

The REAL COST

of a Healthy Diet: 2011*

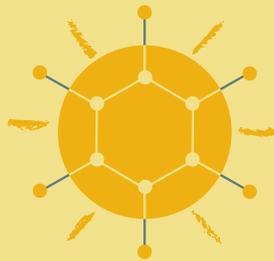
Photo: Christina K.



“You have to feed your children right, and if we can’t even feed them right at home then what does that tell you? The amount we get for three meals a day is not cutting it. And if we do it then we’re doing it with cholesterol, trans fat—we have to eat unhealthy food.”

Ashley O.
Witnesses to Hunger

→ November 2011



CENTER FOR
HUNGER-FREE
COMMUNITIES

solutions based on science
and the human experience

CHILDREN'S
HealthWatch



DREXEL UNIVERSITY
SCHOOL OF PUBLIC HEALTH

www.centerforhungerfreecommunities.org

Photo: Quiana H.

The economic crisis has taken a severe toll on the health and well-being of our nation's most vulnerable citizens. In 2010, there were 48.8 million Americans who lived in households that were food insecure, including 16.2 million children.¹ Food insecurity (limited access to sufficient nutritious food) is particularly detrimental to young children because they are in a phase of rapid brain development and growth, laying the foundation for future health and school success. Without adequate nutrition, the opportunity for optimal growth and development can be lost.² Children's HealthWatch research has shown that receipt of Supplemental Nutrition Assistance Program (SNAP; formerly the Food Stamp Program) benefits is linked to better child health and development and improved food security.³⁻⁴

As the only major U.S. city with two of the hungriest Congressional districts, there is no better place to examine issues of food insecurity than Philadelphia. Among households with children in 2010, approximately half in Philadelphia's 1st Congressional District and nearly a third in the 2nd Congressional District did not have enough money to buy food that their family needed.⁵

In these tough economic times, SNAP has never been more important in helping to buffer children from the negative health effects associated with living in poverty. Not only did SNAP help stimulate economic growth during the recent recession, it also pulled 1.7 million children out of poverty in 2010.⁶⁻⁷



Photo: Tianna G.

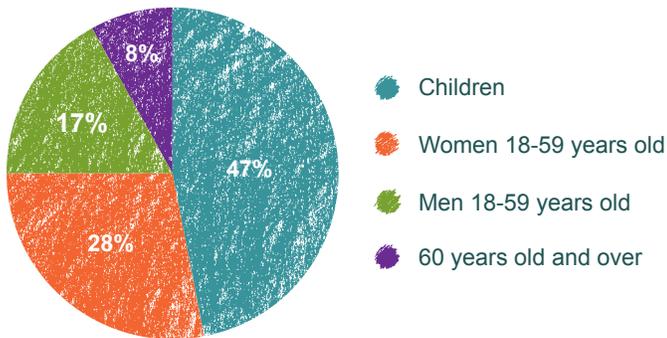


Food insecurity: limited or uncertain access to enough nutritious food for all household members to lead an active and healthy life; another term for being at risk of hunger.

¹In 2008, Children's HealthWatch released the report, *Coming up short: High food costs outstrip food stamp benefits*, showing that the average price of the Thrifty Food Plan market basket was roughly 45% higher than the maximum SNAP benefit for a family of four in Boston and Philadelphia.

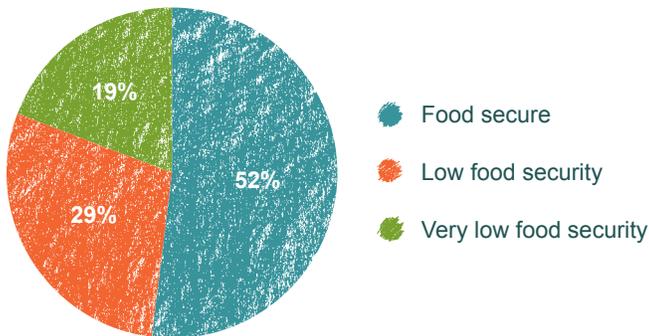
²In 2006 USDA changed the term "food insecure without hunger" to "low food security" and the term "food insecure with hunger" to "very low food security."

Figure 1. Nearly half of SNAP recipients are children⁸



Since the beginning of the economic recession, SNAP participation has risen by 63 percent and now provides assistance to 44.5 million Americans.⁹ While this indicates that SNAP has responded as it was designed to – growing in times of increased need, shrinking as times improve – benefit levels remain too low. As evidence of this, many families who receive SNAP still report food insecurity¹.

Figure 2. Nearly half of SNAP recipients report food insecurity^{1,†}



→ The Thrifty Food Plan

Last updated in 2006, the U.S. Department of Agriculture's Thrifty Food Plan (TFP) is used as the national standard for a "nutritious diet at a minimal cost"¹⁰, in theory lifting families into food security. It is used to determine national poverty thresholds and serves as the basis for the maximum SNAP allotment. This is ironic, in that the TFP is based on the food spending patterns of low-income Americans who spend the least amount of money on food, many of whom are food insecure. In addition, almost 30% of SNAP recipients have relied on emergency food supplies.¹ This supports our finding that the TFP market basket is not capable of meeting the needs of low-income families.

The version of the TFP market basket used in this study is based on a household with 2 adults (19-50 years old) and 2 children (one 6-8 years old and another 9-11 years old).

As Children's HealthWatch reported in 2008, the shortcomings of the TFP have real consequences for families.

- **National average food price data do not capture regional variation.** Food prices in urban areas are higher and SNAP benefits do not stretch as far.
- **Prepared foods are included in such small quantities that they are rendered meaningless.** For example, only 0.48 ounces of "instant cup of soup" is allotted for a family of four for a week. This is equivalent to about a third of an entire cup of soup, which is 1.4 ounces.

→ Project Overview

Based at Drexel University's School of Public Health, this project examined whether a healthy diet was within reach at neighborhood food stores for low-income families in Philadelphia receiving the maximum SNAP benefit allotment.

Project objectives

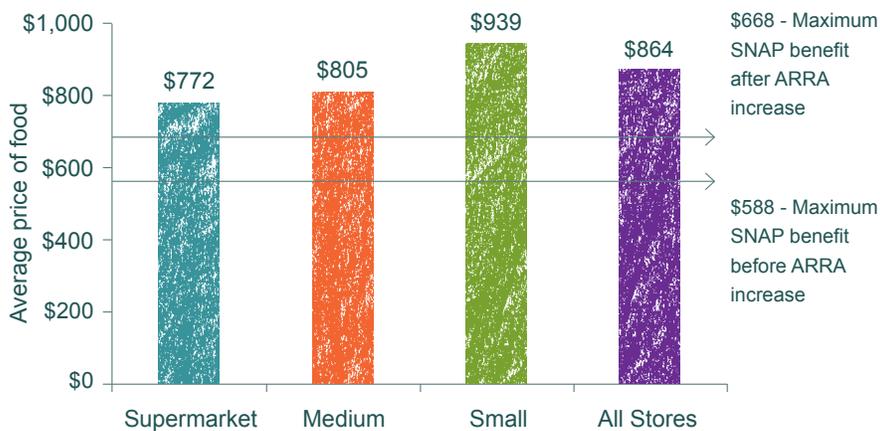
- To determine the cost and availability of a healthy diet in different sized food stores in low-income neighborhoods in Philadelphia.
- To compare actual food costs and availability to the TFP market basket and the maximum SNAP allotment for a family of four.

Project methods

- Selected four low-income neighborhoods in Philadelphia
- Identified four stores (1 large store (supermarket), 1 medium store, and 2 small stores) in each neighborhood for a total of 16 stores
- Used a shopping list that was a translation of the 2006 TFP food guidelines
- Trained two graduate students at Drexel University's School of Public Health in data collection procedures
- Collected food availability and price data for the TFP shopping list over a 2-week period in summer 2011
- Included estimated prices of missing items in the total cost
- Calculated the average weekly and monthly cost of the TFP and the number of missing items at each store

→ Results

Figure 3. Thrifty Food Plan remains unaffordable even with ARRA increase



Data were collected in 16 food stores in Philadelphia. The affordability of the TFP was assessed by comparing the prices of the items on the TFP market basket shopping list to the maximum SNAP benefit for a family of four. Most SNAP recipients do not receive the maximum benefit, instead using SNAP to supplement their food budget. However, the maximum benefit is designed to cover the entire food budget of those families who have so little income or such high expenses that they cannot contribute to the family food budget.

In April 2009, SNAP benefits were raised across-the-board by an average of 13.6 percent under the American Recovery and Reinvestment Act (ARRA). As Children's HealthWatch research and USDA studies have shown, the ARRA increase prevented food insecurity and protected the health and well-being of very young children living in poverty during the recession.^{7,11}

The overall average monthly cost of the items on the TFP shopping list in all stores surveyed was \$864 (29% above the maximum SNAP benefit). This represents a **\$196 monthly shortfall** for families who receive the maximum SNAP benefit. Without the ARRA increase, families would have experienced a \$276 monthly shortfall. Together, these findings demonstrate that while the ARRA increase brought SNAP benefits closer to the true cost of the Thrifty Food Plan, improvement of current SNAP benefit levels is still needed.

Small stores remain the most convenient and prevalent type of store in many low-income neighborhoods; they are also the most expensive. Relative to large stores, the price of the TFP market basket was \$167 more at small stores. Because so many families who receive SNAP rely on small stores as a primary place to purchase food, they are likely to experience the greatest shortfalls when trying to buy a healthy diet.

Come leave your world just for one week and live in my world. Tell me how you're going to make it and survive; how emotionally, you're going to keep yourself together. To day-by-day look at your kids and tell them, "I don't have any money to take you to the store." Or, "We're eating Oodles of Noodles today because the food stamps didn't last."

Erica S.
Witnesses to Hunger

A family of four who receives the maximum SNAP benefit would need to spend an additional \$2,352 per year on average to purchase the Thrifty Food Plan market basket items.

Still searching for fruit and other healthy options

The TFP food list used in this study is comprised of 104 items. On average, 35 percent of the items were unavailable in participating stores. Half of TFP items were missing at small stores, many of which were fresh fruits and vegetables and other healthy, nutrient-rich foods. With so much recent attention to the obesity rate in low-income communities, our research shows that not only are healthy foods out of reach financially for many SNAP recipients, they are often unavailable at small stores in many low-income neighborhoods. This may contribute to high rates of poor health and overweight.

Figure 4. Half of Thrifty Food Plan items missing at small stores

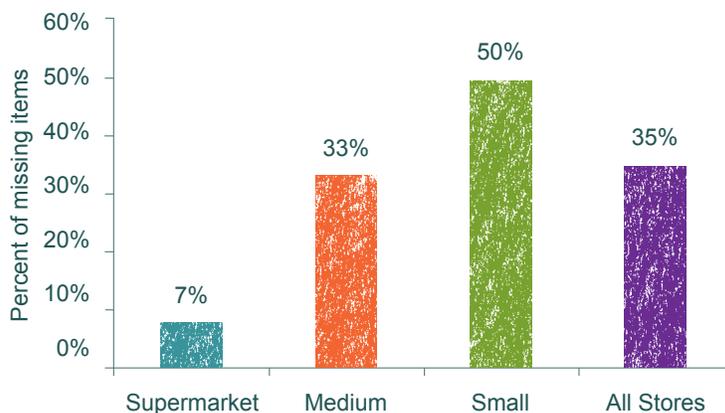




Photo: Alfonso G.

Policy Recommendations

- **Protect SNAP's existing entitlement structure, allowing the program to expand with rising need and to shrink as the economy improves and families' earnings increase. This structure has been crucial in protecting low-income households from hunger during natural disasters and economic recessions.**
- **Maintain the ARRA benefit level improvements past their current expiration date of November 2013. This includes restoring the \$2 billion cut to SNAP benefits that was included in the Healthy Hunger-Free Kids Act of 2010. By doing so, families will be better able to afford enough healthy food.**
- **Consider replacing the USDA's Thrifty Food Plan with the Low-Cost Food Plan as the basis for the maximum SNAP benefit. The Low-Cost Food Plan is a more accurate reflection of food pricing in struggling urban and rural communities.**

¹ Coleman-Jensen, A, Nord, M, Andrews, M, Carlson, S. Household Food Security in the United States in 2010. USDA, September 2011.

² Cook, JT, Frank, DA. Food Security, Poverty, and Human Development in the United States. *Ann NY Acad Sci* 2008;1136:1-16.

³ March, E, Ettinger de Cuba, S, Cook, JT. Federal Programs Protect Young Children's Health. *Children's HealthWatch*, June 2011.

⁴ Perry, A et al. Food Stamps as Medicine: A New Perspective on Children's Health. *C-SNAP*, February 2007.

⁵ FRAC, Food Hardship in America 2010: Households With and Without Children. August 2011.

⁶ DeNavas-Walt, C, Proctor, BD, Smith, JC. Income, Poverty, and Health Insurance Coverage in the United States: 2010. US Census Bureau, September 2011.

⁷ March et al. Boost to SNAP Benefits Protected Young Children's Health. *Children's HealthWatch*, October 2011.

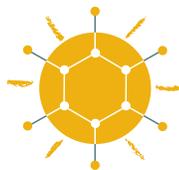
⁸ USDA, Food and Nutrition Service, Characteristics of Supplemental Nutrition Assistance Program (SNAP) Households: Fiscal Year 2010, September 2011.

⁹ Food and Nutrition Service. Supplemental Nutrition Assistance Program; Average Monthly Household Participation, 2011.

¹⁰ Carlson, A, Lino, M, Juan, W, Hanson, K, Basiotis, PP. Thrifty Food Plan, 2006 (CNPP-19). USDA, Center for Nutrition Policy and Promotion, April 2007.

¹¹ Nord, M, Prell, M. Food Security Improved Following the 2009 ARRA Increase in SNAP Benefits (ERR-116). USDA, Economic Research Service, April 2011.

¹² Dennisuk, LA et al. Food Expenditures and Food Purchasing Among Low-income, Urban, African-American Youth. *Am J Prev Med* 2011;40(6):625-628.



CENTER FOR
HUNGER-FREE
COMMUNITIES
solutions based on science
and the human experience



this project was a joint effort of the Center For Hunger-Free Communities and Children's HealthWatch



DREXEL UNIVERSITY
SCHOOL OF PUBLIC HEALTH

“SNAP is vital to the social and economic fabric of our country.”

Mariana Chilton, PhD, MPH

Center for Hunger-Free Communities

Associate Professor, Drexel University School of Public Health

→ **Center for Hunger-Free Communities**

www.centerforhungerfreecommunities.org

215-762-7345

The Center for Hunger-Free Communities, founded in 2004 as the Philadelphia GROW Project, is a research and advocacy center addressing hunger and poverty in the United States. Its flagship programs include Witnesses to Hunger and the Philadelphia site of Children's HealthWatch. The Center partners with public and private organizations, universities and the community to accomplish these goals: 1. to find science-based solutions to hunger and economic insecurity; 2. to report on and monitor the health consequences of poverty and hunger; 3. to engage those who have experienced poverty as full partners in developing research, programs and policies that work; and 4. to establish and support opportunities for an on-going national dialogue on poverty. The Center for Hunger-Free Communities is based at the Drexel University School of Public Health.

→ **Children's HealthWatch**

www.childrenshealthwatch.org

617-414-6366

Children's HealthWatch is a non-partisan pediatric research center that monitors the impact of economic conditions and public policies on the health and well-being of very young children. For more than a decade, Children's HealthWatch has interviewed families with young children in five hospitals in Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia that serve some of the nation's poorest families. The database of more than 42,000 children, more than 80 percent of whom are minorities, is the largest clinical database in the nation on very young children living in poverty. Data are collected on a wide variety of issues, including demographics, food security, public benefits, housing, home energy, and children's health status and developmental risk.



Photo: Ashley O.

This report was prepared by Amanda B. Breen, PhD, Research Coordinator, Rachel Cahill, Policy Analyst, Stephanie Ettinger de Cuba, MPH, Research and Policy Director, John Cook, PhD, Co-Principal Investigator, and Mariana Chilton, PhD, MPH, Executive Director of CHFC and Co-Principal Investigator.

The Center for Hunger-Free Communities and Children's HealthWatch would like to acknowledge Mark Lino of USDA, Julie Thayer of the Harvard School of Public Health, and Julie Zaebst of the Greater Philadelphia Coalition Against Hunger for their guidance and advice in the execution of this project. We would also like to thank Victoria Egan, Tianna Gaines-Turner, Elizabeth Nobis, Jenny Rabinowich, and Andrea Youngfert for their contributions and input. Finally, thanks to all of the Witnesses to Hunger for sharing their stories so candidly to help to end hunger in the United States.