



Bipartisan Policy Center

Strengthening the Child Nutrition Programs

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Executive Summary

Child Nutrition Reauthorization (CNR) provides Congress with an opportunity to reduce hunger and improve the diet and health of millions of children throughout the United States by strengthening the child nutrition programs.¹ Federal nutrition programs authorized under CNR include the National School Lunch Program (NSLP); School Breakfast Program (SBP); Child and Adult Care Food Program (CACFP); Summer Food Service Program (SFSP); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Special Milk Program; Fresh Fruit and Vegetable Program (FFVP); and Farm to School program.²

The last CNR, the Healthy, Hunger-Free Kids Act (HHFKA), became law in 2010. Although some of its provisions expired in late 2015, most of the federal nutrition programs have continued to operate via annual appropriations legislation. Federal nutrition programs, including the child nutrition programs and the Supplemental Nutrition Assistance Program (SNAP), serve one in four Americans.³ Total federal expenditures for the child nutrition programs reached \$23.6 billion in fiscal year 2019 and \$32.3 billion in FY2020, including \$10.7 billion for the Pandemic Electronic Benefits Transfer program (P-EBT).^{a,4}

Food and nutrition security are vital to children's long-term health and well-being. The U.S. Department of Agriculture (USDA) defines food security as "access by all people at all times to enough food for an active, healthy life," and food insecurity as "the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."⁵ In 2020, food insecurity affected about one in 10 households. Certain populations were disproportionately impacted. From 2019 to 2020, the prevalence of food insecurity increased for households with Black, non-Hispanic members from 19.1% to 21.7%.⁶ Although school nutrition programs and other food assistance programs often shield children from hunger and food insecurity, in 2020, 7.6% of U.S. households with children experienced food insecurity, an increase from 6.5% in 2019.⁷

The U.S. government has no official definition of nutrition security, but the term often means "consistent access, availability, and affordability of foods and beverages that promote well-being and prevent (and if needed, treat) disease."⁸ Since 2020, USDA has placed a new and much needed emphasis on nutrition security when formulating its goals and programming.⁹ People with poor diet

^a Expenditures for Child Nutrition Programs include the sum of the expenditures provided by [USDA](#) for the National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, Summer Food Service Program, and Pandemic Electronic Benefits Transfer, plus expenditures for the Fresh Fruit and Vegetable Program, provided separately by USDA.

quality face increased risk of overweight and obesity, which affects about one in five children and adolescents,¹⁰ as well as other costly chronic health problems.

The child nutrition programs play a crucial role in ensuring food and nutrition security among the nation's youth. At a time when many families are still experiencing COVID-19-related food and nutrition insecurity, it is vital that Congress pass a strong CNR.

The Bipartisan Policy Center's Food and Nutrition Security Task Force makes the following policy recommendations for strengthening the child nutrition programs to improve food and nutrition security:

Strengthening Food and Nutrition Security in School

- Ensure all children, regardless of household income, have access to nutritious foods to allow them to learn and grow by providing school breakfast, school lunch, afterschool meals, and summer meals to all students at no cost.
- Strengthen nutrition in the school nutrition programs.
- Strengthen nutrition education, including experiential learning, in schools.
- Support investments in kitchen equipment and infrastructure through loans or grants that help schools meet or exceed nutrition standards and provide appealing and culturally relevant meals to students.

Strengthening Food and Nutrition Security Out of School

- Expand access to out-of-school nutrition programs.
- Make Summer EBT a permanent program and allow students to access EBT benefits during school breaks, holidays, closures, and other emergencies.

Strengthening Food and Nutrition Security in Pregnant and Postpartum Women and Young Children Through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- Improve nutrition security in the WIC population by enhancing the value of the WIC benefit, expanding program eligibility, streamlining certifications, and strengthening nutrition and breastfeeding supports.
- Utilize technology to modernize service delivery, increase program participation and retention, improve the WIC shopping experience, and make redemption of WIC benefits easier for participants and retailers.

Strengthening Food and Nutrition Security Across Programs

- Maintain and, if possible, strengthen nutrition standards for all programs to better align them with the latest *Dietary Guidelines for Americans*.
- Streamline and facilitate eligibility, enrollment, and data sharing across programs that address food and nutrition insecurity and other social determinants of health.
- Support an increase in the accessibility, affordability, and intake of fruits and vegetables in child nutrition programs to improve nutrition security.
- Strengthen research investment and data collection at USDA, Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and U.S. Department of Defense (DOD) to identify rates of and interconnections between food and nutrition insecurity, diet quality, child nutrition program participation, academic performance, chronic disease, and later performance in the workforce and eligibility for the military, as well as barriers to participation in child nutrition programs among populations at disproportionate risk.
- Improve children's food and nutrition security in the health care sector through congressional, government agency, and private sector actions by collaborating on data sharing, implementing demonstration projects, improving access to nutrition-focused health care professionals, and increasing focus on prevention initiatives.

The task force acknowledges that the implementation of their recommendations could add to federal spending beyond current law and provides several considerations for offsets. However, the task force does not endorse any specific pay-fors.

The implementation of the recommendations in this brief, through both congressional and administrative actions, aims to improve food and nutrition security by strengthening the child nutrition programs. Federal child nutrition programs authorized through CNR are vital to preventing and reducing food and nutrition insecurity and improving children's health.

Introduction

BACKGROUND ON CHILD FOOD AND NUTRITION SECURITY

The U.S. Department of Agriculture (USDA) defines food security as “access by all people at all times to enough food for an active, healthy life,” and food insecurity as “the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”¹¹ Food insecurity among children is associated with many adverse outcomes, including anemia, lower nutrient intakes, cognitive problems, aggression and anxiety, higher risks of being hospitalized and of poorer general health, behavioral problems, depression and suicide ideation, asthma, and worse oral health.^{12,13} Children in food-insecure households are also more likely to forgo medical care and have higher rates of emergency department use.¹⁴

Although the U.S. government has no official definition of nutrition security, the term often means “consistent access, availability, and affordability of foods and beverages that promote well-being and prevent (and if needed, treat) disease.”¹⁵ Nutrition security and diet quality are closely related. Poor diets increase the risk of obesity and conditions such as high blood pressure, heart disease, Type 2 diabetes, cancer, osteoporosis, and dental caries.¹⁶ According to the CDC, aspects of poor dietary habits, such as skipping breakfast and consuming inadequate amounts of certain food groups, are associated with decreased cognitive performance and lower grades among students.¹⁷

USDA estimates that food insecurity affected 10.5% of U.S. households (13.8 million households) in 2020, including 3.9% (5.1 million households) with “very low food security,” meaning one or more members of the household experienced reduced food intake or disrupted eating patterns due to a lack of money or resources.^{18,19} Despite the COVID-19 pandemic, these estimates did not change significantly between 2019 and 2020. However, food insecurity rose in households with children and with Black individuals. Among households with children, 14.8% experienced food insecurity, including 7.6% of households (2.9 million households) in which both children and adults experienced food insecurity. In 2019, 14.6% of households with children experienced food insecurity, including 6.5% in which both children and adults were affected.²⁰ Food insecurity is historically more common among certain population groups, including seniors, people with low incomes, Black, Latinx, and Native American communities, and households with children.^{21,22,23,24} Although children are often protected from food insecurity even in households with very low food

security, children in 332,000 households experienced disruptions or reductions in food intake in 2020, a small but significant increase from 2019.²⁵

In contrast with USDA's data, other estimates showed increases in food insecurity since early 2020, particularly during the pandemic's early days. Estimates in March and April 2020 found that food insecurity more than tripled from pre-pandemic levels to 38% nationwide, and lower-income households were disproportionately affected.²⁶ Results from a March 2020 survey of more than 1,400 households with incomes of less than 250% of the federal poverty level showed that 44% were food insecure, including 48% of Black households, 52% of Hispanic households, and 54% of households with children.²⁷ It is likely that the benefit increases, new programs such as Pandemic Electronic Benefits Transfer (P-EBT), and flexibilities provided by the COVID-19 recovery legislation helped to prevent a significant increase in overall food insecurity between 2019 and 2020. The first brief in this series, [*Improving Food and Nutrition Security During COVID-19, the Economic Recovery and Beyond*](#), released in September 2021, highlights policy recommendations to further improve food and nutrition security related to the pandemic.

In the United States, childhood obesity is even more common than childhood food insecurity. According to the CDC, about one in five (14.4 million) children and adolescents ages 2-19 have obesity.²⁸ Research suggests that childhood obesity rates may have increased during the pandemic.²⁹ Childhood obesity is linked to poor diets and causes both short- and long-term physical and behavioral health issues, including high blood pressure and high cholesterol; Type 2 diabetes and pre-diabetes; breathing problems such as asthma and sleep apnea; anxiety and depression; low self-esteem; and social problems such as bullying and stigma.³⁰

Research has shown that people with food insecurity are more likely to have obesity. A potential reason is the resource scarcity hypothesis. Food insecurity and obesity often result from multiple factors affecting low-income individuals, including limited resources and a lack of access to nutritious foods.³¹ Low-income individuals may also experience cycles of food deprivation and overeating, less physical activity, increased marketing of obesity-promoting products, and high levels of depression, stress, and anxiety.³² One study that included national survey data from 7,435 participants 12 to 18 years of age found that those from marginally food secure, low food secure, and very low food secure households were 1.4 to 1.5 times more likely to be classified as obese based on waist circumference than high food secure households.³³ Therefore, this brief provides recommendations for ensuring both food and nutrition security in children.

BPC has a history of engaging on issues related to food and nutrition security. BPC's [*Lots to Lose*](#) report, released in 2012, provided recommendations for addressing obesity across issue areas. It included recommendations

for addressing childhood obesity through food and farm policy, healthy communities, healthy families, healthy schools, public awareness and food marketing, and a case study focused on the U.S. Department of Defense. BPC's 2018 SNAP Task Force report, [*Leading with Nutrition: Leveraging Federal Programs for Better Health*](#), provided recommendations for strengthening nutrition in SNAP, the nation's largest federal feeding program.

In May 2021, BPC launched the bipartisan Food and Nutrition Security Task Force comprising 18 distinguished public- and private-sector leaders. This brief is the second in a series of three from this task force and provides bipartisan, consensus-based recommendations for strengthening the child nutrition programs through CNR and other federal legislative, administrative, and private-sector actions.

OPPORTUNITIES TO IMPROVE FOOD AND NUTRITION SECURITY IN CHILD NUTRITION REAUTHORIZATION

Federal nutrition programs, including the child nutrition programs, are administered through USDA's Food and Nutrition Service (FNS). They serve one in four Americans and increase food and nutrition security by providing families with access to nutritious foods.³⁴ Feeding programs have been in existence for centuries, but formal federal programs did not begin until the 1930s. These programs aimed to connect Americans struggling with food insecurity during the Great Depression with excess food produced from farms. Most notably, Congress in 1946 passed the National School Lunch Act (NSLA), which established the National School Lunch Program (NSLP). The School Breakfast Program (SBP) followed in 1966, and the Summer Food Service Program (SFSP) pilot was included in the NSLA in 1968.³⁵ The Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC) was established as a pilot in 1972 and made permanent in 1974.³⁶ The child nutrition programs have evolved since their inception to better meet the food and nutrition needs of children and families, through a process known as Child Nutrition Reauthorization (CNR).

CNR is "Congress's process of making changes to the permanent statutes that authorize the child nutrition programs, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and related activities: the Richard B. Russell National School Lunch Act, the Child Nutrition Act of 1966, and (less often) Section 32 of the Act of August 24, 1935, which transfers funds to the child nutrition programs annually." The reauthorization is supposed to occur every five years; however, if that does not happen, the programs can continue to operate if they are permanently authorized or if appropriations acts provide funding.³⁷

Child nutrition programs reauthorized under CNR include the NSLP; SBP; SFSP; Child and Adult Care Food Program (CACFP); WIC; Special Milk Program; Fresh Fruit and Vegetable Program (FFVP); and Farm to School programs. Although the USDA's FNS administers all these programs, they were established at different times and operate independently, which has resulted in variations in reimbursement rates and meal patterns. The meal patterns dictate the food and nutrient requirements for the child nutrition programs.

The largest of the child nutrition programs, the NSLP, provides low-cost or free nutritious lunches to children in school. In FY2019, NSLP served 29.6 million individuals per day, and in FY2020 (pandemic year), it served 22.4 million individuals per day. The SBP provides low-cost or free nutritious breakfasts to children in school. Despite having the same eligibility requirements as the NSLP, only about half as many students participate in the SBP. To address food and nutrition security during the summer, the Seamless Summer Option (SSO) encourages school food authorities participating in the SBP or NSLP to provide meals in low-income areas during the summer. The SFSP also provides free meals and snacks to children under age 18 when school is not in session, although nutrition guidelines, reimbursement rates, and other program requirements differ from those of the NSLP and SBP.^{38,39}

When the pandemic forced schools to close, Congress created the Pandemic Electronic Benefits Transfer (P-EBT) as a temporary program in FY2020. The program provided an EBT benefit to replace the value of missed school meals; it was modeled after the Summer EBT demonstration program established a decade ago, which provides a supplementary summer grocery benefit to students eligible for free or reduced-price school meals.

CACFP provides nutritious meals to children of a range of ages, including in day care and after-school settings, and elderly individuals in day care settings. In FY2020, CACFP served 4.1 million children and 200,000 adults per day.⁴⁰

The third-largest federal nutrition assistance program, WIC, provides nutritious foods, nutrition education, and referrals to health and other social services to low-income women, infants, and children up to age 5 who are at nutritional risk. In FY2019, WIC served 6.4 million individuals; in FY2020, the program served 6.2 million individuals.⁴¹

Additional programs focus on improving access to farm-fresh products. The Fresh Fruit and Vegetable Program (FFVP) provides fresh fruits and vegetables to low-income children at eligible elementary schools during the school day

at no cost. The program introduces children to fresh fruits and vegetables, including different and new varieties, and encourages healthier school environments by promoting nutrition education.⁴² USDA allocates funding to all 50 states, the District of Columbia, and U.S. territories. State agencies then provide funding to schools based on certain criteria, such as the percentage of students eligible for free and reduced-price school meals. In FY2019, 7,600 schools provided fresh produce through FFVP to 4 million students.⁴³ Additionally, the Farm to School program awards grants to participating schools, nonprofits, and other entities to plan or implement farm-to-school activities.

USDA's Team Nutrition provides broad backing for child nutrition programs. This initiative of the department's Food and Nutrition Service "supports national efforts to promote healthy food choices and physical activity by improving the nutrition practices in the child nutrition programs."⁴⁴ It also provides training and technical assistance to child nutrition professionals to assist them in serving nutritious, appealing meals to children; nutrition education; and support for school and child care environments that encourage nutritious food choices and physically active lifestyles. Team Nutrition creates materials and resources from the evidence-based *Dietary Guidelines for Americans* (DGA) and delivers nutrition messages to children and families through various communication channels, including school and community events and traditional and social media. State agencies that administer child nutrition programs can apply for Team Nutrition training grants to assist schools in their nutrition and physical activity efforts.⁴⁵ Team Nutrition received \$18 million in funding in FY2020.

Federal expenditures for the child nutrition programs totaled \$23.6 billion in FY2019 and \$32.3 billion in FY2020, including \$10.7 billion for P-EBT.^{b,46} For more information about the child nutrition programs, including program eligibility, cost, and participation, please see Appendix 1.

CNR provides an opportunity to increase access to and participation in the child nutrition programs and to ensure that the programs contribute to improved diet quality.

b Expenditures for Child Nutrition Programs include the subtotal of the National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, Summer Food Service Program, and Pandemic Electronic Benefits Transfer provided by [USDA](#), plus expenditures for the Fresh Fruit and Vegetable Program, which are provided separately by USDA.

CHILD NUTRITION PROVISIONS IN THE BUILD BACK BETTER ACT

In addition to CNR, other legislation has focused on improving and expanding access to child nutrition programs. The U.S. House of Representatives' version of the Build Back Better Act⁴⁷ contains several provisions related to child nutrition and federal child nutrition programs. The bill includes \$6.6 billion to expand the Community Eligibility Provision (CEP) until July 1, 2027, by increasing the multiplier that determines the amount of federal reimbursement a school receives from 1.6 to 2.5. Additionally, the identified student percentage (ISP) threshold would be lowered from 40% to 25%, allowing more schools to be eligible to participate in CEP. It is estimated that nearly 9 million additional children would have access to school meals at no cost with these changes. The legislation also includes \$3.3 billion to establish a nationwide Summer EBT program in 2023 and 2024. Students who receive free or reduced-price meals would be eligible to participate and receive \$65 a month. This amount would be adjusted annually for inflation. The act includes \$250 million for a healthy school meal incentives demonstration project and \$30 million for school kitchen equipment grants to serve healthier meals, improve food safety, and increase scratch cooking.

IMPACT OF THE HEALTHY, HUNGER-FREE KIDS ACT ON FOOD AND NUTRITION SECURITY

The last CNR, known as the Healthy, Hunger-Free Kids Act (HHFKA), became law in 2010. This bipartisan legislation was monumental for improving children's food and nutrition security through the federal child nutrition programs. It strengthened nutrition standards in several critical ways. Updated regulations required by the HHFKA support the consumption of more fruits and vegetables by requiring students to take at least one serving of fruits or vegetables with every school breakfast or school lunch and by expanding the weekly offerings of vegetables to include legumes, dark green, and red/orange vegetables. The regulations also instituted age-appropriate calorie minimums and maximums and established sodium reduction targets. All grains offered with school meals must be at least 51% whole grain. In addition, the HHFKA requires free drinking water to be made available to students at meal times.⁴⁸ Smart Snacks in Schools regulations established as part of HHKFA set evidence-based standards for other foods and beverages sold in schools

outside of these programs, often referred to as “competitive foods” because they compete with school nutrition program meals.⁴⁹ Although passed and implemented during the Obama administration, the HHSFKA built on evidence-based policy recommendations commissioned during the George W. Bush administration.

Since HHSFKA became law, researchers have studied the legislation’s impact on children’s diets, health, and readiness to learn. For children living in poverty, the risk of obesity declined substantially every year since 2010, and researchers concluded that obesity prevalence would have been 47% higher in 2018 if Congress had not passed the legislation to strengthen the nutrition standards.⁵⁰ Utilizing National Health and Nutrition Examination Survey (NHANES) data, researchers determined that HHSFKA was associated with improved dietary quality for lunch among low-income, low-middle-income, and middle-high-income NSLP participants compared with nonparticipants.⁵¹ Recently published research analyzed the diets of more than 21,000 children ages 5 to 19 between 2003 and 2018. It found that “poor nutritional quality food consumed from schools” declined from 55% to 24%, with the decrease mainly occurring after 2010, exhibiting the powerful effects of the HHSFKA.⁵² Crucially, these nutritional improvements in food consumed at school were equitably distributed among race, ethnicity, parental education, and household income.⁵³ USDA’s School Nutrition and Meal Cost study concluded that the average total Healthy Eating Index (HEI) scores for school meals significantly improved between school year 2009-2010, before the passage of HHSFKA, and school year 2014-2015, after the passage of HHSFKA. The average HEI score rose from 50 to 71 for school breakfasts and from 58 to 82 for school lunches. Researchers also found statistically significant improvements in the consumption of fruits, vegetables, and whole grains, as well as reductions in sodium and empty calories from added sugars and solid fats.⁵⁴

In addition to improving the nutritional quality of meals, HHSFKA increased access to the school nutrition programs, particularly through the Community Eligibility Provision (CEP).⁵⁵ CEP allows schools and districts in low-income areas to serve breakfast and lunch to all students at no cost without collecting household applications. Under CEP, schools are reimbursed using a formula based on the percentage of students categorically eligible for free meals due to their participation in other federal programs, such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and others, and students who are considered fosters, migrants, or homeless. If enough students in a school are directly certified, the school can participate in CEP. CEP increases access to the school nutrition programs, decreases the stigma associated with participating in the programs, and decreases the administrative burden on school districts processing free and reduced-price meal applications.⁵⁶ In the 2020-2021 school year, more than 33,000 schools in 5,479 school districts participated in CEP.

It reached more than 15.5 million children, more than half of all children participating in the NSLP daily before COVID-19.⁵⁷

HHKFA also expanded access to the Summer Food Service Program (SFSP) and the after-school meals component of the Child and Adult Care Food Program (CACFP). For SFSP, the law made eligibility rules the same for both nonprofit and public sponsors. For nonprofits, this change eliminated certain limitations on summer feeding sites. For CACFP, nutrition standards were updated,⁵⁸ and the after-school meals program was expanded nationwide, up from 13 states before HHFKA.⁵⁹

Policy Recommendations

To further the progress made by the Healthy, Hunger-Free Kids Act (HHFKA) more than a decade ago, policymakers should recognize their immense opportunity and responsibility to strengthen federal child nutrition programs to improve the nutrition and health of the nation's children. As attempts at Child Nutrition Reauthorization (CNR) have failed in recent years, we urge Congress to pass a bipartisan CNR that builds on the work of the HHFKA in addressing food and nutrition security. Federal agencies, state governments, and nongovernmental stakeholders should also consider actions they can take to strengthen the child nutrition programs independent of congressional action. This policy brief includes 13 high-level policy recommendations across four topic areas and additional sub-recommendations to inform and strengthen child food and nutrition security both through and outside of CNR.

STRENGTHENING FOOD AND NUTRITION SECURITY IN SCHOOL

Given the substantial amount of time children spend at school, it is imperative that food and nutrition security assume a prominent place in schools and school nutrition programs. Schools provide an opportunity to address hunger, nutrition, and health in the short- and long-term by providing access to nutritious meals and teaching important lifelong skills. This brief includes several policy recommendations related to strengthening food and nutrition security in schools.

POLICY RECOMMENDATION 1

Ensure all children, regardless of household income, have access to nutritious foods to allow them to learn and grow by providing school breakfast, school lunch, afterschool meals, and summer meals to all students at no cost.

To ensure all children have access to nutritious foods, all school meals, including school breakfast, school lunch, afterschool meals, and summer meals, *should be provided at no cost to all students*. Providing school meals to all students at no cost, also known as universal school meals, can improve the health and nutrition of children, promote equity, and provide economic benefits to society at large. While the combined annual budget for the National School Lunch

Program (NSLP) and School Breakfast Program (SBP) is \$18.7 billion, new research shows that school meal programs provide \$21 billion in net value to society through human health and economic equity improvements.^{60, 61, 62} As a result of COVID-19 relief legislation, all students nationwide have been temporarily eligible to receive free school meals since March 2020 and will continue to be eligible through the end of the 2021-2022 school year, making now an opportune time to permanently enact this policy at the federal level. Two states—California and Maine—have enacted universal school meals as of January 2022, demonstrating that this policy is feasible at the state level as well.

SCHOOL MEALS FOR ALL IN CALIFORNIA AND MAINE

In their 2021 legislative sessions, California and Maine became the first two states in the country to pass universal school meals, or school meals for all, providing breakfast and lunch to all students at no cost. State anti-hunger advocates highlighted how universal school meals would not only provide nutrition and health benefits to students, but also how school meals for all would increase equity and streamline and strengthen school nutrition programs. The bills had strong bipartisan support in both state legislatures, and, in Maine, the bill passed unanimously in the Senate. California's universal school meals policy is fully funded and was passed along with investments in school kitchens, the school nutrition workforce, and locally grown meals. To pay for school meals for all in Maine, the state legislature established the Meals for Students Fund with an initial \$10 million allocation. Maine advocates and policymakers are working to secure the remaining \$24 million to fully fund the policy. This legislation paves the way for other states to enact universal school meals, at least until a federal universal meal policy is enacted and fully funded.

A recent systematic review that included 47 studies highlights the nutrition, health, and academic benefits of providing healthy school meals for all students.⁶³ Providing healthy school lunches is positively associated with better diet quality. In addition to improving diet quality by providing fruits, vegetables, and whole grains, healthy school meals for all students can improve food security among low-income students. Almost half of the included studies found a positive association between healthy school meals for all and students' academic performance, and no studies showed an adverse impact. Additionally, half of the studies found that healthy school meals for all students significantly improves attendance among students who live in low-income and food-insecure households. Providing school meals for all students also reduces

the stigma associated with receiving free school meals. For school districts, nearly all studies showed that providing healthy school meals for all increased participation in school meals programs.⁶⁴

Universal school meals can promote equity amongst students as well. Providing meals for all students at no cost can reduce racial and ethnic disparities in food insecurity. Additionally, some families may have variable or fluctuating income, which can affect their eligibility for free or reduced-price meals, and it may be difficult for the family to calculate or the school district to determine eligibility. Families with limited English proficiency may struggle to complete the free or reduced-price meals application, and non-U.S. citizens may be wary of filling out the application due to their immigration status. Universal school meals remove these concerns and challenges for school districts, families, and most importantly children.

Providing school meals at no cost to all students can improve a school district's school food service department's finances as well. For example, New York school districts participating in the Community Eligibility Provision (CEP), where all students receive meals at no cost, saw a reduction in their school food program deficits by \$14 per student annually due to higher federal reimbursements and lower per meal production costs.⁶⁵ Increased participation leads to increased reimbursement for school districts, making the policy a win-win for districts and students.⁶⁶

It is important to recognize that making universal school meals permanent will require federal investment. The Bipartisan Policy Center estimates that providing free breakfast and lunch for all students over the next decade would cost between \$60 billion and \$96 billion, depending on food price inflation.⁶⁷

While the task force wholeheartedly endorses providing healthy school meals to all students at no cost, if this policy is not implemented in the short term, the following policy options would make progress toward the ultimate goal of universal free meals.

Policy options to increase access to nutritious foods through school, child care, afterschool, and summer meals:

- **Additional investments and enhancements in CEP—lower the threshold for CEP eligibility; increase federal reimbursement multiplier for CEP schools; continue to allow grouping of schools; consider statewide community eligibility authority.**
- **Eliminate the reduced-price meals category and provide meals to these students at no cost.**
- **Improve direct certification and categorical eligibility.**
- **Require school food authorities (SFAs) to prohibit “lunch shaming” or stigmatization in their unpaid meal debt policies.**

- **Incentivize schools to serve meals in alternative ways, such as Breakfast in the Classroom, to increase participation in the programs.**

The additional steps outlined here would help increase the number of schools offering meals to all students at no charge or the number of students eligible for free meals in each school or district. To move toward the goal of universal free meals, policymakers can consider each step individually, or can implement multiple steps simultaneously.

Additional investments in CEP, a universal school meal option for high-poverty schools, can expand access to school meals at no cost. Congress could permit USDA to lower the threshold for CEP eligibility and increase the federal reimbursement multiplier for CEP schools to facilitate increased eligibility and participation in the program. Allowing school districts to continue to group schools based on their identified student percentage (ISP) could also help to maintain or increase participation in CEP. Additionally, Congress could allow a statewide community eligibility option. These policies are included in the U.S. House's version of the Build Back Better Act and could be included in CNR.

A recent study found that CEP has economic benefits as well, reducing monthly grocery spending among households with children by 5% and as much as 19% in neighborhoods with greater participation.⁶⁸ CEP also led to a 3% improvement in the dietary quality of food purchases and a decline of almost 5% in households classified as food insecure.⁶⁹

Another important strategy acknowledges the many children whose families are struggling to make ends meet but do not qualify for free school meals by eliminating the reduced-price meals category and providing meals to these students at no cost. Approximately 1.7 million children currently receive reduced-price school meals.⁷⁰ A family of three qualifies for free school meals if they make less than \$29,000 annually and for reduced-price meals if they make less than \$41,000 annually. Some school districts and states, including Colorado, Minnesota, North Carolina, Vermont, and Virginia, have enacted this policy.⁷¹ School districts and states that eliminated reduced-price fees have seen participation rise higher than the national average. This improvement increases meal reimbursements, helping to offset the costs. The remaining costs are covered with state funds if the policy is enacted at the state level or with various sources of revenue if enacted at the district level.⁷²

Improving direct certification and categorical eligibility can also improve access to healthy school meals. Direct certification allows income-eligible students to receive free or reduced-price school meals without an application, based on their families' participation in other federal programs. Categorical eligibility allows individuals meeting certain categorical requirements to be eligible for free or reduced-price meals automatically without requiring duplicative paperwork to document eligibility. Direct certification and categorical eligibility could be expanded to automatically enroll more students

to receive meals at no cost based on Medicaid and Supplemental Security Income data, and household participation in the Low-Income Home Energy Assistance Program (LIHEAP). Previously, USDA administered a Direct Certification Improvement Grant, which helped to improve systems to ensure the certification of all eligible children. This grant program could be reinstated to continue this work.

Categorical eligibility for free school meals could be provided to additional students in need. Currently, students who are in foster care are eligible for school meals at no cost. This eligibility could be expanded to include children who live with non-parent caregivers, such as grandparents or other relatives. In addition, schools would benefit from being able to receive retroactive school meal reimbursement for students who become eligible for free or reduced-price school meals after the start of the school year.

Because school meals are not universally available to all students at no cost, non-CEP school districts often must deal with debts from families who owe money for meals. To address unpaid meal debt, USDA requires school food authorities (SFAs) to establish a meal charge policy. Congress could require that these policies protect students from “lunch shaming,” or the shaming and stigmatization of students over unpaid school meals. Many students may be ineligible for free meals but are still unable to pay. These students may experience lunch shaming as a result.

Several states have enacted policies that require school districts to address lunch shaming. For example, Minnesota requires SFAs to adopt, post, and implement a policy prohibiting lunch shaming. The legislation also requires that communications related to school meal debts be directed to the parent or guardian instead of the student, prohibits schools from withdrawing a meal if a student owes for previous meals, and prohibits restrictions on students in an effort to collect unpaid balances.⁷³ Virginia law bars school boards from suing families to collect unpaid meal debt,⁷⁴ allows school boards to solicit donations to offset or eliminate school meal debt,⁷⁵ and prohibits school employees from discarding meals served to children who cannot pay for them.⁷⁶ In California, prior to providing universal school meals,⁷⁷ a 2019 law guaranteed that students receive lunch regardless of whether their parents or guardians have unpaid meal debt on their accounts.⁷⁸ By passing legislation to address lunch-shaming practices, school districts may see an increase in unpaid meal debt. Further expanding access to meals at no cost is a solution to both lunch shaming and unpaid meal debt for school districts.

In addition, policymakers could help promote health equity through the school meal programs. To increase the use of culturally appropriate foods, USDA could encourage operators to design menus that include culturally appropriate food items. Ensuring that nutritious, appealing, and culturally relevant foods are provided across programs helps support a healthy school environment, encourages school nutrition program participation, and reduces

food waste. Allowing, encouraging, and incentivizing schools to serve meals in alternative ways, such as Breakfast in the Classroom, can also lead to increased participation in the school nutrition programs. Additionally, policies that emphasize reducing food waste could help increase food rescue to benefit students in need whenever possible.

To further advance equity in the school meal programs, support could be provided to producers and distributors from communities of color. One option is to add a preference in child nutrition program procurement for producers and distributors from these communities. According to USDA, only 1.3% of the 3.4 million farmers in the United States are Black.⁷⁹ A USDA grant program could connect producers who are people of color to school districts and others operating child nutrition programs.

POLICY RECOMMENDATION 2

Strengthen nutrition in the school nutrition programs.

Policy options to strengthen nutrition in the school nutrition programs:

- **Maintain, and, if possible, strengthen nutrition standards for all foods and beverages provided through the school nutrition programs to better align them with the latest *Dietary Guidelines for Americans* (DGA).**
- **Provide technical assistance funding to help schools meet and exceed nutrition standards.**
- **Promote and support cooking efforts that include nutrient-rich foods aligned with the DGA, including scratch cooking where feasible.**
- **Expand the Fresh Fruit and Vegetable Program (FFVP) by lowering the threshold for school eligibility and expanding to middle and high schools.**
- **Require foods and beverages marketed in schools, including those promoted on virtual learning platforms, to meet nutrition standards.**
- **Require a congressional report on USDA's efforts to help schools meet and exceed nutrition standards and to the extent those standards are being met.**
- **Provide incentives to schools to meet and exceed nutrition standards.**
- **Address school drinking water safety and accessibility.**

Stronger school nutrition standards under HHFKA improved children's diets,⁸⁰ and policymakers should build on the progress to further strengthen nutrition in the school nutrition programs. Following the implementation of the 2012 update to the school meal nutrition standards, program participation increased among children who receive meals at no cost,⁸¹ and food waste did

not increase.⁸² Overall, school lunches are healthier than lunches children bring from home. The School Nutrition and Meal Cost Study found that NSLP participants had a significantly higher HEI score compared with non-participants (80.1 versus 65.1).⁸³ Because school meals can contribute up to half of a child's total daily caloric intake, ensuring nutritious meals is important.

Research examining body mass index among children and adolescents during the COVID-19 pandemic in Southern California found that youths gained more weight during the pandemic than before, and that most of the increase in obesity was among those ages 5-11 and 12-15. If these results can be generalized nationally, this provides further reason to support strong nutrition standards in child nutrition programs.⁸⁴ It is important to note that during the pandemic, participation in school meals dropped significantly because of school closures, and waivers were granted for meal pattern requirements to make it easier to serve meals.⁸⁵ It is imperative that with students back at school full time, nutrition standards are reinstated and further strengthened to reverse this trend.

Nutrition standards for all foods and beverages provided through the school nutrition programs should be maintained, and, if possible, strengthened to better align with the latest *Dietary Guidelines for Americans*. USDA should consider evidence that supports the establishment of, or updates to, nutrition standards for added sugars, sodium, whole grains, and flavored milk. The U.S. Food and Drug Administration (FDA) recently released short-term voluntary targets for reducing sodium in the food supply. Research examining specific nutrients in school meals found that for breakfast, 92% of schools exceeded the DGA recommended limit for added sugars of no more than 10% of total calories, and 69% exceeded the limit at lunch.⁸⁶ (There currently is no limit on added sugars in the school nutrition standards.) Additionally, 99% of commonly served entrées sold outside of the NSLP—which are not required to meet nutrition standards when they are also served as part of meals—did not meet the Smart Snack nutrition standards, primarily due to the high sodium content.⁸⁷ Better aligning nutrition standards with the latest DGA will ensure that meals and snacks served through school nutrition programs promote high dietary quality. It will also mean disallowing proposed policies or flexibilities that may decrease the nutritional quality of school meals. A recent study examined the costs and benefits, and therefore the true value, of an eating pattern such as the Healthy Mediterranean-Style Dietary Pattern within the DGA. This type of eating pattern is of higher dietary quality than the current school meal nutrition standards and includes more whole grains, seafood, roots, and tubers, and less dairy, processed meats, and added sugars. The study estimated the implementation cost of aligning the school nutrition standards with this dietary pattern to be \$3.52 billion and the benefits to be \$5.04 billion, a true value benefit of at least \$1.52 billion.⁸⁸

Additional funding for technical assistance could help schools meet and exceed nutrition standards. Before COVID-19, 99% of schools that participated in the NSLP met the nutrition standards in place at the time, a drastic increase from 14% in 2009-2010.^{89,90} Schools continue to work toward increasing the availability and consumption of fruits, vegetables, and whole grains and meeting sodium targets. Funding could be provided to states, local educational agencies (LEAs), and schools to continue to support healthy school meals and afterschool snacks, increase scratch cooking, and conduct nutrition education and other related activities that improve the healthfulness of meals. School districts struggling to meet the school nutrition standards could be prioritized for technical assistance instead of facing punitive enforcement measures.

Promotion of scratch cooking in schools, where feasible, can be addressed in CNR. Nongovernmental organizations define scratch cooking as school districts cooking their own meals and incorporating whole, fresh ingredients, rather than pre-assembled or processed meals and meal components.⁹¹ Establishing an official definition for scratch cooking and conducting a Government Accountability Office (GAO) study on the current ability of school districts to implement scratch cooking techniques, on barriers to implementation, and on efforts the federal government could take to enable this practice in schools nationwide could help to increase scratch cooking. A demonstration project could test the impact of enhanced reimbursement rates for scratch cooking and whether it improves school meal participation, nutritional quality, and costs.

The Fresh Fruit and Vegetable Program (FFVP) is critical to providing fresh fruits and vegetables during the school day at no cost to low-income elementary school children. The program introduces children to fresh fruits and vegetables, including different and new varieties. Along with providing fresh produce, the program encourages healthier school environments by promoting nutrition education. An evaluation of the program found that students in FFVP schools have higher fruit and vegetable intake than students in similar non-participating schools, with no difference in energy intake.⁹² FFVP currently serves only the highest-need elementary schools. The program could be expanded to all elementary schools and to middle and high schools, as funding allows, with priority given to schools that participate in CEP. Additionally, the program's integrity could be protected by ensuring that only fresh fruits and vegetables are provided.

Foods and beverages marketed in schools are required to meet nutrition standards.⁹³ Federal and district requirements for local school wellness policies could ensure that this policy is enforced and expanded to apply to virtual learning platforms. Technical assistance could be targeted to schools found to be in noncompliance with school wellness policy requirements.

To better understand the status of and barriers to implementation of evidence-based nutrition standards, Congress could require a report within five years

on the USDA’s technical assistance efforts on sodium targets, whole grains, and added sugars; on progress by schools to meet the standards; and on product availability in the marketplace. Congress could also require that USDA conduct a pilot study that provides nutrition report cards on how well school districts are meeting the standards. To assist program operators in meeting and exceeding nutrition standards in the school nutrition programs, reimbursement rates could be increased, if higher meal costs are incurred. USDA could also provide additional commodity support funds or increase per-meal reimbursement in response to higher prices that may result from product shortages or supply chain disruptions.

Incentives can also assist schools in meeting and exceeding nutrition standards. Currently, schools can receive a performance-based reimbursement of 7 cents per meal.⁹⁴ This amount could be increased to further incentivize schools to strengthen the nutrition standards and provide the most nutritious meals possible. The U.S. House’s version of the Build Back Better Act includes \$250 million for a healthy food incentives demonstration project in FY2022.

To further support a healthy school environment, federal policy could address school drinking water safety and accessibility. A 2017 GAO survey found that 41% of school districts had not tested for lead within the last year. Of the 43% who reported testing for lead, 37% found elevated levels.⁹⁵ Testing for lead in all schools, as well as any necessary remediation, could be required and funded. Testing could be done on all taps used for drinking and cooking, including in school cafeterias, kitchens, and water fountains. To encourage healthy beverage consumption, at least one water bottle filling station could be installed in a high-traffic area in every school. The bipartisan Infrastructure Investment and Jobs Act enacted in December 2021 dedicated \$55 billion to expand access to clean drinking water for households, businesses, schools, and childcare centers.⁹⁶ These funds could be used for lead testing and remediation in schools, child care centers, and other youth-serving facilities.

POLICY RECOMMENDATION 3

Strengthen nutrition education, including experiential learning, in schools.

Policy options for strengthening nutrition education in schools:

- **Fund annual Team Nutrition training grants through USDA.**
- **Create a USDA demonstration program that would provide for food and nutrition educators in schools and evidence-based interventions that improve student health and nutrition.**

- **Expand and enhance Farm to School programs by increasing overall program funding, increasing the maximum grant award, and advancing equity.**
- **Fund and conduct research regarding nutrition education, specifically experiential learning, such as school garden programs and school culinary programs.**

Strengthening nutrition education in schools goes hand in hand with strengthening the nutrition standards and improving access to the programs. Nutrition education is defined as “any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food and nutrition-related behaviors conducive to health and wellbeing.”⁹⁷ Research shows that nutrition education is most effective when it is focused on behavioral change. Core components include enhancing motivation, facilitating action, and promoting environmental supports.⁹⁸ Nutrition education is part of comprehensive health education and empowers children with the knowledge and skills to make healthy food and beverage choices. Nutrition education strategies in schools may include opportunities for learning in the classroom, lunchroom, and school garden, or through the Farm to School program. It could even involve take-home lessons that include the whole family.⁹⁹

Research has shown that nutrition education can be effective in improving diet quality, including increasing children’s fruit and vegetable intake.^{100, 101, 102} Food education has also been found to improve emotional, academic, and social outcomes by creating positive attitudes about learning and helping to build a child’s social skills and self-esteem.^{103, 104, 105} U.S. students receive less than eight hours of required nutrition education each school year, significantly less than the recommended 40-50 hours.¹⁰⁶

Strengthening nutrition education involves increasing classroom instruction, including educational components in child nutrition programs, and ensuring the school nutrition environment models and promotes healthy choices. To support food and nutrition education in schools, Congress could continue to fund annual USDA Team Nutrition training grants for state agencies of up to \$500,000 each. In FY2020, funding for USDA’s Team Nutrition, including the state agency grants, totaled \$18 million.¹⁰⁷ Congress could also create a demonstration program through USDA that provides food and nutrition educators in schools and funds school gardens or other evidence-based interventions that improve student health and nutrition.

The Farm to School program, which supports local food producers, increases access to healthy foods for children, and promotes nutrition education, could be strengthened and expanded. Mandatory funding for the Farm to School program could be increased from \$5 million annually, with an increase in the maximum grant award. Farm to School program grants can advance equity by

prioritizing engagement with communities of color and schools and programs that serve diverse and high-needs student populations. Because Native American communities are disproportionately affected by high rates of Type 2 diabetes and obesity,¹⁰⁸ increasing access to traditional foods, especially from tribal producers, would likely produce benefits. Partnerships between schools and producers could help to facilitate access while increasing the consumption of nutritious traditional foods.

School gardens can be powerful tools for educating students on nutrition, connecting them to the process of food production, and encouraging them to try novel fruits and vegetables. A study exploring changes in the knowledge, attitudes, and behaviors of students ages 11-13 associated with vegetable consumption through classroom and hands-on learning found that students were better able to identify different vegetables. Their general preferences for vegetables also increased, and they were more willing to try new vegetables at the end of the program.¹⁰⁹

Another study examined the impact of TX Sprouts, a school-based gardening, cooking, and nutrition demonstration project, on dietary intake and quality. Among third- to fifth-graders, dietary quality improved modestly following their participation in the program. It effectively decreased added sugar intake in children and increased vegetable consumption.¹¹⁰ The findings from these studies demonstrate the effectiveness of school gardens and other experiential learning in nutrition education. Additional research could help to strengthen and expand on this evidence base.

POLICY RECOMMENDATION 4

Support investments in kitchen equipment and infrastructure through loans or grants that help schools meet or exceed nutrition standards and provide appealing and culturally relevant meals to students.

Providing schools with the tools they need to serve healthy meals is essential. Equipment such as ovens for baking instead of frying foods, refrigerators and freezers to store produce and low-fat dairy products, and adequate infrastructure to prepare meals are necessary to meet nutritional standards.¹¹¹ Many schools are trying to meet the nutrition standards with outdated, nonfunctional equipment and lack the money to update their kitchens. A 2013 survey, the most recent available, found that almost 90% of schools needed at least one piece of school kitchen equipment to meet updated lunch requirements implemented as a result of the HRFKA. Within that group, only four in 10 reported that the budgeted amount was enough to obtain the necessary equipment.¹¹²

To address this need, USDA has provided NSLP Equipment Assistance Grants to assist with the purchase of necessary equipment to make healthier meals.¹¹³ In FY2021, \$30 million in funding was provided for this program, with priority given to schools with at least 50% of students eligible for free or reduced-price meals.^{114, 115} The U.S. House’s version of the Build Back Better Act would provide \$30 million in additional funds for school kitchen equipment in FY2022. While this investment would help greatly, it still would not be sufficient to address all the unmet needs in the approximately 130,000 public schools in the United States.¹¹⁶ Additional investments in kitchen equipment and infrastructure through grant and loan assistance programs could help schools acquire new equipment that is pivotal to meeting or exceeding the nutrition standards. Funds made available for kitchen equipment could include investments in equipment for food storage. Additional funding could also go toward enlarging and training the school nutrition workforce. Training could address how to plan and prepare tasty and nutritious meals and how to manage a fresh foods inventory.

STRENGTHENING FOOD AND NUTRITION SECURITY OUT OF SCHOOL

Federal nutrition programs that operate out-of-school provide access to healthy, nutritious meals and foods for children when school is not in session. The Child and Adult Care Food Program (CACFP) afterschool meals program and the summer meals programs provide meals in a congregate setting. Summer EBT is particularly important for students who are unable to regularly access the summer meals programs due to a variety of barriers. Policy recommendations provided here would further strengthen and expand these out-of-school child nutrition programs.

POLICY RECOMMENDATION 5

Expand access to out-of-school nutrition programs (Summer Meals Programs/Child and Adult Care Food Program).

Policy options to expand access to out-of-school nutrition programs:

- **Decrease or eliminate area eligibility threshold.**
- **Prioritize congregate feeding sites, which usually offer educational and enrichment programming, but when this is not feasible or would present a barrier to access, allow school districts and other program operators to provide meals in a noncongregate setting.**

- **Permit Summer Food Service Program (SFSP) sponsors to operate year-round.**
- **Provide grants focused on innovative transportation solutions to meal sites.**
- **Increase the number of meals allowed in summer feeding programs from two to three per day.**
- **Update CACFP requirements to allow for an additional meal or snack for children in full-day care.**
- **Create a CEP option for child care centers.**
- **Allow Team Nutrition to provide support to CACFP sponsors on meeting updated meal patterns.**
- **Expand Farm to School programs to early child care and education sites, summer feeding sites, and after-school programs.**

Expanding and increasing access to nutrition programs outside of school, including in day care, after the school day, and during the summer months, is important to prevent and address gaps in food and nutrition security. Almost 2.8 million children participated in the summer feeding program on an average day in July 2019, only one in every seven low-income children who participated in the NSLP during the 2018-2019 school year. Participation in summer feeding programs declined in July 2019 for the fourth year in a row, while participation in school meal programs remained steady. This demonstrates that the need for meals remains, but that the accessibility to summer meals is low.¹¹⁷ The statistics also demonstrate the need to invest in children's food and nutrition security during the summer months, including through the summer nutrition programs and Summer EBT. Summer nutrition programs and summer programming can help to overcome both hunger and the learning slide that affects children from lower-income families during the summer months,¹¹⁸ which may cause them to fall further behind academically than their higher-income peers.¹¹⁹

There are several potential strategies to expand access to out-of-school nutrition programs.

Currently, an after-school or summer meals site must be in the attendance area of a school where at least 50% of the children are eligible for free or reduced-price school meals.¹²⁰ Lowering this area eligibility threshold or eliminating it altogether could allow more operators to participate in the programs and provide meals to more children in need because large numbers of needy students live in areas where this threshold is not met.

Additionally, while congregate feeding sites, which usually offer educational and enrichment programming, could be utilized in most cases, school districts and other operators could be allowed to provide meals in a noncongregate

setting for summer meals in areas where requiring congregate feeding may result in limited access to or participation in the meal programs.

Congress could allow SFSP sponsors to operate year-round to reduce administrative burden and duplicative costs. This change would also increase children's access to meals year-round. Currently, community meal sponsors are forced to switch between programs, operating SFSP during the summer months and CACFP during the school year, even when they are serving the same children the same meals at the same sites year-round.

To further improve access to summer feeding sites, grants could provide innovative transportation solutions. This is especially important to the millions of children living in rural or underserved communities.

Summer nutrition program operators could be allowed to increase the number of meals served at each site from two to three meals per day. During the school year, students may have access to three meals a day through the SBP, NSLP, and after-school meals program.

CACFP program requirements could also be updated to allow for an additional meal or snack for children in full-day care. CACFP serves a wide range of ages, including children under 5. Currently, child care centers and day care homes can claim up to two reimbursable meals and one snack, or two snacks and one meal, for each eligible participant per day.¹²¹ For children in full-day care, this may be insufficient to meet their nutrition needs.

To further increase access to CACFP, a CEP option for child care centers could be created.

To address nutrition security, USDA's Team Nutrition's support for implementing the CACFP's updated meal pattern could also be expanded.

The scope of Farm to School programs could be expanded to early care and education sites, summer food service sites, and after-school programs. This could assist children in developing healthy eating habits earlier and expose them to nutritious foods more often through multiple program access points.

POLICY RECOMMENDATION 6

Make Summer EBT a permanent program and allow students to access EBT benefits during school breaks, holidays, closures, and other emergencies.

The Summer Electronic Benefit Transfer (EBT) program began as a five-state demonstration project in 2011. An evaluation of the project's first three years examined the impact of the EBT benefit and of different benefit levels (\$30 per

month versus \$60 per month). While the \$30 per month benefit was effective in reducing food insecurity, compared with no benefit, the \$60 per month per child benefit was more effective and even “reduced the most severe category of food insecurity among children during the summer by one-third.”¹²² The benefit also improved diet quality among participating children. Compared with no benefit, children receiving the \$60 benefit consumed an additional one-third cup of fruits and vegetables per day, increased their consumption of whole grains by 30%, and reduced their consumption of sugar-sweetened beverages by 7%.¹²³ The Summer EBT demonstration projects have continued, with various states participating over the past decade. These demonstration projects complement congregate summer feeding programs such as the Summer Food Service Program, ensuring children have multiple access points to nutritious meals during the summer months. Summer EBT is critical for families who are unable to access meals through congregate summer feeding programs.

To support an increase in the accessibility, affordability, and intake of fruits and vegetables, an additional monthly benefit for these two important food groups could be provided in federal child nutrition programs that utilize an EBT card, such as WIC and Summer EBT. More details about this potential benefit are provided under recommendation #11.

The U.S. House of Representatives’ version of the Build Back Better Act would make the Summer EBT program a nationwide program in 2023 and 2024 at a cost of \$3.2 billion and would provide a benefit of \$65 a month that would be adjusted annually for inflation. Similar benefits will already be provided through Pandemic Electronic Benefits Transfer (P-EBT) during summer 2022. The task force supports Summer EBT and recommends that it become permanent. The program, estimated to cost \$25 billion over 10 years, would provide EBT benefits to all 29 million students who receive free or reduced-price school meals.¹²⁴ This change would assist families who are unable to access summer meals programs consistently and replace the school meals that children miss when school is out. Only one in seven low-income children who participated in the National School Lunch Program during the 2018-2019 school year participated in the summer feeding program in 2019,¹²⁵ demonstrating the challenges to accessing the program and highlighting the importance of Summer EBT in filling that gap. In addition to providing EBT in the summer months, the benefit should be available during other times of extended school closures due to public health emergencies, natural disasters, holiday breaks, or other times when schools are closed for longer than five consecutive days.

STRENGTHENING FOOD AND NUTRITION SECURITY IN PREGNANT AND POSTPARTUM WOMEN AND YOUNG CHILDREN THROUGH THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

Since its establishment as a pilot program in 1972 and authorization as a permanent program in 1974, WIC has evolved to better meet the needs of pregnant and postpartum women, infants, and children at nutritional risk. Policy recommendations in this section provide ways to improve nutrition security for WIC participants and use technology to modernize the program.

POLICY RECOMMENDATION 7

Improve nutrition security in the WIC population by enhancing the value of the WIC benefit, expanding program eligibility, streamlining certifications, and strengthening nutrition and breastfeeding supports.

Policy options to improve nutrition security in the WIC population:

- **Permanently increase the overall value of the WIC food package to deliver more nutritious foods to participants.**
- **Align WIC food packages with recommendations of the National Academies of Sciences, Engineering, and Medicine (NASEM) and the latest DGA.**
- **Permanently increase the cash value benefit (CVB) for fruits and vegetables.**
- **Expand eligibility for women and children to improve nutrition outcomes.**
- **Streamline certification periods and enhance adjunctive eligibility to bolster child retention.**
- **Increase breastfeeding support through increased funding and expansion of breastfeeding peer counselors.**

In FY2020, WIC served about 6.2 million participants per month, including almost half of all infants born in the United States.¹²⁶ WIC participants purchase and consume more fruits, vegetables, whole grains, and low-fat dairy products than low-income nonparticipants.¹²⁷ The program also supports more

nutritious diets and improved breastfeeding rates, and women who participate in WIC give birth to healthier babies.¹²⁸ WIC has been estimated to more than double its return on investment, saving \$2.48 in health care costs for every dollar spent on WIC services.¹²⁹

Research shows that longer participation in the WIC program among eligible children during their first two years of life is strongly associated with better diet quality.¹³⁰ The 2009 WIC food package revisions increased purchasing power for children's fruits and vegetables by 30%, expanded whole grain options, allowed yogurt as a partial milk substitute for children and eligible adults, permitted parents of older infants to purchase fresh fruits and vegetables instead of jarred, and gave more flexibility to state and local WIC agencies with meeting nutritional and cultural needs of participants.¹³¹ The prevalence of obesity among children ages 2-4 who participated in WIC was increasing before 2009, but implementation of the updated food package, which better reflected nutrition science, contributed to reversing this trend.¹³² By 2016, the food package changes had closed an income-based disparity: The obesity rate for WIC-enrolled toddlers was aligned with the obesity rate for the overall child population ages 2-5.¹³³

WIC can further improve health outcomes if the benefit is enhanced to provide additional nutritious foods. The Cash Value Benefit (CVB)—WIC's benefit for fruit and vegetable purchases—was introduced in 2007 in an effort led by the National WIC Association and the International Fresh Produce Association (formerly the United Fresh Produce Association) to increase the nutrition of WIC-approved foods. The benefit has improved the diets of WIC participants and reduced the prevalence of childhood obesity among WIC toddlers.^{134, 135}

In March 2021, the American Rescue Plan Act included a bipartisan provision that increased the CVB to \$35 per person per month for up to four consecutive months, but the elevated benefit levels were only temporary. The temporary expansion of WIC benefits was associated with significant increases in purchases of fruits and vegetables, as well as increased variety of purchases (such as seasonal fruits and pre-sliced produce).¹³⁶ This popular benefit was extended in the September 2021 and December 2021 continuing resolutions, with 76% of likely voters supporting higher federal funding for WIC to provide additional nutritious foods to low-income families.¹³⁷ Current benefit levels align with recommendations from the 2020-2025 *Dietary Guidelines for Americans* (DGA) and 2017 National Academies of Sciences, Engineering, and Medicine (NASEM) report. NASEM recommends that WIC CVB benefit levels be set at 50% of the DGA recommended fruit and vegetable intake, resulting in \$24/month for children, \$43/month for pregnant and postpartum women, and \$47/month for breastfeeding women.¹³⁸ Congress could provide adequate funding to permanently expand the WIC benefit in accordance with nutrition science, and all policymakers could commit to protecting the nutritional integrity of the WIC food packages, which deliver demonstrated public health results.

Expanding program eligibility and streamlining certifications could further strengthen WIC. The program's targeted nutrition intervention could be sustained to address specific coverage gaps that will enhance overall maternal and child health outcomes. Policymakers could extend eligibility for up to two years postpartum from the current limit of six or 12 months postpartum, depending on breastfeeding status.¹³⁹ Expanded postpartum eligibility will improve nutrition outcomes during the interpregnancy interval, a crucial step toward supporting healthy future pregnancy outcomes. Additionally, extending the eligibility for children up to age 6 would reduce the gap between WIC and the school nutrition programs, ensuring children have continuous access to nutritious foods. Approximately 500,000 children are past their fifth birthday and no longer eligible for WIC but have not yet started kindergarten.¹⁴⁰ Research shows that children who no longer qualify for WIC but do not yet qualify for the school nutrition programs face increased food insecurity.¹⁴¹

Before the pandemic, WIC's participation decline was attributed largely to difficulties retaining children as they age, with 30% of participating infants dropping out of the program by their first birthday.¹⁴² The in-person certification appointment, where participants must reapply in-person for the program each year, is an ongoing barrier to participation. The certification periods for women, infants, and children could be expanded from one year to two years. Policymakers could also leverage adjunctive eligibility to enhance child retention. Adjunctive eligibility, which allows participants to be automatically eligible for WIC if they participate in SNAP, Medicaid, or TANF, could be enhanced to include programs that primarily serve children, such as CHIP, Early Head Start, or Head Start. These natural program partnerships could catalyze outreach efforts, with approximately 80% of current WIC participants also participating in an adjunctively eligible program.¹⁴³ The adjunctive eligibility process saves time and money for the agencies administering the program and for the program participants.

Breastfeeding is the clinical gold standard for infant feeding and provides numerous health benefits for both the mother and child.¹⁴⁴ Breastfeeding support is a WIC pillar. The breastfeeding rate among WIC participants has risen substantially over the last couple of decades. The percentage of 6- to 13-month-old infants and children in the WIC program who were ever breastfed or still breastfeeding increased from 62% to 72% between 2008 and 2018.¹⁴⁵ Additional policy changes can further increase breastfeeding support, including increasing funding for breastfeeding peer counselors and support for out-of-clinic placements at hospitals, physician offices, and partnerships with home visiting programs. The peer-to-peer model is evidence-based and associated with an increase in breastfeeding initiation and duration among WIC mothers.^{146,147} Funding for the breastfeeding peer counselor program could be increased to support greater coverage and to further integrate WIC services with families' receipt of health care.

POLICY RECOMMENDATION 8

Utilize technology to modernize service delivery, increase program participation and retention, improve the WIC shopping experience, and make redemption of WIC benefits easier for participants and retailers.

Policy options to utilize technology in the WIC program:

- **Relax physical-presence rules to permanently allow remote services.**
- **Expand funding for WIC technology platforms.**
- **Facilitate WIC's transition to online purchasing.**
- **Modernize the WIC Farmers Market Nutrition Program.**
- **Increase access to affordable, high-quality broadband so that participants can more easily access the program and its components.**

Modernizing the service delivery for WIC by utilizing technology can increase program participation and retention, improve the WIC shopping experience, and make redemption of WIC benefits easier for both participants and retailers. Although WIC has implemented significant technology improvements since the program's establishment in the 1970s, including the introduction of electronic benefit transfer (EBT) cards, WIC must continually modernize services as technology improves to provide an equitable service delivery model. About three-fourths of likely voters support modernizing WIC services, including the introduction of remote telehealth services and online shopping.¹⁴⁸ Such changes could allow WIC participants to receive nutrition and breastfeeding services and redeem benefits in a comparable manner to other health care settings or retail experiences.

During COVID-19, USDA granted waivers to allow for remote enrollment, services, and benefits issuance. Congress could permanently relax physical-presence rules to allow for remote certifications, while maintaining WIC's public health character. These policy changes would reduce the burden on families facing transportation barriers, accommodate working parents, and save time and money associated with traveling to a WIC office. WIC providers have reported sharp decreases in no-show rates during the pandemic, when remote services are temporarily allowed.¹⁴⁹ Congress could strike an appropriate balance by offering 90 days of presumptive nutrition risk, allowing for certification by phone or video appointment, while partnering with health care providers to access relevant health metrics such as height, weight, and hemoglobin levels.

WIC providers had to quickly stand-up remote services at the onset of the pandemic, but increased innovation led state agencies to roll out new

technologies, such as online applications, participant portals, and document uploader tools. The American Rescue Plan Act included \$390 million to strengthen outreach, innovation, and program modernization efforts—including the use of digital tools to streamline certifications to enhance participation and retention. Congress could provide a recurring set-aside to ensure that WIC providers can routinely update and adapt digital tools to simplify the certification experience.

During the pandemic, USDA dramatically expanded pilot projects for SNAP online purchasing, allowing program participants to shop for groceries online using their benefits. Similar progress in the WIC space has been much slower, with WIC participants reporting a growing disparity in retailer platforms that provide convenient methods to redeem benefits. With USDA set to undergo rulemaking that will streamline vendor regulations and permit online shopping, Congress could dedicate funding that would aid WIC providers, EBT processors, and retailers in quickly standing up platforms for online ordering, online purchasing, and home delivery. As WIC scales up online shopping, policymakers could consider aligning WIC transactions with the commercial space—including mobile payments and other emerging technologies. In addition, to increase opportunities for redeeming benefits without compromising program integrity, Congress, USDA, and state agencies could consider mechanisms for improving WIC vendor participation and retention.

Similarly, policymakers could modernize the WIC Farmers Market Nutrition Program (WIC FMNP) to sustain access to locally sourced fruits and vegetables. Since 1992, WIC FMNP has operated in partnership with WIC to provide a small annual benefit (capped at \$30 per year per participant) to be redeemed at participating farmers' markets and farm stands. As part of the American Rescue Plan Act's \$390 million in WIC funding, USDA is committed to enabling electronic transactions at farmers' markets. This technology could permit redemption of both WIC FMNP and WIC's CVB. Policymakers could also simplify WIC FMNP rules to streamline vendor authorization and monitoring, increase funding to expand benefit levels and improve access to WIC FMNP, and enhance program partnerships.

Affordable, high-quality broadband is vital for ensuring communities can access federal nutrition programs, including WIC, and their components to promote food and nutrition security. A 2021 Federal Communications Commission (FCC) report found that 14.8 million Americans do not have 25/3 Mbps fixed broadband access.¹⁵⁰ The broadband gap is even wider for communities of color, with approximately 34% of Black households and 39% of Latinx households lacking a home broadband connection.¹⁵¹ Furthermore, the report found that 22% of Americans in rural areas and 28% in Tribal lands do not have 25/3 Mbps fixed broadband.¹⁵² If broadband is either unavailable or unaffordable, families may not be able to access program applications or resources. For example, during the COVID-19 pandemic, the WIC program

transitioned in-person visits to telehealth visits, which were not accessible to those without broadband access. Lack of broadband access complicates vendor authorization and benefit redemption for WIC program components that utilize EBT, including for rural retailers and farmers' markets. A significant investment of \$65 billion in federal funding for broadband was included in the bipartisan Infrastructure Investment and Jobs Act.¹⁵³ This funding could help to close the existing disparities in broadband service and increase access to broadband internet for people in need.

STRENGTHENING FOOD AND NUTRITION SECURITY ACROSS PROGRAMS

Opportunities exist to strengthen food and nutrition security across federal child nutrition programs, amplifying each program's potential impact. Policy recommendations in this section focus on improving nutrition, streamlining operations, and strengthening research and data collection, among other cross-program activities.

POLICY RECOMMENDATION 9

Maintain and, if possible, strengthen nutrition standards for all programs to better align them with the latest *Dietary Guidelines for Americans*.

Nutrition standards or guidelines in all federal child nutrition programs should be maintained, and if possible, strengthened, to better align with the latest *Dietary Guidelines for Americans* (DGA).¹⁵⁴ In addition, program standards and meal patterns should be updated to align with the guidelines after each new edition. Required by law to be updated every five years to align with the latest evidence on diet and health, the DGA is a policy document that includes the federal government's official recommendations to meet nutrition needs, improve diet, and promote health. Although historically the DGA focused on Americans ages 2 and older, the 2020-2025 edition included recommendations for children from birth to 24 months.¹⁵⁵ Alignment between the evidence-based DGA and federal program food and nutrition guidelines is important for ensuring that nutrition standards are evidence-based, consistent with the latest scientific research, and support healthy eating among participating children. USDA should specifically consider evidence provided in the DGA to support the establishment of or updates to nutrition standards for added sugars, sodium, whole grains, and flavored milk across programs. Research has shown that school meals and foods consumed at school had the greatest recent improvement in diet quality of major U.S. food sources.¹⁵⁶

Although the law requires most child nutrition programs to align with the DGA and nutrition science current at the time of the last update, nutrition science sometimes evolves faster than federal nutrition program guidelines. In addition, nutrition guidelines often differ across programs because the guidelines are established separately by program, often at different times. After the publication of each new edition of the DGA, federal food and nutrition guidelines could be updated. USDA has begun the process to align the school meal patterns with the 2020-2025 DGA.¹⁵⁷ Continuing to ensure that federal nutrition programs have evidence-based nutrition standards is vital to preventing and reducing diet-related chronic conditions.

Aligning all federal child nutrition program standards and meal patterns with the DGA could also help streamline nutrition standards and meal patterns across in-school programs like the SBP and NSLP and out-of-school programs like the SFSP and CACFP. However, it will be important to ensure that when nutrition standards across programs are streamlined, existing standards are not weakened. Streamlining nutrition standards and meal patterns may make it easier for school districts and other program operators to implement multiple programs.

POLICY RECOMMENDATION 10

Streamline and facilitate eligibility, enrollment, and data sharing across programs that address food and nutrition insecurity and other social determinants of health.

Many low-income individuals and families are eligible for multiple food and social service programs, such as the NSLP, SBP, CACFP, WIC, P-EBT, Summer EBT, SNAP, Medicaid, the Children's Health Assistance Program (CHIP), TANF, and Supplemental Security Income (SSI). However, because different agencies operate these programs and thus may have different application and enrollment processes, individuals may not necessarily be enrolled in, or even aware of, other programs for which they are eligible. Other barriers include a lack of information about the programs or their eligibility, concerns about the application, or an inability to understand the information requested.¹⁵⁸

One way to overcome these barriers is to streamline and facilitate eligibility, enrollment, and data sharing across programs. This change would create a "one-stop shop" for application and enrollment in federal food, nutrition, and other social service programs. Many states utilize policies like Broad-Based Categorical Eligibility (BBCE) or adjunctive eligibility to allow families who participate in one federal nutrition program to participate in another without having to file an additional application. In-person enrollment requirements could be eliminated, as they may present barriers for people with disabilities and people experiencing transportation, work, or child care limitations.

Education and nutrition data systems could also better coordinate to resolve issues and remove barriers to the distribution of benefits. These policies would not only benefit families, but would also reduce administrative burdens and costs to the state agencies administering the programs. Increasing participation across the child nutrition programs could help ensure children have access to sufficient meals and snacks to meet their daily nutrition needs. The current eligibility criteria for major federal food and nutrition programs are included in Appendix 1.

Policymakers could also help to ensure that people, such as immigrants or non-U.S. citizens who are eligible for programs, are not discouraged from participating in federal child nutrition programs or face restrictions. Additionally, these groups could be reassured that they will not be penalized for participating in these programs, and mixed-status households could be encouraged to participate. Policymakers could also examine how to increase food and nutrition security by streamlining and facilitating eligibility and enrollment in programs. State agencies that administer federal nutrition programs can enter into a data-sharing agreement that allows them to identify households participating in one program but not others for which they are eligible. Pilot projects conducted in four states determined that data matching effectively identified large numbers of adjunctively eligible families who were not participating in WIC.¹⁵⁹ Support for such data matching at the state and local levels, through additional pilot programs or mandates, could be included in CNR to ensure that all families are enrolled and participate in programs for which they are eligible.

POLICY RECOMMENDATION 11

Support an increase in the accessibility, affordability, and intake of fruits and vegetables in child nutrition programs to improve nutrition security.

The 2020-2025 DGA recommends that people ages 2 and older make half their plate a variety of fruits and vegetables. The DGA also states that for fruits, at least half of the recommended amount should come from whole fruits in nutrient-dense forms. Whole fruits can be fresh, frozen, canned, or dried and eaten in various forms, such as cut, sliced, diced, or cubed. Additionally, the DGA encourages consumers to select foods, including fruits and vegetables, that are low in sodium, saturated fat, and added sugars.¹⁶⁰ Although about three-quarters of youth ages 2-19 eat fruit and nine in 10 eat vegetables on a given day,¹⁶¹ significant gaps remain in meeting the DGA recommendations. For example, only 32% had any fruit from the berries, melons, or citrus subgroup, and only 17% had dark green vegetables.¹⁶² Younger children were more likely

to eat fruit and certain types of vegetables than older children. Lower-income children were less likely to eat fruit or dark green vegetables than higher-income children.¹⁶³

As mentioned earlier, to support an increase in the accessibility, affordability, and intake of fruits and vegetables to improve nutrition security, an additional monthly benefit for fruits and vegetables could be provided in federal child nutrition programs that utilize an EBT card, such as WIC and Summer EBT. For ease of use, this additional benefit could be consistent with a state's existing WIC CVB for fruits and vegetables. This additional benefit could be redeemable at all authorized retailers where EBT program benefits may otherwise be used. The benefit could also be usable in authorized farmers' market programs, such as Double Dollars or Double Up Food Bucks, which incentivize additional purchases of fruits and vegetables. Congress could extend the temporary increase in the WIC CVB provided through the American Rescue Plan and the FY2021 continuing resolutions.

In addition, the meal patterns for in school and out of school nutrition programs could be enhanced to support an increase in accessibility and intake of fruits and vegetables.

POLICY RECOMMENDATION 12

Strengthen research investment and data collection at USDA, Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and U.S. Department of Defense (DOD) to identify rates of and interconnections between food and nutrition insecurity, diet quality, child nutrition program participation, academic performance, chronic disease, and later performance in the workforce and eligibility for the military, as well as barriers to participation in child nutrition programs among populations at disproportionate risk.

Research and data collection could be strengthened to ensure that federal nutrition programs are serving populations most in need and that programs are working as designed. Research could help to identify and address barriers to participation in child nutrition programs among populations at disproportionate risk. Data collection could be conducted across federal agencies that administer food, nutrition, or health programs to examine the relationships between food access, diet quality, program participation, chronic health conditions, and other outcomes, including academic performance, and future military eligibility, long-term employment, and economic success.

POLICY RECOMMENDATION 13

Improve children's food and nutrition security in the health care sector through congressional, government agency, and private sector actions by collaborating on data sharing, implementing demonstration projects, improving access to nutrition-focused health care professionals, and increasing focus on prevention initiatives.

Policy options to strengthen food and nutrition security in health care:

- **Utilize data sharing and increase outreach to improve participation in child nutrition and health care programs.**
- **Create a healthy food prescription pilot grant program through USDA and CMS.**
- **Increase access to and insurance coverage for dietitians and breastfeeding peer counselors.**
- **Make investments in nutrition and public health initiatives that could reduce treatment costs for diet-related chronic conditions.**
- **Adjust the Congressional Budget Office (CBO) scoring window for certain prevention-focused initiatives beyond 10 years.**

Health care providers play an important role in identifying patients at risk of food and nutrition insecurity and in referring them to appropriate clinical and community-based services. Although recommendations affecting the health care sector may fall outside of CNR, these policy changes complement and enhance potential legislative and regulatory changes to the child nutrition programs. Utilizing data sharing between Medicaid, WIC, the school nutrition programs, and other child nutrition programs and increasing outreach to those eligible for other programs could improve participation across programs by increasing enrollment among people who are eligible but not enrolled.

A healthy food prescription pilot grant program could be created at USDA and CMS to provide nutritious foods to low-income children through health care providers who participate in Medicaid. Produce prescription and incentive programs have been implemented across the country in both child and adult populations. Individuals are commonly identified to participate based on their risk of a diet-related condition, food insecurity status, or socioeconomic status. Voucher amounts can vary, and nutrition education can be provided as part of the program. Participation in these types of programs has increased fruit and vegetable consumption,¹⁶⁴ improved health indicators such as blood pressure,¹⁶⁵ reduced body mass index (BMI),¹⁶⁶ and decreased food insecurity.^{167,168}

To further improve the health of mothers, babies, and children, policymakers could increase access to and insurance coverage for dietitians and breastfeeding peer counselors. Allowing dietitians and breastfeeding peer counselors to bill Medicaid and private insurance for providing breastfeeding guidance, medical nutrition therapy, and other nutrition services for chronic disease prevention and treatment may lead to improved nutrition and health outcomes.

Significant investments in nutrition and public health-focused initiatives for children could help reduce treatment costs for diet-related chronic conditions. Focusing on prevention initiatives that improve nutrition in children is key to preventing and reducing diet-related conditions in the population long-term.

Congress could consider adjusting the executive branch and Congressional Budget Office (CBO) scoring window for certain prevention-focused initiatives to beyond 10 years to account for the fact that many diet-related chronic conditions develop over multiple decades, and that investment in prevention strategies can take decades to see a return. Congress could enact legislation to allow policymakers to better assess the public health and economic effects of policies and legislation that would prevent longer-term chronic conditions. For example, Congress could request an analysis of additional 10-year periods beyond the initial 10-year scoring window, providing an assessment of 20 or more total years. This type of analysis could provide a better picture of the role prevention plays in achieving cost savings.

FINANCING RECOMMENDED POLICY CHANGES

The task force acknowledges that recommendations included in this policy brief could add to federal spending beyond current law. Unless offset, higher spending would increase the public debt and could create a future economic burden on children and families. These increased expenditures could be addressed without violating congressional budget protocol in various ways: 1) Recommendations that are temporary and address a national emergency could be excluded from required “pay-go” requirements. 2) The federal health care financing implications beyond the conventional 10-year budget scoring window could be considered for recommendations for permanent investments that improve nutrition or diet quality, as these policies may save public health care expenditures long term. 3) Potential pay-fors, or offsets, that change permanent law and have a direct, near-term budget impact, such as elimination of tax deductions or provision of new or increased taxes, could be identified. Some of the task force’s recommendations could reduce future expenditures by improving health outcomes and reducing federal health care and other preventable costs. For example, investment in diet and lifestyle interventions aimed at prevention of costly diet-related chronic health conditions,¹⁶⁹ such as Type 2 diabetes and cardiovascular disease, could save costs long term.^{170, 171} Please note that the task force does not endorse any specific pay-fors.

Conclusion: Advancing Opportunities to Strengthen Food and Nutrition Security in the Child Nutrition Programs

CNR presents a once in every five or more years opportunity to build on progress to strengthen food and nutrition security for children. We urge Congress to utilize this opportunity to enact bold policy changes that will improve the nutrition and health of children, who are some of the most vulnerable members of society, and improve health equity. USDA and other federal and state agencies that administer the programs similarly should consider ways to increase access to healthy foods and improve diet quality for children of all ages who are most at risk. Our nation's future depends on today's investment in tomorrow's leaders.

Appendix 1: Description, Eligibility, Participation, and Cost of Major Child Nutrition Programs

Program	Description	Eligibility	Program Cost & Participation		
			Year	Cost	Participation
Child and Adult Care Food Program (CACFP)	Child and adult care institutions, and family or group day care homes, receive cash reimbursement from USDA via state agencies to provide nutritious foods that meet federal guidelines.	<ul style="list-style-type: none"> • Infants and children up to age 12 enrolled in eligible day care centers and child care homes • Children of migrant workers through age 15 • Children through age 18 at after-school care centers and emergency shelters • Adults above the age of 60 or individuals with chronic disabilities at nonresidential adult care centers 	Year	Cost	Participation
			FY 2019 ¹	\$3.74 billion	4.8 million individuals/day, including approximately 4.7 million children daily ⁹
			FY 2020 ¹	\$3.02 billion	4.3 million individuals/day, including approximately 4.1 million children daily ⁹
			FY 2021 ^{2*}	\$3 billion	N/A
Farm to School Program	Schools, nonprofit organizations, Indian Tribal Organizations, and others receive grants to plan, implement, and/or provide training on farm-to-school activities. These activities include using local foods for school meals, as well as food-related learning activities and education inside and outside the classroom.	Eligible entities include the following: <ul style="list-style-type: none"> • County and state governments • Native American tribal governments • Independent school districts • Nonprofits that have a 501(c)(3) status with the IRS, other than institutions of higher education • City or township governments • Small businesses 	Year	Cost	Participation
			FY 2019 ³	\$9.5 million	126 grantees, serving more than 3.2 million students in over 5,400 schools
			FY 2020 ⁴	\$12.1 million	159 grantees, serving 2.5 million students in more than 7,610 schools
			FY 2021 ³	\$12 million	176 grantees, serving more than 1.4 million students in more than 6,800 schools
Fresh Fruit and Vegetable Program (FFVP)	Provides a free fresh fruit or vegetable snack during the school day in participating elementary schools.	Elementary schools that participate in the NSLP, with priority for schools with the highest percentage of students eligible for free and reduced-price meals	Year	Cost	Participation
			FY 2019 ⁶	\$172 million	7,600 schools provided fresh produce to 4 million students ¹⁰ *
			FY 2020 ⁶	\$176 million	N/A
			FY 2021 ⁷	\$202.9 million	N/A
National School Lunch Program (NSLP)	Participating schools and residential child care institutions receive cash subsidies and USDA foods to provide free or reduced-price lunches to eligible children. Lunches must meet federal nutrition requirements, although local school food authorities have discretion over food preparation methods and the specific foods served.	<ul style="list-style-type: none"> • Children in households with incomes below 130% of the federal poverty level qualify for free meals • Children in households with incomes between 130% and 185% of the federal poverty level qualify for reduced-price meals • Children may be "directly certified," meaning they qualify for free school meals because they participate in other federal assistance programs such as SNAP, Medicaid, or TANF, or if they are deemed foster, migrant, or homeless 	Year	Cost	Participation
			FY 2019 ¹	\$14.2 billion	29.6 million individuals/day
			FY 2020 ¹	\$10.32 billion	22.4 million individuals/day
			FY 2021 ^{2*}	\$5.4 billion	8.95 million individuals/day
Pandemic Electronic Benefit Transfer Program (P-EBT)	A temporary program created during the COVID-19 pandemic, based on the Summer EBT model, to replace meals for children due to closures of schools and child care.	Nationwide program open to: <ul style="list-style-type: none"> • Children eligible for free or reduced-price meals whose school or child care facilities have closed or placed restrictions • Households with school-age children and with children below the age of 6 who participate in the SNAP program 	Year	Cost	Participation
			FY 2019	N/A	N/A
			FY 2020 ²	\$10.68 billion	N/A
			FY 2021 ^{2*}	\$14.54 billion	N/A
School Breakfast Program (SBP)	Participating schools and residential child care institutions receive cash subsidies to provide free or reduced-price breakfasts to eligible children. Breakfasts must meet federal nutrition requirements, although local school food authorities have discretion over food preparation methods and the specific foods served.	<ul style="list-style-type: none"> • Children in households with incomes below 130% of the federal poverty level qualify for free meals • Children in households with incomes between 130 and 185% of the federal poverty level qualify for reduced-price meals • Children may be "directly certified," meaning they qualify for free school meals because they participate in other federal assistance programs such as SNAP, Medicaid, or TANF, or if they are deemed foster, migrant, or homeless 	Year	Cost	Participation
			FY 2019 ¹	\$4.55 billion	14.8 million individuals/day
			FY 2020 ¹	\$3.55 billion	12.3 million individuals/day
			FY 2021 ^{2*}	\$2.09 billion	6.13 million individuals/day
Special Milk Program (SMP)	Children in schools, child care institutions, and eligible camps receive milk through reimbursement to the institutions, either for free or at a reduced price.	<ul style="list-style-type: none"> • Schools, child care institutions, and eligible camps not participating in other federal nutrition programs • Schools participating in NSLP or SBP may participate, but only to provide milk to children in half-day Pre-K and kindergarten programs where children do not have access to school nutrition programs 	Year	Cost	Participation
			FY 2019 ¹	\$7 million	35 million
			FY 2020 ¹	\$4 million	17 million
			FY 2021 ^{2*}	\$2.12 million	10.5 million

Program	Description	Eligibility	Program Cost & Participation		
			Year	Cost	Participation
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Eligible low-income women, infants, and children receive benefits to purchase nutritious foods tailored to supplement their diets, nutrition education/counseling, and breastfeeding promotion, and support. A vegetable and fruit cash-value benefit was added in 2007 as part of the total benefit.	<p>Applicants must meet all eligibility requirements:</p> <ul style="list-style-type: none"> • Categorical—pregnancy, postpartum, breastfeeding; infants; and children up to 5 • Residential—live in state of application • Income—must have income at or below standards set by state agency or automatic income eligibility for participation in another program • Nutrition risk—have medical-based or dietary-based condition, as determined by a health professional 	FY 2019 ¹	\$5.26 billion	6.4 million individuals
			FY 2020 ¹	\$4.96 billion	6.2 million individuals
			FY 2021 ^{2*}	\$3.63 billion	6.3 million individuals
Summer Electronic Benefit Transfer Program (Summer EBT)	Demonstration project designed as an alternative to SFSP and its physical attendance requirement, and with the purpose to determine whether a supplementary summer grocery benefit could reduce food insecurity and improve nutrition. Eligible households receive electronic food benefits on a SNAP or WIC EBT card over the summer months.	<ul style="list-style-type: none"> • Households with children eligible for free or reduced-price school meals are eligible for Summer EBT in areas where the demonstration has been implemented 	FY 2018 ⁸	\$28 million appropriated	300,00 children
			FY 2019 ⁹	\$28 million appropriated	N/A
			FY 2020 ⁹	\$35 million appropriated	N/A
Summer Food Service Program (SFSP)	Food providers are reimbursed to serve nutritious meals for children and certain persons with disabilities during the summer when school is not in session.	<ul style="list-style-type: none"> • Children 18 and younger • Persons with disabilities over 18 who participate in school programs for people mentally or physically disabled 	FY 2019 ¹	\$475 million	2.7 million individuals/day
			FY 2020 ¹	\$4.31 billion	5.59 million individuals/day
			FY 2021 ^{2*}	\$9.71 billion	N/A

*Data for FY 2021 is preliminary and represents October 2020 to June 2021.

Notes and References

- + Under this program, USDA provides formula funds to states, and states distribute the funds to elementary schools based on somewhat prescriptive statutory requirements. USDA FNS does not have information at the federal level about the number of schools that states provide FFVP funding to, or the number of children in those schools.
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- 9 USDA Economic Research Service, "Child and Adult Care Food Program," September 7, 2021. Available at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/child-and-adult-care-food-program/>.
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Appendix 2: Glossary of Other Relevant Terms

AE	Adjunctive Eligibility: A policy that allows families who are eligible to participate in one federal assistance program, such as SNAP, TANF, or Medicaid, to be eligible to participate in another, such as WIC, without the burden of filing an additional application.
BBCE	Broad-Based Categorical Eligibility: A policy that allows individuals meeting certain categorical requirements, such as participation in TANF, to be eligible for other nutrition programs, such as SNAP, without meeting income requirements.
CEP	Community Eligibility Provision: A provision of the NSLP and SBP that allows the highest-poverty schools and districts to serve breakfast and lunch at no cost to all enrolled students without collecting household applications. In the 2018-2019 school year, 28,700 schools participated.
CHIP	Children's Health Insurance Program: Provides low-cost health care coverage to children in families who earn too much money to qualify for Medicaid. In FY2019, CHIP covered 9.69 million individuals at a total cost of \$18.8 billion, \$17.7 billion of which was federal spending.
CVB	Cash Value Benefit: Provides WIC program participants with additional money to purchase fruits and vegetables. The American Rescue Plan temporarily allowed state agencies to provide participants with up to \$35 per child and adult, per month.
DC	Direct Certification: Allows income-eligible students to receive free or reduced-price school meals without an application, based on their families' participation in other federal programs.
ISP	Identified Student Percentage: The percentage of students in a school or group of schools who qualify for free school meals without completing applications, based on direct certification or categorical eligibility.
Medicaid	A federal and state program that assists with medical costs for individuals with low incomes and limited resources.
SNAP	Supplemental Nutrition Assistance Program: Provides nutrition benefits to supplement the food budgets of low-income individuals and families. In FY2019, SNAP served 35.7 million individuals and cost \$60.4 billion; in FY2020, the program served 39.9 million individuals at a cost of \$79.2 billion.
SSO	Seamless Summer Option: Encourages school food authorities participating in the SBP or NSLP to provide meals in low-income areas during the summer. Costs are included as part of the National School Lunch Program and National School Breakfast Program.
TANF	Temporary Assistance for Needy Families: Awards grant funds to states and territories to provide families with financial assistance and related support services; 2.04 million individuals participated in FY2019, and 2.03 million individuals participated in FY2020. In FY2019, TANF cost a total of \$30.9 billion, \$16.2 billion of which was federal spending.

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