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Design of the What's On Your Kid's Plate SNAP Study

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Key Takeaways:

- **This research brief describes the protocol and baseline descriptive characteristics for the *What's On Your Kid's Plate* study – an evaluation of the Rhode Island nutrition incentive program, *Eat Well, Be Well,* on frequency of children's fruit and vegetable consumption and other diet-related outcomes.**
- **Prior to the implementation of the *Eat Well, Be Well* incentive program, approximately half of parents reported that their child ate a vegetable or fruit 1-3 times per day and that most had fruits and vegetables available in their homes.**

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Introduction

Low-income households with children often struggle to afford enough nutritious food to support healthy development, leaving them at higher risk of food insecurity.[1-4] While the Supplemental Nutrition Assistance Program (SNAP) provides critical support, diet quality among children in these households remains suboptimal.[5] Fruit and vegetable incentive programs have increasingly been tested as a way to enhance the nutritional quality of food purchasing in low-income households,[6,7] though most studies have been conducted among adults with limited focus on child outcomes. A 2024 systematic review of interventions to improve fruit and vegetable consumption among young children highlighted the potential of such programs and emphasized the need for rigorous large-scale evaluations as a priority for future research, to fully understand the impact on children's diet quality.[8] Programs like the SNAP *Healthy Incentives Pilot* have demonstrated success in increasing fruit and vegetable purchasing among adults, underscoring the potential of such incentives to also impact households with children.[6,7] The *Eat Well Be Well (EWBW)* program offers a valuable opportunity to assess the impact of fruit and vegetable incentives on a larger scale, specifically among SNAP households with children, providing critical insights into how these programs can support healthier eating patterns for low-income populations.

The statewide *EWBW* pilot program directly applies a $0.50 credit to SNAP EBT cards for each $1.00 a participant spends on *fresh* fruits and vegetables at participating Rhode Island (RI) retailers, up to $25.00/month.[9] In total, $11.5 million dollars were allocated to the program, which was launched in January 2024 and will continue until funds are exhausted. The *What's on Your Plate* study (described elsewhere[10]) is an evaluation of the effect of the *EWBW* incentive program on adult diet-related outcomes; in particular, assessing changes in fruit and vegetable consumption of SNAP participants in RI using a difference-in-differences approach with Connecticut (CT) serving as a comparison site. This research brief describes the design and baseline data from the *What's On Your Kid's Plate* study (part of the larger *What's on Your Plate* study), which assesses the impact of *EWBW* on parent-reported frequency of children's fruit and vegetable consumption and measures related to the home food environment, eating behaviors, food parenting practices, and other factors influencing child dietary intake.

Methods

POPULATION

For the *What's On Your Plate* study of adult outcomes, as described elsewhere,[10] eligible participants were required to be at least 18 years of age, English- or Spanish-speaking, currently receiving SNAP, living in RI or CT, and have access to email and a phone. For the *What's On Your Kid's Plate* study, participants from the main study were eligible if they were the parent/guardian of a child 1-8 years of age. Infants under 1 year of age were excluded due to their distinct developmental stage for feeding. Similarly, children older than 8 years were excluded because, at this age, children become more reliable reporters of their own diet.[11]

DESIGN/FLOW

Participants were recruited as part of the main study via various methods to ensure broad outreach, including the distribution of recruitment flyers and single-use QR code flashcards by community partners, text message blasts to participants through the Women, Infants, and Children (WIC) program, and community events such as vaccine clinics, mobile food pantries, and health fairs. Once participants completed the main study survey, they were asked if they would be interested in participating in additional data collection opportunities. Participants who expressed interest and reported having a child between the ages of 1-8 years were sent an email and/or text message inviting them to participate in an additional 15–20-minute survey.

STUDY SAMPLE

Among the main study's participants (n=1367), roughly 70% (n=972) were eligible and invited to participate in the *What's On Your Kid's Plate* study. Of those invited, 90% (n=882) completed the eligibility screener. Of those that completed the screener, 33 were excluded for failing to meet the eligibility criteria: 14 were not parents or guardians of a child aged 1-8, 13 were no longer participating in SNAP, 5 lacked access to email, and 1 did not provide consent to participate. Additionally, 14 participants were excluded because they reported being under 18 years of age, which was likely a reporting error (i.e., they may have been referring to their child's age). When contacted for clarification, they did not respond. Of the remaining 835 eligible participants, 801 completed the survey. Additional methods were used to check participant validity: 22 were removed for failing to meet quality assurance checks (e.g., survey completed in $<$ 10 minutes or inconsistent reporting of WIC status), 3 were removed for not currently being SNAP participants (e.g., reported actively waiting for SNAP benefits), and 65 people were removed for reporting implausible energy intake (defined as reporting $\leq$500 or $\geq$5500 kcals daily, or $\leq$25 different foods). Thus, a total of 711 individuals (~73% of the invited sample) were included in the *What's On Your Kid's Plate* study.

MEASURES

The study survey included various sections aimed at understanding patterns in child dietary intake, different aspects of the home food environment, eating behaviors, food parenting practices, and other factors influencing child dietary intake.

Children's dietary patterns were captured with 5 questions from the National Survey of Children's Health,[12] focusing on the frequency of children's consumption of sugar-sweetened beverages (SSBs) excluding 100% juice, vegetables (including fresh, frozen or canned and excluding french fries, fried potatoes or potato chips), fruits (including fresh, frozen or canned, excluding juice), 100% fruit juice, and one item on screen time. Respondents reported weekly intake frequencies, with options ranging from "did not consume" to "≥3 times per day."

The home food environment assessment section, adapted from the *Healthy Incentives Pilot,* was designed to assess how often certain types of foods are available in participants' homes (fruits-including fresh, dried, frozen or canned, vegetables-including fresh, dried, frozen or canned and other foods such as salty snacks, low-fat milk, and sugary drinks). Respondents indicated frequency using options ranging from "always" to "never," and descriptive analyses assessed the prevalence of both healthy and unhealthy food items in participants' homes.[13]

The child eating behaviors section, derived from questions from the Townsend Measure, evaluated specific eating behaviors and preferences among children, including variety in vegetable intake and snack choices. Respondents provided frequency responses (e.g., "rarely" to "every day" for some items) or numeric responses for other items.[14]

Food parenting practices were examined using validated questions adapted from the *Family, Life, Activity, Sun, Health, and Eating* study, with items exploring practices such as purchasing fruits and vegetables, setting food rules (e.g., "It's okay for me to make rules about how many fruits/vegetables my child can have") and modeling healthy eating.[15] Responses were recorded on a Likert scale from "strongly disagree" to "strongly agree."

Stress related to feeding was assessed with custom-developed items focused on the level of stress parents experienced around feeding their children, including stress associated with meal preparation, portion control, and ensuring healthy eating. Parents responded using a Likert scale from "not at all" to "extremely."

Perceived discrimination in food assistance programs and access to culturally appropriate foods were assessed with questions, adapted from the *Midlife in the United States* study,[16,17] to explore the frequency that participants reported experiencing discrimination in SNAP and WIC, cultural respect, and the availability of culturally relevant foods. Responses included frequency scales for discrimination, binary choices for cultural questions, and open-ended responses for additional context.

Demographic and opinion questions gathered information on child demographics and respondents' opinions on fruit and vegetable purchasing barriers. Questions included binary (Yes/No), categorical, and multiple-choice responses.

Results

Table 1 details selected characteristics of the baseline sample from the main and *Kids* study and how they differed. The mean age of participants in the *Kids* study was lower (32.3 vs. 35.4), there were higher percentages of female participants (96.0 vs. 92.3%), participants speaking English at home (84.0 vs. 78.1%), and being US-born (80.0 vs. 75.6%). Fewer participants in the *Kids* study reported completing less than grade 12 (9.0 vs. 13.9%), having more children between the ages of 1-5 (1.4 vs. 1.1) and 6-17 (1.0 vs. 0.8) and having household members aged 65 or older (0.0 vs. 0.1). A higher percentage of participants in the *Kids* study reported being on SNAP for more than 1 year (80.0 vs. 74.8%), participating in WIC (90.0 vs. 71.3%), Medicaid/Medicare (68.0 vs. 64.5%) and receiving Free/Reduced-Price School Lunch (45.0 vs. 37.1%).

TABLE 1 **Selected Characteristics of Sample of Rhode Island and Connecticut SNAP Participants in the *What's on Your Plate* (Main) study vs. *What's on Your Kid's Plate* study, 2023**

	N (%) or Mean (Standard Deviation)		N (%) or Mean (Standard Deviation)	
	MAIN STUDY (n=1,234)		KIDS STUDY (n=711)	
Age	35.4	11.7	32.3	6.4
Female	1139	92.3	686	96.5
Race/Ethnicity				
Hispanic	529	42.9	274	38.5
Non-Hispanic Asian	21	1.7	14	2.0
Non-Hispanic Black or African American	197	16.0	111	16.0
Non-Hispanic Multiple Race	76	6.2	50	7.0
Non-Hispanic Other Race	22	1.8	11	1.5
Non-Hispanic White	389	31.5	251	35.0
Mostly speak English at home	964	78.1	597	84.0
U.S. Born	933	75.6	570	80.0
Educational Attainment				
Less than grade 12	171	13.9	64	9.0
Grade 12 or GED	439	35.6	253	36.0
Some college or trade school	429	34.8	269	38.0
College graduate or higher	195	15.8	125	18.0
Employment				
Employed full-time (30+ hr/wk)	284	23.0	183	26.0
Employed part-time (1-29 hr/wk)	280	22.7	164	23.0
Not employed, seeking employment	296	24.0	158	22.0
Not employed, retired, disabled, stay-at-home, student	374	30.3	206	29.0
Marital Status				
Married or living with a partner	340	27.6	229	32.0
Never married, divorced, widowed, separated	830	67.3	454	64.0
Prefer not to answer	64	5.2	28	3.9
Total Household Size	3.7	1.6	4.1	1.5
Age 0-5 years	1.1	0.9	1.4	0.7
Age 6-17 years	0.8	1.0	1.0	1.1
Age 18-64 years	1.7	1.0	1.7	0.8
Age 65 years or older	0.1	0.4	0.0	0.2

TABLE 1 **Selected Characteristics of Sample of Rhode Island and Connecticut SNAP Participants in the *What's on Your Plate* (Main) study vs. *What's on Your Kid's Plate* study, 2023**

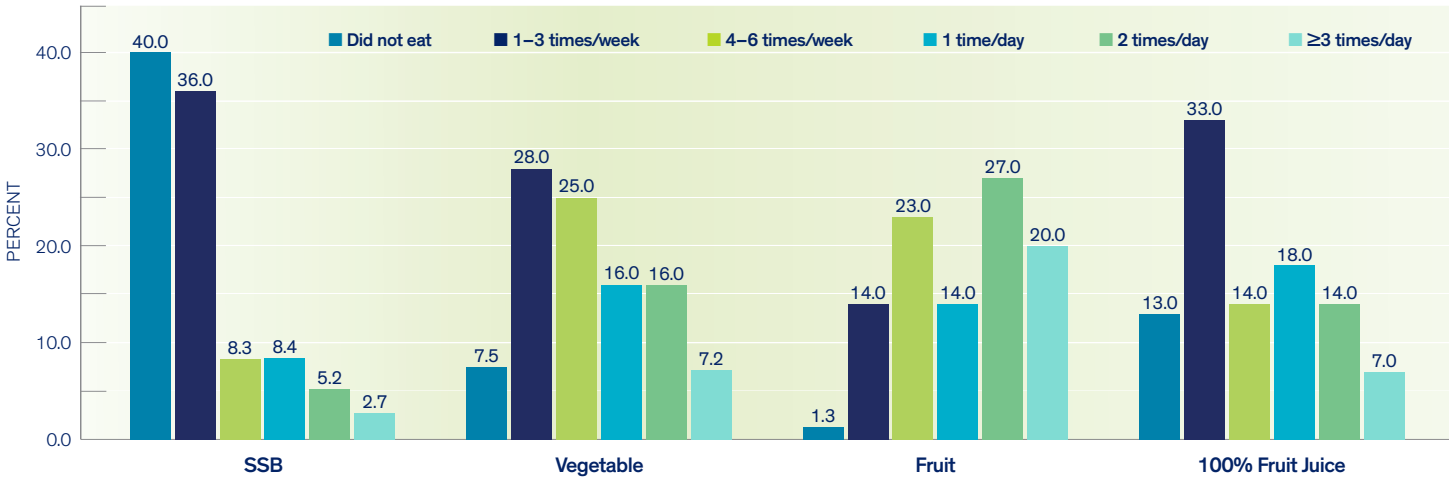
	N (%) or Mean (Standard Deviation)		N (%) or Mean (Standard Deviation)	
	MAIN STUDY (n=1,234)		KIDS STUDY (n=711)	
Household Living Situation				
Housing where pay to stay (e.g., rent)	937	75.9	551	77.0
Housing where own (outright or have a mortgage)	153	12.4	98	14.0
Friend's or family's housing (do not pay rent)	92	7.5	45	6.3
Shelter, safe haven, or transitional housing	37	3.0	12	1.7
Other (car or vehicle, unsheltered, or other)	15	1.2	5	0.7
SNAP Participation Duration[1]				
< 1 year	289	25.2	144	20.0
> 1 year	860	74.8	533	80.0
Participation in Programs Other than SNAP[1]				
Women, Infants, and Children	872	71.3	642	90.0
Medicaid/Medicare	789	64.5	486	68.0
Free/Reduced-Price School Lunch	454	37.1	320	45.0
Food Banks	293	24.0	143	20.0
Other (Disability, CACFP, UI, TANF)	370	30.3	195	27.0
Food Insecure[2]	712	57.7	406	57.0
Nutrition Insecure[3]	370	30.0	217	31.0

SNAP Supplemental Nutrition Assistance Program **CACFP** Child and Adult Care Food Program **TANF** Temporary Assistance for Needy Families **UI** unemployment insurance

1. Missing data: SNAP participation duration (Main study N=1149; Kids study N=677), Participation in other programs (Main study N=1223, Kids study N=710).
2. Food security status is defined using the 6-item USDA Food Security Survey Module. Responses in the affirmative (i.e., often, sometimes, yes, almost or some months) were assigned a 1 (versus 0). A score of 0-1 = high or marginal food security; 2-4 = low food security; 5-6 =very low food security. Food insecure is dichotomized as score of 0-1 (food secure) versus 2-6 (food insecure).
3. Nutrition security status was queried using the 1-item measure developed by the Center for Nutrition and Health Impact Nutrition insecurity was defined as responding sometimes, often, or always to the question, "In the last 30 days, we worried that the food we were able to eat would hurt our health and well-being."

Figure 1 details the parent reported frequency of SSBs, vegetable, fruit and 100% fruit juice for child intake. Close to one fifth of parents reported that their child drank SSBs 1-3 times per day (16.0%), close to half reported that their child ate a vegetable 1-3 times per day (40.0%), over half reported that they ate fruit 1-3 times per day (61.0%) and close to half reported that their child drank 100% fruit juice 1-3 times per day (39.0%).

FIGURE 1 **Child's Frequency of Sugar-sweetened Beverage (SSB), Vegetable, Fruit and 100% Fruit Juice Intake Based on Parent Report**



Notes: Vegetables include fresh, frozen, and canned, excluding potatoes. Fruit includes fresh, frozen, and canned, excluding juice.

Table 2 details the parent reported frequency of their home food environment. Most parents report that they most of the time/always have fruit in their home (85.0%), including in the refrigerator or countertop (81.0%). Similarly, most report having vegetables (84.0%), although fewer report having ready-to-eat vegetables most of the time or always (60.0%). Close to half of the parents reported that they most of the time/always have salty snacks (43.0%) and SSBs (36.0%) available in their home. Most of the parents report that they most of the time/always sit down to eat evenings meals together at home (70.0%).

TABLE 2 Parent Reported Frequency of the Home Food Environment

How often do you have these items available in your home…	n	%
Fruit, including fresh, dried, canned, and frozen fruits (excluding juice)		
Rarely/never	11	1.5
Sometimes	93	13.0
Most of the time/always	607	85.0
Fruit in the refrigerator or on the kitchen counter		
Rarely/never	17	2.4
Sometimes	117	16.0
Most of the time/always	577	81.0
Vegetables including fresh, dried, canned, and frozen vegetables		
Rarely/never	16	2.3
Sometimes	96	14.5
Most of the time/always	599	84.0
Ready-to-eat vegetables		
Rarely/never	87	12.0
Sometimes	197	28.0
Most of the time/always	427	60.0
Salty snacks such as chips and crackers (excluding nuts)		
Rarely/never	88	12.0
Sometimes	320	45.0
Most of the time/always	303	43.0
Soft drinks, fruit-flavored drinks, or fruit punch (excluding 100% juice)		
Rarely/never	221	31.0
Sometimes	234	33.0
Most of the time/always	256	36.0
How often did all or most of your family sit down and eat evening meals together at home		
Rarely/never	80	11.0
Sometimes	130	18.0
Most of the time/always	501	70.0

Discussion

This brief describes the design, survey measures, and selected baseline characteristics of the *What's On Your Kid's Plate* study, which is evaluating the impact of a fruit and vegetable incentive on child dietary frequency of consumption. Shaping children's dietary behaviors early in life is critical for establishing life-long healthy eating habits and the prevention of chronic diseases. By focusing on child outcomes, this study fills an important research gap, as prior studies focus on diet-related changes for adult SNAP participants. Since prior interventions have had small effects on fruit and vegetable intake among children,[8] there is an urgent need to understand the impact of broad policies, such as statewide nutrition incentives, on children's diet.

The data on children's dietary frequency and home food environments illuminate both challenges and opportunities for promoting healthier eating habits. In our sample, 60.0% drank a SSB at least once in the preceding week, more than half reported that their child ate vegetables less than daily (60.0%) and 39.0% reported eating fruit less than daily. Our data are very similar to the 2021 National Survey of Children's Health data whereby more than half (57.0%) reported drinking SSBs at least once in the preceding week, approximately half (49.0%) reported consuming less than a daily vegetable and 32.0% at less than a daily fruit.[18] Although the recommended intake of fruits and vegetables for children varies by age, all children should be consuming fruits and vegetables daily, ranging from 1-2 cups/day.[19] Similarly, the American Heart Association recommends that children consume no more than 8 oz of SSBs per week.[20] In our data, 24.0% of parents reported that their children consumed these drinks more than 1 time per week. The reported availability of fresh fruits and vegetables in most households is encouraging, though the lower prevalence of ready-to-eat vegetables suggests a potential barrier related to convenience or preparation effort, which could influence consumption patterns.

The study's focus on the home food environment as a determinant of child dietary behaviors is particularly salient. The high frequency of shared family meals reported by 70.0% of participants provides an important behavioral anchor for intervention strategies. Shared meals have been linked to improved diet quality and reduced risk of obesity in children,[21] suggesting that *EWBW* may benefit from messaging that reinforces the role of family mealtimes in fostering healthier eating habits. However, the concurrent availability of less healthy options, such as salty snacks and SSBs, presents a competing influence that may increase or decrease and hence should be evaluated in the context of the incentive program.

There are some limitations worth noting. First, children's dietary intake was reported by their caregiver, and they might not know everything a child ate. Second, frequency of intake was assessed, not the amount consumed; therefore, intake cannot be tied to a dietary recommendation. In addition, our sample is predominately female and participating in WIC, and although representation of WIC is similar across RI and CT, our findings may not be generalizable to other low-income SNAP households. WIC program benefits may further facilitate fruit and vegetable provisions in SNAP households with children under the age of 5, but as children age out of WIC, additional disparities may be expected.

The *What's On Your Kid's Plate* study has the potential to contribute critical evidence on how nutrition incentive programs can influence child dietary habits, particularly when integrated with broader household and community-level strategies. These data, leveraged alongside the main *What's On Your Plate* study, will offer further evidence on broader family diet-related impacts, including how parental dietary choices affect child intake within a household. This information will be essential for scaling effective programs and designing policies that address persistent disparities in child nutrition and food security.

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