



# Medicaid Generosity and Food Hardship Among Children

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## Abstract

- Examine the role of Medicaid in reducing food hardship among children using 2001-2020 waves of the December Current Population Survey
- Exploit between-state, over-time, and between household income eligibility criteria for households with children
- Find having a Medicaid eligible child reduces rates of household food insecurity and very low food security by 19% and 24%, respectively.
- Eligibility reduces rates of food insecurity among children by 20%
- Effects strongest for households headed by Black and Hispanic Individuals, and households with children <6 years old.

## Food Hardship and Medicaid

- In 2020, 16.1% of all children resided in a food insecure household<sup>1</sup>
  - Did not have the resources for dependable access to enough food for an active, healthy lifestyle
- Food insecurity is especially harmful in children: lower health quality<sup>2,3</sup> and lower cognitive and socio-emotional development<sup>2,3,4</sup>
  - Effects can still be present if just parents are food insecure<sup>5</sup>
- Medicaid may allow households to re-allocate resources from medical needs to food. Medicaid more generous for children, with more variation
- Varies by state, year, child age, family structure
- Existing research has focused on ACA expansions of mid-2010s. Find reductions in food hardship<sup>6,7</sup>
- Multiple measures of food hardship considered at household level:
  - Food insecure, very low food security, food insecure child, child with very low food security (assessed in Food Security Supplement, defined by USDA).
- Measure of eligibility based on household having eligible child.

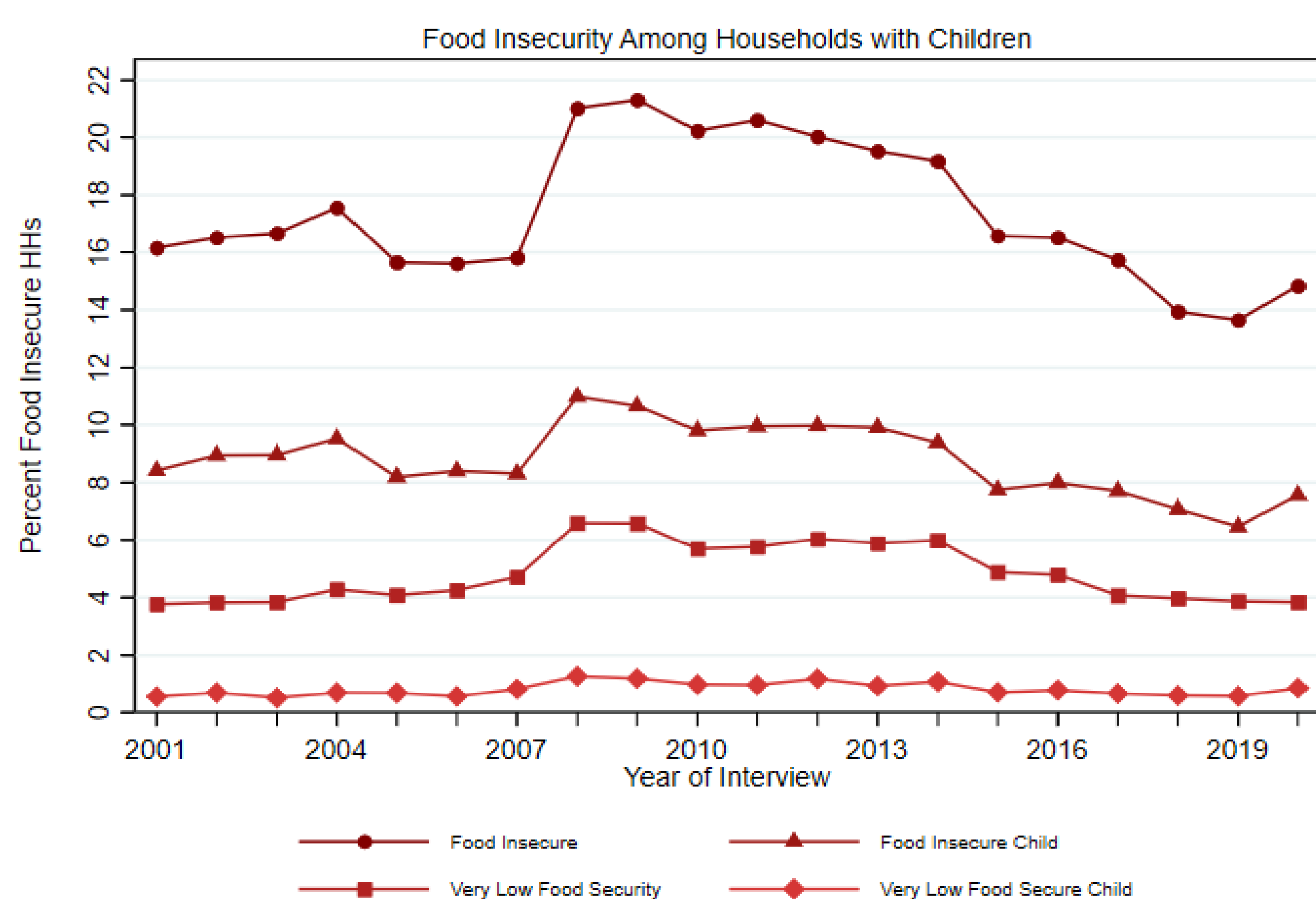


Figure 1: Household Food Hardship Over Time

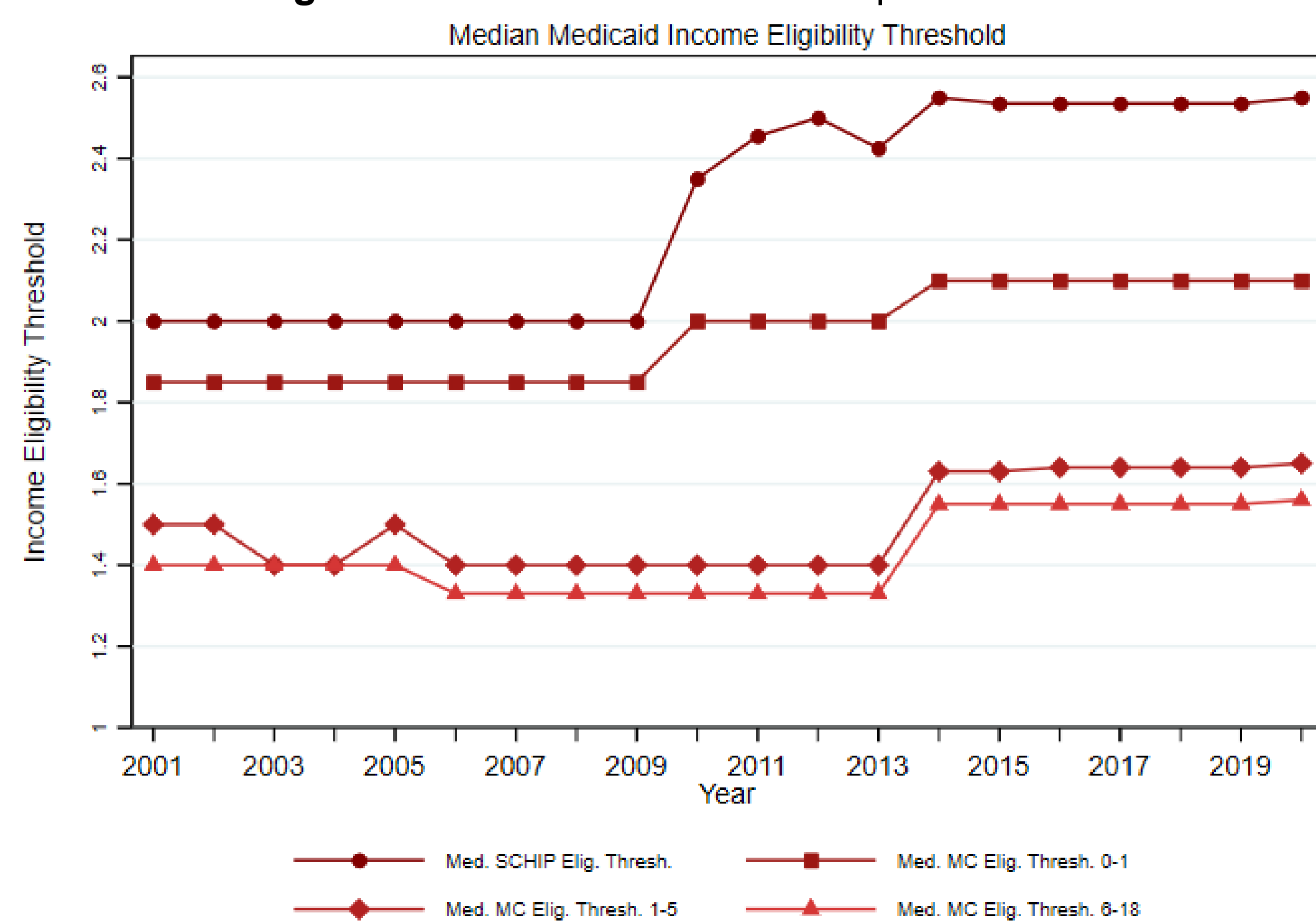


Figure 2: Income Eligibility Thresholds Over Time as % FPL

## Methodology

- Data: 2001-2020 waves of December Current Population Survey
    - Food security of the household and of the children in the household
    - Income recorded in bins, use midpoint for eligibility determination
  - Analyze households < 380% FPL, highest eligibility threshold observed
  - Main independent variable binary measure-Medicaid eligible child.
- $$Food\ Hardship_{ist} = \beta_1 Medicaid\ Elig.\ Child_{ist} + X'\beta_2 + \delta_s + \delta_t + \epsilon_{ist}$$
- Controls: state, survey year FE, demographics, income, SNAP, state economy. SE clustered at state level, survey weights used.

## Results

- Main specification-find having a Medicaid eligible child is associated with declines in every measure of food hardship (shown below)
- Approx. 20% decline in the likelihood of each measure of food hardship
  - Statistically significant at 1% level
- Effect is large but within the scope of the literature<sup>6,7,8</sup>
- Results are robust to alternative income specifications, %FPL cutoffs (shown below), and logit estimation
- Because food hardship rates vary substantially by race, we subset our sample and re-estimate main specification
  - Effects largest for Hispanic and Black Non-Hispanic households
- Also let the effect of Medicaid eligibility vary by the age of the child
  - Find larger effects for children under the age of 6

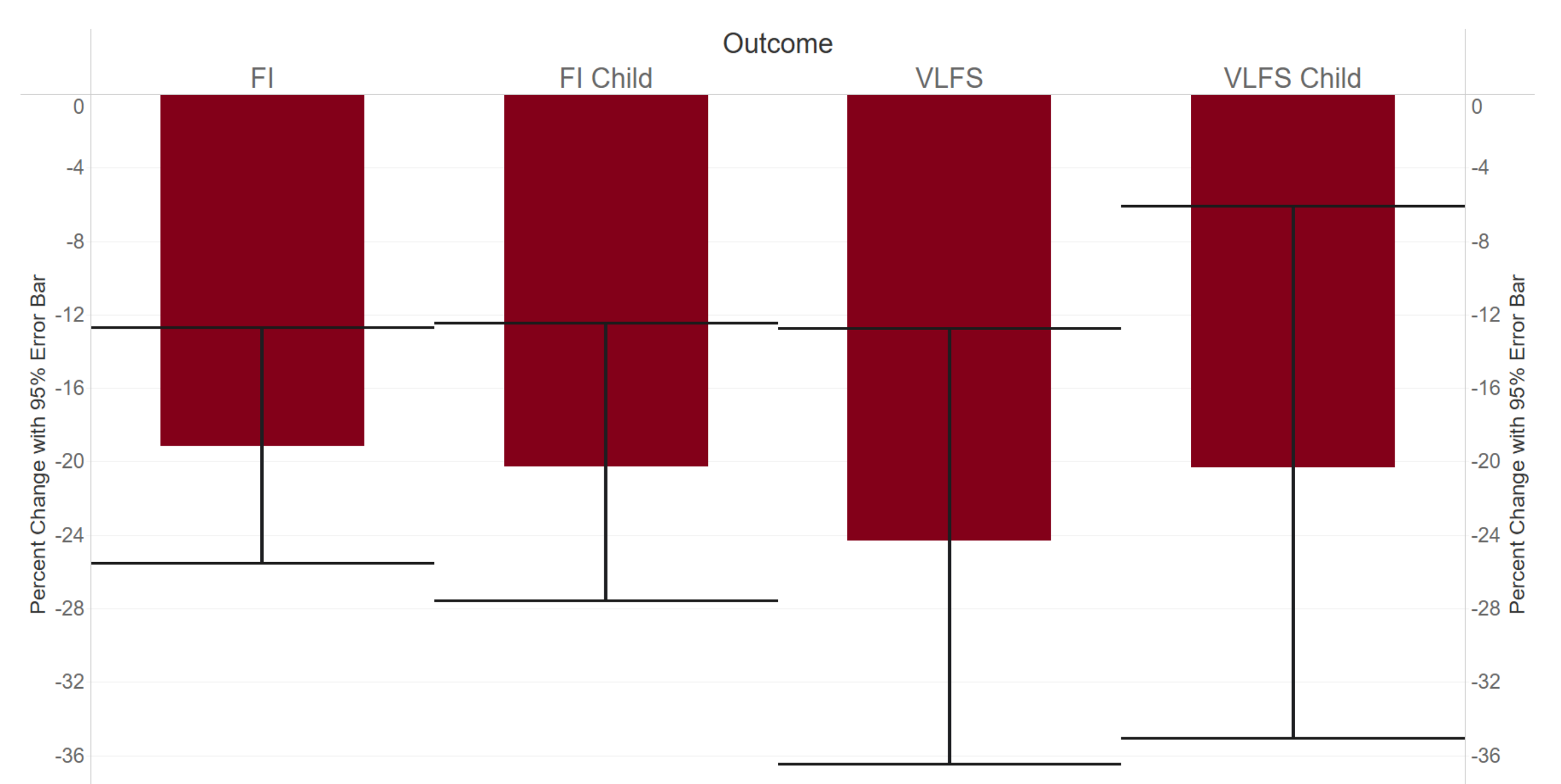


Figure 3: Medicaid Eligibility on Household Food Hardship

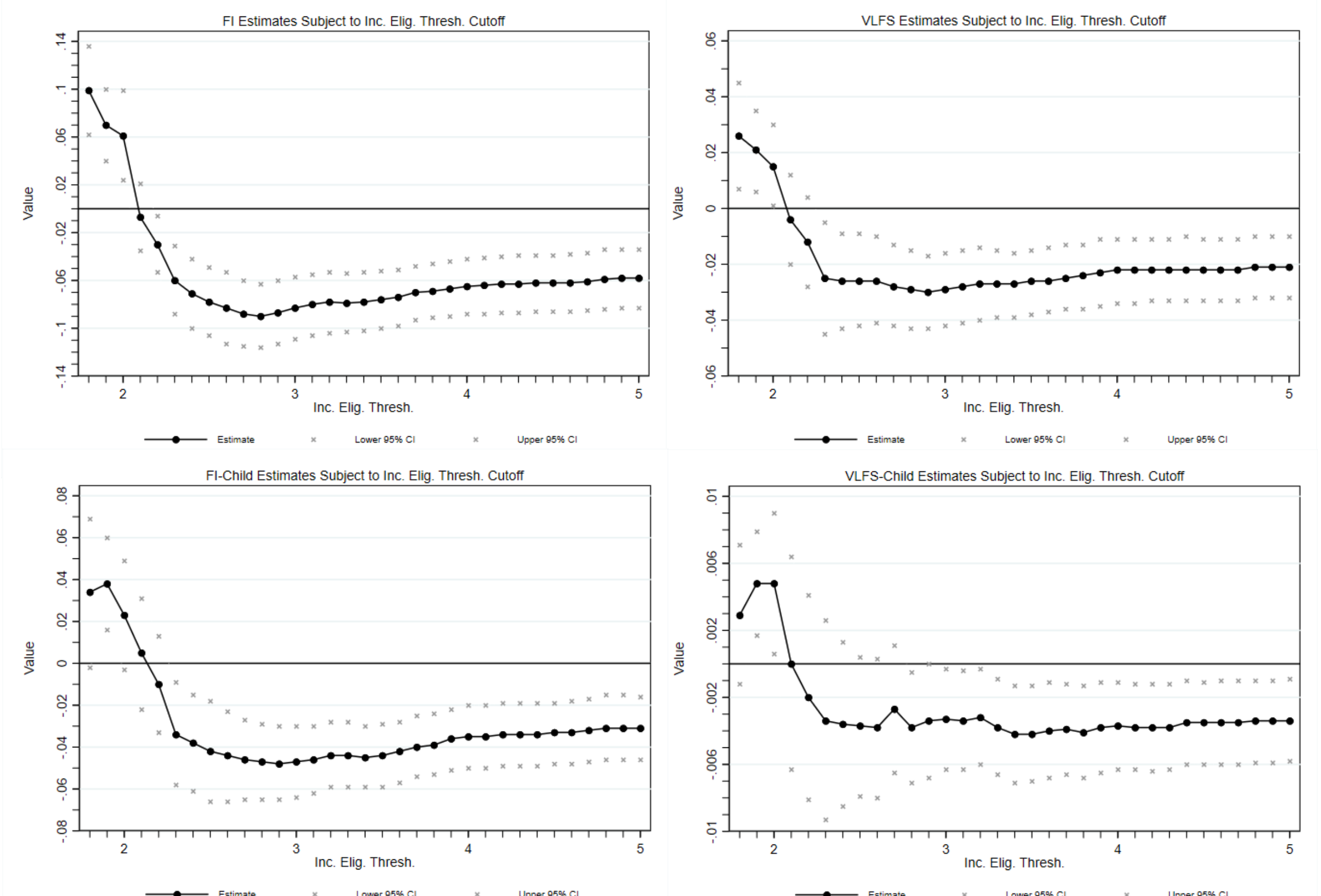


Figure 4: Effect of Income Eligibility for Children on Food Hardship for Varying Sample Income Cutoffs

## Conclusions

- This paper is part of an emerging literature on examining the effect of non-food support program on food hardship
- Use 2001-2020 December CPS to estimate impact of having a Medicaid eligible child on multiple measure of food hardship
- Medicaid eligibility reduces household food insecurity by 19%, very low food security by 24%, and both food insecurity among children and very low food security among children by 20%
- Effects are strongest for households with young children and households headed by non-White heads

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