

Food Insecurity in Early Childhood



What Is Food Insecurity?

Food insecurity and hunger are related but not synonymous.¹ The concept of “food security” is used by the U.S. Department of Agriculture (USDA) to measure a household’s social and economic ability to access adequate food. The most common cause of food insecurity is poverty, but other factors – including housing costs, medical expenses and lack of access to grocery stores and other food retailers or culturally appropriate foods – can also impact food security. Food insecurity of any degree indicates a lack of resources needed to meet basic needs, and a risk of poorer health and wellness outcomes due to lower quality nutrition.

Introduction

Because early childhood is such a crucial phase of physical and social-emotional development, food insecurity in the early years of life is particularly detrimental and can compound the effects of other risk factors associated with poverty, such as reduced access to health care and unstable or unsafe housing. Poor nutrition and food insecurity are associated with poorer physical and mental health in all age groups, but in young children they can deeply affect well-being and development in ways that can endure for a lifetime.

Young Children and Their Families Experience High Rates of Food Insecurity

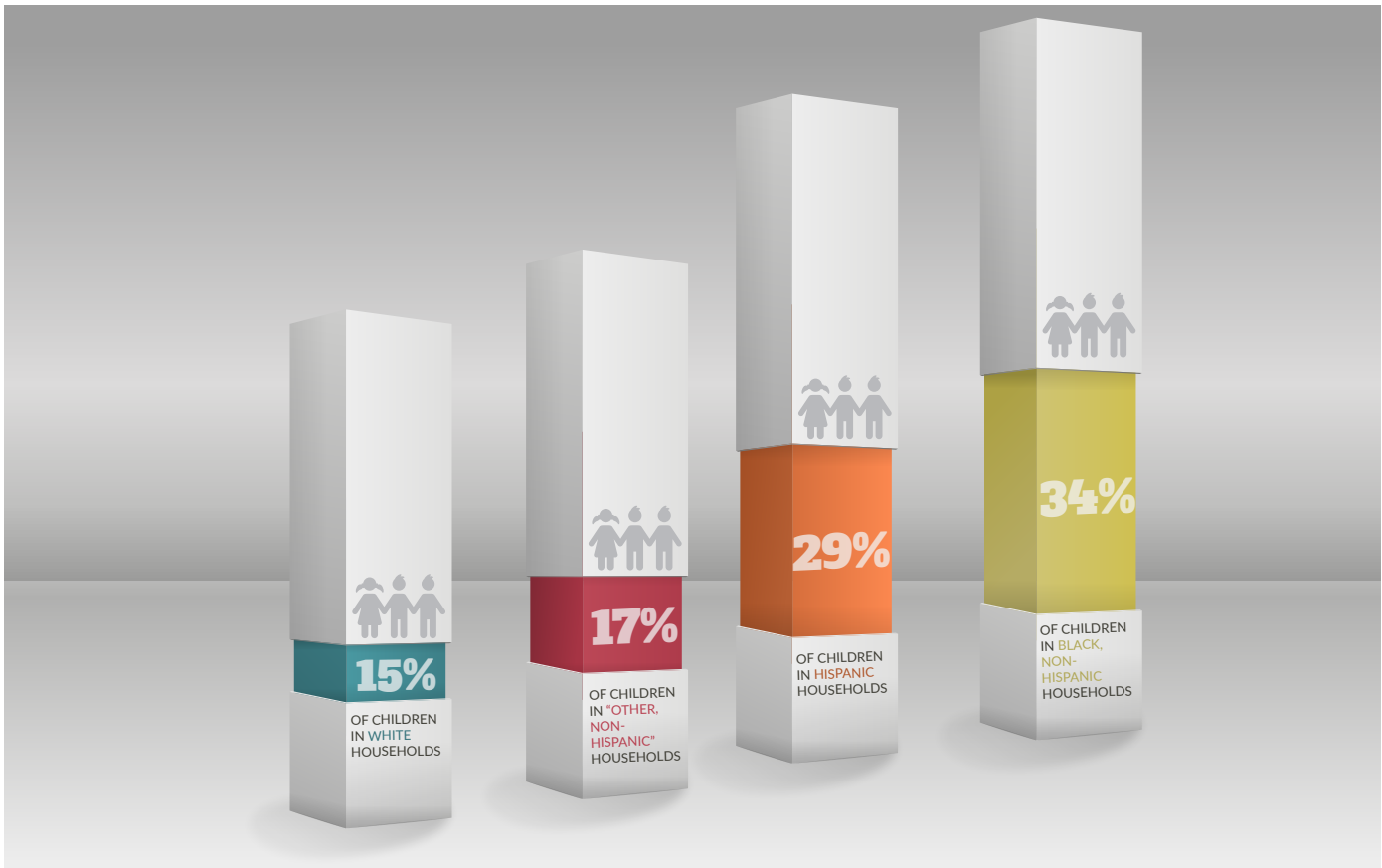
Despite America’s overall wealth and agricultural abundance, a significant proportion of the U.S. population struggles to consistently put enough nutritious food on the table. Nationwide, 48.1 million people lived in food insecure households in 2014, meaning that they were unable to consistently access enough nutritious food. Families with young children are particularly at risk of food insecurity. While 14 percent of all households

experienced food insecurity in 2014,² among households with children under age 6, the proportion jumps to 20 percent, or 1 in 5 households.³ Among households with children headed by a single woman, the figure jumps again to 35 percent, or more than 1 in 3 households.⁴

While poverty is a strong predictor of food insecurity, food insecurity persists at income levels above the poverty line, meaning many families with young children may struggle in the shadows. Forty-one percent of individuals living in poverty experienced food insecurity in 2014,⁵ in addition to over 12 million people whose incomes were between 100 and 185 percent of the federal poverty line in 2014.⁶ Although these households are not officially considered “poor,” they can still struggle to provide adequate nutrition to their families.

Food security is foundational to overall health, wellness and economic stability – and essential

Food Insecurity Among Children in the United States in 2014*



*Totals exclude households for which food security status is unknown because they did not give a valid response to any of the questions in the food security scale. In 2014, these exclusions represented 282,000 children (0.4 percent).

for children and families to thrive. As such, it's crucial that policymakers and service providers ensure that young children and their families have access to good nutrition. Without food security, we cannot fully achieve the outcomes we desire for all children and families in our communities. For this reason, it is worth examining the short-term and long-term options available to both policy makers and early childhood service providers.

Food Insecurity in Early Childhood Contributes to Inequitable Outcomes and Opportunities

Food insecurity does not impact all children equally, contributing to an opportunity gap and racial disparities in outcomes. Children of color are more likely to experience food insecurity than their white counterparts, meaning they are also disproportionately impacted by the negative effects of poor nutrition on physical,

mental and social-emotional development in early childhood. In 2014:³

- 15 percent of children in white households lived with food insecurity
- 34 percent of children in black, non-Hispanic households lived with food insecurity
- 29 percent of children in Hispanic households lived with food insecurity
- 17 percent of children in "Other, non-Hispanic" households lived with food insecurity

By 2020 more than half of all children in the U.S. will be children of color,⁷ and already half of all children under five are children of color.⁸ In many localities across the U.S., this demographic shift took place years ago. Because of the close association between nutrition and healthy physical, cognitive and social-emotional development, early childhood providers and policymakers must consider the disproportionate impact food insecurity has upon young children of color.

Food Insecurity, Nutrition and Development

HEALTH

Good nutrition is a foundational building block of good health, and even brief disruptions in food security can affect a young child. Even marginal food security – a designation used by the USDA to indicate that a household is “getting by and able to provide nutritious food although families may experience difficulty or anxiety about doing so” – may be harmful to a young child’s health.⁹ Marginal food security is a significant predictor of poor health status risk in children, and food insecurity in general puts children at greater risk of developing asthma.¹⁰ More persistent food insecurity that significantly impacts a family’s nutrition or eating patterns during infancy and early childhood has also been associated with an increased risk of childhood obesity.¹¹ Even earlier in the lifespan, food insecurity is connected to gestational diabetes, low birth weight and maternal depression, all of which can also harm an infant’s physical health as well as that of the infant’s mother.¹²

LEARNING AND ACADEMIC ACHIEVEMENT

Good nutrition is vital for brain development and learning in infancy and early childhood, and research has shown that food insecurity has a negative impact on children’s reading and mathematics performance.¹³ Children in early education and preschool programs who are hungry or are stressed about when they will next be able to eat will struggle to stay awake, focus and learn. Poor or insufficient nutrition has been shown to put children at a disadvantage in learning and school-readiness. Furthermore, food insecurity is associated with iron deficiency in young children,¹⁴ which puts them at risk of negative cognitive, behavioral and health consequences in the first years of life. As a result, poor nutrition can undermine children’s school-readiness, putting them at a disadvantage in the classroom before they even begin kindergarten. Because school-readiness has been identified as a predictor of later academic success, children who experience food insecurity in their first years may lack the same opportunities for academic success as their counterparts who do not experience food insecurity. Without an equal opportunity at academic success, children are less likely to grow up to have stable, well-paying jobs and may continue to be at risk of experiencing food insecurity into adulthood.

SOCIAL-EMOTIONAL DEVELOPMENT

Young children’s social-emotional development can also be affected by the stressors associated with food insecurity, putting them at increased risk of behavioral and emotional problems, which in turn impacts their readiness for kindergarten and ability to succeed in school. Research on the effects of food insecurity on social-emotional health in young children is more limited, but does suggest that it is associated with adverse behavioral and mental health outcomes for children.¹⁵ Furthermore, food insecurity is associated with poorer mental health in parents and caregivers – including depression and anxiety¹⁶ – which can impact their ability to engage in nurturing interactions with their child, or to respond to stress the child experiences.

Importance of Nutrition in Mitigating Lead Absorption

The ongoing water contamination crisis in Flint, Michigan highlights another reason service providers and policymakers should be concerned about food insecurity in early childhood: poor nutrition leads to increased absorption of toxins like lead in a young child’s body. Lead poisoning in infants and young children can lead to problems with learning, behavior, growth and development. Communities must prioritize protecting young children from sources of lead exposure, but for children who have already been exposed to lead, good nutrition may be able to mitigate possible damage. Diets rich in nutrients like calcium, iron and Vitamin C have been shown to protect children from lead poisoning, as has the practice of eating small, healthy meals throughout the day¹⁷ – both of which are difficult to achieve while experiencing food insecurity.



Federal Nutrition Programs that Support Young Children and Their Families

A number of existing federal nutrition programs can help buffer young children and their families from the negative financial and nutritional effects of food insecurity. Included among these programs are:

The Supplemental Nutrition Program for Women, Infants and Children (WIC) serves low-income pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children up to age 5. It provides monthly benefits to increase access to a “package” of food items considered nutritionally important for infants, young children and pregnant and postpartum women.

The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition program. It provides monthly nutrition benefits to low-income families and individuals that can be redeemed at authorized food retailers to purchase foods like fruits, vegetables, meat and dairy products.

The Child and Adult Care Food Program (CACFP) provides reimbursements for meals that meet federal nutrition requirements served at child care centers and family care homes. Eligibility is based on either the poverty status of the area or on the income of enrolled children.

The National School Lunch Program (NSLP) provides low-cost or free meals to children in public and nonprofit private schools and residential child care institutions.

The School Breakfast Program (SBP) provides financial assistance to states to offer breakfast for students at schools and residential child care institutions.

The Summer Food Service Program (SFSP) provides free meals that meet federal nutrition requirements at approved meal sites for school-age children during summer vacation, when school meals are unavailable.

Taking Action: Improving Food Security for Young Children and Their Families

Because food insecurity operates at the household level and is the product of a number of interwoven social and economic factors, it must be addressed through a multi-faceted, multi-generational approach. This means that there is no single strategy that can be used to ensure all young children have the nutritious food they need to grow up healthy and thriving. Community organizations, coalitions, policymakers, early childhood service providers and others need to pursue a number of options that are available to fight food insecurity. Action steps are available to address both the immediate, short-term effects of food insecurity as well as longer-term strategies to prevent food insecurity from occurring. By working together within communities, as well as at the state and national levels, it is possible to prevent food insecurity and the toll it takes on young children and their families.

Options for Early Childhood Service Providers

IMPROVE ACCESS TO FEDERAL NUTRITION PROGRAMS

A number of federal nutrition programs can act as a buffer for families with young children against the economic and health consequences of food insecurity, allowing infants and young children to grow up healthy. Service providers and community organizations can work to ensure all of the children and families they serve have access to the nutrition benefits for which they are eligible. For example, early childhood providers can partner with local food access organizations, SNAP offices and WIC clinics to provide information in the appropriate languages to families they serve and to reinforce the message that nutrition assistance is available for all young children whose families may be struggling.

Providing such information may take an extra level of effort in communities with significant migrant, immigrant and refugee populations, as many of these families don't apply for nutrition assistance due to stigma, misconceptions about how immigration status impacts eligibility and fears about how applying for nutrition assistance may affect immigration status. While undocumented immigrants are not eligible for assistance under SNAP, they may apply for any documented or citizen members of their household. For example, if a five-person mixed-status household contains one undocumented parent, that household may apply for benefits for the four other household members who have regularized immigration status. Only the immigration status of those four individuals will be considered in the application process. Similarly, immigrant children are eligible for federally subsidized meals in schools and participating child care centers, and children in immigrant families can also benefit from WIC participation.

ASSIST EARLY CARE AND EDUCATION PROVIDERS WITH CACFP PARTICIPATION

The Child and Adult Care Food Program (CACFP) provides reimbursements for meals and snacks that meet federal nutrition requirements served at child care centers and family care homes. Currently, more than 4 million children receive nutritious meals and snacks in their child care setting – either center-based care or in-home care – because their child care provider participates in CACFP. CACFP is a useful tool to equitably promote food security in early childhood. By providing free meals to all children in a child care setting, a child care provider can ensure a certain degree of food security and nutrition for all of the children in the provider's care, regardless of their families' incomes. This benefits children's health as well as their ability to learn and develop in the child care setting.

Additionally, participation in the program can promote financial stability for the provider, improving sustainability in the local child care system. However, becoming a CACFP provider and maintaining compliance with program rules can be a daunting process, particularly for in-home and smaller-scale child care providers. Local child care licensing agencies can partner with local food access organizations to connect child care providers with the training and technical assistance they may need to successfully participate in CACFP.

States can further promote better nutrition for children in early care and education programs by aligning licensing and Quality Rating and Improvement System (QRIS) standards with the new CACFP nutrition standards. Licensing agencies can make training and incentives available to providers who meet CACFP's nutrition standards. The recently updated CACFP standards improve the nutritional quality of meals served under the program, and child care providers could be encouraged to implement similar standards more widely in order to improve nutrition for all children in early care and education programs.

IMPROVE ACCESS TO EMERGENCY FOOD ASSISTANCE

While communities must focus on systemic solutions to ultimately eliminate food insecurity and its causes in early childhood, it is also important that families immediately be connected to emergency nutrition assistance when needed. Federal nutrition programs can significantly decrease food insecurity for young children, but they are not always sufficient. For example, USDA Economic Research Service data from 2014 show that, among households participating in SNAP, 32 percent were forced to obtain food from a food pantry to put enough food on the table. Among households participating in WIC in the same year – all of which include young children or pregnant women – 23 percent needed emergency food assistance from a food pantry.¹⁸

Early childhood service providers and agencies can foster connections between providers in both the early childhood sector and the emergency nutrition assistance sector to make sure families are provided with information and assistance as needed. "Backpack Programs" – which send children home with a backpack of food to ensure they have enough to eat over the weekend, when they are not able to receive meals at school or preschool – are an example of this type of collaborative effort. Foodbanks and charitable food organizations across the country have begun operating backpack programs, like the Manna Food Project in Michigan, which operates a "Food 4 Kids" Backpack Program in partnership with a number of local schools, preschools and Head Start programs.¹⁹ Regional food banks generally offer outreach materials and information on how families can obtain emergency food that can be distributed by early care and education providers, pediatric health care providers, and others who regularly work with young children and their families. Providing such information in a standardized and universal manner in a variety of languages ensures families are aware of where they can receive emergency assistance from food pantries or other providers, while also reducing the stigma and shame that can come from asking for assistance when it's needed.



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Options for Policymakers

IMPROVE ECONOMIC WELL-BEING OF YOUNG CHILDREN AND THEIR FAMILIES

Food insecurity is in many ways a marker of whether families are able to meet their basic needs. Federal, state and local policies can therefore reduce the incidence of food insecurity by promoting economic stability for families. Such policies include higher minimum wage laws and fair scheduling requirements²⁰ that promote economic stability and prevent disruption in families' lives. Similarly, paid family and medical leave requirements and stronger, well-enforced protections for pregnant workers promote economic stability during periods of significant change and economic stress for families. Policymakers can also consider how to best help their constituents align their skills with the local job market through investment in workforce development programs, promoting economic growth in the community and stable employment for families.

Family-supportive work policies, in particular, can have a significant impact on food insecurity among young children. Family-supportive work policies like paid leave, fair scheduling and higher minimum wage laws are particularly important for low-income and part-time workers, who are disproportionately people of color and single heads of household. As previously noted, the rate of food insecurity among children of color is significantly higher than that among white children, and the rate among households with children headed by a single woman is 35 percent, more than double the rate of food insecurity for the all households in the U.S.²¹ Family-supportive work policies can therefore go a long way toward reducing both food insecurity and inequity for children and their families.

Policymakers can also ensure children and families have access to affordable, high-quality child care for infants, toddlers and young children, easing a significant financial burden for many working families. Finally, policymakers can further promote families' economic stability through inclusive development. The creation, protection and maintenance of safe and affordable housing stock can ensure that children have a healthy, stable environment in which to grow-up and that their families are not overly burdened by high housing costs. Additionally, strengthened and accessible public transit systems can improve access to employment and services for low-income families.

STRENGTHEN AND IMPROVE ACCESS TO EXISTING SUPPORTS

In addition to building communities that support families, policymakers can also ensure that existing programs that provide nutrition assistance for children and families with low incomes are strong and accessible. A number of options are available to states at the administrative level to ensure this goal, without need for legislative changes. States can streamline eligibility and recertification processes when possible to make sure unnecessary barriers don't prevent low-income families and children from receiving the nutrition assistance for which they are eligible.

State Options to Improve SNAP and WIC Accessibility

SNAP administrative options, in particular, offer states several options to improve access to nutrition benefits and address food insecurity at the household level. For example, online applications can make the SNAP application process significantly easier for some households, allowing households to apply outside of normal business hours and eliminating the need to take a trip to the local SNAP office, which can be distant or difficult to access without reliable transportation. As of 2015, 10 states did not offer an online SNAP application.²² Other options include eliminating the use of asset limits in SNAP eligibility determinations through broad-based categorical eligibility – which 11 states have not yet adopted²³ – allowing for a simplified application process that does not unnecessarily burden or penalize low-income families.

States may also opt to simplify eligibility processes in WIC through the use of adjunctive eligibility. Adjunctive eligibility allows states to determine if applicants are eligible for WIC participation based on their participation in other means-tested programs, including SNAP, Medicaid or TANF.²⁴ Particularly with the expansion of Medicaid under the Affordable Care Act, adjunctive eligibility offers states an opportunity to make WIC applications less burdensome and ensure WIC is accessible to families of young children who are particularly likely to experience food insecurity.

Once families are enrolled in federal nutrition programs, states can also ensure that they are not unnecessarily removed from the program due to burdensome administrative processes. Options in this area include extending a family's certification period and simplifying reporting processes. Both SNAP and WIC allow states to offer extended certification periods,^{25 26} reducing administrative burdens for both states and families.

While federal nutrition programs are a crucial support for families experiencing food insecurity, current benefit levels are frequently too low to completely eliminate the effects of food insecurity on young children and their families, as demonstrated previously by the proportion of families receiving nutrition assistance who must also make use of food pantries. States can opt to supplement the benefit levels established by federal legislation. For example, in 2016, the District of Columbia raised the minimum SNAP benefit for District residents from the federal minimum of \$16 per month to \$30 per month. Such a change improves protections for young children and families, particularly those who live in areas with a high cost of living, where a family's budget will be even more stretched.

ADDRESS FOOD INSECURITY AS A HEALTH CONCERN

Food insecurity is a serious threat to the health and development of young children. By treating it as the serious health risk that it is, policymakers have an opportunity to make the most of existing health infrastructure and financing mechanisms to address food insecurity. The concept of "Food as Medicine" has taken root in communities across the nation, based on the argument that, if food insecurity can cause or exacerbate a number of physical and mental health conditions, treating food insecurity as a preventable health problem will ultimately improve health and reduce health care costs.

The Affordable Care Act introduced significant opportunities that support a public health approach to addressing food insecurity. A new rule²⁷ under the law clarifying the requirements for nonprofit hospitals to improve local community health in order to preserve their nonprofit tax status includes guidance that hospitals may meet this requirement by addressing social determinants of health²⁸— including food insecurity — in the community. This provides a significant opportunity for collaboration between anti-hunger advocates and the health care sector to better address food insecurity among young children and their families.

Furthermore, by framing food insecurity as a health concern and nutrition assistance as a component of health care, health care providers can lessen the stigma associated with seeking nutrition assistance. This will make it more likely that food insecure children and families will seek and receive the support for which they are eligible. The following examples highlight work currently taking place at the state and local level to build a strong connection between good health and food security.

Addressing Food Insecurity in the Pediatric Setting: Project DULCE

In recognition of the fact that families face a series of challenges in the first six months following the birth of a child, Project DULCE (Developmental Understanding and Legal Collaboration for Everyone) seeks to provide useful support for families of newborns by adding a trained Family Specialist to the team at the health centers where families already bring their babies for care. The DULCE Family Specialist provides support to families with infants in the clinic setting during routine healthcare visits and also offers home visits, telephone, email and text-messaging support.

Among other supports, the Family Specialist screens families for needs related to social determinants of health, including food insecurity. Once a need is identified, the Family Specialist will work to connect the family to existing supports, like federal nutrition programs, with the support of a local Medical-Legal Partnership partner. Because the support of a Family Specialist is offered universally within the clinic, there is no stigma attached to participation. By operating in the clinic setting, Project DULCE reaches children and families who may otherwise have been missed by nutrition assistance outreach efforts. This model closes the loop between food insecurity and the health of young children by integrating both into the pediatric setting. Initial implementation of Project DULCE began in the spring of 2016 with support from CSSP at seven clinic sites in California, Florida and Vermont.



Welfare reform in 1996 imposed a lifetime ban on participation in SNAP for people convicted of a Federal or State felony offense involving the possession, use or distribution of a controlled substance. This provision has had a disparate impact on low-income families of color due to the disproportionate manner in which low-income communities of color have been targeted by drug laws and enforcement of those laws. This provision has frayed the safety net for individuals with a drug conviction and their families, even decades after a conviction occurred. State legislatures may opt out of the lifetime ban entirely or impose less severe restrictions. As of 2015, a lifetime ban remained in 12 states, with modified bans in 18 states. Eliminating these bans offers states an opportunity to lessen the disproportionate impact food insecurity has on low-income families of color and their children.

Standardizing screenings and supported referrals for food insecurity in healthcare settings: Health Care Partnerships Program, Oregon

After learning that most healthcare providers in pediatric and family practice settings did not regularly screen their patients for food insecurity, but that 89 percent were willing to do so, the Childhood Hunger Coalition successfully piloted a clinic-based screening and patient assistance model for food insecurity, called Screen & Intervene. The Oregon Food Bank has since expanded the model statewide to about 250 health settings and to public health programs like Head Start and WIC clinics. Presently, all Migrant and Seasonal Head Start programs and WIC clinics in the state either implement or plan to implement food insecurity screenings and intervention. Several other Head Start sites have also implemented the model. By integrating both food insecurity screenings and a referral model to actively connect patients with nutrition assistance, Screen and Intervene allows providers to effectively and efficiently address food insecurity and its negative health effects among patients. Currently, advocates are working with the Oregon Primary Care Association and other health care allies to propose food insecurity screening and intervention as an Oregon Medicaid Performance Metric, which would encourage further implementation of Screen & Intervene across the state.

Reaching children and families at high-risk of food insecurity on-site: Arkansas Children's Hospital

As a state, Arkansas has the second highest rate of food insecurity in the nation,²⁹ and as of 2014, 26 percent of children – more than 1 in 4 – in the state lived with food insecurity.³⁰ As the only pediatric medical center in the state, Arkansas Children's Hospital (ACH) has taken on childhood food insecurity by implementing several pilot projects to help the families and children it serves access the nutrition they need. ACH now serves as a meal site for the USDA Summer Food Service Program and the Child and Adult Care Food Program, offering a free, nutritious meal to any child who enters ACH to receive care or accompany a family

member. ACH also provides bags of emergency food for families to take home with the assistance of a local food pantry, and connects families to federal nutrition assistance through on-site counselors who can assist with the application process.

Conclusion

The first months and years of a child's life are a developmentally critical period, setting the stage for health, academic success and the ability to thrive into adulthood. Good nutrition is foundational to healthy development in early childhood, meaning the negative effects of food insecurity can be particularly detrimental to young children. This makes it especially worrying that families with young children are among those most likely to experience food insecurity in the U.S. Children who experience food insecurity early in life do not have an equal opportunity to grow-up healthy and thrive, making food insecurity a driver of continued racial and economic inequities in early childhood.

Both policymakers and early childhood service providers are in a strong position to address and prevent food insecurity in early childhood. Early childhood service providers and local agencies can work together to improve access to nutrition programs – including by assisting early care and education providers with CACFP participation – and to emergency food assistance. Policymakers can make further inroads against food insecurity in early childhood by improving the economic well-being of families with young children, strengthening and improving access to existing nutrition assistance and addressing food insecurity as a health concern for young children and their families. Because both the immediate effects of food insecurity and its underlying causes must ultimately be addressed to truly improve outcomes for young children and their families, local leaders must consider long-term, multi-sector and multi-generational solutions to food insecurity.

Endnotes

1. According to the U.S. Department of Agriculture, food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food, while hunger is an individual-level physiological condition that may result from food insecurity. For more information, see <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>
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