

Bridging the Gap

Federal Food Access Programs and Their Impact on Food Insecurity



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Bridging the Gap: Federal Food Access Programs and Their Impact on Food Insecurity

Food Insecurity - Why it Matters

Food security is a fundamental human right. In 2022, 17 million households in the United States were food insecure, defined as when a household has limited or uncertain access to enough food.^{1,2} That same year, 44 million individuals, including one in five children, experienced hunger.³ Food insecurity forces individuals and families to choose between purchasing food and meeting other basic needs, making it both a social and economic issue.⁴ These statistics are not just numbers; they represent many of our friends, families and neighbors struggling to meet their basic nutritional needs.



The United States Department of Agriculture categorizes food insecurity into two types:

- Low food security refers to a reduced diet quality, variety, or desirability with little or no indication of reduced food intake.
- Very low food security refers to multiple indications of disrupted eating patterns and reduced food intake.²

Unfortunately, the situation is not improving. Healthy People 2030 objectives involving food security are not meeting goals.^{5,6} In 2018, 14.3 million households experienced food insecurity; however, in 2022, 17 million experienced it.^{7,1} In 2018, 220,000 households with children 18 years and under experienced very low food insecurity, but in 2022, 381,000 households with teens and children experienced it.^{7,8}

Food security is a social determinant of health, impacting every aspect of people's lives, including their physical and mental well-being and their performance at school or work. It can also affect learning, result in mental health conditions like anxiety and depression, cause malnutrition, and lead to chronic health problems like diabetes and heart disease in stigma, shame, and social isolation.⁹ The causes of food insecurity are multifaceted and influenced by factors such as income, employment, disabilities, race/ethnicity, and structural and systemic inequities that have significantly impacted marginalized communities.¹⁰

Federal Food Access Programs Helping to Reduce Food Insecurity and Hunger

In 2022, 49 million people turned to federal food assistance programs to help put food on their tables.¹¹ Federal food access programs help reduce food insecurity and hunger for the millions of Americans using them. Funded by Congress, the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) programs serve one in four Americans.¹² They strive to achieve nutrition security by ensuring all Americans have consistent and fair access to healthy, safe, and affordable food, which is essential for a healthy life. We can ensure a focus on equity in efforts to reduce food insecurity by recognizing the structural inequities that make it difficult for people to eat healthy and be active.¹³

The USDA's FNS administers 16 federal food access programs. This report will provide an overview of these programs, including key responsibilities of states for implementation and the barriers to access to some of USDA's FNS programs, including:

1. Supplemental Nutrition Assistance Program - SNAP
2. Special Supplemental Nutrition Program for Women, Infants, and Children - WIC
3. National School Lunch Program - NSLP and the School Breakfast Program - SBP
4. Summer Nutrition Programs - SUN
5. Child and Adult Care Food Program - CACFP
6. Commodity Supplemental Food Program - CSFP
7. The Emergency Food Assistance Program - TEFAP



1. Supplemental Nutrition Assistance Program - SNAP

A Lifeline for Millions

The Supplemental Nutrition Assistance Program (SNAP) is a lifeline for millions of low-income individuals and families across the United States. SNAP has a profound impact, benefiting over 41 million individuals in February 2024.¹⁴ Beyond sheer numbers, however, lies the real difference it makes in recipients' lives. Studies consistently emphasize the program's effectiveness in reducing food insecurity rates by up to 30%, highlighting the pivotal role it plays in addressing the immediate needs of vulnerable communities.¹⁵ Participation in SNAP improves health outcomes, including lower obesity rates, and lower rates of diabetes and other chronic conditions.^{16,17}

How it works

By providing monetary assistance to eligible households, the program assists them in purchasing essential food items, supplementing their grocery budgets and alleviating the strain of food insecurity.¹⁸ The USDA's FNS sets national standards for income guidelines, which determine eligibility requirements, benefit levels, and administrative rules.¹⁹ In order to qualify for monthly benefits, households must meet requirements for income, expenses and assets. For Fiscal Year 2024, the income limits must not exceed 130% of the federal poverty line.*



The foundation of SNAP benefits is rooted in the Thrifty Food Plan (TFP), a standard developed by the USDA to determine the amount of assistance allocated to recipients. It represents a practical, nutritious and cost-effective diet prepared at home.²¹ Once eligible, participants can use their benefits anywhere in the U.S.

Complementing SNAP's role in food assistance is SNAP-Ed, an educational initiative designed to provide SNAP recipients with the knowledge and skills for optimal and sustained nutrition and health. It serves individuals and families by partnering with state and local organizations with practical strategies for making informed food choices, stretching their food budgets, and cultivating healthy eating habits.²² By promoting nutrition education and physical activity through evidence-based approaches and consistency with the Dietary Guidelines for Americans, 'SNAP-Ed amplifies the impact of SNAP benefits.'^{23,24}

* The gross monthly income limit for a household of one is \$1,580; for two, it is \$2,137; for three, it's \$2,694; and for four, it's \$3,250.²⁰

States' Key Responsibilities for SNAP and SNAP-Ed

SNAP

While the USDA provides the funds for SNAP, the state agencies are the program's backbone. They play a crucial role in the general program administration, ensuring the program's integrity, determining eligibility for benefits, and issuing monthly allotment benefits to participants.²⁵ States have the flexibility to tailor the administration of the program to their unique needs, making decisions that best serve their communities. These flexibilities help the state agencies simplify how the program is administered and operated, and promotes program integrity, service delivery and tax stewardship, highlighting their importance and value in the program's success.²⁶ Additionally, states can either administer SNAP at the state level or at the regional, district, or county level.²⁶

For in-depth information on how States have utilized SNAP, see [State Options Report, 15th Edition](#).

SNAP-ED

State agencies have an essential role in implementing and utilizing SNAP-Ed. They are responsible for developing a comprehensive state SNAP-Ed Plan based on their assessment of diet-related diseases. This plan must address national and State priorities while ensuring it connects SNAP-Ed with SNAP benefits.²³ Additionally, state agencies must submit an annual performance report to the USDA FNS. State agencies also monitor implementing agencies to ensure the proper execution of the SNAP-Ed Plan.²³ Other responsibilities of state agencies include: monitoring expenditures, ensuring that operators use funds appropriately, and reimbursing any federal funds deemed unallowable.²³

For in-depth guidance, see [F.Y. 2024 SNAP-ED Plan Guidance](#).

Barriers and Challenges with SNAP

While SNAP undeniably serves as a critical safety net for millions of Americans, there are several challenges that impede the program's potential to more fully address food insecurity and advance health equity.

THE SNAP GAP

The "SNAP Gap" is a term used to describe the difference between the number of eligible participants for SNAP and the number of individuals who are enrolled in the program.²⁷ USDA research suggests that in FY2019, only 82% of eligible individuals received SNAP benefits, leaving millions in the SNAP Gap.

Several factors influence this gap. Researchers in Massachusetts surveyed residents to better understand the barriers that impact their participation in the program.²⁸ They found barriers that include: the logistics of applying and the difficulties associated with the application process; the stigma attached to using benefits; lack of awareness about the program;

language barriers; and uncertainty and racism in immigration policies. Misinformation was also identified as a barrier, as respondents were concerned they were taking resources away from somebody else who may need them more. This misinformation has likely led to underutilization of the program and widened the SNAP Gap. In FY 2020, individuals living in households with incomes below 100% of the eligibility guidelines were more likely to participate in SNAP than those who had incomes above 100%. Only 28% of those eligible for minimum benefits or less participated.²⁹



Racial disparities continue to persist in our society and contribute to the SNAP Gap. Although SNAP benefits can assist in mitigating these disparities by providing essential nutrition assistance, they fail to address the underlying systemic and structural factors that have contributed to racial inequities in our food systems.³⁰ One study highlighted that among eligible households, food insecurity and not participating in SNAP were higher among entirely Black households or multiracial households when compared to entirely white households.³⁰ Among the households

who did not participate in SNAP, Black households were at a 52% higher risk of food insecurity, while multiracial households were at a 42% risk. This disparity was not found among the households participating in the program, highlighting the critical need to address access to healthy food and the structural and systemic inequities persistently present in our food systems.³⁰

The enrollment process may be a potential barrier for low-income and Black or multiracial households to access SNAP benefits. This could be due to how different states take different approaches to the program's administration and eligibility requirements. Black individuals, who are more likely to have disabilities, may face additional challenges during enrollment due to inaccessible requirements. Additionally, living in low-income areas with limited internet access can make enrollment even more difficult.³⁰

Understanding the barriers to SNAP participation and the lived experience of those who need it is essential to improving SNAP utilization and reaching families and households that are food insecure.

THE THRIFTY FOOD PLAN

Another challenge lies in the need for more support for recipients of food assistance. Currently, the TFP falls short of aligning with the current economic realities faced by low-income families nationwide. The allotments do not cover the true cost of a nutritious meal in many parts of the country. While the average cost of a meal for individuals with limited resources is about \$2.36, the average maximum allotment is just \$1.86 per person per meal. This large gap between the actual cost of meals and the assistance provided by SNAP places a significant strain on households already grappling with financial insecurity.³¹ Barriers like affordability and the lack of cooking equipment and storage were also associated with higher incidences of food insecurity.³²

HUNGER CLIFF

With rising food costs and the loss of the SNAP Emergency Allotment** in March 2023, countless families were left on the “hunger cliff.” This sharp decrease in allotments from \$281 to \$23 was devastating for many families who did not already qualify for the maximum allotment benefits. In Virginia, over 470,000 households experienced a reduction in benefits, which in dollar amounts equates to \$88 million lost per month.³³ In North Carolina, 813,076 households experienced cuts to benefits equating to \$160 million lost per month.³⁴ This significant loss has left millions of households struggling to put food on the table.

Strategies for Advancing Health Equity

To help close the SNAP Gap, several measures have been proposed. In late 2023, Senator Edward Markey (D-MA) and Representative Lori Trahan (D-MA) proposed a bill called “Bridging the SNAP Gap.” This bill aims to increase the student income exclusion from age 17 to 21, expand the medical deduction eligibility to all SNAP beneficiaries, and set the medical exemption floor to \$165.³⁵ These changes would significantly reduce food insecurity by making the eligibility requirements more attainable for individuals who are food insecure.^{***}

To help lift households out of food insecurity, states can help supplement federal SNAP dollars. In 2023, New Jersey Governor Murphy signed state legislation that invested state funds to raise the minimum SNAP monthly benefit from \$50 to \$95.³⁶

There is no doubt that SNAP is a lifeline for millions of Americans and helps reduce food insecurity. Its long-standing success has shown just how vital this program is. Efforts to increase utilization by closing the SNAP Gap and increasing monthly allotments will help reach more of those who need it most.



** In response to the COVID-19 pandemic, emergency allotments increased a household's monthly benefit to the maximum allotment for that household size.

*** At this time of publication in August 2024, this bill is pending.



2. The Special Supplemental Nutrition Program for Women, Infants, and Children - WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was established in 1974 to enhance the health and nutritional status of low-income women, infants and children.³⁷ The program provides nutritious foods to supplement diets, promotes healthy eating practices including breastfeeding education and promotion, and offers referrals to health care providers and other social services.³⁸

WIC's impact on families cannot be understated. Since its inception, the program has helped millions improve their health and well-being, and in 2022, nearly 6.3 million participants, including 39% of all infants in the U.S., were served by WIC.³⁸ The program has improved birth outcomes and diet and diet-related outcomes, improved infant feeding by promoting breastfeeding, enhanced rates of immunization and cognitive development, improved the pre-conception nutritional status of women who become pregnant, and has led to higher academic achievement for students, making it one of the most successful and cost-effective nutrition programs in the U.S.³⁷ One study found that when mothers participate in WIC, it improves the health of Black and Hispanic infants and helps reduce both racial and ethnic disparities in the health outcomes of these infants.³⁹ With every dollar spent on prenatal services via WIC, there is a savings of \$2.48 in health care costs, making it a cost-effective program.⁴⁰

How it works

WIC serves⁴¹:

- Pregnant women (through pregnancy and up to six weeks after birth or after pregnancy ends)
- Breastfeeding women (up to the infant's first birthday)
- Non-breastfeeding postpartum women (up to six months after the birth of an infant or after pregnancy ends)
- Infants (up to first birthday)
- Children up to their fifth birthday

The USDA's FNS administers WIC via grants that authorize specific funds each year for the program. To be eligible, the family must have an income at or below the 185% poverty level**** or show income eligibility for



**** 185% Federal Poverty Level Annual Family Income: 1 person \$27,861, 2 persons \$37,814, 3 persons \$47,767, 4 persons \$57,720, and 5 persons \$67,673.⁴³

other programs such as SNAP, Medicaid, or Temporary Assistance for Needy Families (TANF). Additionally, applicants must be at a nutritional risk through a comprehensive nutrition and breastfeeding assessment conducted by a WIC professional.³⁸ Nutritional risk falls under two main types: medically-based risks such as anemia; being underweight; age of a woman at the time of pregnancy; a history of complications in pregnancy, or poor pregnancy outcomes; and diet-based risks like an inadequate dietary pattern.⁴²

Once an eligible family is approved, WIC administers seven different food packages designed to meet the varying needs of the categories of participants. It is not an entitlement program, meaning that sometimes WIC agencies do not have enough funds for every eligible individual to participate. If this happens, WIC agencies use a priority system to determine who will receive benefits first based on those with the most serious health conditions.⁴⁴ A central goal of WIC is to promote and support breastfeeding.⁴⁵ Mothers are encouraged to breastfeed unless there is a medical reason preventing them from doing so. Mothers who breastfeed receive guidance, counseling, and educational materials about breastfeeding, a greater quantity and variety of foods in packages, extended participation in the program, support such as breast pumps and shells, and assistance from trained staff.⁴⁵

Modernizing WIC

Based on a rule that took effect on June 17, 2024, WIC is making significant strides to enhance equitable access to nutritious food and improve its quality. These changes are designed to provide a greater variety of foods that meet dietary guidelines. They also give state agencies greater flexibility when prescribing and tailoring food packages to accommodate special dietary needs and personal and cultural food preferences. The revised food packages also address and support a healthy dietary pattern by encouraging more fruit and vegetable consumption and bolstering support for breastfeeding goals.⁴⁶ One major update is the increase in the Cash Value Benefits (CVB) for fruits and vegetables, which the USDA will adjust in the following years to account for inflation. Now that the new rule is in effect, all WIC state agencies are required to implement the new CVB, while state agencies are given a maximum of 24 months to implement most other provisions.⁴⁷

For more information on the final rule, see [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\): Revisions in the WIC Food Packages](#).

States' Key Responsibilities for WIC

State agencies play a vital role in administering and ensuring program impact. Eighty-nine state agencies administer WIC and do so through approximately 47,000 authorized retailers.^{41,48} States are responsible for the operations of the program and provide subgrants and technical assistance to WIC agencies across the state. Flexibility in program operations allows states to better reach women, infants and children in their state. They have flexibility on food delivery and benefit redemption services, as well as the type of brands and package sizes included in the food packages. WIC agencies then provide services and benefits directly or through local sites or clinics via state and county health departments.⁴⁹

Barriers and Challenges with WIC

While WIC has lifted millions of women and children out of food insecurity and hunger and improved health outcomes in numerous ways, there are still barriers to access. A Food Research and Action Center report highlighted barriers to reaching eligible families who are not participating in WIC, such as misconceptions about who is and is not eligible for benefits, transportation barriers to WIC clinics to apply and receive continuing counseling, time constraints with applying and maintaining eligibility, cultural and language barriers, negative clinic experiences, and difficulty redeeming benefits.⁵⁰ Additionally, state policies and practices vary greatly from state to state and can have an impact on how individuals apply for and utilize WIC.⁴⁸



THE WIC GAP

On an average day in 2021, just over 12 million people were eligible for WIC; however, only 6.2 million actually participated.⁵¹ Nationally, over half of those who were eligible for WIC and receiving Medicaid or SNAP did not participate.⁵¹ This gap in who is eligible and who uses WIC highlights the need for better coordination between state programs.⁴⁸

To help reduce this coverage gap, Vermont has implemented a process that confirms adjunctive eligibility between other assistance programs by keeping a monthly report of all people currently enrolled in Medicaid but not in the program. Staff from WIC then contact these people to see if they would like to schedule an appointment. Of those they were able to reach, Vermont saw that 63% made an enrollment appointment.⁵²

Strategies for Advancing Health Equity

Significant barriers, like difficulty redeeming benefits and misconceptions, have kept countless women and children who are eligible for WIC from participating. To address these barriers and learn how to increase participation and retention and reduce disparities, the USDA awarded FRAC with the Community Innovation and Outreach (CIAO) Cooperative Agreement. CIAO will expand partnerships with community-based organizations and community-level data to test and improve WIC outreach with the goals of outreach, awareness, and participation.^{53,54} The first round of subgrants totaling \$16 million was awarded in May 2023 to 35 entities for work on local outreach across 32 states over 18 months.⁵³



3. National School Lunch Program (NSLP) and the School Breakfast Program (SBP)

The National School Lunch Program (NSLP)

How it works

Founded in 1946 by President Harry Truman, the National School Lunch Program (NSLP) provides nutritionally balanced lunches at low or no cost to children during the school day. Operating in public schools and nonprofit schools and residential child care institutions, NSLP served over 28 million children on a typical day during the 2022-2023 school year.^{55,56} The program serves children who are already participating in programs like SNAP; who have a status of homeless, migrant, runaway, or foster child; who are already enrolled in a program such as Head Start or another comparable state-funded program; or based on household income and family size.⁵⁵ For families that are at or below the 130% federal poverty line, children qualify for free meals, and for families that are between 130-185% of the federal poverty line, children qualify for reduced-priced meals.⁵⁵

No child should go hungry, and school meal programs increase access to nutritious food. Children who participate in school meal programs are more likely to consume whole grains, milk, fruits, and vegetables and have a better overall diet quality when compared to children who do not participate in these programs.⁵⁷ During the 2021-2022 school year, nearly 30 million children participated in the school lunch program, an increase of just over 10 million children in the 2020-2021 school year.⁵⁸ Evidence shows a 14% reduction in food insecurity risk in households with at least one child participating in the school lunch program.⁵⁹

The School Breakfast Program (SBP)

How it works

The School Breakfast Program (SBP) began as a pilot program in 1955 and became a permanent program in 1975.⁶⁰ The program provides free or reduced-price breakfast items to children in public schools and nonprofit private schools and residential child care institutions.⁶⁰ During the 2022-23 school year, 14.3 million children participated in the program during an average school day.⁶¹ Children who are eligible for free or reduced lunch are also eligible for school breakfast.

The benefits of school breakfast for children are plentiful and impactful. School breakfast improves academic performance, reduces behavior problems, and improves a child's diet.⁶² The availability of school breakfasts reduces food insecurity among elementary school children.⁵⁹ Students also report that when they eat a high-protein breakfast, they have lower hunger for up to four hours.⁶³

With over 13 million children facing hunger in 2022, school lunch and breakfast programs continue to be vital forces in the fight against food insecurity and in promoting healthy eating, good nutrition, and improved health and academic performance.⁶⁴

States' Key Responsibilities for NSLP and SBP

States play a crucial role in administering NSLP and SBP. State agencies operate through agreements with local school food authorities to bring reduced-cost or free lunches and breakfasts to the schools.^{55,65} The school districts and independent schools participating in the programs receive cash subsidies and various USDA foods for every meal they serve that is reimbursable.^{55,65} For schools to receive the subsidies, these meals must be provided to eligible children for free or at a reduced price, and meet the nutrition/meal pattern requirements set forth by the federal government.^{55,65} While all lunches and breakfasts must meet these requirements, the schools have the flexibility to decide on the types of foods to serve and their preparation methods.^{55,65} For NSLP, school food authorities can also be reimbursed for snacks served to children participating in approved after-school programs that include educational or enrichment activities.⁵⁵ For SBP, if schools have at least 40% of students who receive free or reduced-price lunches, they are considered a "severe need" school and are eligible for higher reimbursement rates.⁶⁵ The USDA provides food to NSLP and SBP, and states can choose the specific foods they want and their methods of preparation as long as they meet the nutrition requirements.^{55,65} There is also a chance to receive bonus foods for NSLP when agricultural stocks have a surplus.⁵⁵

Child Nutrition Programs — Additional Initiatives

TEAM NUTRITION

Team Nutrition works to highlight the importance of healthy food choices for life and the importance of physical activity by improving the nutrition practices of USDA child nutrition programs.⁶⁶ Through training and technical assistance, it helps child nutrition professionals prepare and serve nutritious foods that children are drawn to. The program works to increase education around nutrition that helps children have the tools needed to make healthy food choices and live a physically active lifestyle.⁶⁶ The initiative also encourages nutritious and healthy food choices and physical activity through building support for healthy school and care environments.⁶⁶



THE FRESH FRUIT AND VEGETABLE PROGRAM

The Fresh Fruit and Vegetable Program (FFVP) provides fresh fruits and vegetables to eligible elementary school-age children for free. The federally funded program works to introduce children to fresh fruits and vegetables and new and different varieties to increase the acceptance and overall consumption of these foods.⁶⁷ Only schools that participate in NSLP are eligible. However, the program gives priority to schools with the highest percentage of children who qualify for free or reduced-price lunches, as many low-income families typically have fewer opportunities to eat fresh fruits and vegetables.⁶⁷ Depending on the total funding allotment for state agencies and the student enrollment, selected schools may receive between \$50 and \$75 per student per year.⁶⁷

THE PATRICK LEAH FARM-TO-SCHOOL PROGRAM

The Patrick Leah Farm-to-School Program provides grants, research, technical assistance and training to bring farm-to-school programs to participating child nutrition programs.⁶⁸ The program connects local producers with child nutrition programs in schools and organizations in their farm-to-school initiatives to bring locally grown fruits, vegetables, grains, meats, dairy and seafood. The program also helps bring school gardens, farm field trips, and taste tests to participating schools and organizations.⁶⁹ Each fiscal year, eligible schools and organizations can apply for farm-to-school grants that provide 24 months of funding up to \$500,000.⁷⁰

Barriers and Challenges with National School Breakfast and Lunch Programs

While NSLP and SBP undeniably lift school-age children out of food insecurity, promote healthy eating, reduce hunger, and improve academic performance, there are still barriers to these programs that need to be addressed. Barriers include stigma around receiving free or reduced-cost breakfast and lunches, long wait lines to receive meals, short periods in which to eat the meals and unfamiliarity with foods offered/or not offered in an appealing way.⁷¹

Unique barriers to the utilization of school breakfast include late transportation, such as the bus or non-traditional working hours for busy families to make it to school to eat breakfast, rushed morning schedules, insufficient time to eat, and underutilization.⁷² The underutilization of SBP shows a gap between the number of students who use NSLP and SBP. In the school year 2021 - 2022, on average, just over 15 million students participated in SBP, and just under 30 million participated in NSLP.⁷³ This underutilization leaves millions of school-aged children hungry in the morning.

Strategies for Advancing Health Equity

Schools and organizations can do a number of things to help reduce this gap and ensure more children are eating a healthy breakfast. Offering “breakfast after the bell” helps reduce stigma and encourages more children to eat breakfast. This can be achieved in several ways, such as offering breakfast in the classroom, providing the option to eat breakfast later in the morning — known as “second chance breakfast” — and offering a “grab and go” breakfast option.⁷³

To reduce barriers to participation, schools and school districts can utilize Team Nutrition to assist child nutrition professionals in preparing and serving appealing meals to students. When more appealing meals are offered, students are more likely to eat them. Additionally, schools participating in the school lunch program can use the Fresh Fruit and Vegetable Program to provide fresh produce to elementary school-age children, encourage fruit and vegetable consumption and promote familiarity with different foods. Schools can also address administrative barriers such as long wait lines and short meal periods by extending meal times and restructuring systems for serving meals, such as by increasing the number of serving lines or redesigning cafeteria space.⁷⁴

Healthy School Meals for All

In response to the COVID-19 pandemic, the USDA began Healthy Meals for All, which issued waivers that provided free meals to all students, regardless of household income or eligibility. These waivers significantly reduced hunger during the pandemic but expired in June 2022. The policy demonstrated the importance of free meals for students and highlighted the need to implement a similar nationwide policy. The policy helped address many of the barriers to accessing food by helping reduce the stigma of receiving free or reduced-priced meals, ensuring all students do not start their day hungry, easing the administrative burden of enrollment, supporting innovative ways to serve meals, eliminating school meal debt, and reducing racial inequities.⁷⁵

Based on its success, eight states have already implemented the Healthy School Meals for All policy after its expiration, while several others have active campaigns to pass it. Of the states that have passed it, California, Maine, Massachusetts, and Vermont have seen an increase in school breakfast participation.⁷⁵ California, Maine, Massachusetts, Nevada, and Vermont have seen participation in school lunches increase in the 2022-2023 school year compared to levels before the COVID-19 pandemic.⁷⁵ Healthy School Meals for All has shown how impactful providing free meals for all students can be and is a step toward reducing childhood hunger and improving overall health.





4. Summer Nutrition Programs

Meals and snacks provided to children during the summer are crucial as millions of children take part in these programs. The need for meals and snacks doesn't disappear when the school year ends, making summer nutrition programs vital in addressing child hunger and food insecurity. Summer Nutrition Programs extend the essential benefits children receive during the school year into the summer. Children are more vulnerable to food insecurity during the summer, leading to weight gain, increased BMI, and obesity. Summer nutrition programs help combat this issue.⁷⁶ They are also crucial for maintaining childhood learning and minimizing the risk of learning loss.⁷⁶

In an effort to offer more convenient options for families to provide the important nutrients children need during the summer, in the summer of 2024, the USDA's FNS launched the SUN programs, which includes SUN Meals, also known as the Summer Food Service Program (SFSP), as well as two new options, SUN Meals To-Go and SUN Bucks.⁷⁷ The hope is to reach more children who face hunger and food insecurity throughout the summer months with these new programs.

SUN Meals and SUN Meals To-Go

How it works

In July 2022, nearly 3 million children received lunch, and just over 1.8 million received breakfast on an average day. SUN Meals, or SFSP, is crucial for countless children experiencing hunger and food insecurity because children consume up to 50% of their calories while at school, and when school is not in session, children lose access to these nutritious meals.^{78,79} The USDA administers SUN Meals, which are funded at the federal level. It reimburses providers, such as schools, local government agencies, camps, and faith-based and other nonprofit organizations, for serving free, nutritious meals and snacks that meet specific meal patterns to children living in low-income areas when schools are not in session.⁷⁸ States now have the option to offer SUN Meals To-Go, also known as Non-Congregate SFSP, allowing certain rural areas to distribute meals at a pick-up location or via delivery outside the typically required settings. This program is offered free, and no application is required for any child 18 and under.⁸⁰



SUN Bucks

How it works

A powerful new addition to the summer meal programs, SUN Bucks provides grocery benefits of up to \$120 per eligible child in the summer.⁸¹ SUN Bucks works similarly to SNAP and helps families purchase healthy and nutritious foods for their children during summer.⁸² Starting as a demonstration project by the USDA in response to the COVID-19 pandemic, states, certain Tribal Organizations, and territories operated the program.⁸² Research from this demonstration project found a 33% decrease in children's food hardship, and the program lifted 2.7 to 3.9 million children out of hunger.⁸²

Children who are already enrolled in SNAP, TANF, or Food Distribution Programs on Indian Reservations are automatically enrolled in SUN Bucks.⁸³ Additionally, if a child attends a school that offers school nutrition programs and meets the income requirements for a free or reduced-price meal, they will also be automatically enrolled. Families can also apply directly for SUN Bucks if they meet the income limits.⁸³ Benefits will be adjusted each year to account for inflation, and those living outside the contiguous 48 states will receive a higher amount.⁸³

Seamless Summer Option

How it works

Schools that are already part of NSLP and SBP have the option to apply for the Seamless Summer Option. Similar to NSLP and SBP, the Seamless Summer Option offers reimbursement for meals served to children age 18 and under in low-income areas. Although the reimbursement rates are lower, the program requires less paperwork, making it easier for schools to provide free, nutritious meals to children during summer break, year-round schools, and vacations outside of summer.⁸⁴

States' Key Responsibilities for the SUN Programs

In most states, the SUN programs are administered by state education agencies. However, in some states, other departments, such as state health, agriculture, or social service departments, may also administer the program.⁸⁵ State agencies enter into written agreements with the USDA's FNS and have roles that include implementing program outreach, approving sponsor applications, signing agreements with sponsors, conducting training for sponsors, monitoring program operations and processing program payments.⁸⁶ At the local level, sponsors such as school districts, local government agencies, camps and private nonprofit organizations run the program after obtaining approval from the state agencies.⁸⁵

Barriers and Challenges with Summer Nutrition Programs

Summer nutrition programs are instrumental in feeding millions of children every summer and helping ensure children eat nutritious meals, continue to learn, and live healthfully. Despite the numerous benefits, there are still barriers to the program that hinder participation.



TRANSPORTATION

The summer meal programs cover a wide geographic area, with almost 80% of children in urban, low-income households residing within just one mile of a meal site.⁸⁷ Children in rural communities live an average of 10 miles away from a meal site, leaving challenges to accessing meals — particularly due to transportation barriers — though some families in urban areas may also face transportation barriers.⁸⁷

While most children receive free or reduced-priced lunches during the school year, they do not participate in summer meals, indicating the underutilization of these programs.⁸⁷ Meal sites also reported the challenge of children getting to their site; however, only 30% offered transportation.⁸⁷ The new SUN Meals To-Go program aims to alleviate this barrier for families and increase access to these vital programs.

LACK OF AWARENESS

The lack of awareness of these programs is another major reason families do not participate. According to the USDA study mentioned above, 73% of teens and 46% of caregivers were unaware that a site was close to them.⁸⁷ However, 88% of respondents said they would send their child to the program the following summer, or they might send them to the site that summer.⁸⁷

STATES' REFUSAL OR LACK OF PARTICIPATION

Many families may face a barrier in accessing nutritious foods due to some states' lack of implementation of SUN Bucks. Not all states are participating, however a few are planning to.⁸³ It is crucial for states to participate in SUN Bucks to positively impact children in their communities, help decrease the burden of food hardship on children and families, and close the gap of childhood hunger.

To learn more about which states, tribes, and territories are participating in SUN Bucks visit <https://www.fns.usda.gov/summer/sunbucks>.

Strategies for Advancing Health Equity



BOOSTING PARTICIPATION

States can utilize innovative strategies to boost participation in summer nutrition programs. Some of these creative approaches include collaborating with local utility companies to feature information about the programs on monthly bills and grocery store receipts; partnering with food banks to distribute posters and flyers; working with local movie theaters to promote the program before screenings; and leveraging local media channels such as newspapers, radio, television and cable.⁸⁸ Additionally, hosting summer kick-off events to raise awareness and garner media attention can also effectively promote the program. Many of the suggestions highlighted in the FRAC report are not only simple to implement but also have the potential to reach many families and children who are not already participating in the programs.

State and local governments can provide resources to schools and school districts to raise awareness about these programs through mail, email, text messages and flyers to caregivers.⁸⁷ Additionally, organizing games and activities and providing transportation to program sites may also help encourage caregivers to participate.⁸⁷



5. The Child and Adult Care Food Program - CACFP

The Child and Adult Care Food Program (CACFP) is a crucial program providing meals and snacks to over 4.2 million children and 138,000 adults and serving almost 2 billion meals each year. It enhances food security for households with children enrolled in a center operating the program, promotes increased milk and vegetable consumption, and ensures children and adults receive balanced and nutritious meals and snacks.^{89,90}

How it works

CACFP serves⁸⁹:

- Child care centers
- Family day care centers
- Emergency shelters
- After-school programs
- Adult day care centers



The program provides grants to states, which provide cash reimbursements to CACFP centers for serving meals and snacks that meet specific guidelines and meal pattern requirements to eligible children and adults.⁹¹ Additionally, care providers receive donated foods from the USDA or cash in place of donated foods.⁹² Reimbursement for meals or snacks is based on the number of eligible adults enrolled in the program, who are eligible to receive free or reduced-price meals based on their income.⁹³ To be considered eligible for reimbursement of meals, children and adults must meet specific requirements. If the families of children participating in CACFP centers have already received SNAP, FDPIR, or programs funded by TANF, they are categorically eligible for free meals.⁹¹ Children participating in Head Start, Even Start, or living in foster homes automatically qualify for free meals, as well as adults receiving food stamps, Social Security income, or Medicaid.⁹¹ Adult daycare centers that serve individuals age 60 or older or chronically-impaired disabled persons who are 18 or older are eligible to participate.⁹³

CACFP is a comprehensive program that serves numerous children and adults. The program has a significant impact, providing nutritious meals and snacks and contributing to the economy. The program ensures that children who participate in the program receive a nutritious diet, develop positive nutrition habits early, grow healthy and strong, and are prepared and ready to learn for school.⁹⁴ It also makes quality child care more affordable for low-income families and supports rural communities. The program supports working families by providing child care, bolsters the local economy by purchasing foods from local grocery stores, supports jobs in child care, and serves as a significant resource for facilities participating in CACFP.⁹⁴

States' Key Responsibilities in Administering CACFP

A state's educational agency typically administers CACFP. However, some programs may be administered by another agency determined by the state.⁹⁵ States play a key role in ensuring successful program implementation, monitoring, and compliance for all participating institutions and facilities by providing consultative, technical and supervisory support.⁹⁵ States are also required to review, at a minimum, 33.3% of all participating CACFP institutions in their state each year.⁹⁵ These reviews help ensure program integrity and management, and provide assistance and corrective action if needed.⁹⁵

Barriers and Challenges to CACFP Participation and Utilization

While CACFP supports the health and well-being of children and adults in the U.S., there are some barriers that make it difficult for providers to participate in the program. These include providers having to collect family income eligibility, burdensome administrative paperwork, difficulty in meeting program requirements, and the cost of administration and nonfood funding. The most significant barriers for non-participating centers were limited knowledge of the program's existence and eligibility.^{90,96} For home-based child care centers, barriers to participation include low reimbursement rates that did not align with the amount of time and effort required to complete the necessary paperwork, lack of reimbursement for serving an additional meal on top of the two other meals, increasing expenses for providers, insufficient support for Spanish-speaking providers, and a general lack of awareness about the program.⁹⁷

Strategies for Advancing Health Equity

The challenges identified highlight the importance of prioritizing increased participation in and use of CACFP among child and adult care centers. Several strategies have been proposed to overcome these barriers. These include dedicating resources to translate CACFP materials into multiple languages, promoting awareness of the program by increasing outreach, providing nutrition training to license-exempt providers, increasing reimbursement rates, and allowing providers to be reimbursed for additional meals served.⁹⁷ Other strategies may involve increasing awareness among child care providers through targeted communications, improving access to training for CACFP sponsors and providers, simplifying program requirements, reducing paperwork and leveraging technology to enhance program accessibility.⁹⁸

CACFP undeniably plays a crucial role in promoting the health and overall well-being of countless children and adults. It enhances the nutritional quality of children's diets, contributes to their learning and helps them develop positive nutrition habits early. Additionally, the program has a positive impact on the economy, increases the affordability of child care for low-income families and provides essential support to rural communities. By supporting CACFP providers and sponsors and increasing participation, more children and adults can benefit from this important program.



6. The Commodity Supplemental Food Program - CSFP

The Commodity Supplemental Food Program (CSFP) plays a crucial role in providing supplemental nutrition to millions of older adults in need. In 2023, the program assisted over 695,000 older adults.⁹⁹

How it works

Eligibility for the CSFP is based on specific age and income criteria. Individuals must be at least 60 years old and have income below 130% of the federal poverty line.¹⁰⁰ For a senior living alone in FY2024, this equated to an income of \$1,631.50 per month.¹⁰¹ CSFP is a discretionary program funded annually through the federal appropriations process.¹⁰² In 2024, appropriations for CSFP authorized \$389 million and allocated 732,933 caseloads.¹⁰³ Since Congress determines the funding levels each year and the number of caseloads, there may not be enough to cover every eligible person.

The result of food insecurity among older adults is severe. It leads to a lower intake of essential nutrients such as protein, calcium, iron, magnesium, and vitamins A and C, resulting in malnutrition, chronic illnesses and vitamin deficiencies.¹⁰⁴ Older adults experiencing food insecurity are 65% more likely to develop diabetes and are at greater risk of conditions such as congestive heart failure, high blood pressure, asthma, obesity, and gum disease.¹⁰⁴ Research also suggests a link between food insecurity and depression, as well as a higher likelihood of experiencing stress and anxiety.¹⁰⁴



In 2021, an alarming 5 million older adults age 60 and over faced food insecurity.¹⁰⁵ Black older adults are more than three times as likely as white older adults to experience food insecurity, while Hispanic older adults are over twice as likely as non-Hispanic older adults to face this challenge.^{105,104} Black and Latino older adults are more likely to live in “food deserts,” where affordable and nutritious food options are limited, leading to inadequate access to food in grocery stores and restaurants.¹⁰⁴

CSFP plays an essential role in addressing the nutritional needs of low-income older adults. By supplying key nutrients, CSFP supports older adults’ overall health and well-being, ensuring they do not have to choose between purchasing food and meeting other needs like rent and medical bills. This assistance eases the financial strain of buying food, enabling older adults to maintain good health and reduce the likelihood of expensive medical expenses or hospital visits.

States’ Key Responsibilities for CSFP

States set income limits for older adults at or below the 130% federal poverty line.¹⁰⁰ From there, state agencies, like health, social services, education, or agriculture departments typically oversee the administration of CSFP. These agencies store and distribute USDA foods to local public and nonprofit organizations.¹⁰⁰ While the food packages provided by CSFP may not constitute a complete and balanced meal, they do offer key nutrients that older adults often lack. The packages include oats, peanut butter, dried beans, and canned meats, fruits and vegetables, to name a few.¹⁰⁰ At the local level, agencies determine applicant eligibility, provide referrals to other programs such as SNAP, WIC, and Medicaid, distribute food locally and offer nutrition education.¹⁰⁰

Barriers to CSFP Participation

The program undeniably helps feed countless older adults each year and provides benefits beyond receiving food, yet there are still barriers that make participation difficult for many.

ACCESSIBILITY CHALLENGES

A study revealed several challenges with the program.¹⁰⁶ In the study, 36% of respondents reported at least one instance when they couldn’t receive their meal box for a month. When it comes to the application process, only 27% found it easy, and just 33.5% found it convenient. Additionally, 25.8% of older adults faced difficulty accessing a meal site due to lack of transportation, while 31.3% mentioned mobility or other health concerns that hindered their access. Some respondents also mentioned missing months because they forgot about the meal pick-up, and they found the timing of the food pick-up inconvenient.¹⁰⁶ The challenges make it difficult for many older adults to not only apply for the program but also access meal sites and receive meal boxes.

WAITING

Accessing CSFP can be challenging for many older adults due to its discretionary nature. The program can only accommodate a limited number of eligible older adults based on available

funding.¹⁰² Although CSFP is authorized to operate in all 49 states and the District of Columbia, accessibility remains an issue as the program is not available in every area. This results in many older adults either being waitlisted or unable to access the program's sites.¹⁰² Like many other federal food access programs, stigma may be a barrier to participation for many.¹⁰⁷

CSFP is a vital source of nutrition for the countless older adults it serves. Without it, many would be without key nutrients and would face worse health conditions, higher health care costs, and the burden of choosing between putting food on their table or paying for other basic needs. Ensuring funding for CSFP covers all eligible older adults will help meet older adults' needs and provide critical nutrition for their health and well-being.

Strategies for Advancing Health Equity



While there are barriers that hinder participation in the program, there are strategies that can help increase participation and reach more older adults. Extending program benefits by expanding CSFP locations in each state, having more meal pick-up hours, and making it easier to find out where and how to apply for the program would help reach more older adults. Senior living facilities can help with remembering to pick up meals by providing monthly phone, email, or text reminders.¹⁰⁶ Additionally, building and maximizing partnerships with local providers such as SNAP offices, health care facilities, and Medicare offices can help create a screening and referral system for CSFP. Simplifying the application process by expanding ways to prove income status besides just physical documentation would also remove barriers.¹⁰⁶



7. The Emergency Food Assistance Program - TEFAP

How it works

The Emergency Food Assistance Program provides free emergency food assistance to supplement the diets of low-income individuals, including older adults, at no cost. The program supports food banks and food pantries, soup kitchens and other emergency organizations.^{108,109} TEFAP was first authorized in 1981 by the USDA to distribute surplus federal food inventories while helping low-income individuals. By 1988, these reserves had been almost exhausted. However, the Hunger Prevention Act of 1988 was implemented, and funds were authorized to purchase USDA foods for the program.¹⁰⁸ These funds are in addition to the bonus foods the USDA purchases to support agricultural markets.¹⁰⁸ Through the 2024 Appropriations Act, funds for purchasing foods totaled just over \$461 million, with about \$7.7 million going towards paying the costs associated with ordering and transporting the food. It also included \$80 million in administrative funds.¹¹⁰

The foods that the USDA purchases for TEFAP depend on state preferences and the condition of the agricultural market.¹⁰⁸ Over 120 high-quality and nutritious foods, like eggs, fresh and canned fruits and vegetables, poultry, and whole-grain products, are available. The USDA purchases foods that are then distributed to state distributing agencies. The amount of food each state receives is based on the number of unemployed individuals and those with incomes below the state's poverty line.¹⁰⁸ States distribute USDA foods to local agencies, typically food banks. These agencies then provide the food to local organizations such as soup kitchens and food pantries. States may also distribute the food directly to low-income families and households through other local organizations. In addition to



high-quality, nutritious foods, states also receive administrative funds to support the storage and distribution of foods. These administrative funds must be given to local agencies.¹⁰⁸

Nonprofit organizations, whether public or private, that provide food to low-income individuals for home use or meal preparation may qualify if the households they serve meet the income standards set by the state or if the organizations that prepare the meals serve a predominantly low-income community.¹⁰⁸ States establish income standards for households to qualify for food assistance, which may be met through participation in various government food, health, or welfare programs at the federal, state, or local level. Lastly, those who receive prepared meals are automatically eligible.¹⁰⁸

Due to structural and systemic inequities leading to racism, discrimination, and inequities in food systems, people of color in rural areas are more likely to experience hunger. In 2022, people of color living in rural areas were 2.5 times more likely to face hunger, with Native Americans facing the highest rates.¹¹¹ TEFAP helps feed those experiencing hunger nationwide by distributing food from farms to food banks and into the hands of people who need it. One in three people living in households who are at risk of hunger make too much money to qualify for assistance from federal food access programs like SNAP, meaning these people are more likely to reach out to food banks, making TEFAP an essential lifeline for countless Americans.¹¹²

States' Key Responsibilities for TEFAP

States play a key role in administering the program. States must submit plans to FNS outlining eligibility and program rules in their state and are responsible for selecting and overseeing the recipient agencies.¹⁰⁹ Typically, TEFAP is administered through health and human services, agriculture, or education departments. States have flexibility in delegating responsibilities to recipient agencies, such as selecting and subcontracting to other recipient agencies.¹⁰⁹ Additionally, states can choose to have regional food banks order and distribute the USDA foods and deliver them to places like food pantries.¹⁰⁹ While states have a lot of flexibility in what they can delegate, they are not allowed to delegate the responsibility of setting eligibility rules or overseeing recipient agencies.¹⁰⁹ In addition, states are required to review at a minimum 25% of their recipient agencies that contract directly with the state at least once every four years.¹⁰⁹ States must review at least one-tenth or 20 (whichever is fewer) of other recipient agencies each year.¹⁰⁹

Barriers and Challenges with TEFAP

TEFAP is instrumental for the Americans it serves. Without it, many would go without the food they need to feed themselves and their families. Despite its many benefits, running the program can be complicated and financially burdensome for food banks due to certain barriers. Additionally, rural communities face higher food insecurity and hunger rates, making the program particularly vital for these areas.

ADMINISTRATIVE BURDEN

Twenty food banks serving 29 states were surveyed to identify several barriers to the program, including variations in how states utilize TEFAP, leading to inequalities across state lines.¹¹³ Often, funds passed down from state agencies to food banks for administrative purposes are insufficient to cover necessary costs. As a result, survey respondents shared that on average, they spent 9% out-of-pocket to administer TEFAP in Fiscal Year 2021 and 16% of out-of-pocket expenses to administer TEFAP in Fiscal Year 2022. Product cancellations have also resulted in fewer meals reaching those in need, with one food bank spending an additional average of \$1.3 million each month to make up for these cancellations and ensure that those who need food receive it.¹¹³

RURAL AMERICA

While TEFAP undeniably helps feed millions, those living in rural communities face hunger more frequently and severely. Although rural communities make up less than two-thirds of counties in the U.S., they face the highest rates of food insecurity. Nine out of 10 counties facing food insecurity are rural.¹¹¹ Those living in rural communities are more likely to face hunger, have higher rates of chronic diseases and limited health care infrastructure.¹¹² People living in rural areas face additional barriers to accessing nutritious foods, like lack of transportation to grocery stores or food pantries.¹¹¹



Residents of rural communities often have lower-paying jobs that typically are not full-time, meaning people may have to work more jobs to pay bills and buy food.¹¹¹ In 2020, TEFAP significantly impacted the lives of individuals residing in rural areas. According to Feeding America, 96% of people in rural counties received food assistance through TEFAP via the network of food banks.¹¹² This data highlights the crucial role TEFAP plays in alleviating hunger in rural communities. Without TEFAP, the situation for those living in rural areas would be worse.

TEFAP is crucial in providing food assistance to millions facing hunger in the United States, especially in rural areas. Despite its significant impact, it faces some barriers, such as insufficient administrative funding and disparities in implementation across states. Overcoming these barriers and ensuring equitable access to food assistance can strengthen TEFAP's ability to help those in need, highlighting the ongoing importance of this program in addressing hunger nationwide.

Strategies for Advancing Health Equity

While there are some barriers, there are strategies to help decrease administrative burden and reach more Americans in need. Key strategies to reduce barriers to the program include removing or loosening income threshold requirements for eligibility, increasing administrative funding, reducing product cancellations and involving food banks in decisions regarding quantity and product type.¹¹³ Additional strategies for improving access include allowing flexibility in the frequency of food distribution and providing mobile and direct food distribution options.¹¹⁴

It is undeniable that TEFAP has an impact on the people it serves each day. Without this program, many would be left hungry and have to make the decision to put food on their tables or pay other necessary bills. Continuing to support this program and finding ways to improve access and reduce administrative burden are vital to continuing to reach those who need it most.

Conclusion

Food and nutrition security are fundamental human rights. No person should have to make the incredibly difficult decision between buying food or paying for necessities like housing and medical bills. Federal food access programs help to lift millions of people out of hunger and food insecurity every year, highlighting just how important, impactful and beneficial they are to addressing hunger and food insecurity in our nation.



Food insecurity is getting worse. With rising inflation, food prices have and will continue to increase. In 2024, total food prices are predicted to continue to increase by 2.2%.¹¹⁵ Higher food costs not only worsen the struggles of those already facing food insecurity and hunger, but also threaten to push many Americans off the hunger cliff.

Federal food access programs must not only be preserved, but also expanded to reach communities and families in need. Addressing rising hunger and food insecurity requires sustained federal, state and local action, as well as the amplification of the voices of those who are impacted. Their experiences and perspectives are crucial in shaping effective solutions and promoting food equity for all.

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