USDA United States Department of Agriculture

Food and Nutrition Service April 2019

Evaluation of Demonstration Projects to End Childhood Hunger (EDECH): The Nevada Healthy, Hunger Free Kids Project (Summary)

Background

The 2010 Child Nutrition Reauthorization provided funding to test innovative strategies to end childhood hunger and food insecurity. Demonstration projects were funded in Chickasaw Nation, Kentucky, Navajo Nation, Nevada, and Virginia. This report provides the results of the Nevada demonstration project, The Nevada Healthy, Hunger Free Kids Project (HHFK project) that was implemented by the Nevada Division of Public and Behavioral Health with the Nevada Division of Welfare and Support Services.

Description of the HHFK Project

Objectives: To (1) reduce food insecurity among children; (2) increase enrollment in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and other nutrition assistance programs; and (3) improve nutrition and healthy shopping habits through nutrition education.

Target Population: Supplemental Nutrition Assistance Program (SNAP) households with children under age 5 and incomes below 75 percent of the Federal Poverty Level living in Clark County, Las Vegas, Nevada.

Intervention: SNAP households were randomly assigned to receive either: (1) $40 extra in SNAP benefits per eligible child (<5 years) per month (n=1,919); (2) $40 extra in SNAP benefits per eligible child per month plus case management and nutrition education (n=1,919); or (3) only regular monthly SNAP benefit (n=7,467). The first two groups were the treatment arms and the third was the control group.

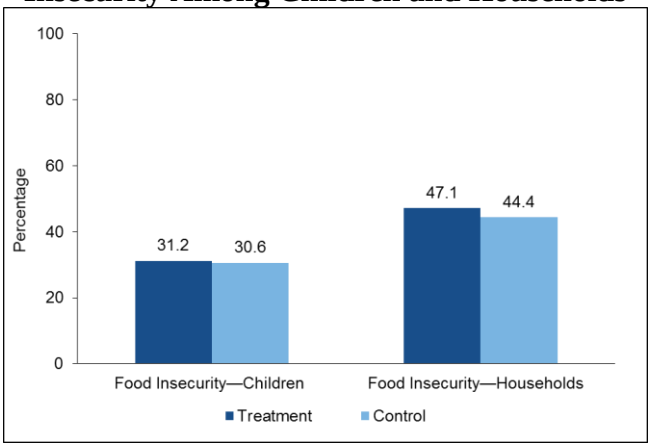
Methods

The project operated for 12 months, from June 2016 through May 2017. The evaluation used a rigorous randomized controlled trial design to estimate the impact of the HHFK project on food insecurity among children, and secondarily, on household and adult food insecurity, program participation, and nutrition education. The two treatment arms were combined for the analysis due to low takeup of case management and nutrition education by the second treatment arm. Data were collected via baseline and follow-up telephone surveys and administrative records.

Findings

Overall, the HHFK project did not reduce the prevalence of food insecurity in children or households. About 31 percent of households in both the treatment and control groups reported food insecurity among children at follow-up (Figure 1). Also, food insecurity among children declined from baseline to follow-up in both the treatment and the control group. It is possible that an improving economy and the decline in the unemployment rate in Las Vegas during this period made it easier for some households to meet their food needs and therefore lessened the impact of the demonstration.

Figure 1: Impact of HHFK Project on Food Insecurity Among Children and Households

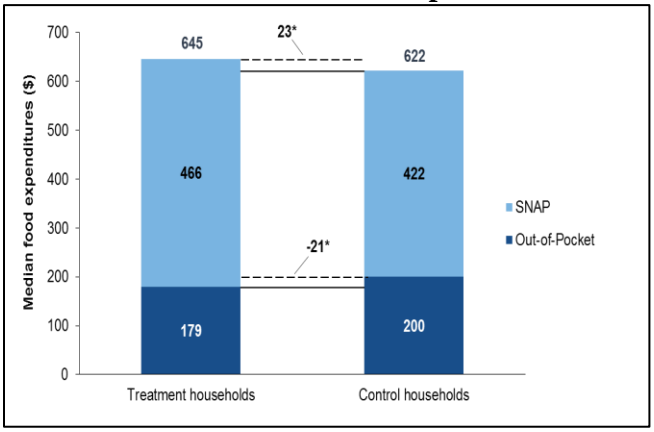


Note: Evaluation sample for treatment group=1,332 and control group=738. HHFK, Healthy, Hunger Free Kids Project.

In households with at least two older children (5 years or older), the HHFK project led to a reduction of 6.6 percentage points in food insecurity among children. The extra SNAP benefit may have had a greater impact on these households, as older children need more food than younger ones, placing a greater strain on the household food budget. There were no other subgroup differences in food security between treatment and control groups based on demographic factors such as education, race/ethnicity, or household composition. Furthermore, there were no differences based on changes in employment, income, or support from family and friends.

The average treatment household received $44 in additional SNAP benefits but increased food spending by just $23 (Figure 2). Thus, treatment households spent just over half of their additional purchasing power on food (including both SNAP and non-SNAP food purchases). Households may have used a share of their extra purchasing power to address other basic needs besides food, and this could help explain why food insecurity did not improve in the treatment group.

Figure 2: Median Out-of-Pocket and SNAP-Based Household Food Expenditures



Note: Evaluation sample for treatment group=1,335 and control group=739. Treatment control difference is statistically significant ($p<0.05$). SNAP=Supplemental Nutrition Assistance Program.

The HHFK project did not have an impact on participation in other nutrition assistance programs. About 44 percent and 40 percent of treatment and control households reported receiving WIC benefits, respectively. Nearly three-fourths of treatment (73 percent) and control (74 percent) households participated in USDA's National School Lunch Program.

While the HHFK project successfully delivered extra SNAP benefits to treatment households, there was little change in shopping patterns or nutrition-related behavior. The project team was less successful in providing nutrition education classes to households in the second treatment arm, with only 3 percent of households attending classes. Furthermore, the percentage of households that reported shopping with a grocery list or eating family meals together was similar between treatment and control households.

Most of the project costs went to funding the extra SNAP benefits. By the end of the evaluation, $2.3 million was spent, with the largest share spent on providing the extra SNAP benefits (80 percent). The remaining funds were spent on labor (13 percent), vendor or partner costs (4 percent), and other direct costs (2 percent). On average, the total cost per treatment group household over 28 months (start-up and implementation) was $610–$82 in paid labor, $12 in other direct costs, $25 in vendor and partner costs, and $491 in extra SNAP benefits for 12 months.

For More Information

Gleason, P, Kleinman, R, Chojnacki, G, et al. *Evaluation of Demonstration Projects to End Childhood Hunger (EDECH): The Nevada Healthy, Hunger Free Kids Project.* Prepared by Mathematica Policy Research for the U.S. Department of Agriculture, Food and Nutrition Service, April 2019. Project Officer: Michael P. Burke. Available online at: www.fns.usda.gov/research-and-analysis.