PolicyLab

TO: Ms. Nisha Murray, Economic Research Service (ERS)
FROM: Michael Luke, MD MSHP; Senbagam Virudachalam, MD MSHP; Radha Pennotti, MPH
RE: Request for Information on Opportunities, Challenges, and Emerging Areas in Statistical Data, Analysis, and Research at the U.S. Department of Agriculture (ERS-2026-0001)
DATE: April 9, 2026

Thank you for the opportunity to respond to the USDA's Request for Information on Opportunities, Challenges, and Emerging Areas in Statistical Data, Analysis, and Research. We are pediatricians and researchers at PolicyLab at Children's Hospital of Philadelphia (CHOP), with expertise in food insecurity and the role of nutrition access as the bedrock of children's health and development. The work of the USDA in monitoring and reporting food insecurity is critical to our work and the families we serve.

At CHOP, we screen families for food insecurity so we can help those in need access community-based and government-sponsored food resources. The passage of H.R. 1 constitutes the largest structural change to the Supplemental Nutrition Assistance Program (SNAP) in its history and a significant erosion of the support previously provided to families. In the context of these funding changes and with local food banks unable to fill the gaps, families are increasingly worried about being able to obtain adequate food. In November 2025, following the implementation of new work reporting requirements for SNAP and delayed SNAP benefit disbursement during the government shutdown, food insecurity nearly tripled among families with children hospitalized at CHOP, reaching a prevalence of 17%, compared to an average of 6% in the preceding 6 months.

The federal data infrastructure required to monitor food security among U.S. children is in jeopardy at precisely the moment when it is critically necessary. We submit this comment to address the questions in the RFI most directly relevant to our expertise.

Response to Questions 1 and 10: Most Valuable ERS Data Products and Policy Issues

Research demonstrates that early childhood food insecurity is associated with higher cardiovascular disease risk in adulthood and SNAP benefits mitigate that association. These findings underscore the potential long-term costs of reducing SNAP funding. ERS is uniquely positioned to produce rigorous estimates of household and child food security; these estimates are critical for objectively assessing the impacts of policy changes. While we have recently observed local signals indicating higher food insecurity among patients, reliable population-level data is necessary to objectively understand the issue at a national scale.

The Household Food Security Survey (HFSS) module of the Current Population Survey is among the most critical ERS data products for evaluating national food security. This 18-item, psychometrically validated instrument has served as the gold standard measure of food security for nearly three decades. The HFSS provides national and state-representative estimates that are irreplaceable for supporting child and family health through clinical program design, pediatric research, and federal policy evaluation. Measuring only the downstream effects of food insecurity on child health, such as malnutrition, does not allow for a truly preventative approach to population health.

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Without a population-level food security survey with child-specific items, policymakers will not have the evidence needed to ensure that future funding allocations prevent disease and support population health.

Response to Questions 2 and 6: Critical Gaps in Food Security Data and Redundancy

We affirm that the HFSS offers valuable data that is not redundant. While other federally-funded surveys use components of the HFSS module and have been used in research as residual sources for food security data, many are no longer operating or lack crucial features such as:

1. **State-level representativeness:** The HFSS's ~40,000-person annual sample is the only source providing reliable state-level food insecurity estimates. These estimates are critical for evaluating the heterogeneous state-level implementation of new SNAP work requirements, as well as waivers governing how participants can spend SNAP dollars.
2. **Child-specific measurement:** The HFSS is the only annual, nationally representative survey with validated child-specific food security items. The National Survey of Children's Health includes only a single food insufficiency item. Most other surveys that are still operating only track select cohorts rather than cross-sectional samples, or they exclude children entirely.
3. **Interoperability:** The HFSS can be linked with other datasets for deeper examination of impacts of food insecurity**.** For example, the National Health and Nutrition Examination Survey (NHANES) offers a representative sample linking food security to biometric data. A recent study combined items from both the HFSS and NHANES modules to design a unique nutrition security measure that provides an assessment of both food security and diet quality; this is a promising tool for pediatric and public health researchers but relies on both survey systems being operational.
4. **Longitudinal comparisons:** The 30-year HFSS time series is invaluable. Ending the HFSS eliminates decades of longitudinal comparability, which is particularly helpful during major changes to food access, such as the COVID-19 pandemic and the current restructuring of federal investments in programs such as SNAP.

Eliminating the CPS Food Security Supplement creates a significant gap in the federal government's ability to monitor food insecurity. For these reasons, we strongly recommend that the USDA continue and strengthen the CPS Food Security Supplement to the Current Population Survey in alignment with its mission to provide accurate, timely, and relevant economic and statistical information.

These comments were submitted by Michael Luke, MD, MSHP, on behalf of CHOP PolicyLab. Please contact Michael Luke at lukem1@chop.edu with any questions.