hunger in America requires a better economy—more jobs, better wages, improved income supports, and a more broadly shared prosperity. At the same time the nation’s federally funded nutrition programs remain a vital bulwark against much deeper and more widespread suffering, as well as an essential support for healthy eating and obesity prevention. Structurally strong and growing in impact, these programs must be strengthened yet further to reach more eligible people, provide sufficient benefits, and help launch the nation on a steady path toward ending hunger.

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