

Food Insecurity Remained High in 2025, As Safety Net Cuts Loom

Findings from the Well-Being and Basic Needs Survey

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In July 2025, Congress passed the One Big Beautiful Bill Act (OBBBA), a budget reconciliation bill that made unprecedented cuts to the safety net,¹ including the largest federal funding reductions to date for the Supplemental Nutrition Assistance Program (SNAP) and Medicaid (Bleich and Plata-Nino 2026).² Because of these changes, more than 5 million families across the US are expected to lose nutrition assistance from SNAP or have their benefits significantly reduced (Wheaton et al. 2025), and millions more could lose health insurance coverage, including many who are affected by the loss of SNAP benefits (Buettgens et al. Forthcoming).³ These cuts come at a time when federal data show that household food insecurity has reached its highest level in a decade, and families face increasing difficulty affording other basic expenses such as health care, rent, and child care (Rabbitt et al. 2025).⁴

In this brief, we use December 2025 data from the Urban Institute’s Well-Being and Basic Needs Survey (WBNS) to estimate household food insecurity⁵ among the adult population in 2025, providing a baseline for monitoring changes over time under the implementation of the OBBBA. We compare experiences of adults ages 18 to 64 (referred to interchangeably as “working-age adults”) and those ages 65 and older and draw on data from prior survey rounds to assess changes in food insecurity among working-age adults between 2019 and 2025.

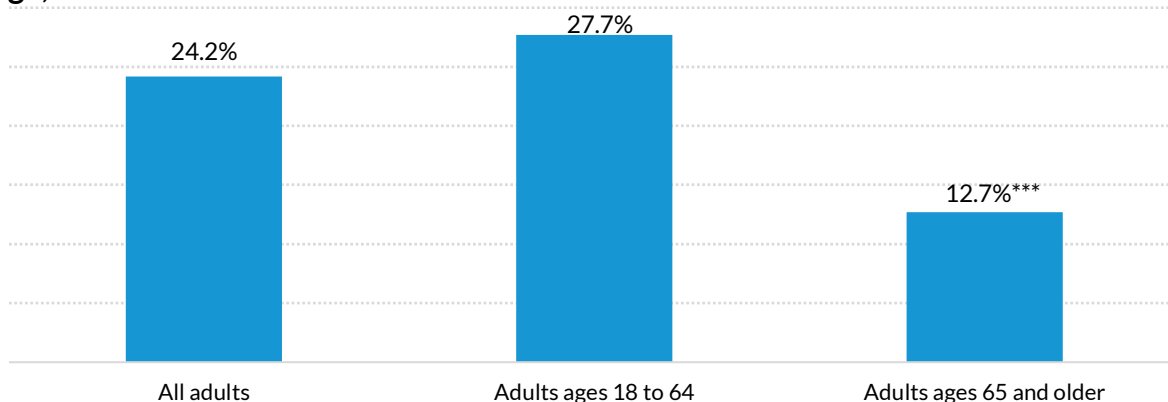
Key Findings

Nearly 1 in 4 adults reported experiencing household food insecurity in 2025.

In December 2025, 24.2 percent of adults ages 18 and older reported experiencing food insecurity in the last 12 months (figure 1).

FIGURE 1

Share of Adults Reporting Household Food Insecurity in the Last 12 Months, Overall and by Age, December 2025



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Source: Well-Being and Basic Needs Survey, December 2025.

*** Estimate for adults ages 65 and older differs significantly from estimate for adults ages 18 to 64 at the 0.01 level, using two-tailed tests.

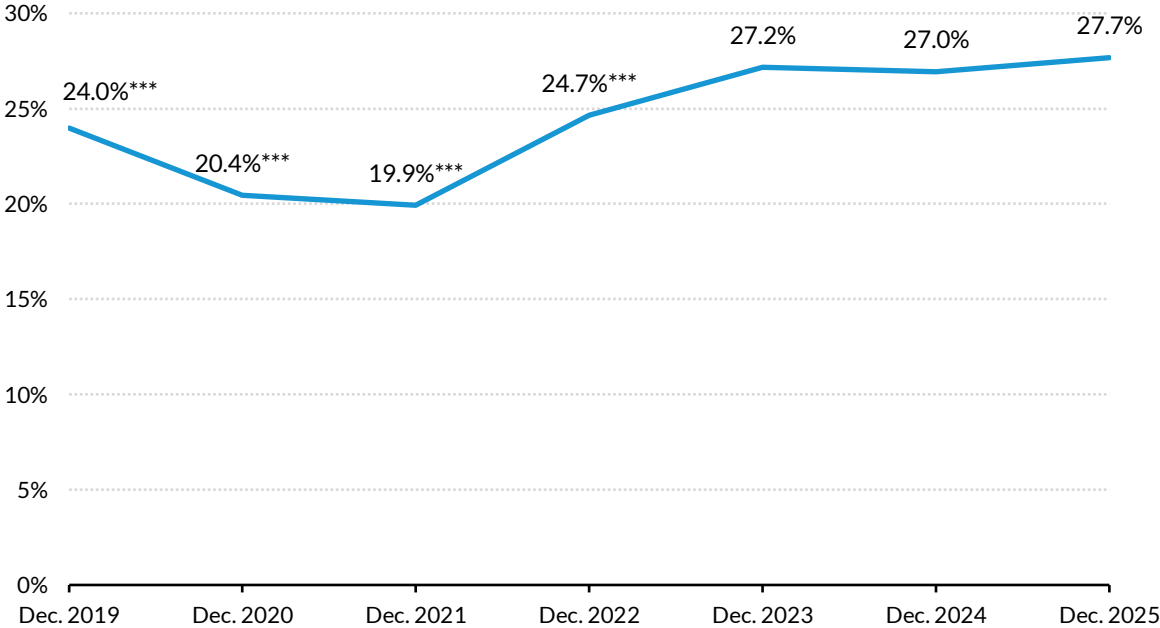
Adults ages 18 to 64 were more than twice as likely as those who are 65 and older to report food insecurity (27.7 percent versus 12.7 percent). These findings are consistent with prior research showing lower food insecurity among older adults, who gain important financial protection upon becoming eligible for Social Security and other social insurance programs (Brucker, Jajtner, and Mitra 2021; Singleton 2022). However, older adults are also at high risk of experiencing adverse health consequences from food insecurity because of their higher rates of chronic illness, and wide disparities exist within the senior population (Ziliak and Gundersen 2017).⁶

In 2025, household food insecurity among working-age adults remained at the high levels observed in 2023 and 2024 and has been significantly elevated compared with previous years.

The WBNS has monitored annual trends in food insecurity among adults ages 18 to 64 since 2017, adding a sample of adults ages 65 and older for the first time in 2025. In the years leading up to 2019, the rate of food insecurity among working-age adults was relatively stable (Karpman, Zuckerman, and Gonzalez 2019). Since then, the WBNS has documented significant volatility following the rapid expansion and contraction of federal economic assistance to households, as well as acute inflation in the wake of the COVID-19 pandemic (Gonzalez et al. 2025). The share of working-age adults reporting food insecurity declined from 24.0 percent in 2019 to 19.9 percent in 2021, then increased to 27.2 percent in 2023.

Figure 2 shows that the rate of food insecurity among working-age adults remained high in 2025 (27.7 percent), statistically unchanged from 2023 and 2024, and significantly higher than in 2022 and earlier years.

FIGURE 2
Share of Adults Ages 18 to 64 Reporting Household Food Insecurity in the Last 12 Months, December 2019 to December 2025



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Source: Well-Being and Basic Needs Survey, December 2019 to December 2025.

Notes: Because of an update to our methodology, estimates differ slightly from those published in previous reports. See the data and methods appendix for details.

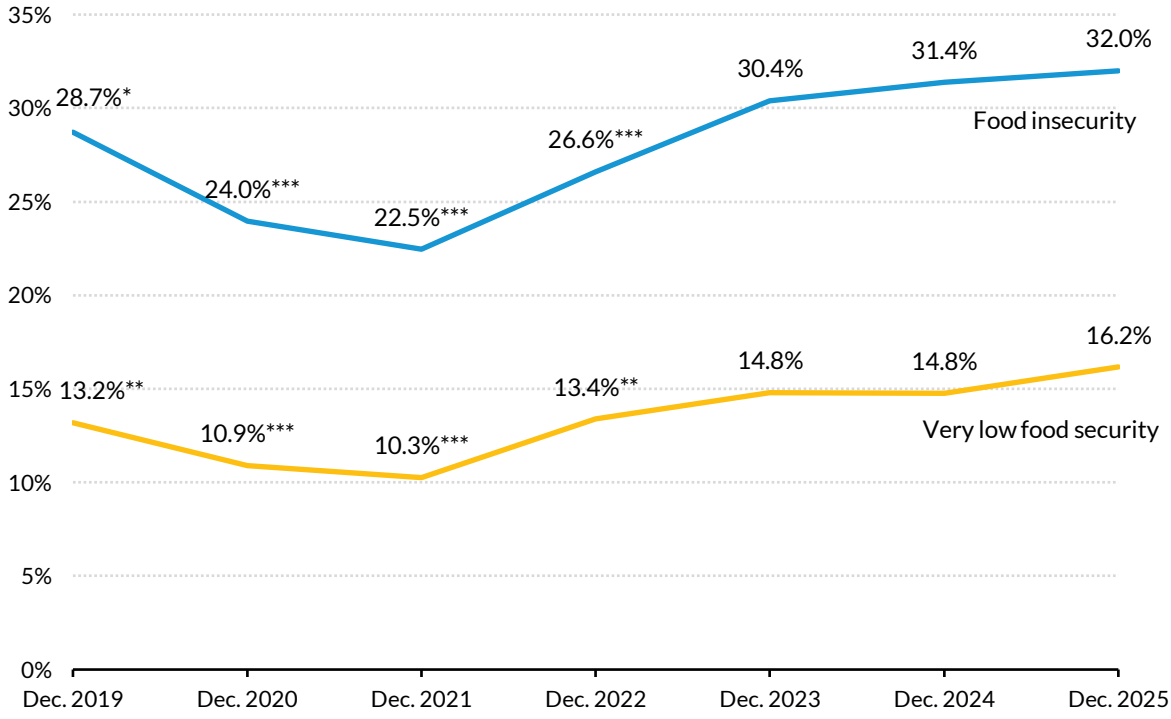
*/**/*** Estimates differ significantly from Dec. 2025 at the 0.10/0.05/0.01 level, using two-tailed tests.

Estimated changes in food insecurity in the WBNS have been consistent with trends found in the Current Population Survey (CPS) Food Security Supplement and the National Health Interview Survey (NHIS), and the higher prevalence of food insecurity measured in the WBNS likely reflects differences in survey design and administration. The estimates in figures 2, 3, and 4 also differ slightly from those published in earlier briefs because of an update to our methodology. We discuss both issues in the data and methods appendix.

Nearly one-third of working-age adults living with children reported experiencing food insecurity in 2025.

In December 2025, 32.0 percent of adults ages 18 to 64 living with children younger than age 18 reported household food insecurity in the last 12 months (figure 3). Among food-insecure households with children, approximately half reported very low food security, a severe form of food insecurity in which household members experience multiple indicators of disrupted eating patterns, such as skipping meals or going without food for a full day.⁷ The share of working-age adults in households with children reporting very low food security in 2025 was 16.2 percent, up from 13.4 percent in 2022 and 10.3 percent in 2021. Though reported levels of food insecurity and very low food security among working-age adults living with children were higher in 2025 than in 2024, these changes were not statistically significant. Additional estimates for adults living with children are available in a companion summary (Waxman et al. 2026a).

FIGURE 3
Share of Adults Ages 18 to 64 in Households with Children Younger than Age 18 Reporting Household Food Insecurity and Very Low Food Security in the Last 12 Months, December 2019 to December 2025



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Source: Well-Being and Basic Needs Survey, December 2019 to December 2025.

Notes: Because of an update to our methodology, estimates differ slightly from those published in previous reports. See the Data and Methods appendix for details.

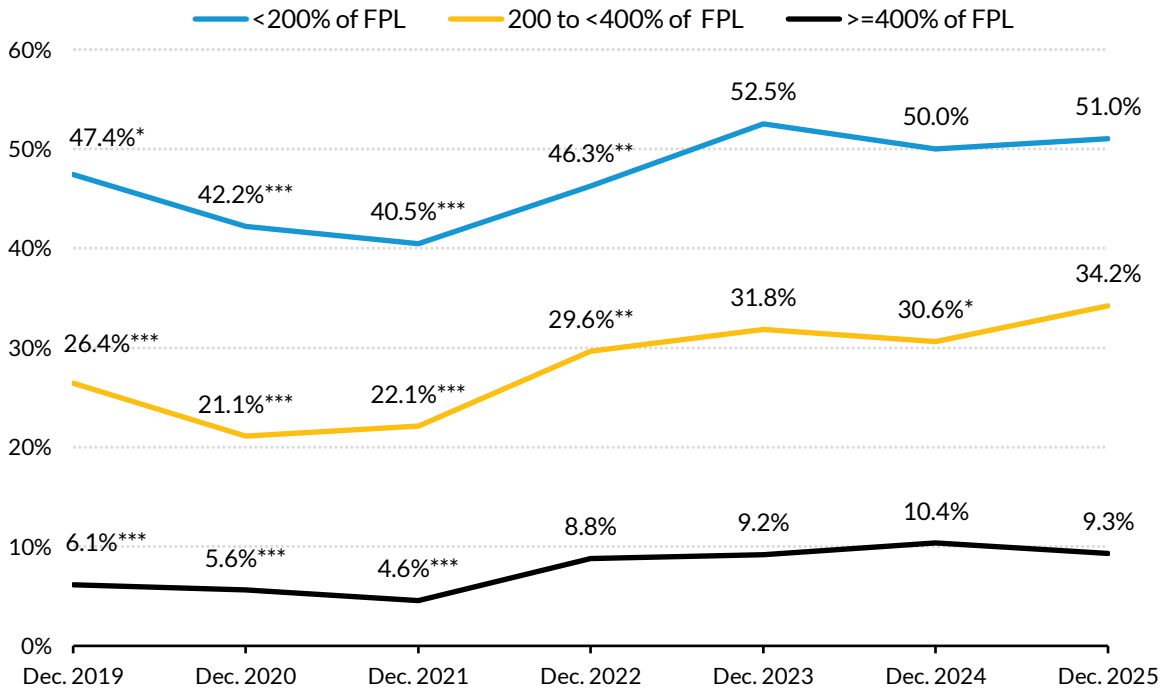
*/**/*** Estimates differ significantly from Dec. 2025 at the 0.10/0.05/0.01 level, using two-tailed tests.

Food insecurity within the household is associated with adverse health, educational, and developmental outcomes among children and increased family stress, even though parents seek to shield their children from experiencing food insecurity directly (Coleman-Jensen, McFall, and Nord 2013; Gershoff et al. 2007; Gregory and Coleman-Jensen 2017; Gundersen and Ziliak 2015; Hanson and Connor 2014). OBBBA provisions that will restrict SNAP eligibility and enrollment and reduce benefit amounts could increase food insecurity among families with children. Because of these provisions, more than 3 million families with children are projected to have their monthly SNAP benefits reduced by \$25 or more, with an average reduction of \$70 per month for those families (Wheaton et al. 2025).

More than half of working-age adults in low-income families reported food insecurity in 2025. These families face an increased risk of hardship as safety net cuts begin taking effect in 2026.

The impact of SNAP and Medicaid cuts under the OBBBA will fall predominantly on families with working-age adults and incomes below 200 percent of the federal poverty level (FPL). In 2025, a family income below 200 percent of FPL would have been less than \$31,300 for a single adult living alone and less than \$53,300 for a family of three.⁸ Figure 4 shows that more than half (51.0 percent) of working-age adults with family incomes below 200 percent of FPL reported experiencing food insecurity in 2025, an increase of nearly 5 percentage points from 2022 and more than 10 percentage points from 2021.

FIGURE 4
Share of Adults Ages 18 to 64 Reporting Household Food Insecurity in the Last 12 Months, By Family Income as a Percentage of FPL, December 2019 to December 2025



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Source: Well-Being and Basic Needs Survey, December 2019 to December 2025.

Notes: FPL = federal poverty level. Because of an update to our methodology, estimates differ slightly from those published in previous reports. See the Data and Methods appendix for details.

*/**/*** Estimates differ significantly from Dec. 2025 at the 0.10/0.05/0.01 level, using two-tailed tests.

Rising food insecurity among moderate-income families reflects broad affordability issues.

Food insecurity has increased among families with incomes between 200 and 400 percent of FPL (figure 4). More than one-third of working-age adults in this income range (34.2 percent) reported food insecurity in 2025, an increase from 2024 that was statistically significant at the 0.10 confidence level. These findings suggest that recent trends in food insecurity reflect broader economic changes beyond specific policy and programmatic changes affecting lower-income families, such as the pause in SNAP benefits during the federal government shutdown at the end of 2025.

Groups that have persistently experienced lower average incomes are disproportionately likely to experience food insecurity. Nearly 4 in 10 Black and Hispanic working-age adults (39.0 and 38.8 percent, respectively) reported food insecurity in 2025, as did more than half of working-age adults with disabilities (52.1 percent; data not shown). Further details on these disparities can be found in companion summaries to this brief (Gupta et al. 2026; Waxman et al. 2026b).

Discussion

Faced with looming cuts to the nation’s safety net, including restrictions on SNAP eligibility that are already taking effect, households continue to experience high levels of food insecurity. Our findings from the December 2025 WBNS show that the elevated rate of household food insecurity reported in 2023–24 persisted into 2025 and remained well above the levels observed in earlier years. Households were more likely than average to experience food insecurity if working-age adults headed them, they had incomes below 200 percent of FPL, or they included any children younger than age 18. Cuts to SNAP, Medicaid, and other safety net programs could deepen material hardship for many of these households, with adverse long-term consequences for their health and financial security.

Below, we discuss the economic and policy context in which food insecurity has increased, forthcoming cuts to the safety net under the OBBBA, implications of these policy changes for family well-being, strategies to mitigate food hardship, and how the WBNS can address knowledge gaps resulting from the loss of federal food security data.

Economic and Policy Context and Forthcoming Safety Net Policy Changes Under the OBBBA

Recent trends in food insecurity reflect significant economic disruptions and policy shifts in the past six years. The robust federal response to the COVID-19 pandemic initially contributed to a decline in food hardship, but the rate of food insecurity increased following the expiration of temporary relief initiatives and a sharp rise in food prices and general inflation between 2021 and 2023 (Gupta et al 2024; Rabbitt et al. 2024; Raifman, Bor, and Venkataramani 2021; Shafer et al. 2022). Though food price inflation began to stabilize by the end of 2023, it remained above the inflation rates measured in the prepandemic years throughout 2025.⁹ Other indicators, such as rising delinquency rates for credit cards and auto and retail loans, suggest households are currently facing significant financial strain.¹⁰ Student loan delinquencies have also increased since the expiration of a student loan payment moratorium.¹¹

Despite these challenging economic circumstances, the OBBBA will make significant cuts to the largest means-tested federal programs that provide nutrition assistance and health insurance coverage to families with low incomes. The Congressional Budget Office projects that the legislation will reduce federal SNAP funding by \$187 billion and federal Medicaid funding by more than \$900 billion over 10 years, reduce SNAP enrollment by at least 2.4 million people, and increase the number of people who are uninsured by 10 million (CBO 2025a,b; Euhus et al. 2025).

SNAP provisions. The OBBBA expands SNAP work requirements for so-called “able-bodied adults without dependents” (ABAWDs), which previously applied to adults ages 18 to 54 who were not living with dependent children younger than 18. Effective as of November 2025, the law extends this work requirement to adults ages 55 to 64 and applies it to those living with children if all children are 14 years or older. Adults who are subject to this

work requirement must work or participate in an employment program for 80 hours per month to receive SNAP benefits. If they do not meet the requirement, they are limited to three months of benefits over three years.

Exemptions from these work requirements and time limits are available for people who are pregnant, who provide medical documentation indicating they are unable to work because of a physical or mental health condition, or who are excused from SNAP's general work requirement.¹² The OBBBA eliminated exemptions for people who are veterans, former foster youth age 24 or younger, or homeless, while adding an exemption for adults who are American Indian/Alaska Native. It also withdrew nearly all waivers that exempt people from work requirements if they live in areas with limited job opportunities, allowing waivers only in areas with unemployment rates above 10 percent.¹³

The OBBBA also shifts costs to states in ways that are likely to reduce participation in the program. Beginning in October 2026, states must cover 75 percent of administrative costs, up from 50 percent under prior law. The legislation further requires states to cover a portion of SNAP benefit costs for the first time, with state contributions between 5 and 15 percent that are tied to their payment error rates if those rates are 6 percent or higher. These provisions could encourage states to restrict eligibility to offset higher costs or introduce more restrictive paperwork requirements to limit payment errors, which would make it more difficult for families to document their eligibility for benefits (Gupta, Waxman, and Karpman 2025).

Additional provisions limit SNAP benefit amounts, including a requirement for future changes to the Thrifty Food Plan to be cost-neutral. The Thrifty Food Plan estimates the costs of purchasing food to support a healthy diet on a limited budget and is used to determine SNAP benefits.¹⁴ By limiting future changes to the Thrifty Food Plan to adjustments for general inflation,¹⁵ the OBBBA restricts SNAP benefits from keeping up with actual food costs that rise faster than general inflation and being updated to reflect changing dietary guidelines.¹⁶ Another provision eliminates an administrative simplification that automatically allowed certain households participating in the Low Income Home Energy Assistance Program to receive a standard utility allowance that increased their SNAP benefit amounts; going forward, these households must submit documentation of their utility expenses to qualify for the allowance (Bleich and Plata-Nino 2026). Finally, the law eliminates eligibility for some lawfully present immigrants, including refugees and asylees. As previously noted, more than 5 million families will lose at least \$25 in SNAP benefits per month because of the OBBBA's changes to the program (Wheaton et al. 2025).

Additional safety net impacts. Along with reducing food assistance, the OBBBA makes substantial cuts to other safety net programs, most notably including changes to Medicaid that will reduce health insurance coverage. Beginning in January 2027, states must establish work requirements as a condition of receiving coverage through the Affordable Care Act (ACA) Medicaid expansion and increase the frequency of eligibility redeterminations for expansion enrollees to every six months instead of every 12 months, as under prior law. Millions of adults are at risk of losing Medicaid because of these two provisions, with the extent of coverage loss dependent on state policy and implementation choices (Buettgens et al. Forthcoming). Additional changes restrict eligibility for some lawfully present immigrants and increase the share of Medicaid spending incurred by states. Most households receiving SNAP also participate in Medicaid, meaning millions of people are at risk of losing both food and health care assistance.¹⁷

Cuts to SNAP and Medicaid could have negative spillover effects on other programs, for instance, by reducing the number of children who automatically qualify for free school meals without submitting an application (Gutierrez 2025). Other policy changes will reduce access to ACA Marketplace health insurance because of stricter eligibility verification processes under the OBBBA, and separately, the expiration of enhanced premium tax credits at the end of 2025 (Buettgens et al. 2025a,b). A proposed rule seeks to promote work requirements for residents in public housing or receiving rental assistance.¹⁸

Implications for Health and Well-Being

The widespread reduction in federal safety net supports could increase the risk and impact of food insecurity for millions of low-income families and individuals. The negative impacts may be especially pronounced among vulnerable groups, including adults with chronic health conditions or disabilities, those nearing retirement age, parents of school-age children, family caregivers for disabled household members, and people living in high-unemployment communities. For these groups, difficulty meeting SNAP and Medicaid work requirements and navigating administrative processes for reporting work activities or requesting exemptions could result in the loss of vital nutrition and health benefits.

Given robust evidence that SNAP reduces food insecurity, cuts to this program in particular could place families at risk of deepening hardship, reducing their ability to buy sufficient food and the quality of their diets, with negative long-term effects on the health and well-being of adults and their children (Ettinger de Cuba et al. 2019; Gregory et al. 2013; Gundersen, Kreider, and Pepper 2011; Gundersen and Ziliak 2015; Mabli et al. 2013; Nord and Prell 2011; Ratcliffe, McKernan, and Zhang 2011). Simultaneous cuts to Medicaid will put additional strain on low-income households' budgets by increasing exposure to out-of-pocket health care costs, reduce access to care, and lead to worse health outcomes (Guth, Garfield, and Rudowitz 2020).

Rising food insecurity could undermine federal efforts to promote health through improved diet quality. In September 2025, the Trump administration's Make America Healthy Again Commission announced a multipronged strategy to prevent childhood chronic disease, including reducing consumption of ultraprocessed foods, updating dietary guidelines, and promoting access to healthy food through federal nutrition programs.¹⁹ However, food insecurity is associated with low diet quality, as families increase their reliance on cheap, calorie-dense, and nutrient-poor foods to stretch limited food budgets (Hanson and Connor 2014; Leung et al. 2014; Morales and Berkowitz 2016).

A future economic downturn could further exacerbate challenges in meeting basic needs. The countercyclical effects of SNAP and Medicaid—in which federal spending rises during recessions to meet greater needs for assistance—will be weakened by the new OBBBA policies that tie eligibility to work requirements and shift costs to states that, unlike the federal government, must balance their budgets through spending reductions or revenue increases when faced with deficits (Benitez, Perez, and Sieber 2020; Bitler, Hoynes, and Iselin 2020).²⁰

Strategies to Mitigate Food Hardship

Federal and state policy and implementation choices can mitigate the impacts of the OBBBA by ensuring those who remain eligible for SNAP and Medicaid continue to receive benefits to the fullest extent possible. Key decisions include adopting broad criteria for granting exemptions from SNAP and Medicaid work requirements; requiring the minimum allowable number of months in which Medicaid applicants and enrollees must demonstrate compliance; updating technology systems to streamline enrollment and automatically identify whether people are meeting or exempt from work requirements using available data; and investing in agency staff training and outreach to help program applicants and beneficiaries understand upcoming changes in eligibility and documentation requirements (Buettgens et al. Forthcoming; Gupta, Waxman, and Karpman 2025; Wagner, Singleton, and Stewart 2025).

Cuts to the safety net will also place growing pressure on the charitable food sector, which has been working to meet higher demand since 2020 (Gonzalez et al. 2025). Along with providing people with free groceries and meals, food banks, food pantries, and other charitable organizations conduct benefit outreach and assist families with applications (Alford, Waxman, and Heflin 2014). Expanding these efforts could help families navigate increasingly complex benefit application and renewal processes.

Addressing Knowledge Gaps Following the Loss of Federal Data

Given the negative effects of food insecurity on health and well-being, it will be critical to monitor changes in families' ability to meet their food needs as OBBBA implementation advances and SNAP and other program cuts take effect. However, in September 2025, the US Department of Agriculture (USDA) announced it would no longer collect the CPS Food Security Supplement data used for its annual Household Food Security reports.²¹ The termination of food security data collection in the CPS and potential loss of similar data in other federal surveys will limit policymakers' and researchers' understanding of the effects of the OBBBA on low-income families.

Future rounds of the WBNS will serve as an important source of data to help address some of these knowledge gaps. Though it cannot replace federal data sources such as the CPS Food Security Supplement, the WBNS can play an important role in monitoring changes in food insecurity until federal data collection is restored.

Appendix A: Data and Methods

The WBNS is a nationally representative, annual survey of adults that monitors individual and family well-being in the context of a changing safety net. Launched by the Urban Institute in December 2017, the WBNS provides timely information on the challenges that households face in meeting basic needs such as food, housing, and health care.

More than 7,500 adults ages 18 to 64 participated in each survey round between 2017 and 2024, and in 2025, the sample was expanded to include 2,500 adults ages 65 and older, for a total sample size of more than 10,000 participants. For each survey round, we draw a stratified random sample from the KnowledgePanel, a probability-based internet panel that is maintained by Ipsos and includes households with and without internet access. Survey weights adjust for unequal selection probabilities from the panel and are poststratified to the characteristics of adults based on benchmarks from the CPS and American Community Survey. Participants can complete the survey in English or Spanish. For further information on the survey design before the 2025 change in sampling, see Karpman, Zuckerman, and Gonzalez (2018).²²

Analysis

We examined the share of adults reporting in December 2025 that their households experienced food insecurity in the last 12 months, overall and by age. We then estimated changes in household food insecurity among 18-to-64-year-olds from December 2019 to December 2025. We report these trends overall, by family income as a percentage of FPL, and by the presence of children younger than 18 in the household.

We measure household food insecurity based on the six-item short form of the USDA's Household Food Security Survey Module, using a 12-month reference period. Affirmative responses to these six questions include reporting that (1) it was often or sometimes true that the food the household bought did not last, and the household did not have money to get more; (2) it was often or sometimes true that the household could not afford to eat balanced meals; (3) adults in the household ever cut the size of meals or skipped meals because there was not enough money for food; (4) meals were cut or skipped almost every month, or some months but not every month; (5) the respondent ate less than they felt they should because there was not enough money for food; and (6) the respondent was ever hungry but did not eat because there was not enough money for food. Following the USDA's established methodology, respondents with two to four affirmative responses are defined as having low household food security, and respondents with five to six affirmative responses are defined as having very low household food security. These groups are jointly defined as food insecure.²³

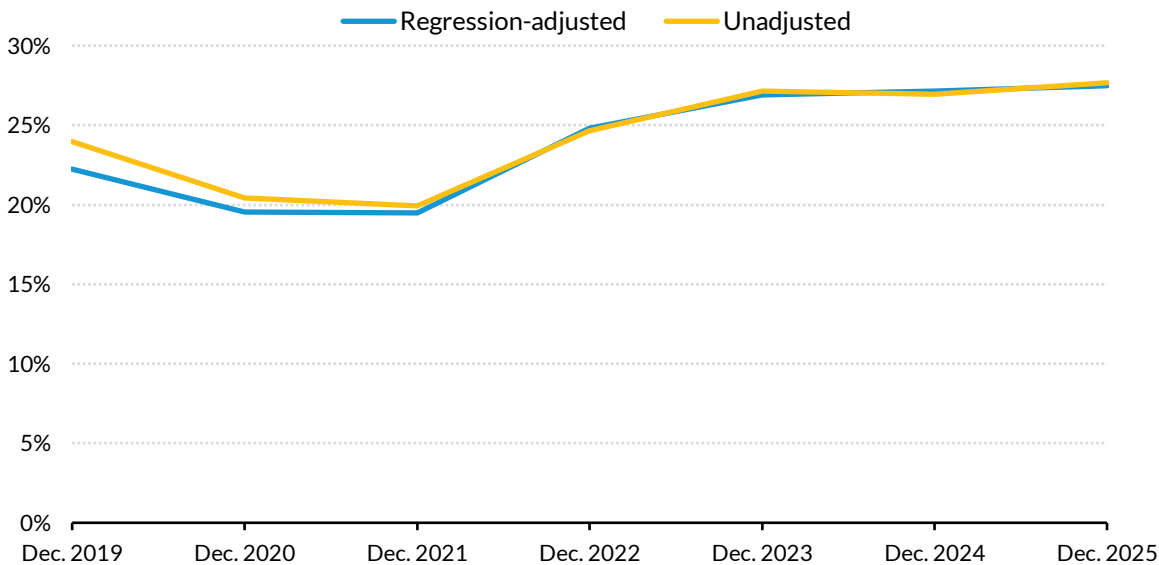
Updates to Our Methodology

In previous briefs, estimated changes over time were regression-adjusted to account for changes in the sample characteristics of adults participating in each survey round that were not fully captured in the survey weights, as well as respondents' participation in multiple rounds of the WBNS and the duration of their panel membership. This adjustment was intended to mitigate the effects of panel conditioning (i.e., differences in response patterns based on the length of participation in the panel and/or participation in prior WBNS surveys), small changes in our sampling and weighting approach, and random changes in sample composition. The regression-adjusted estimates were also designed to better reflect outcomes related to the shifting economic and policy landscape by controlling for differences in population characteristics in the sample.

In conjunction with the 2025 redesign, we have reassessed our estimation approach, and in this brief, we report trends without the regression adjustment. We found similar patterns over time in adjusted and unadjusted estimates of household food insecurity, which differed by two to three tenths of a percentage point in each of the last five years, with larger differences prior to 2021 (figure A.1). Given the similar trends, reporting unadjusted estimates simplifies our approach. In addition, our goal is to understand how material hardship and well-being are changing in the population overall, even if changing demographics are partially driving those trends. Examples of demographic changes that may have important implications for understanding trends in well-being are internal and external migration and population aging. We will continue to monitor and understand the impact of sample composition and population dynamics on our estimates in future analysis and will revisit our approach if adjusted and unadjusted trends diverge.

FIGURE A.1

Share of Adults Ages 18 to 64 Reporting Household Food Insecurity in the Last 12 Months, Regression-Adjusted Versus Unadjusted Estimates, December 2019 to December 2025



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Source: Well-Being and Basic Needs Survey, December 2019 to December 2025.

Limitations

The WBNS has several limitations, including a low cumulative response rate, and the survey weights mitigate but do not eliminate potential nonresponse bias. However, studies assessing recruitment for the KnowledgePanel have

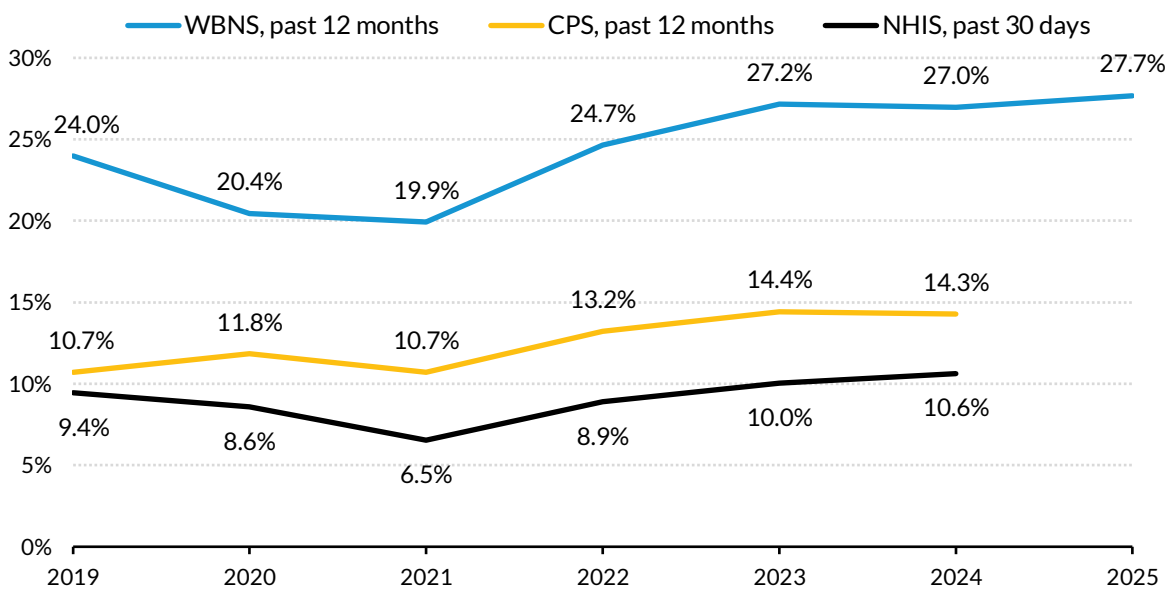
found little evidence of nonresponse bias for core demographic and socioeconomic measures (Garrett, Dennis, and DiSogra 2010; Heeren et al. 2008), and WBNS estimates are generally consistent with benchmarks from federal surveys (Karpman, Zuckerman, and Gonzalez 2018). The sampling frame for the WBNS also excludes or underrepresents certain groups of adults, including those experiencing homelessness, those who have low literacy levels, and those who are not proficient in English or Spanish. Additionally, there may be measurement error in self-reported household food security, given that respondents are not always aware of food consumption patterns of other household members (Fram et al. 2011; Nord and Hanson 2012).

Comparison Between the WBNS and Federal Surveys

Estimated trends in household food insecurity among adults ages 18 to 64 in the WBNS are consistent with trends found in federal surveys, including the CPS and NHIS. The designs of these federal surveys differ from the WBNS in several ways. For instance, though both the WBNS and CPS Food Security Supplement were fielded annually in December and have included questions from the USDA Household Food Security Survey Module with a 12-month reference period, the CPS screened out households with incomes above 185 percent of FPL receiving the food security module if they did not report difficulty getting food in earlier questions. The NHIS is fielded continuously throughout the year, and estimates are based on the 10-item USDA Adult Food Security Survey Module with a 30-day reference period. Though measurement approaches vary, all three surveys have found increasing rates of food insecurity between 2021 and 2024 (figure A.2).

FIGURE A.2

Share of Adults Ages 18 to 64 Reporting Household Food Insecurity in the Last 12 Months or Last 30 Days, WBNS Versus CPS and NHIS, 2019 to 2025



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Sources: Well-Being and Basic Needs Survey (WBNS), December 2019 to December 2025. Authors' analysis of the 2019–24 Current Population Survey Food Security Supplement (CPS) and the 2019–24 National Health Interview Survey (NHIS).

Notes: The CPS estimate is based on the 18-item Household Food Security Survey Module. The NHIS estimate is based on the 10-item Adult Food Security Survey Module. The WBNS is based on the six-item Short Form of the Household Food Security Survey Module.

The higher prevalence of food insecurity in the WBNS may reflect multiple factors, including the absence of the income-based screener used in the CPS; the WBNS's use of a 12-month reference period instead of the 30-day

reference period in the NHIS; the use of different food security scales in each survey; and the different data collection periods. The higher rates of food insecurity in the WBNS may also be related to differences in survey mode. Previous studies have found that people are more likely to report food hardship in self-administered internet surveys such as the WBNS than in interviewer-administered surveys. For instance, in a 2014 experiment conducted by the Pew Research Center, respondents who were randomly assigned to complete a self-administered online survey were significantly more likely to report not having enough money to buy food than those assigned to a telephone survey with an interviewer (Keeter 2015). Similarly, a USDA analysis of the Census Bureau’s internet-based Household Pulse Survey found higher food insufficiency rates than estimates from the CPS for the same period (Coleman-Jensen et al. 2021). These differences may be partially driven by social desirability bias, in which respondents are reluctant to report socially undesirable circumstances when an interviewer is present. Further research is needed to understand how differences in survey design affect differences in food security estimates between surveys.

Notes

- ¹ One Big Beautiful Bill Act, Pub. L. No. 119–21, 139 Stat. 72 (2025).
- ² Celli Horstman and Akeiisa Coleman, “States Are Planning Their Responses to H.R. 1 Cuts in Medicaid Funding—Will Enrollees Lose Benefits?” The Commonwealth Fund (blog), October 14, 2025, <https://www.commonwealthfund.org/blog/2025/states-responses-hr-1-cuts-medicaid-funding>.
- ³ Edwin Park, “New CBO Health Coverage Estimates of Budget Reconciliation Law,” Georgetown University Center for Children and Families (blog), August 14, 2025, <https://ccf.georgetown.edu/2025/08/14/new-cbo-health-coverage-estimates-of-budget-reconciliation-law/>; and Jonathan Schwabish, “About 12 Million Households Receive Both Medicaid and SNAP. The Reconciliation Bill Puts Them At Risk,” *Urban Wire* (blog), July 28, 2025, <https://www.urban.org/urban-wire/about-12-million-households-receive-both-medicaid-and-snap-reconciliation-bill-puts-them>.
- ⁴ Urban Institute, “The American Affordability Tracker,” October 28, 2025, <https://www.urban.org/data-tools/american-affordability-tracker>.
- ⁵ Household food security refers to access by all household members at all times to enough food for an active, healthy life. In households experiencing food insecurity, access to adequate food is limited or uncertain because of a lack of resources. See US Department of Agriculture Economic Research Service, “Food Security in the U.S.—Measurement,” updated February 18, 2026, accessed February 27, 2026, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement>; and US Department of Agriculture Economic Research Service, “Food Security in the U.S.—Definitions of Food Security,” updated February 18, 2026, accessed February 27, 2026, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security>.
- ⁶ Feeding America, “[Food Insecurity Among Seniors and Older Adults in 2022](#),” July 2024, accessed February 27, 2026.
- ⁷ US Department of Agriculture Economic Research Service, “Food Security in the U.S.—Measurement,”; and US Department of Agriculture Economic Research Service, “Food Security in the U.S. - Definitions of Food Security.”
- ⁸ Households are eligible for SNAP if they have low assets and their gross monthly income is below 130 percent of FPL or their net income is below 100 percent of FPL, though most states have adopted broad-based categorical eligibility policies that allow states to increase gross income limits up to 200 percent of FPL and raise or eliminate asset limits. Adults ages 19 to 64 qualify for ACA Medicaid expansion coverage if their incomes are below 138 percent of FPL and they live in a state that has adopted the expansion.
- ⁹ US Bureau of Labor Statistics, “12-Month Percentage Change, Consumer Price Index, Selected Categories,” accessed February 27, 2026, <https://www.bls.gov/charts/consumer-price-index/consumer-price-index-by-category-line-chart.htm>.
- ¹⁰ Urban Institute, “The American Affordability Tracker.”
- ¹¹ Urban Institute, “The American Affordability Tracker;” and US Government Accountability Office, “When the Student Loan Payment Pause Ended, Did Borrowers Pay?,” August 14, 2024, <https://www.gao.gov/blog/when-student-loan-payment-pause-ended-did-borrowers-pay>.

- ¹² In addition to the ABAWD work requirement and time limits, SNAP has a general work requirement for people ages 16 to 59, who must register for work, accept a suitable job if offered, participate in SNAP Employment and Training or workfare programs if assigned to them by their SNAP agency, and not voluntarily leave a job or reduce work hours below 30 per week without a good reason. People may be exempt from this work requirement if they live with a dependent child younger than age 6 or care for a disabled person; meet work requirements in the Temporary Assistance for Needy Families program or unemployment insurance program; participate in an alcohol or drug treatment program; are unable to work because of a health limitation; or attend school at least half-time. A person exempt from the general work requirement for any of these reasons would also be exempt from the ABAWD requirement. See US Department of Agriculture Food and Nutrition Service, “SNAP Work Requirements,” updated August 29, 2025, accessed February 27, 2026, <https://www.fns.usda.gov/snap/work-requirements>.
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- ¹⁵ Adjustments to the cost of the Thrifty Food Plan are limited to changes in the Consumer Price Index for All Urban Consumers. One Big Beautiful Bill Act, Pub. L. No. 119–21, 139 Stat. 72 (2025).
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