

briefing paper

Ending Child Hunger in the United States

by Stacy Cloyd



USDA/Lance Cheung

Children in Baltimore participate in USDA's Summer Meal Service Program. Children still need to eat over the summer, of course, but far fewer eligible children are receiving summer meals than school lunch and breakfast.

Key Points

- In 2013, 15.8 million children—more than one-fifth of all children in the United States—lived at risk of hunger.
- Hunger and food insecurity—even for brief periods—put children’s health at risk and carry consequences that may last a lifetime.
- The federal government reauthorizes child nutrition programs every five years. The current law, the Healthy, Hunger-Free Kids Act of 2010 (P.L. 111-296), will expire on September 30, 2015.
- Each program needs sufficient funding to serve all eligible children well. Child nutrition programs should use scientifically-grounded nutrition standards that promote health.
- Investing in children’s nutrition is not only the right thing to do, it is the smart thing to do. For example, every dollar a pregnant woman receives in WIC benefits saves up to \$4.21 in Medicaid expenses for her and her child.
- In addition to school lunch and WIC, programs serve children at other key times—for example, school breakfast, summer meals since school lunch and breakfast are not available, and meals for children in small family daycare programs.

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Bread for the World Institute provides policy analysis on hunger and strategies to end it. The Institute educates opinion leaders, policy makers and the public about hunger in the United States and abroad.

www.bread.org

Abstract

In 2013, 15.8 million U.S. children were at risk of hunger. For children, even brief periods of hunger carry consequences that may last a lifetime. Many children suffer from nutritional deficiencies, sometimes referred to as “hidden hunger” since they can cause serious health problems in children who don’t “look hungry.” Nutrition affects mental health and academic achievement as well as physical health. But the damage caused by food insecurity is unnecessary and preventable. Federal nutrition programs help millions of children eat well; these programs must be maintained and strengthened to provide more eligible children with healthier food. When Congress reauthorizes child nutrition programs in 2015, the emphasis must be on enabling programs to serve all eligible children well—from WIC for infants, to meals at daycare for preschoolers, to school lunch, breakfast, and summer food for elementary and secondary students. The United States simply cannot afford the consequences of allowing children to go without the nutritious food they need. Strong child nutrition programs must be a top national priority.

Anyone who has been responsible for feeding a child knows that it's not always easy. Kids can be picky. Sometimes it seems that all they ever do is ask for snacks. Both of these challenges are made far more difficult for parents whose grocery budget has been stretched to its limits and beyond.

Child hunger in the United States is startlingly common—even though it is also completely unnecessary. In 2013, 15.8 million children—more than one-fifth of all children in the country—lived at risk of hunger. Adults generally go hungry themselves before letting that happen to their children; nonetheless, 360,000 households reported that at some point in 2013, children were hungry, skipped a meal, or did not eat for a whole day because there was not enough money for food.

Whether children experience hunger themselves or witness it in their parents or older siblings, living in an environment of scarcity has significant effects on their brain development and health as well as on how their families function. The physical and emotional stresses of hunger carry consequences that may last a lifetime.

Federal nutrition programs are vital—but they are not a permanent solution to the problem of hunger in general or of child hunger in our country. Solving our hunger problem will take several changes in policy that are more complex, such as creating more jobs for parents that pay enough to support a family. The needed changes are detailed in Bread for the World Institute's 2014 Hunger Report, *Ending Hunger in America*, which presents a four-part plan to end hunger.¹

But in the meantime, children who are hungry are suffering, and hunger is putting their health and futures at risk. There are many ways to support and enhance federal nutrition programs that benefit children as soon as they need help—whether that is today, later in the school year, or several years from now. Investing in feeding kids is, of course, the right thing to do. In addition, it is the smart thing to do. Children with consistently nutritious diets are physically and emotionally healthier, and they do better in school. Older children are better able to evaluate alternatives and choose the best available option. Well-nourished children are more likely to enjoy productive adulthoods—and that benefits us all.

Hunger Is a Health Problem

Child hunger in the United States looks different than in the developing world. One of the great victories in the country's War on Poverty is that far fewer children are, as Peter Edelman described those in the Mississippi Delta in the 1960s, "hungry to a point very near starvation."¹³ In the 2007-10 National Health and Nutrition Examination Survey, only 3.5 percent of American children ages 2-19 were considered underweight. That was a statistically significant decline from the rates of previous decades.¹⁴ Diseases such

Good nutrition is most critical during the 1,000 Days window

Nourishing a human being begins even before his or her mother becomes pregnant. Making sure that not only pregnant women, but all adolescent girls and young women, have the opportunity to eat well is vital for both their own health and the health of their children and future children. The most critical period for human nutrition is from a woman's pregnancy through her child's second birthday, a time that has become known as the "1,000 Days" window of opportunity.

Babies born at a healthy weight and in good health are more likely to remain so throughout their lives. Good prenatal nutrition reduces the risk of birth defects² and low birth weight.³ In addition, women experiencing the stress of food insecurity have higher levels of the hormone cortisol.⁴ This hormone is transmitted through the placenta and can cause babies to have behavioral, developmental, and emotional challenges that persist for years or decades.⁵

Women who are pregnant need the right level of calories. If they eat too little, their bodies burn fat, releasing ketones that can affect the brain development of a fetus.⁶ But if women gain more weight during pregnancy than is healthy, their children are more likely to eventually become overweight themselves.⁷ Women who are overweight are also more likely to give birth prematurely, creating serious risks for the newborn. All of these factors pose threats to children's lives and health. Even setting aside for a moment the harm done to human lives, a mother's food insecurity often means expensive medical care for her newborn.⁸

Pregnant women have specific nutritional needs beyond just getting the right number of calories. Consuming the currently-recommended amounts of nutrients such as protein, iron, and folate reduces the risk of preterm birth, low birth weight, and intrauterine growth restriction.⁹ Women with gestational diabetes often need to limit their carbohydrate consumption and increase their dietary fiber intake¹⁰ to protect their own health, reduce the risk of complications during labor and delivery, and help prevent their children from developing jaundice, respiratory problems, and Type II diabetes.¹¹ We know now that a mother's diet can even affect her child's DNA.¹²

Despite the importance of a balanced diet during pregnancy, healthy foods may be expensive, unavailable, or inconvenient to store and prepare for women who are living with poverty. The United States should continue to provide nutrition assistance to low-income pregnant women to enable them to access, purchase, and consume the right balance of nutritious foods. This benefits them, their children, and the country as a whole.

as kwashiorkor, which is caused by protein deficiency, once occurred with some regularity among children living in very poor areas of the United States.¹⁵ These diseases are now vanishingly rare here.¹⁶

Nonetheless, food insecurity is not a harmless condition. The nearly 16 million children living in food insecure house-

holds are at greater risk of a number of health problems. The odds that a young child will need hospitalization increase by almost one third.¹⁷ Children who suffer food insecurity have more headaches, stomachaches, anemia, ear infections, asthma, and colds than children from equally poor families who never went hungry.¹⁸ And, of course, more such illnesses mean higher medical bills and more time away from work and school.

Even when children eat enough (or more than enough) calories, their families may struggle to provide a balanced diet.¹⁹ Many children in the United States do not get enough of some essential vitamins and minerals. Such nutritional deficiencies are sometimes known as “hidden hunger,” since they can cause serious health problems in children who don’t “look hungry.”

For example, studies found that low-income children, particularly Latinos and African-Americans, in Texas and²⁰ Georgia²¹ had low levels of zinc and iron—which can suppress the immune system and cause behavioral, cognitive, and motor delays.²² Children in Indiana who did not receive the recommended daily allowance of calcium had lower bone density and thus a greater risk of fractures.²³

Food for Thought

“We have students who don’t eat unless they’re here. We also have students who eat poorly. We don’t want to have a student in this building who is hungry. The reality is, the kids have to eat or they’re very, very distracted. DCPS [DC Public Schools] does such a good job of providing healthy options. I can’t tell you I’ve ever seen white bread. And the kids get exposed to vegetables; they’re learning that vegetables are good.”

– Natalie Gordon, Principal, Jefferson Academy

Most people know at least a little about the physical health benefits of a nutritious diet. Nutrition affects mental health and academic achievement, too.

Being hungry is stressful, which can lead to greater production and release of stress hormones such as cortisol, which are capable of changing the brain and how it works.²⁴ People who are hungry often don’t judge risks as well,²⁵ and they are more likely to suffer from anxiety and depression.²⁶ Food insecure children are more likely to behave aggressively, take things that don’t belong to them, get suspended or held back a grade in school, or have difficulty getting along with teachers and other children.²⁷

It is not surprising that children learn better when they eat well. Most teachers and principals surveyed by the anti-hunger organization Share Our Strength believed that

Major Recommendations for Child Nutrition Programs

- Enough funding to serve everyone who qualifies without cutting other anti-poverty programs
- Science-based nutritional standards
- Streamlined program rules that improve children’s access to meals regardless of the time of year

students were more alert and had fewer behavioral problems after their schools started to serve breakfast.²⁸ On average, kids who eat school breakfast attend 1.5 more days of school each year than those who don’t.²⁹

Investing in nutrition programs now brings payoffs in the future. In the United States as well as in developing countries, good nutrition gives children better health and a better chance of doing well in school. Students who eat breakfast do better in math, increasing their test scores by an average of 17.5 percent. These students are also 20 percent more likely to graduate from high school.³⁰ They become adults who earn more money and help develop the national economy.³¹

Good nutrition saves money for both public and private health insurance and for the Social Security disability programs. It is also a matter of national security, since increasing numbers of would-be military recruits as well as current members of the armed forces are unable to meet weight and physical fitness requirements.³²

The damage caused by food insecurity is unnecessary and preventable. Federal nutrition programs help millions of children eat well; these programs must be maintained, and they can be strengthened to serve healthier food, to more children, more efficiently.



Photo courtesy of Natalie Gordon/Jefferson Academy

Students at Jefferson Academy, a public middle school in Washington, DC, smile for the camera. The DC public school system emphasizes nutritious foods that kids still want to eat.

Safety Nets to Protect Children

Government programs are effective ways to help children reap the benefits of good nutrition. While these programs require funds, it is too expensive *not* to invest the necessary resources. We can't afford the generations-long consequences of reducing the number of participating children or compromising the quality of food they receive.

The federal government reauthorizes child nutrition programs every five years. The current law, the Healthy, Hunger-Free Kids Act of 2010 (P.L. 111-296), will expire on September 30, 2015. Some child nutrition programs require congressional action to stay in operation,³³ others are permanently authorized but could be improved to serve more children.³⁴ Each program needs sufficient funding to serve all eligible children well. Child nutrition programs should use scientifically-grounded nutrition standards that promote health. The exact foods and serving sizes will vary according to the children's ages and health status, but the standards should be based on the Dietary Guidelines for Americans and infant feeding guidance from the American Academy of Pediatrics.

It is important to coordinate the various programs' eligibility rules, paperwork requirements, and methods of reimbursement as closely as possible in order to make it easier to serve children throughout the day and the year. Serving breakfast and lunch in the same place, and providing reliable summer-long meal sites nearby, is more convenient for families, encourages participation by providers, and improves job stability for those who prepare and serve the meals. Child nutrition reauthorization legislation should also provide funding for technical assistance and dissemination of "best practices" so that states and localities can be as effective as possible and not have to reinvent the wheel.

The child nutrition safety net begins early. WIC—the Spe-

cial Supplemental Nutrition Program for Women, Infants, and Children—provides vouchers or electronic benefits for specific healthy foods for about 8.3 million³⁵ low-income pregnant women, nursing mothers, and children younger than 5. WIC benefits now reach 53 percent of all babies born in the United States.³⁶ In addition to standard food vouchers, the WIC program also provides vouchers for farmers' markets,³⁷ nutrition and health counseling, and breastfeeding education.³⁸ WIC is money well spent: every dollar of WIC benefits a pregnant woman receives saves up to \$4.21 in Medicaid expenses for her and her child.³⁹ Children who participate in WIC are also at lower risk of child abuse and neglect,⁴⁰ perhaps because WIC both eases families' economic stress and offers them information and support.

To maintain these benefits, WIC must have both a budget that will serve all who are eligible and a contingency fund to respond to spikes in participation and/or food price changes. The WIC budget should also include funding for breastfeeding support and other educational efforts, and for completing the transition of WIC benefits from paper vouchers to Electronic Benefits Transfer (EBT) cards. Currently, families in some states receive the more secure EBT cards, which permit benefits to be frozen in case of loss or theft, while those in other states still receive their WIC benefits as vouchers. In both cases, foods must appear on an approved list in order to be purchased using WIC benefits.

Stores prefer EBT cards because they can be reimbursed more quickly. EBT cards also enable WIC participants to purchase food as needed during the month in more flexible ways than the voucher system. For example, families may receive a single milk voucher for the month, meaning that they must purchase all their milk—often amounting to several gallons—in a single shopping trip. Fully transitioning to WIC EBT would give families more flexibility in making their food purchases and also make it easier to track and prosecute potential fraud. The child nutrition reauthorization bill should continue to support funding to states working to implement WIC EBT.

One decision that Congress should not be making through reauthorization is whether to change any of the specifics of what foods may be purchased with WIC benefits. WIC's food package is determined by the standard rulemaking process at the U.S. Department of Agriculture, using science-based recommendations from the Institute of Medicine.⁴¹ It is periodically reevaluated; any changes to it should be based on recommendations from nonpartisan health experts rather than by non-specialists who may be influenced by



USDA/Lance Cheung

Nutrition programs are essential safety nets. Here, parents in San Antonio, TX, apply for WIC benefits for their one-year-old daughter Lana after the family's home and possessions were destroyed in a fire.

particular food industry interests. Because stores that want to participate in WIC must stock approved products, a nutritionally sound WIC food package increases access to healthy food among others in low-income communities as well.⁴² Similarly, the WIC Farmers Market Nutrition Program⁴³ can help encourage farmers' markets to open in neighborhoods that might not otherwise have them.

In addition to WIC, young children may participate in the Child and Adult Care Food Program (CACFP), which provides meals and snacks to 3.3 million children a day,⁴⁴ most often in childcare centers. It is important for CACFP to maintain or improve its nutritional standards. While it is necessary to oversee the spending of taxpayer dollars, the program's policies and paperwork requirements should not be unnecessarily complex. In addition, reimbursement rates⁴⁵ should be high enough to make it possible to buy healthy food and to encourage providers to participate in the program. This is especially important for child care provided in private homes, which, by virtue of the smaller number of participating children, may not be able to buy food in bulk or set aside time to handle complicated paperwork.

As children reach school age, school meal programs become critical. Whether schools serve food in the classroom, in the cafeteria, or in more creative ways like "Breakfast on the Bus,"⁴⁶ these meals are important in increasing family food security⁴⁷ and keeping children in school and ready to learn. For example, in New York's Schenectady City School District, elementary school attendance had been poor—42 percent of the students missed an average of one day or more every two weeks. After the district began a school breakfast program, the percentage of students who did not meet the 90 percent attendance benchmark fell to only 9 percent. There was less tardiness as well.⁴⁸

Schools know that breakfast is important: many offer it on days when standardized tests are administered. But serving it every day enables children to learn and be prepared for those tests.⁴⁹

Collecting the paperwork required for each student who qualifies for free or reduced-price school meals can be an administrative burden that is worsened when parents are unable or unwilling to provide all the documentation. One alternative is called "community eligibility." Schools or districts with high percentages of low-income and other at-risk students are allowed to offer free meals to the entire student body.⁵⁰ This eases both the administrative burdens and the stigma that older children, in particular, associate with receiving free meals. It is important for the reauthorized



Stacy Cloyd/Bread for the World

Communities are developing flexible ways to get healthy foods to the children who need them. For example, the Kids Cruisin' Kitchen in Omaha, NE, delivers hot meals in lower-income areas. Anyone 18 or younger is served.

school breakfast and lunch programs to retain the community eligibility alternative.

Another way of improving children's access and reducing paperwork is called "direct certification," meaning simply that students who already participate in another federal safety net program, such as the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), are automatically eligible for school meals.

School meals need to be healthy so kids can be healthy. Standards for the nutritional quality of school breakfast and lunch must not be weakened. The purpose of school meals is to improve children's nutrition, not to provide a market for various parts of the food sector. Schools need reimbursement rates for school meals (and additional programs, such as the Special Milk Program⁵¹ and the Fresh Fruit and Vegetable Program⁵²) that are high enough to enable them to obtain and prepare healthy foods.

The Healthy, Hunger-Free Kids Act of 2010 directed USDA to provide nutritional guidelines for "competitive foods"—snacks sold outside the federal school breakfast and lunch program.⁵³ Although these new rules may require schools to find alternative methods of fundraising that do not involve selling unhealthy snacks, it is important to ensure that high-quality school meals are not undermined by competition from junk food. Any legislation passed in 2015 should maintain or strengthen nutritional guidelines for competitive foods.

Children do not, of course, stop eating during weekends, holidays, and summer breaks. Households with school-aged children experience more food insecurity during the summer because of lengthy school breaks. States can ease

the summer spike in food insecurity by providing more meals during these months.⁵⁴ USDA provides summer meals through the Summer Food Service Program and the National School Lunch Program.⁵⁵ Similarly, USDA has two programs for after-school nutrition: the National School Lunch Program provides snacks during the school year, and the Child and Adult Care Food Program (CACFP) is available year-round for both snacks and meals.⁵⁶ USDA has made progress in streamlining the requirements for after-school providers who transition between the Summer Food Service Program and CACFP during the course of the year.⁵⁷ Efforts to further standardize program requirements and encourage more providers to offer food throughout the year should continue during and after the upcoming child nutrition reauthorization.

States, localities, and individual providers should also be able to choose options that work best for their communities. For many areas, this may mean a congregate site where children gather for food and activities. In others, a bus or van might bring meals to where kids live. Some pilot projects have instead given low-income children extra SNAP benefits during the summer,⁵⁸ which may work better for some families that cannot easily access summer meal sites. Non-governmental organizations have also created innovative programs to help feed children while school is out. Child nutrition programs should be generous enough to allow for creative solutions—from backpacks with food for the weekend⁵⁹ to private funding for parents to share in the summer meals⁶⁰ to bookmobiles that deliver healthy snacks.⁶¹

Finally, although it is not part of the child nutrition reauthorization process, it is impossible to talk about preventing childhood hunger without emphasizing the importance of SNAP (formerly known as food stamps). SNAP served 20.5 million children in 2012.⁶² SNAP is effective in improving childhood food security,⁶³ but many families still run out of SNAP benefits before the end of the month. Additionally, all SNAP households saw their monthly benefits reduced in November 2013 due to cuts made by Congress to pay for other legislative priorities, including the 2010 child nutrition bill. SNAP must not only be protected in 2015 but strengthened so that monthly benefits ensure that families can afford healthy food at the end of the month as well as at the beginning.⁶⁴

A Sustainable Development Goal to End Hunger and Poverty

Hunger is one aspect of poverty that causes long-term physical, emotional, and cognitive harm. There are others. For example, children living in poverty are often exposed to environmental toxins. They may be affected by violence in their neighborhood or home. And they are aware of the stigma attached to being poor.⁶⁵ They generally have more limited access to quality health care, housing, and education. The adults in their family may be working long hours and have several pressing concerns at any given time—both are factors that can erode their roles as parents. Even something that is seemingly minor, such as a supply of clean diapers, can be hard to come by and become a source of stress.⁶⁶

Ending poverty and hunger will require a concerted effort across many sectors. Families with access to good schools and jobs, safe housing, and physical and mental health care are better able to avoid some of life's problems and cope with others. Ensuring that all children can eat well is just one step—but it is an urgent matter. Kids are hungry now and hunger will affect them for the rest of their lives. We need to make this a top priority.

Endnotes

¹ See www.hungerreport.org/2014.

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³ http://www.who.int/nutrition/topics/feto_maternal/en/

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⁶ <http://womenshealth.gov/pregnancy/you-are-pregnant/staying-healthy-safe.html#a>

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⁸ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2907482/>



A little girl at the Higher Horizons Day Care Center in Bailey's Crossroads, VA, is one of 3.3 million children and elders who receive healthy meals and snacks through the Child and Adult Care Food Program (CACFP).

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