

From Well-Fed to Well-Read

How the Federal Child Nutrition Reauthorization Bill Can Slash
Child Hunger, Reduce Poverty, and Boost Education



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September 2015



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Executive Summary

More than half a decade after the Great Recession officially ended, nearly one in five U.S. children still live in homes that can't always afford enough food. For these 15 million children and their families, there has not been a meaningful economic recovery.

Food deprivation in the world's wealthiest nation is not only morally unacceptable, but it also severely hampers children's emotional, intellectual, and physical development. Child hunger costs the U.S. economy at least \$28 billion per year because poorly nourished kids perform less well in school and require far more long-term health care spending. Solving this problem will cost far less than not solving it.

Moreover, massive child hunger violates every one of the planet's major religious and ethical traditions.

To be well read, children must first be well fed. To be schooled, they must be fueled. The United States suffers from high rates of childhood food insecurity and lags behind in educational performance, two highly interconnected problems. The upcoming federal Child Nutrition Reauthorization (CNR) bill is a crucial opportunity for Congress and the President to ensure that child nutrition programs help all American children reach their maximum potential.

This paper will discuss child hunger in America, how it impacts the health, emotional, and educational well-being of children, and the current state of the major federal child nutrition programs. It will outline the significant policy reforms that, if funded fully, would drastically reduce child hunger.

Simply put, the U.S. must end child hunger as a down payment on ending all domestic hunger. Ending hunger would lift all of us, both economically and spiritually. We should settle for nothing short of a fully-funded CNR bill that moves the nation far closer towards that goal.

Specifically, the reauthorization bill should do the following:

- **Focus most on increasing access and reducing hunger for children from low-income and struggling lower middle-class families.** The Healthy, Hunger-Free Kids Act of 2010 (the most recent CNR bill) made significant improvements to the nutritional quality of meals offered through federal child nutrition programs, ensuring healthier meal patterns, removing junk food from schools, and making the largest financial investment in school meals in over 30 years. But the law's direct impact on reducing child hunger was comparatively modest. (In addition, since that bill was funded entirely through cuts in the Supplemental Nutrition Assistance Program – SNAP, formerly called Food Stamp – benefits, half of which go to children, the net impact of the bill was actually an *increase* in child hunger). Despite the surging overall economy, the number of children living in food-insecure households is still 23 percent higher than in 2007. Therefore, it is crucial that this Child Nutrition Reauthorization emphasizes hunger reduction for both low-income children and families and lower-middle class families who may not currently qualify for food assistance but still have trouble consistently obtaining enough nutritious food.

- **Implement paperless universal school meals.** Incredible amounts of effort and funds – to the tune of an estimated \$1 billion each year – are spent on federal, state, and local levels to collect, submit, and process the paperwork necessary to run school meals programs. Providing universal free school meals instead of managing three tiers of reimbursement will cut paperwork, slash bureaucracy, and save money, which can be invested back into feeding more children and making meals healthier, achieving both hunger and obesity reduction goals. Free school meals for all students would also help reduce the stigma associated with subsidized meals.
- **Make universal breakfast mandatory and dramatically expand breakfast in the classroom.** Since the last Child Nutrition Reauthorization in 2010, due to both the community eligibility provision and the increased use of alternative breakfast delivery models, including breakfast in the classroom, the number of children eating school breakfasts has increased nationwide. Yet only about half of the children who normally eat lunch, eat school breakfast. Making in-classroom school breakfast free, universal, and mandatory for schools in low-income areas are ways to catalyze breakfast gains.
- **Bolster the goal of universal pre-K and expanded after-school programming.** The Child and Adult Care Food Program (CACFP) – also authorized through CNR – provides the meals and snacks that fuel not only early childhood learning, but also afterschool programs, day care centers, emergency shelters, and adult care centers. Increasing reimbursements, allowing for three meals per day, expanding area eligibility, and reducing paperwork, will increase access to the program and improve the nutritional quality of the food served.
- **Make WIC available for all women and children who need it.** Making WIC an entitlement program would ensure that all eligible recipients are able to participate. Eligibility could also be expanded to include those families receiving Medicaid. CNR can also reduce barriers to participation, such as making check-ins more convenient or less frequent, or incentivizing participation with childcare supplies or enrichment tools.
- **Ensure all kids get nutritious summer meals.** Expand open feeding sites to more low-income neighborhoods, provide transportation grants for areas where distribution is a challenge, provide an additional meal for evening programs, and streamline paperwork for sponsors. The Summer Electronic Benefit Transfer for Children (SEBTC), a successful pilot program providing low-income families with more resources to use at food stores during summer months, reduced food insecurity and increased consumption of healthy foods in both rural and urban areas. It should be expanded nationwide.
- **Oppose attempts to water down nutrition standards.** Science, not corporate interests, should determine which foods and meal patterns are healthiest for children.

U.S. Child Hunger and Food Insecurity Still Sky-High

Child hunger by the numbers

In 2014, fully 19.2 percent of U.S. children – over 15 million American children – lived in households defined by USDA as “food insecure.” Households are considered “food insecure” when they are “at times, uncertain of having, or unable to acquire, enough food for all household members because they had insufficient money and other resources for food.”¹ In more extreme cases, families have “very low food security” (also known as “hunger”); they report not only food access problems or reduced food quality but also reduced food intake and disrupted eating patterns, such as skipping meals or not eating for an entire day. The USDA notes that in half of food insecure families, children are shielded by the adults from the effects of hunger; that is, the adults eat less to ensure that their children have enough to eat. When this is not possible, and children are affected by hunger, the USDA categorizes the family as a “household with food insecure children,” as opposed to a “food insecure household,” in which a family member, though not always a child as well, is food insecure.

Since 1995, the USDA has published statistics on the prevalence of hunger and “food insecurity” in the United States. In 2007, 12.4 million children lived in food insecure households. When the Great Recession hit the following year, this number spiked to the highest level ever recorded, 16.6 million children, and despite modest economic recovery, food insecurity has remained at stubbornly high levels since. In 2014, 15.3 million children lived in food insecure households; this is nearly one in five American families, and 23 percent higher than in 2007. Even though the wealthiest Americans have rebounded strongly after the recession, it’s clear that hungry families in America have not felt the same relief. Even though America now has more than 400 billionaires, nearly one in five U.S. children still live in homes that can’t always afford enough food.

Figure 1: Number of U.S. children in households with any type of food insecurity, 1999-2014

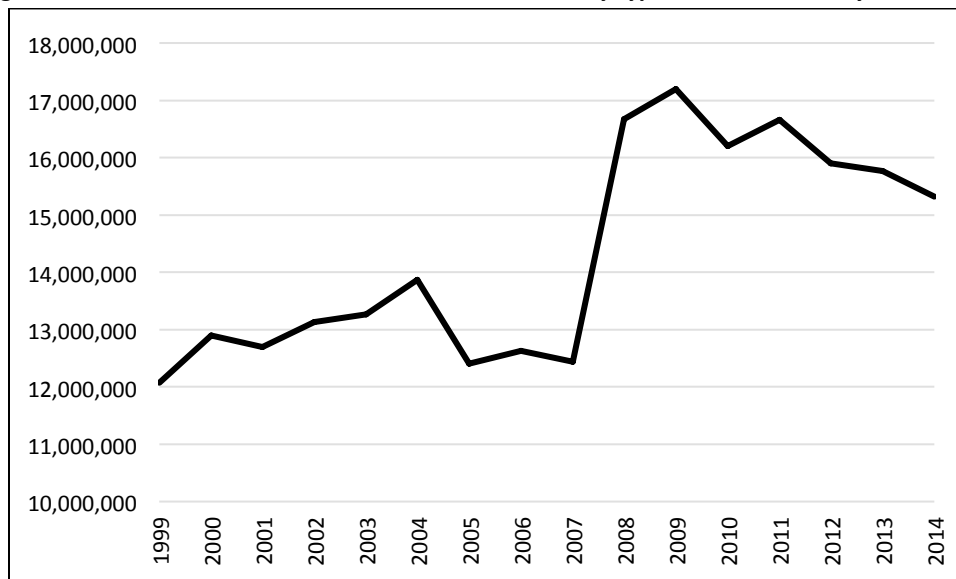


Figure 2: The Great Recession and a sustained increase in food insecurity

Food insecurity among U.S. households with children	2007	2008	2012	2013	2014
Number of households with children with any level of food insecurity	6.2 million	8.3 million	7.8 million	7.5 million	7.5 million
Percentage of households with children with any level of food insecurity	15.8%	21.0%	20.0%	19.5%	19.2%
Number of households with children with very low food insecurity	323,000	506,000	463,000	360,000	422,000
Percentage of households with children with very low food insecurity	0.8%	1.3%	1.2%	0.9%	1.1%
Number of children living in households with children with any level of food insecurity	12.4 million	16.6 million	15.9 million	15.8 million	15.3 million
Percentage of children living in households with children with any level of food insecurity	16.9%	22.5%	21.6%	21.4%	20.9%
Number of children living in households with children with very low food insecurity	691,000	1.1 million	977,000	765,000	914,000
Percentage of children living in households with children with very low food insecurity	0.9%	1.5%	1.3%	1.0%	1.2%

Source: U.S. Department of Agriculture, Economic Research Service

Many Americans live above the federal poverty line yet still struggle to put food on the table

While poverty is the strongest correlate to food insecurity, more than half of families with children who are food insecure earn incomes above the official federal poverty line. In 2010-11, 44 percent of families with children who were food insecure earned incomes below the federal poverty line (at that time, up to \$17,170 for a family of three²), 10.9 percent were between 100 to 130 percent of the federal poverty line (up to \$24,089 for a family of three), and 11.9 percent were between 130 to 185 percent of the federal poverty line (up to \$34,281 for a family of three). An additional 13.5 percent of families with children who were food insecure earned incomes above 185 percent of the federal poverty line (above \$34,281 for a family of three).

How is it that so many Americans can live above the federal poverty line still struggle to put food on the table? The federal poverty line (and eligibility for federal nutrition programs) is based on the “Thrifty Food Plan,” an outdated and unrealistic formula that is calculated with food prices but does not take into account the costs of other basic necessities, such as housing, utilities, gasoline, transportation, health care, or childcare. This number is adjusted upwards for Hawaii and Alaska, where the cost of food used to be significantly higher, but otherwise, it is the same for the 48 contiguous states, whether one lives in New York City or South Texas. In other words, many families that live somewhat above the official poverty threshold suffer from impoverished living conditions.

Making matters even worse, many families experiencing hunger and food insecurity are not able to participate in the federal nutrition programs that they need because they earn slightly more than the income cut-offs for those programs. In 2010-11, between 31 and 45 percent of households with food insecurity among children may not have been eligible for SNAP or free school meals because they

earned an annual income above 130 percent of the poverty line. At least 17 percent of these families were not eligible for WIC or reduced-price school meals because their income surpassed 185 percent of the federal poverty line. And for families that did qualify for benefits, often the assistance they received was still too meager to ward off hunger.³

At 185 percent of the poverty line, a family of three would currently earn just above \$37,000 per year, but, even if their children are food insecure or hungry, they are still deemed “too wealthy” by the federal government to be eligible for SNAP, WIC, or reduced-price or free school breakfast or lunches.

Differential impact according to race and immigration status

Food insecurity is disproportionately prevalent among Black and Hispanic households. Overall, 19.2 percent of households with children were affected by food insecurity in 2014, yet 32.4 percent of Black households with children and 26.9 percent of Hispanic households with children were food insecure. White households with children experienced food insecurity at roughly half those rates (14 percent).⁴ Due primarily to disadvantaged economic status, racism, and lack of opportunity, Black and Hispanic families are more likely to be impacted by root causes of hunger, including poverty, higher rates of unemployment, overrepresentation in low-wage jobs, and lower income than their white peers - even those in the same position.⁵ These intersecting dynamics amplify the effects of hunger and poverty on non-white families and are visible when we look at rates of child hunger by income, as we did above, and educational attainment, work status, geography, and health impact, which will be discussed below.

One in four children in the U.S. are first- or second-generation immigrants.⁶ According to Bread for the World, even though undocumented immigrants often perform the most demanding and dangerous jobs, 34 percent of U.S.-born children of unauthorized immigrant adults live in poverty. This is nearly double the rate for children of U.S.-born adults (18 percent).⁷ Immigrants are economically disadvantaged; they are less likely than native-born Americans to have a high school degree, and even though they are more likely to participate in the labor force, they are more likely to earn incomes below the federal poverty line. Because of the way data collection on food insecurity is conducted, it is difficult to know how immigrants, particularly undocumented immigrants, are impacted by hunger. One study showed that in comparison with U.S.-born mothers, immigrant mothers reported significantly higher rates of household food insecurity (35 percent vs 16 percent).⁸ Undocumented immigrants are ineligible for SNAP and documented immigrants have lower rates of SNAP participation than U.S.-born families who are eligible. SNAP is only available to adult immigrants with Green Cards after a five-year waiting period. Only four percent of SNAP participants are not U.S. citizens. Immigrants participate in other federal nutrition programs at lower rates than native-born Americans, often due to hesitancy or confusion about eligibility requirements. But child nutrition programs are comparatively more accessible to immigrant families and have the potential, if made more robust and available, to further alleviate child hunger.

Educational attainment impacts food security

Families with lower levels of educational attainment tend to suffer from higher rates of food insecurity. Food insecurity affects 24 percent of households in which no adults have completed high school, but only four percent of households where an adult has a four-year college degree. Differences in rates of educational attainment between white and non-white households contribute to their differential rates of child hunger. Additionally, as detailed below, being hungry makes it harder for children to do well in school. If they do not graduate or continue on with higher education, their earning potential is compromised and when they become parents, their children are more likely to be hungry. Thus, the nexus of food insecurity and poor educational performance fuels a horrid cycle.

Food insecure households don't fit work and family stereotypes

Despite stereotypes, and despite -pockets of very high unemployment in some urban neighborhood and rural communities, a majority of food insecure households with children contain at least one working adult, and a significant number are married, two-parent households. Most only have one or two children. Consider the data from 2010-11 in Figure 3:

Figure 3: Percentage of households with food insecurity among Adults or children, by work status and family structure

Work status	2007	2010-11
At least one working adult	85%	76%
At least one full-time working adult	68%	64%
Unemployed, looking for work	5%	11%
Disabled, out of the labor force	8%	6%
None in workforce for reasons other than disability	7%	6%
Family structure		
Two-parent families	42%	44%
One to two children	72%	73%

Source: U.S. Department of Agriculture, Economic Research Service

From 2007 to 2010-11, the percent of households with food insecurity among adults or children affected by unemployment more than doubled, reflecting the increase in food insecurity resulting from the Great Recession beginning in 2008.

Food insecurity among children was more than twice as prevalent in households with a working-age (ages 18-64) adult with a disability than in households with no working-age adult with a disability. Twenty-two percent of families with child food insecurity had an adult with a disability.

Over 35 percent of female-led households were food insecure. It is important to note that correlation should not be confused with causation, and just as it is possible that the lack of two parents would cause hunger, it could be equally possible that the lack of enough money to buy food made it more difficult for parents to stay together as couples.⁹

Child hunger is prevalent nationwide

As expected, child hunger remains highest per capita in urban and rural areas. Food insecurity affects 22.3 percent of families in urban areas and 23.6 percent of families in rural areas. Suburban/exurban hunger, however, continues to rise, both per capita and in overall numbers. Of families living in suburban areas, 15.4 percent are food insecure.

Likewise, child hunger exists in all regions of the U.S., as seen in Figure 4.

Figure 4: Regional prevalence of child hunger

Region	Food-insecure households with children	Households with food-insecure children
Northeast	18.3%	8.0%
Midwest	18.4%	9.5%
South	20.9%	10.3%
West	17.7%	8.7%

Source: U.S. Department of Agriculture, Economic Research Service

Though the child nutrition programs featured in this paper are all federally funded, they are administered by state agencies, which can account for variations in program access and implementation. In some cases, higher rates of food insecurity can be partially due to issues with administration of federal nutrition programs at the state, or local level, but varied socioeconomic differences, unemployment levels, poverty rates, and housing costs between different states and areas of the country also play a major role. A disproportionate amount of child hunger exists in the Southeast region of the United States, which has the highest concentrations of both African-Americans and rural whites who live below the poverty line, and also the highest concentrations of child poverty in the country.

Among states, Texas had the highest average rates of hunger in households with children from 2003 to 2011, with 23.5 percent of Texan households affected by food insecurity and 12.8 percent of those households having at least one child directly affected by food insecurity or hunger. New Hampshire had the lowest average rates of child hunger from 2003 to 2011, with 10.7 percent of households being food insecure and 5.1 percent of households having at least one child directly affected by food insecurity or hunger.¹⁰ It is notable, however, that even in the most food secure state in the nation, and one out of twenty children is food insecure. This is still a higher percentage than those seen in other nations of the Global North.

How Child Hunger Harms Physical and Mental Health and Hinders Learning

Researchers have produced a substantial growing body of knowledge outlining the myriad negative outcomes that children are placed at risk from due to food insecurity. These devastating impacts occur at every stage of child development, from the womb to the teenage years and beyond, harming a child's health, emotional well-being, and educational achievement.

Below is a summary of outcomes associated with food insecurity in studies yielding statistically significant findings. It is not an exhaustive list.

Health impacts

- Poorer health of children and adolescents, as reported by parents;
- Lower bone mineral content in adolescent boys;
- Iron deficiency and anemia among young children and adolescents;
- More stomach aches, frequent headaches, and colds among children;
- Higher hospitalization rates among young children;
- Lower physical function among children ages 3-8;
- Higher numbers of chronic health conditions among children;

Emotional and developmental impacts

- Insecure attachment and less advanced mental proficiency in toddlers;
- Higher rates of developmental risk among young children;
- Behavioral problems among 3-year-old children;
- Poorer psychosocial function and psychosocial development among school-age children;
- Impaired development of non-cognitive abilities (i.e., interpersonal relations, self-control) among school-age children;
- More anxiety and depression among school-age children;
- More "internalizing" behavior problems (such as withdrawal or anxiety) among children;
- Higher rates of depressive disorder and suicidal symptoms among adolescents;

Educational impacts

- Lower math achievement and math progress in kindergarteners;
- Lower math and reading gains from kindergarten to third grade
- Lower arithmetic scores and higher likelihood of repeating a grade among children ages 6-11

Source: Alisha Coleman-Jensen, et al. "Food Insecurity in Households with Children: Prevalence, Severity, and Household Characteristics, 2010-11" (U.S. Department of Agriculture, Economic Research Service: Economic Information Bulletin Number 113, 2013).

Thus, to be schooled, children must be fueled. To be well-read, they must be well-fed. There is no way to effectively reform and improve U.S. public education without ensuring adequate nutrition of all American children.

Emerging research has also compared parents' or caregivers' accounts of food insecurity with children's accounts. In many households, adults try to shield children from food insecurity or hide it from them, but sadly, though not surprisingly, children are often more aware of the situation than adults think.

“Qualitative research on children ages 9-16 indicates that some youth take active roles in trying to reduce household food insecurity, sometimes without their parents' knowledge. Children reported strategies for reducing household food insecurity that included not asking for snacks, not eating between mealtimes, and trying to earn money for food. In some households, parents tried to hide household food insecurity and believed that they successfully shielded their children from food insecurity, but children were aware of the household's food insecurity and worried about a shortage of food; in some cases, children reported reducing their own food intake when they knew food was running low.”¹¹

These health, emotional, and educational impacts have long-term consequences. Children who are hungry are less likely to do well in school. People who are hungry also suffer from more health issues, which are costly to treat and prevent them from going to work. In short, children who are hungry often become adults who are hungry. But, the converse is true as well: if they do receive adequate nutrition assistance, they're more likely to do better in school and graduate. With graduation, their earning potential is increased by around \$10,000 annually and their likelihood of being employed is four percent greater.¹²

According to the Center for American Progress, as of 2010, hunger amongst adults and children cost our nation at least \$167.5 billion annually due to lost economic productivity, more expensive public education because of the rising cost of poor education outcomes, avoidable health care costs, and the cost of charity to keep families fed.¹³ This \$167.5 billion “hunger bill” does not include the cost of the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) and the other key federal nutrition programs, which cost about \$100 billion per year. And because this \$167.5 billion estimate is based on a cautious methodology, the actual cost of hunger and food insecurity to our nation is probably higher, especially when one also factors in how hunger also increases obesity, which is highly related to hunger. Child hunger and food insecurity are very significant contributors to those costs.

Some U.S. conservatives try to argue that the existence of mass obesity in America proves that we simply can't have mass hunger, but the facts prove that hunger and obesity often coexist in America, and that food insecurity actually fuels obesity.¹⁴ While obesity is a serious problem faced by Americans of all income levels, it is an even greater threat to low-income Americans.¹⁵ Because more nutritious food costs more money, takes more time to prepare, and is harder to obtain in low-income neighborhoods than healthier food, the hungriest and poorest Americans ironically suffer from the highest rates of obesity. Hunger and obesity are flip sides of the same malnutrition coin, and both significantly harm both the U.S. economy and our basic civic fabric.

According to the U.S. Center for Disease Control, more than one-third of U.S. adults and approximately 17 percent of children and adolescents ages 2-19 are obese. Fully 27 percent of today's young adults are too heavy to serve in the military. Disqualification from military service due to obesity ranks far higher than the second-top reason: smoking marijuana (nearly 13 percent of disqualifications). Obesity prevents the country enlisting some who could have turned out to be our best soldiers and officers, and makes it even more difficult for our military to meet its recruiting targets.¹⁶ Thus, food insecurity and obesity threaten our national defense.

Current Federal Child Nutrition Programs

The Child Nutrition Reauthorization (CNR) is a complex bill authorizing the current nine federal child nutrition programs. It is reauthorized approximately every five years, which serves as an opportunity to either improve these programs so they better serve children or make cuts that increase child hunger.

The biggest of the federal child nutrition programs include:

- National School Lunch Program (NSLP), which provides a nutritious lunch for school children,
- School Breakfast Program (SBP), which provides a nutritious breakfast for school children,
- Summer Food Service Program (SFSP), which provides children with nutrition meals when they are out of school for the summer,
- Child and Adult Care Food Program (CACFP), which provides meals for children and adults in daycare centers, children in homeless shelters, and children in afterschool programs; and
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which protects the health of low-income women, infants, & children up to age five who are at nutritional risk by providing supplemental nutritious foods, nutrition education, and health care referrals.

These programs collectively serve tens of millions of at-risk children.

The National School Lunch Program and WIC are the second and third largest federal nutrition programs by participation and expenditure, respectively. The largest is the Supplemental Nutrition Assistance Program (SNAP), which was formerly known as the Food Stamp Program. Many of the children who participate in child nutrition programs also participate in SNAP. SNAP is authorized by a separate piece of legislation, the Farm Bill, not CNR.

A review of the impact of the child nutrition reauthorization of 2010

In the paper “Feeding Opportunity,” by Joel Berg, published in May 2010 by the Center for American Progress, the New York City Coalition Against Hunger recommended that, in order to end child hunger, Congress incorporate the following tactics into Child Nutrition Reauthorization: put an adequate financial down payment on ending child hunger, reduce paperwork and bureaucracy, expand access to school breakfasts, improve and expand access to other meal programs, and reward states for improved performance in reducing child hunger.

In 2010, Congress passed, the President signed into law, a new child nutrition reauthorization bill called the Healthy, Hunger-Free Kids Act (HHFKA). As the chart below details, some of these recommendations were incorporated into the final bill, however, its main focus was improving nutritional quality of existing school meals and not on increasing participation among hungry children. Those improvements were paid for by cutting SNAP benefits (half of which feed children), so despite advances in some areas, the net impact of a bill that claims to create “hunger-free kids” may have ironically increased child hunger in America.

Still, it is helpful that some of the ideas we proposed or championed were included in the bill:

Our 2010 Recommendations	HHFKA 2010
Put an adequate down payment on ending child hunger.	<ul style="list-style-type: none"> • Six-cent increase in reimbursement for school meals that adhere to stricter nutrition standards – the largest one-time reimbursement increase ever.
Rewarding states for improved performance in reducing child hunger.	<ul style="list-style-type: none"> • New \$40 million demonstration projects to evaluate innovative strategies to end childhood hunger; this provision tracks closely with our original CAP proposal. • Performance bonuses for states for WIC breastfeeding promotion.
Reducing paperwork and bureaucracy.	<ul style="list-style-type: none"> • Demonstration projects use census data and community survey data to determine eligibility rates, making it easier for school districts to deliver meals with less paperwork. • Foster children and Medicaid recipients can more easily access meals. • Eliminates the “letter method” of direct certification of SNAP and TANF (cash assistance) recipient children, meaning that local authorizes can do so electronically, with less time and money. • Area eligibility for family child care homes, which means that more low-income neighborhoods can access child care nutrition and with less paperwork. • Elimination of "block claiming" for CACFP, an overly difficult and time consuming administrative requirement for providers. • Allows state WIC agencies to certify children for one year instead of six months. • Mandates that WIC benefits be delivered electronically, as SNAP benefits already are, by 2020.
Expanding access to school breakfast, particularly by promoting in classroom school breakfast “after the bell.”	<ul style="list-style-type: none"> • Competitive grants to establish or expand School Breakfast Program. • Universal free meals allowed for low-income areas with at least 40 percent direct certification. • Since 2010, many leading school districts, including New York, Houston, Chicago, and Los Angeles have launched universal in classroom breakfast programs.
Improve and expand access to other meal programs.	<ul style="list-style-type: none"> • CACFP Afterschool Meal Program expanded to all states. • Limits on non-profit SFSP sites eliminated.

Since 2010, school lunches have improved in nutritional quality, and school breakfast has expanded to more schools, serving more children, but breakfast participation still remains only half the rate of lunch participation. Improvements were made to the WIC package, but participation actually decreased, partially due to sequestration cuts and the reality that WIC is the only USDA nutrition program that is not an entitlement. USDA has made effort to expand the Summer Food Service Program (SFSP), and modest gains have been made in the number of sites available, but participation remains very low. And higher costs for full price school lunches burdened lower- middle-class families, decreasing their access to and participation in the program.

Figure 5: Participation in Federal Child Nutrition Programs, 2009-2014

	Participation, in Thousands				
	NSLP	SBP	WIC	CACFP	SFSP
2009	31,300	11,080	9,122	3,320	2,260
2010	31,800	11,670	9,175	3,411	2,304
2011	31,800	12,170	8,961	3,426	2,278
2012	31,700	12,870	8,908	3,547	2,348
2013	30,700	13,200	8,663	3,675	2,427
2014	30,400	13,630	8,258	3,892	2,657

Source: USDA Program Data

Nutrition standards and how school districts make or lose money on meals

In early 2010, First Lady Michelle Obama launched the *Let's Move!* campaign to address epidemic levels of childhood obesity in the U.S. The comprehensive initiative is “dedicated to solving the challenge of childhood obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams.” The introduction of the campaign was paired with the formation of a government Task Force on Childhood Obesity. Based on scientific recommendations, *Let's Move!* and the Task Force have five goals:

1. Getting children a healthy start on life
2. Empowering parents and caregivers
3. Providing healthy foods in schools
4. Improving access to healthy, affordable food
5. Getting children more physically active¹⁷

The third, “Providing healthy foods in schools,” supported changes to school meal patterns and regulations on what foods are available to children at school. *Let's Move!* garnered a great deal of public support for improvements within HHFKA of 2010.

Schools may opt to participate in the National School Lunch Program or School Breakfast Program. For each meal the school serves, it receives a reimbursement from the USDA. There are three categories for reimbursement: free, reduced price, and paid. At the beginning of the school year, schools collect applications that ask families about their income. Those whose incomes are at or below 130 percent of the federal poverty line are eligible for free meals. Those whose incomes are at or below 185 percent of

the federal poverty line can receive reduced price meals, meaning that they pay a small amount – usually less than a dollar – for lunch or breakfast and the school and federal government subsidize the rest. Families with incomes over 185 percent of the poverty line pay “full price” for their meals, which varies by school district but is generally between one and three dollars for lunch although “full price” is a misnomer, since the federal government subsidizes these meals too, albeit at lower levels than free and reduce-price meals.

To be reimbursable, school meals must adhere to specific nutrition requirements. The reimbursement for a free lunch in the contiguous U.S. is a bit over three dollars; schools with a higher percentage of low-income students and schools that meet more stringent nutrition standards receive a few more cents per meal. Not all of this money is spent on food, however: school food service must also pay for cafeteria workers, administrators, utilities, supplies, and other expenses. On average, about a dollar per meal is spent on food costs, and the rest goes to other expenses. Some school districts provide additional funding to improve nutrition and food quality or to supply all children with free school meals, but this is the exception rather than the rule. In most cases, food services are expected to break even, or even make money. One way to do this is by keeping food costs as low as possible, but many schools will also sell full-priced food *à la carte* to students. Instead of eating the nutritionally balanced, reimbursable school meal, kids can opt to spend their lunch money on pizza, French fries, and cookies.

Mandates within the HHFKA of 2010 have impacted the economics of school food, however. Schools are required to provide more servings of fruits and vegetables, cut calories, or switch to 100 percent whole grains. But stricter nutrition requirements for reimbursable meals come with a higher price tag. Larger school districts have been able to meet these new requirements; they have economies of scale on their side, employ teams of head chefs to re-work menus, and often have a higher percentage of low-income students, which means more reimbursement money and an audience more receptive to changes than students who pay full-price and can simply bring lunch or buy other food if they don’t like what’s being served. Before 2010, schools could sell *à la carte* items to turn a profit; however, to create a healthier school environment, HHFKA has put restrictions on what can be sold and when, further limiting this income stream. The transition to healthier meals is understandably more difficult for smaller or more suburban or rural school districts because they do not draw in the same volume of federal funding as urban school districts with more concentrated poverty. Though there has been some pushback on healthier meal standards, two recent studies, published by the Robert Wood Johnson Foundation, show that student acceptance of the new meal standards were more widespread than initially perceived.¹⁸

The New York City Department of Education began efforts to improve the nutritional quality of school meals prior to the Healthy, Hunger-Free Kids Act of 2010, switching to low-fat dairy and whole grain products, installing salad bars in over 1,000 schools, and mandating that schools make cold drinking water readily accessible. History has shown that these changes do take time and patience to implement successfully. NYCDOE began the transition to low-fat and fat-free milk and fat-free chocolate milk in 2004. From 2004 to 2006, school milk purchases declined eight percent, but after that dip, milk purchases began increasing again, and by 2009, milk purchases were up by 1.3 percent from 2004. By switching from whole milk to low-fat milk, the calories and fat kids were getting from milk decreased by 25 percent and 81 percent, respectively, and without a decline in milk consumption, according to researchers at the NYC Department of Health.¹⁹

NYCDOE has made additional changes to the menu to meet and exceed the standards set out in HHFKA. Eric Goldstein, the CEO of School Support Services, wrote, “New York City has made the nutrition standards work and we believe that districts throughout the country can do so as well...the new nutrition standards may increase food costs, but we believe these increases can be offset through effective and intelligent and creative management.”²⁰ A perfect example of this is the Urban School Food Alliance Collaboration, a partnership between NYCDOE and five other school districts. Since 2013, this group has worked together to coordinate menu development and combine purchasing power to keep costs down and quality up, allowing them to provide healthy meals for their students.

It appears that the focus on nutrition is having a positive impact: a study released last year found that rates of obesity among NYC public school students in grades K–8 decreased 5.5 percent (from 21.9 percent to 20.7 percent) between the 2006-07 school year and the 2010-11 school year. Over the same five years, severe childhood obesity²¹ decreased even more: 9.5 percent (from 6.3 percent to 5.7 percent)²². Nationally, rates of severe childhood obesity in 2-to-19-year-olds increased six percent over the same time period.²³ Though we can’t directly attribute this decline just to healthier school meals, it’s certainly a sign that something effective is happening in New York City.

WIC is highly successful but serves too few women, infants, and children

WIC faces a great paradox: while it is arguably the single most effective major federal nutrition assistance program, it is also the one most chronically under-funded, never able to meet the needs of millions of pregnant women and infants who need it.

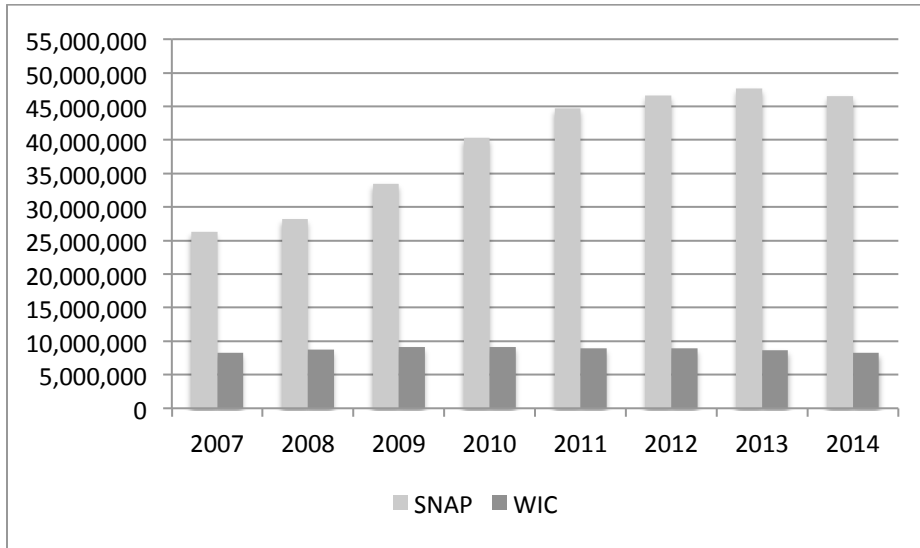
According to USDA: Research has shown that the WIC Program has been playing an important role in improving birth outcomes and containing health care costs. A series of reports published by USDA based on linked 1988 WIC and Medicaid data on over 100,000 births found that every dollar spent on prenatal WIC participation for low-income Medicaid women in 5 States resulted in:

- longer pregnancies;
- fewer premature births;²⁴
- lower incidence of moderately low and very low birth weight infants;
- fewer infant deaths;
- a greater likelihood of receiving prenatal care; and
- savings in health care costs from \$1.77 to \$3.13 within the first 60 days after birth.”

Yet, even though food insecurity, hunger, and child poverty continue to be sky-high, WIC caseloads shrank for the fourth consecutive year in 2014 – and only the fourth time in the program’s history that participation for women, infants, and children declined. Per person food cost also decreased for the second year in a row from 2012 to 2013. Some researchers attribute the drop in participation to the continued decrease in U.S. births following the Great Recession.

Contrast the recent drop in WIC participation with the 77 percent increase in SNAP participation and the 23 percent increase in food-insecure households with children since 2007. Besides the drop in birthrate, why would WIC participation fail to expand during the recession?

Figure 6: Average Participation in SNAP and WIC, 2007-2014



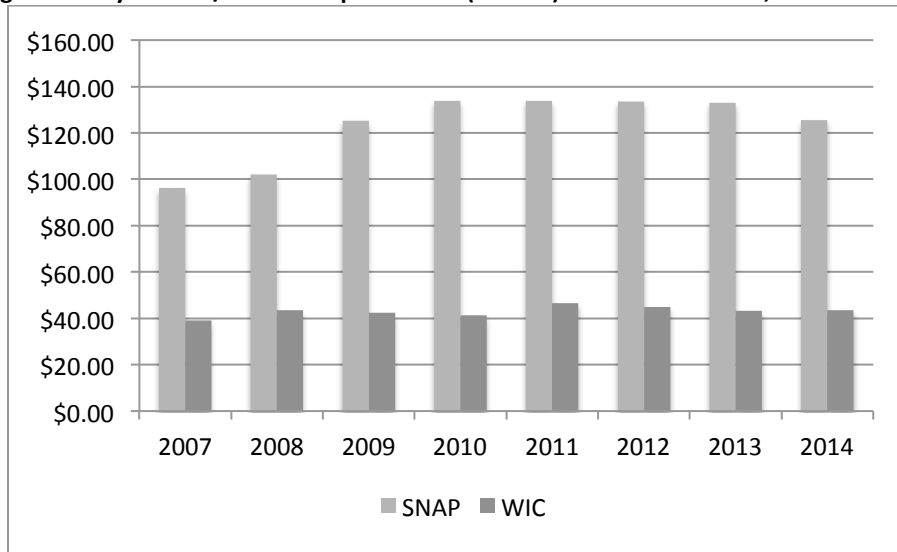
Source: USDA Program Data

Average Participation in SNAP and WIC, 2007-2014

	SNAP	WIC
2007	26,316,000	8,285,000
2008	28,223,000	8,705,000
2009	33,490,000	9,122,000
2010	40,302,000	9,175,000
2011	44,709,000	8,961,000
2012	46,609,000	8,908,000
2013	47,636,000	8,663,000
2014	46,536,000	8,258,000
2007-2014 Increase	76.8%	-3.26%

Source: USDA Program Data

Figure 7: Average Monthly Benefit/Food Cost per Person (Dollars) for SNAP and WIC, 2007-2014



Source: USDA Program Data

Average Monthly Benefit/Food Cost per Person for SNAP and WIC

	SNAP	WIC
2007	\$96.18	\$39.04
2008	\$102.19	\$43.40
2009	\$125.31	\$42.40
2010	\$133.79	\$41.44
2011	\$133.85	\$46.69
2012	\$133.41	\$45.00
2013	\$133.07	\$43.26
2014	\$125.53	\$43.65
2007-2014*	+14.2%	-2.1%

Source: USDA Program Data

*Accounting for inflation

This is largely due to the different ways in which SNAP and WIC are funded. SNAP is an entitlement program, which means that the federal government must provide benefits to any individual who meets the income and eligibility guidelines, which are usually set once every five years. There is no cap on the number of SNAP participants. WIC, however, is funded by annual discretionary funds, and when the funds run out each year, woman and infants in need can no longer be served. Each year, Congress appropriates funds to each state based on a formula that is supposed to take into account birthrate and adjusts for nutritional risk. If more people apply than there are spots available, WIC offices must turn clients away. According to USDA,

“If WIC cannot serve all the eligible people who apply for benefits, a system of priorities has been established for filling program openings. Once a local WIC agency has reached its maximum caseload, vacancies are filled in the order of the following priority levels:

- Pregnant women, breastfeeding women, and infants determined to be at nutrition risk because of a nutrition-related medical condition.
- Infants up to six months of age whose mothers participated in WIC or could have participated and had a medical problem.
- Children at nutrition risk because of a nutrition-related medical problem.
- Pregnant or breastfeeding women and infants at nutrition risk because of an inadequate dietary pattern.
- Children at nutrition risk because of an inadequate dietary pattern.
- Non-breastfeeding, postpartum women with any nutrition risk.
- Individuals at nutrition risk only because they are homeless or migrants, and current participants who, without WIC foods, could continue to have medical and/or dietary problems.”²⁵

In 2013, funding for WIC was reduced by sequestration. WIC administrators spent half a year in limbo, unsure whether funding would or wouldn’t come through, and at what level. According to the Center for Budget and Policy Priorities,

“The looming threat of far deeper cuts likely contributed to the recent participation decline. As recently as early March, the House adopted legislation that would have provided \$243 million less in new WIC funds than was ultimately enacted and would have resulted in WIC having to turn away hundreds of thousands of eligible applicants. Faced with the prospect of potentially having to make severe cuts in the latter half of the fiscal year, a number of state and local WIC agencies took steps to reduce their costs. For example, some clinics laid off staff or did not fill openings, which in turn meant that applicants had to wait longer to get an appointment. Some states closed or consolidated clinics, which required some applicants to travel farther to get to a WIC clinic. Some clinics reduced service hours, making it harder for low-income women to apply for benefits, especially working women who often take advantage of evening or weekend hours to avoid missing work and pay.”²⁶

Ultimately, Congress passed the Continuing Appropriations Act of 2013, which restored funding to WIC. If this had not happened, USDA would have dipped into contingency funds and other discretionary funds to keep the program going for an additional month or two. But even though funding was maintained and restored, some media outlets erroneously reported that sequestration had shut down WIC, and with the USDA website down and most employees furloughed, it was difficult to correct this message, which prevented some families from participating.

Participation in WIC tends to remain below the maximum caseload. Some of this is because clients “graduate” from WIC when their children age out of the program. Another reason for lower participation is because outreach is not done for WIC to the same extent SNAP outreach is conducted, perhaps because funding and staffing would not be able to expand quickly enough, if at all, to accommodate increased participation. And of course, there are structural issues with WIC. Compared to SNAP, or even a food pantry, WIC has many more requirements – doctor’s appointments, nutrition

education, bringing children to appointments, coming in for checks every two to three months – and provides recipients with a much smaller package of benefits.

Some commentators note that WIC funding usually is enough to meet “the current caseload.” However, that statement is misleading, since the current caseload doesn’t grow due to lack of funding. A better measure is how well WIC is doing in serving all those who need it and qualify for it: by that measure, it is doing poorly indeed.

The limitations of child nutrition programs in combating child hunger

Most states require 180 instructional days in the school year. If a child were to eat both school breakfast and school lunch, she could receive up to 360 meals per year at school. Assuming three meals per day, school meals provide just one-third of the 1095 meals a child needs to eat over the course of a year. And of course, this figure is very optimistic, since only half of low-income students are eating breakfast at school. Nationally, only 53.2 percent of all students who receive free or reduced-price school lunch also participate in the School Breakfast Program.²⁷

Parents are still expected to provide dinner year-round, plus all three meals during weekends, holidays, and the summer. Though a number of government and charity food programs (Summer Food Service Program, After-School Meals, Backpack programs) make attempts to feed children during these out-of-school times, most are either not available, underutilized, financially unsustainable, or suffer from structural issues.

Child nutrition programs are an important part of the school day, but alone, they cannot solve child hunger. Instead, it is absolutely necessary to end hunger at home by addressing parental poverty and hunger – anything less would be a half-measure. As mentioned at the beginning of this section, in half of food insecure families, adults eat less themselves in order to make sure their children have enough to eat. The other half of families are even more food insecure, and despite adults’ efforts to shield them, the children personally suffer from the effects of hunger. So it is almost certain that if we make sure that adults have plenty to eat, their children will be fed as well.

The root cause of hunger, including child hunger, is poverty.

To end hunger, we must address low wages, unemployment, and overall lack of educational, economic, and social opportunity. We must ensure that working hard and playing by the rules enables families to avoid poverty, and thus hunger. But until we’ve achieved those measures, we also need to ensure that the social safety net for adults is robust and effective. The last Child Nutrition Reauthorization used SNAP as a piggy bank to pay for improvements to school meals and other child nutrition programs, essentially taking away dinner to pay for lunch. Hungry Americans – both adults and children – cannot afford for this to happen again.

Recommendations for CNR That Slash Child Hunger

Given that child hunger, food insecurity, and obesity dramatically hamper educational achievement, significantly increase the country's spending on health care, and even harm our national security, it is imperative that the new child nutrition bill move America down the road towards ending child hunger in America by ensuring that all children have sufficient access to healthy food. If lawmakers invest new significant resources in fighting child hunger (and successfully resist conservative attempts to cut other nutrition programs), then this bill would actually save America significant sums in the long-run.

Simply, put, the U.S. must end child hunger, as a down payment on ending all domestic hunger. Ending hunger would lift all of us, both economically and spiritually. We should settle for nothing short of a fully-funded CNR bill that moves the nation far closer towards that goal.

Focus most on increasing access and reducing hunger for children from low-income and struggling lower middle-class families

The Healthy, Hunger-Free Kids Act of 2010 allowed USDA, for the first time in over 30 years, an opportunity to make real reforms to the school lunch and breakfast programs by improving the critical nutrition and hunger safety net for millions of children. The legislation ensured healthier meal patterns, got junk food out of schools, and represented the largest financial investment in school meals in over 30 years. But it cut SNAP benefits for children and adults, so it may have actually *increased* child hunger. It is crucial that the new CNR bill refocuses on hunger reduction, not only for low-income children and families, but also lower-middle class families who may not currently qualify for food assistance but still desperately need it.

Implement paperless universal school meals

Given that children in American often get free sports uniforms or lab equipment despite their family's income, they should also get free school meals.

The National School Lunch Program operates in over 100,000 public and nonprofit private schools and residential child-care institutions. All meals served under the program receive Federal subsidies. Based on family income, student's lunches are considered either free, reduced-price, or full-price, and are reimbursed at different levels accordingly by the federal government. In fiscal year 2014, the program provided lunches to an average of 30.5 million children each school day; 71.6 percent (an all-time high) of the lunches served were free or reduced price.²⁸

An incredible amount of administrative work goes into determining students' eligibility for the three different categories of reimbursement. At the beginning of the school year, teachers must distribute and collect eligibility forms – a difficult and time-consuming task that often necessitates repeated phone calls home. Once the forms are returned, school district staff processes them and submits them to the state. The state processes the forms and submits them to the USDA. Back in the cafeteria, food services staff must charge students accordingly based on their family income category. Nearly everyone is

involved in the process: students, parents, teachers, principals, cafeteria staff – plus district, state, and federal administrators.

Community Food Advocates, a New York City-based nonprofit that works to expand access to child nutrition programs, collected data from local schools to estimate the number of hours spent on school lunch paperwork. They determined that schools were spending just over 1,000 hours per year to process school lunch paperwork, which based on salaries (not including benefits) for the different school employees involved, came to roughly \$19,000 per school.²⁹ They calculated that NYC Department of Education, the largest school system in the country, was spending nearly \$29 million per year on this administrative task. Assuming costs and the number of students in New York City are higher than costs in the rest of the country, a conservative estimation using \$10,000 as the per-school cost for this administrative work yields a total cost of over \$1 billion for the entire country – again, just for paperwork at the school district-level.

Fortunately there is a solution to this wasted time and money that benefits students and their families, teachers, cafeteria staff, and administrators: universal school lunch.

Universal school meals help middle class families that are struggling. In 2014, 6.3 percent of households with incomes above 185 percent of the poverty line were food insecure. Only 60.5 percent of food-insecure households report participating in one or more of the three largest Federal food and nutrition assistance programs (SNAP; WIC; NSLP) during the previous year. Obviously there is a need to expand access to nutrition assistance programs; universal school lunch is the only one of these programs that could reach households above 185 percent of the poverty line as they are currently structured. The Feeding America network of food banks serves 46.5 million people annually, including 12 million children. Six percent of households who depend on the Feeding America network of emergency food providers live above 185 percent of the poverty line, indicating that food security remains a challenge for many families who are not eligible for federal nutrition programs.³⁰

Universal school meals could save the average middle class family at least \$720 per year.³¹ Given that the vast majority of the families with children in public schools are low and middle income, and children in low income families are already likely to receive free meals, making meals free for all students would be the equivalent of a large tax cut for middle class families.

Free school lunch for all students would also help children and families who are already eligible for free or reduced-price lunch because it reduces the stigma associated with eating a subsidized meal. Many children, especially in middle and high school, would rather go hungry than be ostracized for eating a free meal.

Teachers benefit because they are able to spend less time collecting forms and more time teaching. And having eaten lunch, their students will be in a better position to learn. School food workers can focus on the food and getting kids through lines faster because there is no longer a need to charge students for the reimbursable lunch. And with higher participation rates, they also benefit from more funding. If this and the money saved from a paperless system were to be pumped back into feeding more children and

making meals healthier, that would help achieve both anti-hunger and obesity reduction goals. Several years ago, Philadelphia instituted universal lunch in many of its schools. They saved \$0.19 per meal on administration plus participation increased 18 percent overall, and rose even more dramatically in high schools, where the number of students opting for the reimbursable meal increased 186 percent!³²

The last Child Nutrition Reauthorization established community eligibility, a process for universal and paperless school meals which enables schools with high percentages of low-income students to feed all children at no charge. Congress could mandate it be used to provide free meals in Title I schools, and incentivize it in other schools. The key challenges in expanding community eligibility are figuring out its financial impact and impact on Title I and E-rate (programs that provide funding and assistance to schools in low-income areas), so providing funding or technical support on state and local levels could promote community eligibility.³³

USDA should also expand “socioeconomic survey” options using census data and community survey data and expand categorical eligibility by mandating that Medicaid, unemployment benefits, the Low Income Home Energy Assistance Program (LIHEAP), or other programs qualify students for free meals. USDA should also expand “severe need” reimbursements to NSLP, as they are currently only provided for SBP. Schools may qualify for higher “severe need” reimbursements if 40 percent or more of their lunches are served free or at a reduced price in the second preceding year. Severe need payments are up to 31 cents higher than the normal reimbursements for free and reduced-price breakfasts. About 77 percent of the breakfasts served in the School Breakfast Program receive severe need payments.

USDA needs to create national policy on how to address meal charges and “alternative meals,” so students whose parents haven’t paid are not denied food, given the “cold cheese sandwich,” or humiliated in front of their peers such as 40 Utah elementary school students were last year.³⁴

We also support the request of the Urban School Alliance, which represents some of the nation’s largest school districts, including New York City, to increase the USDA food “commodity dollars” that subsidize school meals, in order to more fully cover the cost of healthier meals.

Make universal breakfast mandatory and dramatically expand breakfast in the classroom

Breakfast is arguably the most important meal of the day nutritionally, but each day, only about half of children who receive school lunch receive school breakfast.³⁵

We argue above that universal meals should be provided to all students in all schools. But our broken policy system may make it unlikely Congress will fully fund such a big step. During this current reauthorization process, therefore, Congress should at a minimum make it a national priority to provide free, universal, nutritious breakfast to every student in a Title I school, which are those schools with the highest concentrations of poverty in the country. This would eliminate the costs and stigma and unnecessary paperwork for these programs and provide each child the opportunity to begin each school day with the fuel needed for effective learning.

The best way to expand breakfast is for the federal government to further fuel the massive nationwide trend for school districts to serve “breakfast after the bell,” either in first period classrooms or through “grab-and-go” programs that allow students to take food from hallway carts into their first period classrooms.

Congress should also mandate that all schools that offer lunch also offer breakfast. Currently only half of states require breakfast. Breakfast should be provided free to all students. As with school lunch, legislation should encourage an increase in the number of students registered for breakfast via direct certification. Congress can boost funding for breakfast to schools by increasing the “severe need” reimbursement (currently 31 cents) and lowering the threshold (40 percent or more of their lunches are served free or at a reduced price in the second preceding year) for receiving this funding. School districts should also be allowed to claim and receive reimbursements retroactively for meals served to free and reduced-price eligible children beginning with the first day of the school year, in order to reduce financial hardship on families and cut back on administrative work for school districts.

One of the reasons school breakfast participation remains low is because the majority of schools that provide breakfast do so in the cafeteria before school begins. Unfortunately, it is a challenge for many families to get their children to school early enough for breakfast. Some schools do not have enough space in the cafeteria to feed the entire school at once, and additionally, students who arrive early to eat breakfast may feel stigmatized. The best way to expand school breakfast participation is to mandate that it be provided free of charge to all students in first period classrooms, either by having “grab and go” programs that provide the meals in the hallways for kids to take into the class or by delivering the meals directly to the classrooms.

The State of Maryland serves as case study for these alternative breakfast models. The State sponsors the Maryland Meals for Achievement (MMFA) program, which allows schools to apply for supplemental funding to support universal breakfast in the classroom, making the meal part of the school day. An analysis of data from Maryland schools implementing breakfast in the classroom versus traditional breakfast in the cafeteria showed the following:

- A study of 17 Maryland elementary, middle, and high schools implementing alternative breakfast models in 2011-2012 showed a 35 percent increase in school breakfast participation.
- An analysis of 2010 attendance data showed that Maryland schools with alternative breakfast have chronic absenteeism rates (defined as missing more than 20 days of class per school year) 2.9 percent - 7.2 percent lower than those with traditional models. This effect is more pronounced the higher the percentage of low-income students in the school.
- Alternative breakfast models are linked to higher levels of math proficiency. In 2010, Maryland schools with in-class breakfast had 2.2 percent - 12.5 percent more students scoring “proficient” on standardized math tests. And again, this effect proved more pronounced in schools with a higher percentage of low-income students.³⁶

Other states have also already implemented breakfast after the bell or have introduced legislation to do so. House Bill 13-1006 was passed in Colorado, creating the Breakfast after the Bell Nutrition Program. The purpose of the program is to require that schools offer a breakfast at no charge to each student

enrolled in a public school that has seventy percent or more students who are eligible for free or reduced price lunch under the National School Lunch Program. The breakfast must be offered after the bell.³⁷ New Mexico State Bill 144 is a similar example, which requires that all elementary schools provide after-the-bell breakfast if 85 percent or more of enrolled students were eligible for free or reduced-price meals the prior year.³⁸ West Virginia provides the latest example of success in expanding access to school breakfast. Over the last year, a combination of breakfast in the classroom and Community Eligibility contributed to an 11.2 percent increase in breakfast participation amongst low-income students, bringing the ratio of students who eat free or reduced-price breakfast to free or reduced price lunch to 73.8:100, the highest in the nation.³⁹

Advocates for alternative breakfast models often encounter resistance. Educators may see breakfast after the bell as an encroachment on instructional time and school staff may see the program as extra work or an additional cost, but once schools get beyond the “startup investment” of alternative breakfast models, the returns received make it a real no-brainer. The Los Angeles Unified School District phased in breakfast after the bell over the last three years, and saw breakfast participation increase from 29 percent to 89 percent of low-income students, bringing in over 16 million dollars of revenue during the same time period, which is invested back into the schools. To ensure school breakfast participation and effectiveness, Congress should require and incentivize models such as breakfast after the bell, grab-and-go, or breakfast in the classroom and provide technical support and grants for start-up and expansion costs.

Bolster the goal of universal pre-K and expanded after-school programming

A recent brief from the Robert Wood Johnson Foundation illustrates the complex ways in which early childhood development affects a child’s educational success and their future economic and social well-being as adults. Obstacles and opportunities are transmitted across generations, and a body of evidence points to early childhood as a critical juncture for intervention in breaking the cycle of poverty. There is strong evidence linking early childhood programs and experiences with consequential social outcomes, including “teen pregnancy, school performance, IQ, placement in special education, educational attainment, employment (of the child’s mother and of the child in adulthood), income, delinquency and criminal behavior, arrests, and/or incarceration.”⁴⁰ Universal pre-K is part of a “two-generation” approach that both serves children and enables parents to provide a nurturing environment for their children as well.

In providing the meals and snacks that fuel early childhood learning, the Child and Adult Care Food Program (CACFP) plays a major role in bolstering the goals of universal pre-K. CACFP provides reimbursement for nutritious meals and snacks served at child care centers, day care centers, afterschool care centers, emergency shelters, and adult care centers, serving nearly 3.7 million individuals per year.⁴¹ A broader expansion of the program will allow it to serve more individuals and have greater impact on childcare settings.

The Healthy, Hunger-Free Kids Act of 2010—the product of the last CNR process—made some improvements to the administration of CACFP. By allowing family child care homes to determine Tier I area eligibility based on middle and high school free and reduced-price participation levels, it allowed

providers to expand access.⁴² The final bill also reduced barriers to participation simplifying paperwork for parents, child care centers, and sponsor organizations.⁴³ As states and localities have taken steps to ensure that the changes CACFP advocates hoped would be included during the last reauthorization are still realized, they are showing us that improving upon and expanding this program is possible.

Here are specific ways the new CNR bill can expand and strengthen CACFP:⁴⁴

- **Increase reimbursement rates to more fully cover the costs of meals and serve more children.**

Recently the Institute of Medicine, or IOM, proposed changes to the meal pattern in an effort to “increase the availability of key food groups in program meals, reduce the amount of solid fats and sugars offered, and give providers additional flexibility to offer meals that meet participants’ nutritional requirements as well as their dietary preferences.”⁴⁵ Providers often report that the federal reimbursements already do not cover their full cost for food and labor, particularly those that are serving healthier, fresher, food. An increase in CACFP reimbursements would better fund recommended nutritional improvements to CACFP, especially in light of increases in food prices.

Figure 8: CACFP Reimbursement Rates, 2014-2015

Per-meal rates in the 48 contiguous states			
Child care centers	Free	Reduced	Paid
Breakfast	\$1.62	\$1.32	\$0.28
Lunch and dinner	\$2.98	\$2.58	\$0.28
Snack	\$0.82	\$0.41	\$0.07
Family child care homes	Tier I	Tier II	
Breakfast	\$1.31	\$0.48	
Lunch and dinner	\$2.47	\$1.49	
Snack	\$0.73	\$0.20	

Source: U.S. Department of Agriculture

IOM estimated that implementation of all of their science-based recommendations for breakfast, lunch, and a snack would increase daily food costs by \$0.56, or 44 percent, for 2-4 year olds.⁴⁶ Per IOM recommendations, if the participation rates remained the same and reimbursements increased by \$0.26 for breakfast, \$0.24 for lunch, and \$0.06 for snacks in order to improve the nutritional quality of the food, the added investment for all meals served in child care homes and child care centers⁴⁷ would represent a nearly \$37 million investment in a program whose current cost is approximately \$3 billion.⁴⁸ Increased investment may have the secondary benefit of attracting higher participation in CACFP amongst child care providers, therefore increasing access to healthy foods for more young children under their care.

- **Reduce the CACFP area eligibility test to 40 percent of residents living below 185 percent of the FPL.**

Currently, participation in a number of child nutrition programs is most easily determined by area eligibility, including the Summer Food Service Program, or SFSP, and CACFP. This guideline adds another barrier to entry for many programs, particularly those in rural and suburban areas

where poverty is increasing and significant, but still less concentrated than in urban areas. In rural areas, where child care is overwhelmingly found in family child care homes, the importance of cost-saving measures such as CACFP, cannot be overstated. To account for this, the area eligibility threshold should be lowered to 40 percent. This recommendation is not novel; prior to sweeping reforms of the public safety net in the mid-1990s, area eligibility was once as low as 33 percent of FPL.⁴⁹ This change could result in millions more children gaining easier access to early childhood opportunities supported by federal nutrition programs.

- **Allow three meals a day in the program to account for parents working longer and nontraditional hours.**

The years after the recession saw a growth in the low-wage, service economy. In these sectors, low-income women with young children are disproportionately represented.⁵⁰ In addition to paying paltry wages, these positions often schedule workers on short-notice at unpredictable hours to reconcile wage expenditures and consumer activity.⁵¹ These declines in traditional work schedules paired with the decline in dual income households mean that children are in child care settings for longer portions of the day, including nights and weekends. Eleven million children under 5 are spending an average of 35 hours per week in the care of someone other than a parent.⁵² Three million of these children depend on multiple child care arrangements due to the nontraditional or extended work hours of their parents.⁵³ There is a growing need for 24-hour child care, and therefore, a growing need for meals. Prior to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, CACFP allowed an additional reimbursement for dinner, but CACFP currently reimburses only two meals and a snack or one meal and two snacks. Only emergency shelters may claim reimbursements for three meals. The number of reimbursable meals should increase to three meals and two snacks for center and home-based providers that have children in their care for more than eight hours.

- **Reduce CACFP paperwork.**

In the 2004 CNR process, to deal with the volume of paperwork associated with CACFP, the Paperwork Reduction Taskforce was initiated.⁵⁴ Among other suggestions, the Taskforce suggested that the process of determining eligibility be streamlined.⁵⁵ When the two-tiered reimbursement system was introduced in 1996 as a part of the Personal Responsibility and Work Opportunity Act, many sponsors reported an unsustainable growth in administrative burden because determining area eligibility became a more complex process. Immediately thereafter, CACFP participation in family child care homes dropped 27 percent. Thirteen states exhibited drops of 42 percent or more.⁵⁶ The current CNR process should make strides to reduce the burden on programs that want to participate in this valuable program. That begins with eliminating the two-tier reimbursement system, enabling all participating programs to receive free meals and snacks.

In addition, CACFP would benefit from expansions of direct certification measures. Direct certification is a simplified way of determining program eligibility by ensuring that children in families who participate in means-tested programs, including Women, Infants, and Children, or WIC, the Supplemental Nutrition Assistance Program, or SNAP, the Low Income Home Energy

Assistance Program, or LIHEAP, and Medicaid, are notified of the opportunity receive free meals at programs served by CACFP. The piecemeal structure of social services often pushes the burden on low-income families to track down the programs for which they are eligible. Consequently, children and families fall through the cracks. These cross certifications would do away with unnecessary applications, make better use of technology, and further reduce burdens on institutions and parents. While this approach would increase direct service costs, there would likely be considerable administrative savings.

- **Bolster the use of CACFP in ensuring quality, safe child care settings.**

CACFP has the potential to play an important role in ensuring that child care settings provide a safe and healthy environment for children. As mentioned above, Congress recently made long overdue updates to health and safety standards in the child care subsidy system by reauthorizing CCDBG.⁵⁷ With respect to licensing, specifically, this reauthorization requires that both licensed and license-exempt child care settings be inspected at least once a year.⁵⁸ Prior to this requirement, child care settings in some states could go many years without a single inspection.⁵⁹ While an annual inspection is an undoubtable improvement, CACFP program representatives still, in many cases, have the closest contact with these early learning environments. As states ramp up their monitoring frequency, they should consider possible efficiencies with the CACFP program. For example, CACFP representatives who are already visiting programs may be able to administer a health and safety check and disseminate important information to providers.

The last Child Nutrition Reauthorization directed the Secretary of Agriculture to work with the Secretary of Health and Human Services to encourage state licensing agencies to implement wellness standards at child care centers and homes to ensure children have healthy food, physical activity, and limited screen time.⁶⁰ Drawing on the language of CCDBG, this upcoming bill should further enhance the role of CACFP administrators to improve the quality of early learning environments. This process give us the opportunity to be proactive in creating high-quality learning requirements by disseminating the latest information and resources and promoting best practices, such as those related to safe sleep.

- **Create a small pilot grant program of \$5 million per year to reward states, tribes, counties, and cities for using CACFP to expand early learning for children under five.**

Policymakers who want to enhance access to early learning programs for young children often face budget constraints. CACFP could play a role in providing funds for some of the upfront infrastructure costs related to food service, such as food preparation and storage equipment, staff training on safe food handling, and staff time for food planning. The proposed CACFP innovation grants, if made available to states, tribes, counties, and cities, would catalyze non-federal government entities to utilize CACFP in creative ways to spur expansion of early learning programs in coordination with the Departments of Education and Health and Human Services. These limited funds would help government entities better match up CACFP funds with educational funds to create seamless nutritional and educational services for the young people.

Make WIC available for all women and children who need it

WIC provides a scientifically-determined supplemental food package to low-income pregnant, breastfeeding, and postpartum women and to their children under the age of five who are found to be at nutritional risk. Clients also receive professional nutrition education and lactation counseling from WIC clinics, and screening and referrals to other welfare, health, and social services. It is a highly successful program that has been shown to reduce low birth weight by half and infant mortality by one-quarter to two-thirds⁶¹ and reduces both hunger and obesity. In 1999, then-U.S. Secretary of Agriculture Dan Glickman said in a speech to the National Association of WIC Directors: “Without WIC, 22 percent of the four million children entering high school this year could have been saddled with handicaps and disabilities suffered as the result of low birth weights but the intervention of the WIC program helped prevent this from happening. And, without WIC, an estimated 113,000 babies would have died at birth.”⁶² Based on an extrapolation of this number, this report further estimates that as of 2014, the number of babies saved from dying at birth by WIC exceeded 200,000. A February report in JAMA announced a 43 percent drop in the obesity rate among two- to five-year-old children over the past decade – the first broad decline of the obesity epidemic.⁶³ University of North Carolina researcher Barry Popkin, one of the foremost authorities on American dietary patterns, attributed this change to the healthy diet promoted by WIC.⁶⁴

During FY 2014, an average of 8.3 million people per month participated in WIC – nearly five percent less than the previous year, and the largest one-year decrease since the program began in 1974. This supposedly reflects a decrease in birth rate. This is the fourth consecutive year (and the fourth time in the history of WIC) that participation has decreased. Food costs per person dropped 6.5 percent from their peak in FY 2011 and total spending dropped over 12 percent over the same timeframe.⁶⁵ Perhaps it’s notable that when WIC began, its monthly per capita food costs were very similar to SNAP benefits, and they obviously have diverged greatly since. This is largely contributed to cost-containment measures (competitive formula bids), but why not increase the WIC package and increase enrollment in WIC in times of economic crisis the same way we’ve increased SNAP benefits? Nutritional risk increases when food insecurity increases, and the WIC program ought to be able to meet needs the same way SNAP does.

Arguments against converting WIC to an entitlement program include reduced state flexibility and policy driven by cost rather than programmatic needs. Because states currently have wide variations in both food package and administrative costs, determining a realistic national reimbursement would be challenging. Likewise, setting state-specific reimbursement rates based on current figures would not reflect the varying levels of aggressiveness that state agencies have employed in cost containment.⁶⁶

Making WIC an entitlement program, however, would likely dramatically increase participation. All eligible applicants would be guaranteed benefits, and robust WIC outreach could be conducted without unintendedly increasing participation above available resources. Eligibility based on nutritional risk could be upheld, as could other requirements of the program that make WIC so effective.

Whether or not WIC becomes an entitlement, it should be strengthened and improved. We propose that eligibility be better integrated with the Affordable Care Act so that in addition to parents and young children on Medicaid, people getting subsidies have access to WIC services on a sliding scale. The introduction of a contingency fund in conjunction with the current discretionary funding structure could also help to solidify WIC funding in case of shortfalls that would otherwise restrict participation.

The **Wise Investment in our Children (WIC) Act** (S. 1796/H.R. 2660), introduced by Senator Robert Casey (D-PA) and Representative Rosa L. DeLauro (D-CT) would permit state agencies to increase the age limit for children participating in WIC from five to six years of age. It additionally would permit state agencies to certify infants participating in the program for two years instead of annually. We strongly support this common-sense advance.

Most WIC clients must be certified twice a year – children may be certified once annually – but mothers are still required to attend WIC appointments every two or three months for checkups, education, and to receive their benefits. Though the WIC package provides healthy foods such as milk, fruits, vegetables, eggs, legumes, and whole grain bread, many families drop out as their children get older and no longer receive baby food or formula, which tend to be very expensive and incentivize participation. SNAP provides more food and requires less of participants' time, but doesn't provide the same level of care that leads to the healthy impacts of WIC.

The new Child Nutrition Bill should find ways to incentivize innovative ways to maintain the special benefits of WIC while lessening the burden on families, such as conducting nutrition education via phone, Skype, or online modules. The WIC package could also be enhanced with non-food items such as diapers and early learning tools (books, developmental children's toys) to help parents be their children's first teachers and complement home visiting efforts.

Ensure all kids get healthy summer meals

Despite modest increases in number of meal sites, peak participation, and meals served since the 2010 Child Nutrition Reauthorization, participation in the Summer Food Service Program remains stubbornly low.⁶⁷ In July 2014, only 16.2 percent of students who received free or reduced price school lunch during the previous school year ate summer meals.⁶⁸

Polls show that more than half (54 percent) of families that participate in the free and reduced-price lunch program find it harder to make ends meet during the summer, and 43 percent sometimes find themselves without enough food during the summer months. A majority of low-income families (62 percent) spend more on food in June, July, and August, citing an average increase of \$316 per month.⁶⁹ Yet five out of six children who need summer meals do not receive them.

Over 100,000 schools, including 99 percent of public schools, participate in the National School Lunch Program. In summer 2014, SFSP was offered at approximately 45,200 open feeding sites; though the number of sites has increased every year since 2007, free, nutritious meals still remain less accessible during the summer than when children are in school.⁷⁰

Senator Kirsten Gillibrand (D-NY), a major champion of the Summer Food Service program, wrote that “a problem of this proportion – millions of students going hungry during the summer because they don’t have access to a nutritious lunch – is unacceptable.” She and Senator Lisa Murkowski (R-AK), and Representatives Don Young (R-AK) and Rick Larsen (D-WA) introduced the bipartisan **Summer Meals Act of 2015** (S. 613/H.R. 1728) in order to expand access to SFSP in four ways:

- expansion of open feeding sites to more low-income neighborhoods,
- reduced paperwork burden for program sponsors,
- an additional meal for evening programs, and
- transportation grants.

We strongly support these long-overdue improvements.

Because open summer feeding sites can only operate in low-income areas where at least 50 percent of children are eligible for free or reduced-price meals, many rural or suburban areas do not contain any open summer feeding sites. Changing the area eligibility from 50 percent to 40 percent - which is consistent with other federally funded summer programs - would help establish more sites in areas where poverty exists but is less concentrated.⁷¹ Likewise, this legislation can encourage more sponsor organizations to serve children meals year-round by allowing them to fill out one set of paperwork for both SFSP and CACFP.

Even if the number of open summer feeding sites is greatly expanded, getting to these sites remains a challenge for families who do not have transportation or live in rural areas where the closest site is located several towns away. A promising way to address this problem is through transportation grants that fund innovative solutions such as food trucks or retrofitted school buses that bring meals to where children are located. Exemptions to the congregate feeding rule could also allow kids to take food home with them. In other cases, some summer feeding sponsors, including Hunger Free Colorado, have used private donations to provide a meal for parents who accompany children to feeding sites, which further incentivizes participation.

A recent report from the San Diego Hunger Coalition identifies many of the structural issues that serve as barriers to higher participation in SFSP. It differentiates between two categories of summer meals sites:⁷²

Strong Sites	Weak Sites
<ul style="list-style-type: none"> • Include ongoing programming during the day, such as summer school, camp, or enrichment activities; meals are secondary • Allows parents to leave their children and go to work • Operate similarly to how schools operate breakfast or lunch • Familiar and convenient • Tend to be consistently and highly utilized 	<ul style="list-style-type: none"> • Primary purpose is providing meals • Lack the infrastructure or programming that strong sites have • Operate on a charity model • Put the burden on families to diverge from their normal schedule, location, and eating habits • Participation is sporadic

The report challenges the assumption that improved outreach, creative workarounds to individual barriers, and opening more “weak sites” will increase participation in summer meals. Failing to distinguish between “strong sites” and “weak sites” obscures which approaches actually work. The USDA should categorize sites as strong or weak for the purposes of evaluation and focus on expanding the number of strong sites, such as summer schools, camps, or other enrichment activities that have the dual purpose of keeping children healthy and fed and keeping their minds active so they are ready for the school year. Additionally, allowing reimbursement for a third meal or snack will bolster these “strong sites” that keep children engaged all day.

In addition to expanding strong sites, Congress should expand SEBTC (Summer Electronic Benefits Transfer for Children) nationwide. Four out of five low-income children spend the summer at home. Eighty-six percent of low-income children eat lunch at home most days; most do not attend programs that can serve federally reimbursed summer meals.⁷³ SFSP is a vital component of summer enrichment programs, but because most children do not attend these programs, other techniques must be used in order to reach them.

HHFKA of 2010 provided funding for proof of concept and demonstration projects for SEBTC (Summer Electronic Benefits Transfer for Children). The program was originally conceived of as an alternative to SFSP in rural areas where transportation challenges discourage participation. But because SFSP participation rates are low across the country, it makes sense to test the effectiveness of SEBTC in urban and rural areas, which are both hard hit by child hunger. These studies showed that SEBTC is successful in both urban and rural areas, and further study has the potential to further refine SEBTC and make it a more efficient and effective program.

Senator Patty Murray (D-WA) and Representative Susan Davis (D-CA) are sponsoring the **Stop Child Summer Hunger Act of 2015** (S. 1539/H.R. 2715). This legislation would automatically enroll children who receive free or reduced-price school meals in a nationwide SEBTC program beginning in 2016, which would provide families with \$150 per child on an EBT card for purchasing food during the summer. Schools would be responsible for distribution of the EBT cards, and those who are not automatically enrolled in the program can apply. We strongly support this bill.

Results from the 2012 SEBTC demonstration support this bill. SEBTC was implemented in 14 rural and urban sites⁷⁴ serving a total of over 67,000 eligible children. Families received \$60 per month per child during the summer months. Nine out of ten households issued benefits utilized them, and sites that used a SNAP or SNAP-hybrid (as opposed to WIC) model had mean redemption rates among participants ranging from 91 percent to 98 percent. This stands in sharp contrast to the 15 percent participation rate for SFSP. Most notable however, is that in SEBTC reduced very low food security among children during the summer of 2012 by 3.1 percentage points, from 9.5 percent of children in the control group, which did not receive SEBTC, to 6.4 percent of children in the treatment group, which did receive the benefit. SEBTC eliminated very low food security for one-third of the children (33 percent) who would otherwise

have experienced it. Children in participating households also ate more fruits, vegetables, and whole grains, and drank fewer sugar-sweetened beverages.⁷⁵

Oppose attempts to water down nutrition standards

The new child nutrition bill must also defend against lobbying and efforts to roll back the nutrition standards enacted by HHFKA in 2010. Most recently, Congress has attempted to abuse the appropriations process to place politics and special interests over science and the health of children by mandating that white potatoes, which would not provide any “supplemental” dietary benefit, be placed in WIC packages. Weakening the integrity of this vital program for the benefit of the potato industry not only hurts the health of nutritionally vulnerable mothers and children, but also opens the door to a parade of food industry lobbyists who are equally unlikely to act on behalf of the low-income families that WIC serves.

Some members of the House of Representatives have also threatened to use the appropriations process to undo new standards and lower the nutritional quality of school meals. Currently, schools must serve fruits and vegetables to children in order to receive reimbursement for the meal, but to lower food costs, some would rather make fruits and vegetables optional. There is also pushback on standards for sodium content and whole grains, which were also enacted as a result of scientific findings in order to make school meals healthier. It is clear that we cannot rest on our laurels while some Congress members are still bent on undoing the progress made five years ago.

Conclusion

When World War II arrived, General George Marshall and others noticed that American conscripts arrived at boot camp too malnourished to adequately fight. Consequently, President Harry Truman and ultra-conservative Senator Richard Russell (Chair of the Senate Armed Services Committee and a leading segregationist) teamed up to create the National School Lunch Program. While the program wasn't required in all schools and while many students still had to pay some reduced fee for lunch, it was a gigantic leap forward. Decades later, Russell said: "If I had to preserve one federal program above all others, I would still choose the School Lunch Program."⁷⁶

Child nutrition programs have been proven over time to be among the best possible investments America can make in our future. The time is long overdue to expand such programs, and reduce poverty, to ensure that we finally end child hunger in America, as a down payment on ensuring that children of all ages have access to sufficient food. This is not only the right thing to do, but it is also the smart thing to do.

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⁶⁹ “Share Our Strength Summer Meals Survey” (Washington: Share Our Strength and APCO Insight, 2013) available at: <http://bestpractices.nokidhungry.org/summer-meals/summer-meals-survey-findings>.

⁷⁰ “National Level Annual Summary Tables: FY 1969-2013; Summer Food Service - Participation, Meals and Costs,” available at <http://www.fns.usda.gov/sites/default/files/pd/sfsummar.pdf>.

⁷¹ Prior to 1981, 33 percent was the limit for area eligibility for summer meals. Once the limit was increased to 50 percent, the number of sites dropped from 20,600 in 1981 to 14,400 in 1982 and July participation dropped by nearly 330,000 children. It took a decade for the number of sites, peak participation, and meals served to rebound to previous rates.

⁷² Parke Troutman, “Help Them Eat at Home: Why the Federal Summer Meals Program for Kids has Chronically Low Participation and What Can Be Done about It” (San Diego: San Diego Hunger Coalition, 2014), available at http://www.sandiegohungercoalition.org/wp-content/uploads/2014/05/2013_report_final-for-print_.pdf.

⁷³ “Share Our Strength Summer Meals Survey” (Washington: Share Our Strength and APCO Insight, 2013) available at: <http://bestpractices.nokidhungry.org/summer-meals/summer-meals-survey-findings>.

⁷⁴ Cherokee Nation, Chickasaw Nation, Connecticut (two sites), Delaware, Michigan (two sites), Missouri (two sites), Nevada, Oregon (two sites), Texas, and Washington.

⁷⁵ “Summer Electronic Benefits Transfer for Children (SEBTC) Demonstration: Evaluation Findings for the Full Implementation Year” (Washington: Food and Nutrition Service Office of Policy Support, 2013), available at <http://www.fns.usda.gov/sites/default/files/SEBTC2012.pdf>.

⁷⁶ George McGovern, “The Third Freedom: Ending Hunger in Our Time (New York: Simon and Schuster, 2001), 30.