

White House Conference on Hunger, Nutrition, and Health: Policy Change Must Address Root Causes of Hunger and Food Insecurity

The 1969 White House Conference on Food, Nutrition, and Health was a landmark event that elevated hunger as a national priority and led to specific policy changes that have helped address hunger for more than 50 years. The meeting and the report that the Conference produced led to approximately 1,800 specific recommendations, with an estimated 1,600 of those recommendations implemented in years that followed.¹ Among the major changes to the policy landscape resulting from the 1969 Conference: the nationwide expansion of the Food Stamp Program and National School Lunch Program, the creation of the School Breakfast Program and the Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the development of dietary guidelines, nutrition education, and standardized food labeling.

These policies and programs make a difference in the lives of millions of people, helping families and individuals access the food they need for a healthy, active lifestyle, ensuring students can attend school prepared to learn, and giving infants and young children a healthier start during their critical first years of life. Yet far too many people in the United States still experience food insecurity — when access to adequate food is limited by income. And while food insecurity reaches into all corners of the country, it is disproportionately borne by certain groups, including people of color, indigenous communities, people with disabilities, and households with children.

The 2022 White House Conference on Hunger, Nutrition, and Health presents an opportunity to build on the successes from the 1969 Conference. The Administration set an ambitious goal of ending hunger and increasing healthy eating and physical activity by 2030. The starting point is “to identify actions that can be taken by all parts of society — including the Federal government; local, state, territory, and Tribal governments; nonprofit and community groups; and private companies.” We agree that a comprehensive approach is needed, and we urge the White House to focus on addressing the systemic and poverty-related root causes of hunger and diet-related disease.

Many temporary policy changes made during the pandemic — in the Child Tax Credit, unemployment insurance, and health and housing programs — reduced poverty, lack of health coverage, and hardship. The nation should learn from and build on these efforts to address economic and food insecurity — and glaring disparities in hardship and opportunity across lines of race and ethnicity — that long predate the crisis. The Center on Budget and Policy Priorities (CBPP) is a nonpartisan research and policy institute that advances federal and state policies that help build a nation where everyone — regardless of income, race, ethnicity, sexual orientation, gender identity, ZIP code, immigration status, or disability status — has the resources they need to thrive and share in the nation’s prosperity. In these comments, we call for a wide array of policy action, highlighting

¹ Jerolde Mande *et al.*, “Report of the 50th Anniversary of the White House Conference on Food, Nutrition, and Health: Honoring the Past, Taking Actions for our Future,” March 2020, <https://sites.tufts.edu/foodnutritionandhealth2019/>.

those proven effective in reducing hardship and improving opportunity. We are at a pivotal moment in time. Ending hunger and food insecurity will require bold, innovative, and multi-sector solutions.

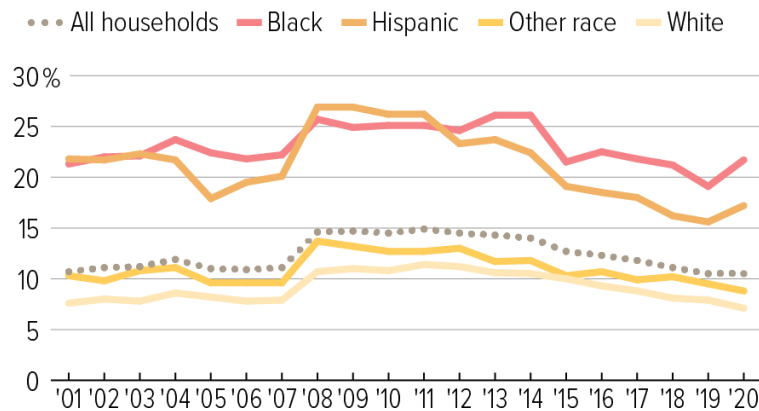
Poverty and Racism are Root Causes of Hunger and Food Insecurity

Hunger and diet-related poor health are caused in large part by poverty and lack of opportunity. Long-standing racial disparities, deeply rooted in racism and discrimination, have driven starkly unequal opportunities and outcomes in food security, education, employment, health, and housing and have fueled substantial racial income and wealth gaps. Reducing hunger and improving health requires addressing these root causes and inequities that have persisted for decades. While individuals and families with moderate income experience food insecurity, those with lower-income experience food insecurity at far greater rates, as do people of color.

For decades, the rate of food insecurity among households of color has been roughly twice the rate for white households. (See figure below.) The higher poverty and food insecurity rates among Black and Latino households reflect historical and ongoing economic barriers resulting from racism, discrimination, public underinvestment in communities of color, and other structural factors. Systematic bias and unequal opportunities in areas such as education, employment, and housing contribute to income disparities and increase the likelihood that a household will experience hunger and food insecurity.²

Food Insecurity by Race and Ethnicity Reveals Stark Disparities

Percentage of households that lacked access to adequate food at some point in the year, by race and ethnicity, 2001-2020



Note: Other race = people who identify as American Indian or Alaskan Native, Asian, Hawaiian or Pacific Islander, or more than one race. Hispanic people may be of any race.
Source: U.S. Department of Agriculture

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² Danilo Trisi and Matt Saenz, “Economic Security Programs Reduce Overall Poverty, Racial and Ethnic Inequities,” CBPP, July 1, 2021, <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-reduce-overall-poverty-racial-and-ethnic>.

Through much of the 20th century, federal housing policies have worked in concert with local government regulations in segregating communities and diminishing the ability for families of color — Black families in particular — to own homes and build generational wealth through homeownership. At the same time, federal urban renewal policy tore down affordable housing units and demolished healthy neighborhoods of color. Further, federally-insured loans and federal investment in the highway system helped build the suburbs, which — owing to blockbusting and racial covenants — were largely off limits to families of color.

Inequities in homeownership and wealth also contribute to inequities in education, as inadequate tax revenues from low property values and other sources of underinvestment hampered schools' quality. Children of color are more likely to go to under-resourced and economically and racially segregated schools, with negative effects on their life chances.

Discriminatory policies and practices in the criminal justice system have fueled the disproportionate mass incarceration of people of color, even when people of color and white people commit crime at similar rates.³ This increases barriers to stable employment. A long and continuing legacy of private-sector discrimination by employers, real estate companies, and others has also restricted opportunities for people of color in jobs, housing, and education.

In addition to poverty and the lack of financial resources available to a household, there are other known risk factors for food insecurity. For example, disability has emerged as one of the strongest known factors affecting a household's food security.⁴ Current research suggests that disability increases the risk of food insecurity by reducing household income and increasing household costs. Disability can reduce household income by limiting the educational attainment and earnings potential of people with disabilities, narrowing the range of jobs available to them, restricting their hours worked, and reducing the work effort of family caregivers. Disability can increase household expenses for accessible housing and transportation, personal assistance services, assistive technology, and health care not covered by private insurance, Medicaid, or Medicare. Lower household income and higher out-of-pocket expenses are strongly associated with increased food insecurity.⁵

Immigration status is another risk factor for food insecurity.⁶ Many immigrants who are undocumented can only operate at the margins of the mainstream economy due to the lack of broader federal immigration reform and harsh, restrictive immigration policies. For decades, federal policymakers have failed to create a pathway for people without work authorization to become

³ Ashley Nellis, "The Color of Justice: Racial and Ethnic Disparity in State Prisons," Sentencing Project, June 14, 2016, <https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>.

⁴ Steven Carlson, Brynne Keith-Jennings, and Raheem Chaudry, "SNAP Provides Needed Food Assistance to Millions of People with Disabilities," CBPP, June 14, 2017, <https://www.cbpp.org/research/food-assistance/snap-provides-needed-food-assistance-to-millions-of-people-with->

⁵ Alisha Coleman-Jensen and Mark Nord, "Food Insecurity Among Households with Working-Age Adults with Disabilities," Economic Research Service, USDA, January 2013, <https://www.ers.usda.gov/publications/pub-details/?pubid=45040>.

⁶ Merryn Maynard *et al.*, "The Experience of Food Insecurity Among Immigrants: a Scoping Review," *Metrics* 20: 375-417, August 2018, <https://link.springer.com/article/10.1007/s12134-018-0613-x>.

lawful permanent residents or gain authority to work in the U.S. That hurts families that include immigrants, their communities, and their state's economy. For example, unscrupulous employers can exploit immigrants without work authorization by paying them less than the minimum wage (or avoiding paying them for work performed) and subjecting them to poor working conditions — undercutting wages and job quality for U.S.-born workers and immigrants with work authorization. Lack of access to driver's licenses creates a steep hurdle for people who are undocumented and are looking to find a better job, while also increasing risk of deportation. And denying in-state college tuition and student aid to state residents who are undocumented prevents them from building skills, creating new ideas or products, or pursuing careers in areas like education and medicine that could benefit all residents.

The major federal economic security programs (including TANF, Medicaid, SNAP, and SSI) bar most people who are undocumented from benefits, and many people with a lawful immigration status are barred in their first five years in the country. Most children of immigrants are eligible for benefits, but even eligible individuals in families with immigrants have low participation rates because of the complexity of the rules and fears about the possible impact of receiving benefits on future immigration status for themselves or family members. Restricting access to economic security programs puts families with immigrants and individuals at risk of food insecurity and poverty.

Social, economic, and environmental conditions — often called social determinants or drivers of health — have a significant impact on physical and mental well-being, as well as food security. Housing is a crucial driver because where people live often predicts their access to quality health care, education, jobs, food, and other resources. Housing instability and food insecurity are highly correlated.⁷ Households who are struggling to meet shelter needs are more likely to have limited resources in their budget to consistently acquire food.⁸ Homes that are overcrowded, have pests, or are deteriorating pose a health and safety risk to the people who live there. Lack of affordable housing causes housing instability in the form of eviction, foreclosure, and homelessness, all of which can further strain health and mental well-being.

Food Insecurity is Associated with Poor Outcomes

Research accumulated over the last few decades has firmly established the powerful effects of the circumstances in which people grow, live, work, and age on health, development, educational and employment outcomes, and longevity.⁹ People disadvantaged by poor social and economic circumstances and neighborhood environments — including low income, poor education, insecure

⁷ Che Young Lee *et al.*, “Bidirectional Relationship Between Food Insecurity and Housing Instability,” *Journal of the Academy of Nutrition and Dietetics*, 121(1): 84-91, January 2021, <https://www.sciencedirect.com/science/article/abs/pii/S2212267220312028>.

⁸ Christian King, “Food Insecurity and Housing Instability in Vulnerable Families,” *Review of Economics of the Household*, 16: 255-273, May 9, 2016, <https://link.springer.com/article/10.1007/s11150-016-9335-z>.

⁹ Paula Braveman, Susan Egerter, and David R. Williams, “The Social Determinants of Health: Coming of Age,” *Annual Review of Public Health*, 32:381-98, 2011, <http://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031210-101218>; Nancy E. Adler *et al.*, “Addressing Social Determinants of Health and Health Disparities,” Vital Directions for Health and Health Care Series, National Academy of Medicine, September 19, 2016, <https://nam.edu/wp-content/uploads/2016/09/Addressing-Social-Determinants-of-Health-and-Health-Disparities.pdf>.

employment, poor housing, and inadequate retirement pensions — have worse health from the moment of birth throughout life. Economic inequality, for example, is linked to disparities in life expectancy and multiple indicators of good health. An average 40-year-old in the poorest 1 percent of men in the U.S. is expected to die 15 years sooner on average than a man in the richest 1 percent; the gap for women in the U.S. is ten years.¹⁰ Poor adults are five times as likely as those with incomes above 400 percent of the federal poverty level to report poor or fair health. People with low incomes have higher rates of physical limitations, heart disease, diabetes, stroke, and other chronic conditions compared to people with higher incomes. These disparities emerge early in life and can be transmitted across generations.¹¹ And research suggests that patients in disadvantaged neighborhoods have poorer health care outcomes, more frequent use of emergency rooms, increased risk of hospitalization, delays in diagnosis and treatment, and more difficulty adhering to medication regimes.

Race and ethnicity strongly influence both socioeconomic status and health outcomes. Extensive research shows that people of color have less access to health care, receive a lower quality of care, and have higher rates of chronic disease and death than white people. They are less likely than white people to have health insurance, have more difficulty getting health care, and have fewer choices of where to receive care. They tend to experience lower quality of care and are less likely to receive even routine medical procedures, even after adjusting for socioeconomic differences and other factors that might affect access to health care.¹² There are many reasons for these racial health disparities, but the literature suggests that a central role is played by chronic financial hardship caused by centuries of exploitation and segregation, as well as the direct toxic effects of discrimination on mental and physical health.

While the ways that social and economic circumstances affect health are complicated and not fully understood, some research implicates repeated or chronic stress — including that stemming from financial and economic hardships — in the more rapid onset or progression of chronic illnesses. The communities where many low-income people live have higher levels of violence, discrimination, and material deprivation, and many families face multiple challenges, including unstable income, inadequate housing, insecure employment, and poor mental and physical health.¹³

¹⁰ Raj Chetty *et al.*, “The Association Between Income and Life Expectancy in the United States, 2001-2014,” *Journal of the American Medical Association*, 315(16):1750-1766, 2016.

¹¹ Dhruv Khullar and Dave A. Chokshi, “Health, Income, & Poverty: Where We Are & What Could Help,” *Health Affairs Policy Brief*, October 2018, https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full/HPB_2017_RWJF_05_W.pdf.

¹² Brian Smedley, Adrienne Stith, and Alan Nelson, eds., *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, National Academy Press, 2003, <https://www.ncbi.nlm.nih.gov/books/NBK220358/>.

¹³ See, for example, Ozge Sensoy Bahar *et al.*, “Like, What Else Could Go Wrong? Multiple Contextual Stressors in Food Insecure Households,” *Journal of Poverty*, 25(4): 386-407, 2021, <https://www.tandfonline.com/doi/abs/10.1080/10875549.2020.1840485>; and Angela Odoms-Young, “Structural and Social Adversity and Food Insecurity in Families with Young Children: A Qualitative Metasynthesis,” in *Families, Food, and Parenting*, 2021, https://link.springer.com/chapter/10.1007/978-3-030-56458-2_1.

The accumulated strain from trying to meet basic needs for food, shelter, and clothing when money is tight may lead to more damage than a single dramatically stressful event.¹⁴

Food insecurity may affect health through multiple channels, including budget constraints that limit access to healthy food choices, the prioritization of food purchases over health care needs such as prescription refills or preventive care, and as a component of overall family stress. Families that struggle with limited resources to put enough food on the table may buy more affordable but less nutritious foods. And the anxiety associated with unpredictable or intermittent meals may be a source of chronic stress that, if left unchecked, can contribute to an increased risk of chronic conditions, including high blood pressure, heart disease, obesity, and diabetes.

Studies link food insecurity among children with reduced intake of some key nutrients, health problems such as iron deficiency (which is linked with long-term neurological damage), and behavioral issues and mental health conditions. These problems, in turn, can lower children's test scores, their likelihood of graduating from high school, and their earnings in adulthood.¹⁵ Even short periods of food insecurity pose long-term risks for children.

Policy Change and Other Actions Must Be Comprehensive to Promote Economic Mobility, Stability, and Opportunity

To reach the goals of the White House Conference in ending hunger and increasing healthy eating, we recommend policymakers take a comprehensive approach that includes various federal, state, local, and tribal policymakers, anti-hunger, health and private sectors, and people with lived experience in hunger. Below we outline specific policies we recommend, some to target the root economic causes of hunger, and others that improve and expand the federal food assistance programs.

The COVID-19 pandemic and the nation's response provides lessons for making significant progress to reduce food insecurity and poverty. The robust, comprehensive policy response to the pandemic helped make the recession the shortest on record and helped fuel an economic recovery that has brought the unemployment rate, which peaked at 14.8 percent in April 2020, down to below 4.0 percent. One measure of annual poverty declined by the most on record in 2020, in data

¹⁴ Richard Wilkinson and Michael Marmot, "Social Determinants of Health: The Solid Facts," World Health Organization, 2003 (2nd edition), http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf. There is some suggestive, if not conclusive, evidence of the cumulative effect of multiple adverse experiences (such as loss of a parent through separation, divorce, or incarceration, witnessing neighborhood violence, or exposure to alcohol or drug abuse) in early childhood on food insecurity. While young children exposed to a single experience are about twice as likely to experience food insecurity, those exposed to more than one are about four times as likely. See Philip Baiden *et al.*, "Adverse Childhood Experiences and Household Food Insecurity Among Children Aged 0–5 Years in the USA," *Public Health Nutrition*, 24(8): 2123-2131, 2021, <https://www.cambridge.org/core/journals/public-health-nutrition/article/adverse-childhood-experiences-and-household-food-insecurity-among-children-aged-05-years-in-the-usa/D7E980439685D1FB2ACA0D881FE1384E>.

¹⁵ Brynne Keith-Jennings, "Boosting SNAP: Benefit Increase Would Help Children in Short and Long Term," CBPP, July 30, 2020, <https://www.cbpp.org/blog/boosting-snap-benefit-increase-would-help-children-in-short-and-long-term>.

back to 1967, and the number of uninsured people remained stable, rather than rising as typically happens with large-scale job loss. Various data indicate that in 2021, relief measures reduced poverty, helped people access health coverage, and reduced hardships such as inability to afford food or meet other basic needs.

Early in the pandemic, hunger was poised to soar. Calls to “211” for help with food in the first two months of the pandemic were over four times greater than earlier in 2020.¹⁶ Use of food banks also increased.¹⁷ In the Great Recession, the share of households that were food insecure rose from 11.1 percent in 2007 to 14.7 percent in 2009, according to Agriculture Department estimates. Yet because of the robust relief effort during the pandemic, the typical annual measure of food insecurity in 2020 was unchanged from the 2019 level of 10.5 percent. Food insecurity under the annual measure did rise for households with children and households headed by Black adults, and other Census data show higher levels of food insufficiency (a different measure of food hardship) during the pandemic than what the annual data show.¹⁸ But it remains clear that food insecurity did not surge during the pandemic the way it did during the Great Recession.

Research finds that anti-poverty programs can produce long-term gains for children, thereby promoting opportunity and mobility. For example, the Earned Income Tax Credit (EITC) is linked to an increased likelihood that a child will be born at a healthy birth weight, have higher school test scores, be more likely to go to college and have higher earnings as an adult. Pandemic related income assistance to low-income households reduced poverty and hardship. While temporary boosts in food assistance programs helped prevent dramatic increases in hunger and food insecurity during the pandemic, Economic Impact Payments and the Child Tax Credit also provided critical help to households facing hardship.

The Conference should lift up economic policies that promote good jobs, wages, benefits for low- and moderate-income households, and shared prosperity. Interventions and recommendations must target and tailor supports for populations facing disproportionate rates of poverty and hunger. Policies can address both near-term barriers to economic opportunity and longer-term barriers. Near-term policies address opportunity deficits with negative impacts on people’s economic circumstances today, like the absence of gainful employment opportunities, or the impact on living standards when inequality contributes to stagnant paychecks. Economic security programs such as Social Security, food assistance, tax credits, and housing assistance can help provide opportunity by ameliorating short-term poverty and hardship and, by doing so, improving children’s long-term

¹⁶ Rachel Garg *et al.*, “A new normal for 2-1-1 food requests?” Washington University in St. Louis Health Communication Research Laboratory, June 15, 2020, <https://hcr1.wustl.edu/a-new-normal-for-2-1-1-food-requests/>; Cindy Charles *et al.*, “Trends of top 3 food needs during COVID,” Washington University in St. Louis Health Communication Research Laboratory, August 7, 2020, <https://hcr1.wustl.edu/trends-of-top-3-food-needs-during-covid/>.

¹⁷ Paul Morello, “The food bank response to COVID, by the numbers,” Feeding America, March 12, 2021, <https://www.feedingamerica.org/hunger-blog/food-bank-response-covid-numbers>.

¹⁸ According to annual food insecurity data from the December 2020 Food Security Supplement of the Current Population Survey (CPS-FSS), 10.5 percent of U.S. households were food insecure in 2020. While the overall prevalence of food insecurity was unchanged from 2019, it increased for households with children and Black households. The number of individuals in food-insecure households also increased by 3 million, from 35.2 million in 2019 to 38.3 million in 2020.

outcomes. Poverty, inability to afford basic needs, and the barrage of seemingly impossible decisions (such as whether to pay for rent, gas, or food) can be overwhelming and a source of emotional and physical stress. Simply raising monetary concerns for people with low incomes can erode cognitive performance even more than being seriously sleep deprived, one study showed.¹⁹ Another study found that low-income mothers given larger tax credits showed signs of reduced stress such as less inflammation and lower diastolic blood pressure.²⁰ Over the last half-century, these assistance programs have reduced poverty for millions of people — including children, who are highly susceptible to poverty’s ill effects. Long-term interventions, like quality pre-school or improved access to higher education, can enhance children’s future opportunities.

Meanwhile, barriers to opportunity, including discrimination and disparities in access to employment, education, and health care, remain enormous and keep poverty rates much higher for some racial and ethnic groups than others. Households living in areas with persistently high rates of poverty and unemployment — communities in rural, suburban, and urban areas — are at increased risk of experiencing food insecurity. But households anywhere can suddenly become food insecure due to the loss of a job or other financial emergency, illness, natural disaster, recession, or a pandemic. While government programs have done much to narrow differences in poverty rates among different racial, ethnic, and geographic groups, large inequities remain and further progress will require stronger government efforts to reduce poverty and discrimination and build opportunity for all.

Government can reduce poverty by bolstering interventions, such as rental assistance, income support programs, and expanded health coverage, listed below. Many of the policy options highlighted in our comments were included in the House’s Build Back Better legislation, supported by evidence that they reduce hardship and expand opportunity.²¹ Even though that legislation did not pass the Senate, policymakers should consider these policy options anew as part of a comprehensive approach to reducing food insecurity.

Reduce homelessness and housing instability

As discussed earlier, housing instability increases the risk of food insecurity. Millions of families struggle to afford rent, and many of them face eviction. They may be confronted with the choice of paying for shelter or food. Yet only 1 in 4 households eligible for a voucher receive any type of federal rental assistance due to limited funding. Because of the nation’s long history of racial discrimination in housing, education, and employment, a majority of the families who would benefit from an expanded voucher program are people of color.

¹⁹ Sendhil Mullainathan and Eldar Shafir, *Scarcity: Why Having Too Little Means So Much*, Picador, 2013, <https://behavioralscientist.org/scarcity-excerpt-mullainathan-shafir/>.

²⁰ William N. Evans and Craig L. Garthwaite, “Giving Mom a Break: The Impact of Higher EITC Payments on Maternal Health,” *American Economic Journal*, Vol. 6 No. 2 (2014), pp. 258-290.

²¹ CBPP, “Policymakers Should Craft Compromise Build Back Better Package: Pressing National Needs Require Action,” February 1, 2022, <https://www.cbpp.org/research/poverty-and-inequality/policymakers-should-craft-compromise-build-back-better-package>.

Rent and utility costs have risen sharply since the summer of 2021. By June 2022, rents for newly leased units were 15 percent higher than a year earlier, according to one national index.²² And in the 12 months through June, prices for residential fuel and utilities rose 18 percent. Typically, renters who must pay very high shares of their income for housing have to divert money away from other necessities to keep a roof over their heads, such as by going without needed food, medicine, clothing, or school supplies. As those unmet needs pile up, families often find themselves one setback — a cut in their work hours or an unexpected bill — away from eviction. In March 2022, 10.4 million adult renters reported that they were not caught up on rent.²³ Inflation can make this problem more acute.

The nation needs large investments to make housing more affordable, including by preserving our nation’s public housing stock, significantly increasing the supply of affordable and supportive housing nationwide, and substantially expanding the Housing Choice Voucher program.

Studies show that vouchers sharply reduce homelessness, housing instability, and overcrowding. And because stable housing is crucial to many aspects of a family’s life, vouchers have numerous other benefits. Children in families with vouchers are less likely to be placed in foster care, switch schools less frequently, have fewer behavioral problems, and are likelier to exhibit positive social behaviors. Vouchers also give families greater choice about where they live; when families use vouchers to move to lower-poverty neighborhoods, their children are more likely to attend college and earn more on average as adults.²⁴ And vouchers provide stable housing for people experiencing homelessness and support seniors and people with disabilities, many of whom face serious housing affordability and access challenges.

Yet vouchers and other rental assistance only reach 1 in 4 eligible low-income households due to inadequate funding, and there are long waiting lists for assistance. Policymakers should invest in vouchers to address this unmet need. Most of those assisted would be people of color, who are far likelier to experience homelessness, eviction, and overcrowding due to long-standing discrimination in housing, employment, and other areas.²⁵ People in a wide range of communities would benefit, including suburban areas and rural areas.²⁶

Expand and enhance income support programs

²² Jeff Tucker, “Housing Affordability Obstacles are Mounting, but Buyers Who Can Weather the Storm Have More Time and Options (June 2022 Market Report),” Zillow, July 19, 2022, <https://www.zillow.com/research/june-2022-market-report-31239/>.

²³ Erik Gartland, “Relief Measures Reduce Hardship, but Many Still Struggle to Pay Rent in Every State,” CBPP, June 17, 2022, <https://www.cbpp.org/research/housing/relief-measures-reduced-hardship-for-renters-during-pandemic-but-many-still#scene-0>.

²⁴ Will Fischer, Douglas Rice, and Alicia Mazzara, “Research Shows Rental Assistance Reduces Hardship and Provides Platform to Expand Opportunity for Low-Income Families,” CBPP, December 5, 2019, <https://www.cbpp.org/research/housing/research-shows-rental-assistance-reduces-hardship-and-provides-platform-to-expand>.

²⁵ Ann Oliva, “BBB Includes Major Investments in Housing Affordability,” CBPP, November 4, 2021, <https://www.cbpp.org/blog/bbb-includes-major-investments-in-housing-affordability>.

²⁶ CBPP, “Policy Basics: The Housing Choice Voucher Program,” April 12, 2021, <https://www.cbpp.org/research/housing/the-housing-choice-voucher-program>.

A large and growing body of research shows that experiencing food insecurity and poverty, even briefly, can have detrimental, life-long impacts on children. Researchers have linked stress caused by a scarcity of resources to long-lasting negative consequences for children’s brain development and physical health.²⁷ Income support programs can improve children’s academic, health, and economic outcomes, the National Academies of Sciences, Engineering, and Medicine’s report on reducing child poverty finds.²⁸ Even relatively small infusions of cash, like those from the Child Tax Credit, EITC, and TANF, can make a difference.

Help parents make ends meet through an expanded Child Tax Credit

The vast majority of low-income families used their 2021 monthly Child Tax Credit payments for necessities, including food, clothing, shelter, and utilities. Reported food insufficiency dropped significantly and rapidly after the first round of monthly payments, according to data from the Census Bureau’s Household Pulse Survey.²⁹ Policymakers should expand the Child Tax Credit and, most importantly, permanently put in place a provision of the 2021 American Rescue Plan making the Child Tax Credit “fully refundable,” meaning that children in families with the lowest incomes receive the same amount as children in higher-income families. Prior to the Rescue Plan expansion (which has now expired), 27 million children — including roughly half of Black children, half of Latino children, one-fifth of white children, one-fifth of Asian children, and half of children (across racial and ethnic groups) living in rural areas — received less than the full credit or no credit at all because their families’ incomes were too low.³⁰ Full refundability would mark an important step in reducing racial disparities in income and poverty rooted in this nation’s long history of racism and discrimination, which has created large gaps in both opportunities and outcomes in education, employment, health, and housing.

The Rescue Plan expansion, which boosted Child Tax Credit benefits for more than 65 million children, has been a remarkable success. If the expansion is continued, it is projected to reduce annual child poverty by more than 40 percent as compared to child poverty levels in the absence of the expansion.

Making the full Child Tax Credit available on a permanent basis to families with low incomes would improve children’s lives in the near and long term and benefit society overall. Last September, more than 450 economists endorsed permanently expanding the Child Tax Credit, including making the full credit available to children in families with low incomes: “a permanently expanded CTC

²⁷ Carrie Masten, Joan Lombardi, and Philip Fisher, “Helping Families Meet Basic Needs Enables Parents to Promote Children’s Healthy Growth, Development,” CBPP and RAPID-EC Survey Project, October 28, 2021, <https://www.cbpp.org/research/poverty-and-inequality/helping-families-meet-basic-needs-enables-parents-to-promote>.

²⁸ National Academies of Science, Engineering, and Medicine, “The Consequences of Child Poverty,” A Roadmap to Reducing Child Poverty, 2019, <https://www.ncbi.nlm.nih.gov/books/NBK547371/>.

²⁹ Megan A. Curran, “Research Roundup of the Expanded Child Tax Credit: The First 6 Months,” Columbia University Center on Poverty and Social Policy, Vol. 5. No. 5, December 22, 2021, <https://static1.squarespace.com/static/610831a16c95260dbd68934a/t/61f946b1cb0bb75fd2ca03ad/1643726515657/CChild-Tax-Credit-Research-Roundup-CPSP-2021.pdf>.

³⁰ Chuck Marr *et al.*, “Congress Should Adopt American Families Plan’s Permanent Expansions of Child Tax Credit and EITC, Make Additional Provisions Permanent,” CBPP, May 24, 2021, <https://www.cbpp.org/research/federal-tax/congress-should-adopt-american-families-plans-permanent-expansions-of-child>.

would yield tremendous immediate and long-term benefits for children and their families,” they explained.³¹

Boost the income of people paid low wages

Research shows that government income assistance for struggling families reduces food insecurity. Refundable tax credits can enable families to spend more money on food, particularly on healthful food, studies suggest. One study suggested that families increased the amount they spent on food eaten at home after receiving an increased EITC in their tax refund.³² Another reviewed how families spend their once-yearly EITC refunds, finding that households eligible for the credit spent more on healthy items including fresh fruit and vegetables, meat and poultry, and dairy products during the months when most refunds are paid.³³ And a 2014 study using data from the National Health and Nutrition Examination Survey connected receipt of the EITC to improvements in sufficient food consumption and sufficient money for food for both women and men.³⁴

Policymakers should build on provisions in the American Rescue Plan, which made important changes to the EITC for working adults not raising children. It raised both the maximum credit for these workers (from roughly \$540 to roughly \$1,500) and the income cap for them to qualify (from about \$16,000 to at least \$22,000). It also expanded the age range of eligible workers without children to include younger adults aged 19-24 (excluding students under 24 who are attending school at least part time), as well as people aged 65 and over.

This would boost the incomes of more than 17 million working adults without children who do important work for low pay. They include nearly 5.8 million people aged 19 to 65 whom the federal tax code would otherwise tax into, or deeper into, poverty and increase their risk of food insecurity — the lone group for whom that happens — in large part because their EITC would otherwise be too low.

Reform the unemployment insurance system

Unemployment insurance (UI) provides workers and their families with resources for food, shelter, and other necessities when they lose their jobs. People who received unemployment benefits early in the pandemic were significantly less likely to experience food hardship (18.9 percent) than their peers who applied for benefits but did not receive them (29.1 percent), according to

³¹ Letter from Hilary Hoynes, Diane Schanzenbach, and other economists to Senate Majority Leader Chuck Schumer *et al.*, September 15, 2021, <https://static1.squarespace.com/static/5ecd75a3c406d1318b20454d/t/6148f183c62fb147d0d25138/1632170373799/Economist+CTC+Letter+9-14-21+430pm.pdf>.

³² Otto Lenhart, “The effects of income on health: new evidence from the Earned Income Tax Credit,” *Review of Economics of the Household*, Vol. 17, 2018, pp. 377–410, <https://link.springer.com/content/pdf/10.1007%2Fs11150-018-9429-x.pdf>.

³³ Leslie McGranahan and Diane W. Schanzenbach, “The Earned Income Tax Credit and Food Consumption Patterns,” Federal Reserve Bank of Chicago, Working Paper No. 2013-14, <https://www.econstor.eu/bitstream/10419/96640/1/773868097.pdf>.

³⁴ David H. Rehkopf, Kate W. Strully, and William H. Dow, “The short-term impacts of earned income tax credit disbursement on health,” *International Journal of Epidemiology*, Vol. 43, No. 6, December 2014, pp. 1884-94, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4342690/>.

researchers at the Bureau of Labor Statistics (BLS).³⁵ Policymakers stepped up in the pandemic to greatly expand unemployment assistance beyond what the country's outdated joint federal-state UI system would have provided. Policy experts have long recognized that fundamental reform is needed to address weaknesses in the UI system that hurt unemployed workers and their families in normal times and risk delay in providing, or fail to provide the economic assistance they deserve and the support the economy needs to recover quickly from a recession.³⁶

Built for an earlier industrial age, the UI system gives states considerable discretion over eligibility, benefit levels, number of weeks available, and financing. The result of that discretion, however, has been an underfunded UI system that poorly serves unemployed workers, particularly low-paid workers, women, and workers of color. Following the Great Recession, ten states cut the number of weeks of UI available, and this year several additional states have joined them in cutting the duration of unemployment benefits and placing other restrictions on eligibility. Some states now provide as few as 12 weeks of maximum UI benefits, down from the traditional 26-week limit.

In addition, a weak and unresponsive Extended Benefits (EB) program for providing additional assistance automatically in a recession has meant that policymakers have had to debate and agree on the amount and extent of additional discretionary measures to provide, often delaying needed action.

Congress enacted temporary measures during the pandemic that addressed key shortcomings of the UI program, expanding eligibility to more workers, increasing benefits, and adding more weeks of benefits. But the measures were built on a system that was unprepared to deliver them quickly and effectively.³⁷ As a result, there were significant implementation challenges and some people who lost their jobs waited weeks or even longer to receive benefits.

These temporary UI expansions, now expired, also can't address the long-standing problems in the underlying system. No matter the state of the national economy, losing a job is devastating for low-paid workers with few assets, many of whom get little or no UI. And losing a job is common during normal economic times, both as businesses downsize periodically due to changes in demand and because workers can lose their jobs if they aren't able to work for a period of time for various reasons, like attending to a family health situation. Of course, job losses mount during a recession, and the need for a robust UI system that is accessible to all kinds of workers — that is equipped to serve the increased number of workers who lose their jobs, and is structured to provide adequate benefits for a reasonable number of weeks — becomes all the more urgent.

³⁵ BLS, "Applying for and receiving unemployment insurance benefits during the coronavirus pandemic," Monthly Labor Review, September 2021, <https://www.bls.gov/opub/mlr/2021/article/applying-for-and-receiving-unemployment-insurance-benefits-during-the-coronavirus-pandemic.htm>.

³⁶ See, for example, Rachel West *et al.*, "Strengthening Unemployment Protections in America: Modernizing Unemployment Insurance and Establishing a Jobseeker's Allowance," Center for American Progress, Georgetown Center on Poverty and Inequality, and National Employment Law Project, June 2016, https://cdn.americanprogress.org/wp-content/uploads/2016/05/31134245/UI_JSAreport.pdf?_ga=2.42163942.2119920679.1619788286-1598567221.1611334937, and Chad Stone, "Obama Budget Modernizes Policies for Unemployed Workers," CBPP, February 11, 2016, <https://www.cbpp.org/blog/obama-budget-modernizes-policies-for-unemployed-workers>.

³⁷ National Employment Law Project, "Centering Workers — How to Modernize Unemployment Insurance Technology," October 5, 2020, <https://www.nelp.org/publication/centering-workers-how-to-modernize-unemployment-insurance-technology/>.

Federal policymakers should work together to make permanent reforms and create a more robust and equitable UI program that can help workers during normal economic times and meet the needs of large numbers of workers who lose their jobs during a recession.

Expand and simplify Supplemental Security Income

Supplemental Security Income (SSI), which policymakers created in 1972, provides monthly cash assistance to people who are at least age 65 or are disabled and have little income and few assets. While modest, the monthly benefit enables beneficiaries to afford rent, food, and other basic needs. SSI benefits are critical for those who need them — but SSI is woefully out of date, leaving many people in need ineligible for benefits and others who receive them without enough resources to meet basic needs.

Policymakers need to update SSI's rules in a variety of ways. Its maximum benefit is only three-fourths of the poverty line, and 4 in 10 recipients have incomes below the federal poverty line even with their SSI benefits.³⁸ Its income and asset limits have not been updated for decades. These rules allow beneficiaries to keep only a meager amount of their earnings, other benefits, and savings, and prevent many older and disabled people in need from qualifying. SSI also excludes most immigrants (until they become U.S. citizens) and residents of U.S. Territories, most of whom are people of color. SSI's complex and intrusive rules make it more expensive to administer and burdensome for applicants and beneficiaries. The Social Security Administration (SSA) spends more to administer SSI than it does to administer the much bigger Social Security Disability Insurance (SSDI) program.

Policymakers can strengthen SSI by expanding and simplifying it. They should update its asset limits and income rules and automatically adjust them. They should raise its basic benefit, exempt retirement savings from the asset limits, and ease eligibility restrictions for immigrants and residents of the territories. And, they should repeal some of its complex and intrusive rules.

Such changes would improve the circumstances of low-income older and disabled people and help close racial equity gaps. Due to persistent health and economic disparities, people of color are likelier to meet SSI's medical and financial requirements. As a result, most SSI beneficiaries are Black, Latino, and Asian people, though white people make up the single largest racial group. Because SSI serves those most in need, improvements to the program are a targeted, cost-efficient way to reduce poverty and “deep poverty” (income below half of the poverty line).

Strengthen the Temporary Assistance for Needy Families (TANF) program

Increasing the number of families in poverty that get help from TANF and the amount of direct cash assistance they receive would lessen poverty and food hardship. TANF reached just 21 families for every 100 families with children in poverty in 2020, down from 68 in 100 families in 1996; if TANF had the same reach as it did upon its creation in 1996, 2.4 million more families nationwide would have received cash assistance in 2019.³⁹ TANF benefit levels have declined as well; in 33

³⁸ That figure is under the government's official poverty measure. Under what's known as the Supplemental Poverty Measure, which counts government taxes and benefit programs, the figure is 3 in 10 recipients.

³⁹ Aditi Shrivastava and Gina Azito Thompson, “TANF Cash Assistance Should Reach Millions More Families to Lessen Hardship,” CBPP, February 18, 2022, <https://www.cbpp.org/research/family-income-support/tanf-cash-assistance-should-reach-millions-more-families-to-lessen>.

states they have dropped by at least 20 percent in inflation-adjusted value since 1996. Benefits are at or below 60 percent of the poverty line in *every* state and are below 20 percent in 16, mostly Southern, states. Low TANF benefits leave families unable to afford the basics, including purchasing food and paying for other basic needs.⁴⁰

TANF could be strengthened by making the following changes:

- **Establishing a federal minimum benefit so that no family falls below a certain income level.** Some states have recently increased their TANF benefits to ensure that no family facing a crisis or needing ongoing support from TANF will fall into deep poverty (i.e., cash income below 50 percent of the federal poverty line). A federal minimum benefit is necessary to ensure that all families, regardless of where they live, have access to cash benefits that allow them to meet their basic needs. Sixteen states have benefit levels that are the same or lower than they were when TANF was created 26 years ago.
- **Ending mandatory work requirements.** Mandatory work requirements focus on getting participants into jobs as quickly as possible, reinforcing occupational segregation. Families where a parent is unable to meet the mandatory work requirement have all of their benefits taken away, leaving them without any cash benefits to meet their basic needs.
- **Barring behavioral requirements, time limits, and other eligibility exclusions.** Eligibility for TANF should be based on financial need, not on behavioral requirements and exclusions that have grown out of TANF's racist history. A substantial number of families are excluded from TANF due to policies that require parents to demonstrate compliance with requirements such as immunizing their children or ensuring their children attend school. Other families are excluded from the program because they have exceeded a 60-month time limit, fail to complete a drug screen, or have a felony drug conviction.
- **Refocusing TANF agencies on helping families address immediate crises and improving long-term well-being.** TANF's focus on mandatory work requirements ignores the fact that many families turn to TANF when they are facing crises such as fleeing domestic violence or having to care for a child or other family member with a serious health or mental health condition. Instead of focusing solely on compliance with work requirements, the program should be refocused to help families resolve their immediate crisis and improve their well-being over the long term.
- **Changing TANF's funding structure to strengthen basic assistance, address funding inequities, and prevent erosion over time.** States should be required to spend at least half of their TANF funds on basic assistance. In addition, policymakers should restore TANF funding to its original value and prevent it from eroding in the future. They also should reshape TANF's allocation formula for states by allocating funding more equitably and in proportion to each state's share of the nation's children living below the poverty line.

⁴⁰Ali Zane and Cindy Reyes, "States Must Continue Recent Momentum to Further Improve TANF Benefit Levels," CBPP, December 2, 2021, <https://www.cbpp.org/research/family-income-support/states-must-continue-recent-momentum-to-further-improve-tanf-benefit>.

Prioritize health policies that help make meaningful, lasting progress toward universal health coverage, narrow racial and ethnic inequities in coverage, and target much-needed help to people with low incomes.

There is robust research on the connection between food insecurity and negative health outcomes, as discussed earlier in our comments. There is also emerging evidence connecting access to health coverage to reduction in food insecurity. More specifically, the Affordable Care Act’s (ACA) Medicaid expansion may have reduced the rates of very low food security — the most severe form of food hardship, more informally known as hunger.⁴¹

The ACA cut the nation’s uninsured rate nearly in half, but nearly 30 million non-elderly people — including millions of working people, parents, people with disabilities, and others — remained uninsured prior to the pandemic. People with low incomes are more likely to be uninsured than those with higher incomes. People of color make up a majority of the uninsured because they face structural barriers such as income and wealth inequities and are disproportionately likely to work in lower-paid jobs, which often don’t come with health benefits.⁴²

Policymakers should quickly deliver coverage to more than 2 million uninsured people with incomes below the poverty line who are in the Medicaid “coverage gap” — they live in one of 12 states that have refused to adopt the ACA’s Medicaid expansion. People in the coverage gap are adults of varying age, race, and ethnicity; in 2019 some 60 percent were people of color, reflecting long-standing racial and ethnic discrimination.⁴³ An estimated 445,000 people in rural areas fall into the coverage gap; in fact, the rural uninsured rate was nearly twice as high in *non*-expansion states as in expansion states (21.5 vs. 11.8 percent) in 2019.⁴⁴

Federal proposals to close the coverage gap would allow people with incomes below the poverty line who are not eligible for Medicaid under their state’s rules to qualify for premium tax credits and to pay no premium for marketplace plans. This step would deliver coverage to many older adults and people with disabilities or chronic health conditions. It also would help reduce high rates of deaths and severe health complications among Black people who give birth by extending coverage to more people before they become pregnant.⁴⁵ And it would improve the financial stability of

⁴¹ Gracie Himmelstein, “Effect of the Affordable Care Act’s Medicaid Expansions on Food Security, 2010–2016,” *American Journal of Public Health* 109(9): 1243-1248, September 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6687269/>.

⁴² Kaiser Family Foundation, “Employer-Sponsored Coverage Rates for the Nonelderly by Race/Ethnicity,” data for 2019, <https://www.kff.org/other/state-indicator/nonelderly-employer-coverage-rate-by-raceethnicity/>.

⁴³ Gideon Lukens and Breanna Sharer, “Closing the Medicaid Coverage Gap would Help a Diverse Group and Narrow Racial Disparities,” CBPP, revised June 14, 2021, <https://www.cbpp.org/research/health/closing-medicaid-coverage-gap-would-help-diverse-group-and-narrow-racial>.

⁴⁴ Gina Turrini *et al.*, “Access to Affordable Care in Rural America: Current Trends and Key Challenges,” Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, July 9, 2021, <https://aspe.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf>. The estimate includes Missouri as a coverage gap state; the state has since expanded.

⁴⁵ Judith Solomon, “Closing the Coverage Gap Would Improve Black Maternal Health,” CBPP, July 26, 2021, <https://www.cbpp.org/research/health/closing-the-coverage-gap-would-improve-black-maternal-health>.

health systems that many people of color rely on, including rural hospitals, safety net hospitals, and community health centers.⁴⁶

Policymakers should extend the Rescue Plan’s premium tax credit improvements, which eliminate or reduce premiums for millions of marketplace enrollees, ensuring that people with low incomes pay no or very low premiums for a marketplace plan. These improvements have already boosted marketplace enrollment: a record-breaking 14.5 million people have signed up for 2022 plans.

Support children’s development and families’ economic well-being with pre-K and child care

The lack of stable child care can mean that some parents — particularly women — aren’t able to work, or are forced to work less, because they cannot afford quality child care. By providing a steady source of quality care for children, child care and universal preschool can allow more parents to work, improving their earnings and the food security and economic stability of low-income families. Robust evidence shows that high-quality early childhood education leads to improved long-term outcomes, including higher rates of on-time college enrollment and completion, particularly for children living below the poverty line.

Policymakers should provide funding to offer free preschool education to all pre-K children and to make child care affordable to all families with low or middle incomes. Research demonstrates the positive long-term results from effective early childhood programs. Randomized control trials of small pre-K programs that tracked children over decades show strong effects on high school graduation rates, college enrollment, and adult earnings.⁴⁷ Notable research on programs operating at scale, including Head Start and Boston’s citywide pre-school initiative, has also shown lasting gains for children.⁴⁸ For example, students who won a lottery to enter Boston’s city-wide preschool program went on to achieve an 8 percentage point (18 percent) gain in on-time college enrollment and a 5.5 percentage point gain in on-time enrollment in a four-year college. Although findings are

⁴⁶ Laura Harker, “Closing the Coverage Gap is a Critical Step for Advancing Health and Economic Justice,” CBPP, October 4, 2021, <https://www.cbpp.org/research/health/closing-the-coverage-gap-a-critical-step-for-advancing-health-and-economic-justice>.

⁴⁷ HighScope Educational Research Foundation, “Perry Preschool Project – Study Results,” <https://highscope.org/perry-preschool-project/>; Francis A. Campbell *et al.*, “Adult Outcomes as a Function of an Early Childhood Educational Program: An Abecedarian Project Follow-Up,” *Developmental Psychology*, Vol. 48, No. 4, January 16, 2012, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3989926/>; Jorge Luis García *et al.*, “The Dynastic Benefits of Early Childhood Education,” NBER Working Paper 29004, July 2021, https://www.nber.org/system/files/working_papers/w29004/w29004.pdf?utm_campaign=Economic%20Studies&utm_source=hs_email&utm_medium=email.

⁴⁸ See, for example, Guthrie Gray-Lobe, Parag Pathak, and Christopher Walters, “The Long-Term Effects of Universal Preschool in Boston,” School Effectiveness & Inequality Initiative, May 2021, <https://blueprintlabs.mit.edu/research/the-long-term-effects-of-universal-preschool-in-boston/>; and Cortney Sanders, “Research Note: Combining Early Education and K-12 Investments Has Powerful Positive Effects,” CBPP, February 28, 2019, <https://www.cbpp.org/research/state-budget-and-tax/research-note-combining-early-education-and-k-12-investments-has>. See also Rucker C. Johnson and C. Kirabo Jackson, “Reducing Inequality Through Dynamic Complementarity: Evidence from Head Start and Public School Spending,” NBER Working Paper 23489, June 2017, <https://www.nber.org/papers/w23489>.

not uniform,⁴⁹ a preponderance of evidence suggests lasting gains for children from quality pre-K programs.⁵⁰

High-quality child care can also yield lasting benefits for families. Increasing the accessibility and affordability of child care has been shown to boost maternal employment.⁵¹ Parents who don't have access to affordable child care but nevertheless need to work often must rely on lower quality, unstable child care arrangements that have negative impacts on children's development and can lead to lost work hours and increased family stress.⁵² Several studies document positive long-term educational and developmental impacts of high quality child care, especially for disadvantaged children. A 20-year longitudinal study, for example, found that attending high-quality child care was consistently associated with higher performance on standardized tests and higher grades.⁵³

Create a national paid leave program

The U.S. is alone among wealthy countries in its lack of a national paid leave program. Instead, we have a patchwork of federal, state, and local policies. The benefits of paid leave are well established. Providing new parents with paid time off to care for newborn or recently adopted children contributes to healthy development, improves maternal health, and enhances families' economic security. For example, working women who had paid leave for at least 12 weeks after giving birth were significantly more likely to initiate breastfeeding and to continue to breastfeed than those without paid leave, research shows.⁵⁴ Paid medical and caregiving leave lets workers care for

⁴⁹ Kelley Durkin *et al.*, "Effects of a Statewide Pre-Kindergarten Program on Children's Achievement and Behavior Through Sixth Grade," *Developmental Psychology*, January 10, 2022, https://cdn.vox-cdn.com/uploads/chorus_asset/file/23196839/Effects_of_a_Statewide_Pre_Kindergarten_Program_on_Children_s_Achievement_and_Behavior_Through_Sixth_Grade.pdf.

⁵⁰ Dana Charles McCoy *et al.*, "Impacts of Early Childhood Education on Medium- and Long-Term Educational Outcomes," *Educational Researcher*, Vol. 46, No. 8, November 2017, <https://journals.sagepub.com/doi/10.3102/0013189X17737739>.

⁵¹ Taryn W. Morrissey, "Child care and parent labor force participation: a review of the research literature," *Review of Economics of the Household*, Vol. 15, No. 1, 2017, <https://link.springer.com/article/10.1007/s11150-016-9331-3>; see also Maria E. Enchautegui, "Effects of the CCDF Subsidy Program on the Employment Outcomes of Low Income Mothers," U.S. Department of Health and Human Services, December 2016, <https://aspe.hhs.gov/effects-child-care-subsidies-maternal-labor-force-participation-united-states>.

⁵² Robert Paul Hartley *et al.*, "A Lifetime's Worth of Benefits: The Effects of Affordable, High-quality Child Care on Family Income, the Gender Earnings Gap, and Women's Retirement Security," National Women's Law Center and Columbia Center on Poverty & Social Policy, March 2021, <https://nwlc.org/wp-content/uploads/2021/04/A-Lifetimes-Worth-of-Benefits-FD.pdf>; Gina Adams and Monica Rohacek, "Child Care Instability," Urban Institute, October 2010, <https://www.urban.org/sites/default/files/publication/29446/412278-Child-Care-Instability-Definitions-Context-and-Policy-Implications.PDF>. See also Alejandra Ros Pilarz and Heather D. Hill, "Child-Care Instability and Behavior Problems: Does Parenting Stress Mediate the Relationship?" *Journal of Marriage and Family*, Vol. 79, No. 5, October 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5666338/>.

⁵³ Christina Felfe and Rafael Lalive, "Does early child care affect children's development?" *Journal of Public Economics*, Vol. 159, March 2018, <https://www.sciencedirect.com/science/article/pii/S0047272718300148>; Grace E. Noboa-Hidalgo and Sergio S. Urzúa, "The Effects of Participation in Public Child Care Centers: Evidence from Chile," *Journal of Human Capital*, Vol. 6, No. 1, 2012, <https://www.journals.uchicago.edu/doi/abs/10.1086/664790>; Deborah Lowe Vandell and Margaret Burchinal, "Early child care and adolescent functioning at the end of high school: Results from the NICHD Study of Early Child Care and Youth Development," *Developmental Psychology*, Vol. 52, No. 10, October 2016, https://www.researchgate.net/publication/308878544_Early_child_care_and_adolescent_functioning_at_the_end_of_high_school_Results_from_the_NICHD_Study_of_Early_Child_Care_and_Youth_Development.

⁵⁴ Kelsey Mirkovic, Cria Perrine, and Kelley Scanlon, "Paid Maternity Leave and Breastfeeding Outcomes," *Birth* 43(3): 233-239, March 17, 2016, <https://pubmed.ncbi.nlm.nih.gov/26991788/>.

themselves and loved ones when ill or injured, and reduces financial insecurity and stress during those times. Paid leave benefits businesses by improving retention and productivity and boosting labor force participation. Paid leave programs in the places that offer them are popular.

Millions of workers struggle to get by when they need time off work because they have a new baby or have adopted a child, become seriously ill, or are caring for ailing family members. All too often they must choose between meeting those needs and the paycheck that puts food on the table. Low-paid workers, who are least able to accrue substantial savings, are among the least likely to have access to paid family and medical leave, putting their households at particular risk of financial insecurity or inability to take leave when it is needed. The U.S. is alone among wealthy countries in its lack of a national paid family and medical leave program. Paid family and medical leave is important not only during a crisis but also in everyday circumstances, when workers need to take time off from work due to illness or caregiving responsibilities. Paid leave was a critical missing piece of this nation's care infrastructure when the pandemic hit — particularly for women and people of color, who more often work in jobs without these benefits and whose lower earnings make it harder for them to take unpaid leave. (Moreover, women often take on a larger caregiving role in many families.) Policymakers should develop a broad-based, comprehensive, progressive paid family and medical leave policy.

Enact comprehensive immigration reform

Significant progress in reducing poverty and broadening opportunity requires that government assistance programs better serve immigrants and their families. About 17 percent of all children and 42 percent of Latino children live in a family that includes a non-citizen.⁵⁵ A National Academy of Sciences poverty report included restoring eligibility for some immigrants to assistance programs such as SNAP, TANF, Medicaid, and Supplemental Security Income (SSI) in one of its major policy packages.⁵⁶ Making programs accessible to individuals regardless of their immigration status would reduce poverty even further. Ultimately, the nation needs comprehensive immigration reform that allows people in the U.S. without a documented status to obtain a lawful status and begin a reasonable, accessible pathway to citizenship. This will allow currently undocumented workers to earn fair wages and have critical labor protections they often lack now, help reduce fear among undocumented people and their children (who are often U.S. citizens), and allow everyone to access supports and services when they fall on hard times.

Address Immediate Food Needs by Strengthening and Expanding Access to Federal Nutrition Assistance Programs

By addressing immediate food needs, federal nutrition assistance programs, such as SNAP, WIC, and the school meals programs, play a critical role in reducing hunger and improving health.

SNAP is highly effective in fighting food insecurity and poverty

Research shows that SNAP is one of our most effective tools in reducing hunger and food insecurity. SNAP reduces poverty and food insecurity by giving households benefits to buy

⁵⁵ CBPP analysis of U.S. Census Bureau's March 2020 Current Population Survey (accessed via IPUMS-CPS).

⁵⁶ National Academies of Sciences, Engineering, and Medicine, *A Roadmap to Reducing Child Poverty*, National Academies Press, 2019, <https://www.nap.edu/read/25246>.

groceries, which allows them both to better meet their food needs and to spend more of their budgets on other basic needs such as housing, electricity, and medical care. SNAP kept nearly 8 million people above the poverty line in the years before the pandemic, including 3.6 million children.⁵⁷ It has one of the strongest anti-poverty effects among government economic security programs and is particularly effective at reducing deep poverty, that is, in lifting families' incomes above half of the poverty line.

SNAP reduces the overall prevalence of food insecurity by as much as 30 percent, and is even more effective among the most vulnerable, such as children and those with “very low food security,” in which one or more household members skips meals or otherwise eats less during the year due to lack of money. The largest and most rigorous examination of the relationship between SNAP participation and food security found that food insecurity among children fell by roughly one-third after their families received SNAP benefits for six months.⁵⁸

SNAP is associated with improved outcomes in health, education, and self-sufficiency. SNAP participants are more likely to report excellent or very good health than low-income non-participants. Research comparing long-term outcomes of individuals in different areas of the country when SNAP expanded nationwide in the 1960s and early 1970s found that access to SNAP during pregnancy and in early childhood improved birth outcomes and long-term health as adults.⁵⁹ Studies have linked SNAP to improved educational attainment, higher rates of high school completion, and improved labor market outcomes in adulthood. Older SNAP participants are less likely than similar non-participants to forgo their full prescribed dosage of medicine due to cost. SNAP may also help low-income seniors live independently in their communities and avoid hospitalization. SNAP is also linked with reduced health care costs.

SNAP enables low-income households to afford more healthy foods. Because SNAP benefits can be spent only on food, they boost families' food purchases. The updated Thrifty Food Plan (TFP), discussed more below, resulted in higher benefit levels, which will help households better afford a healthy diet featuring more whole grains, different colored fruits and vegetables, and lean proteins. USDA's recent TFP adjustment modestly raised SNAP by \$1.20 per person per day to about \$5.45, which puts a healthy diet more in reach for tens of millions of households.

WIC is a cost-effective investment that improves nutrition and health

⁵⁷ Matt Saenz, “Research Note: Economic Security Programs Significantly Reduce Poverty in Every State,” CBPP, August 10, 2021, <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-significantly-reduce-poverty-in-every>.

⁵⁸ James Mabli *et al.*, “Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security,” Food and Nutrition Service, USDA, 2013, <https://www.fns.usda.gov/measuring-effect-snap-participation-food-security-0>.

⁵⁹ Douglas Almond, Hillary Hoynes, and Diane Schanzenbach, “Inside the War on Poverty: The Impact of Food Stamps on Birth Outcomes,” *Review of Economics and Statistics*, 93(2), May 2011, https://www.mitpressjournals.org/doi/pdfplus/10.1162/REST_a_00089; and Hilary Hoynes, Diane Whitmore Schanzenbach, and Douglas Almond, “Long-Run Impacts of Childhood Access to the Safety Net,” *American Economic Review*, 106(4):903-934, April 2016, <https://pdfs.semanticscholar.org/c94b/26c57bb565b566913d2af161e555edeb7f21.pdf>. It is important to note that much has changed since the initial introduction of the Food Stamp Program, including the introduction and growth of the Special Supplemental Nutrition Program for Women, Infants, and Children, and Medicaid.

Over more than four decades, researchers have investigated WIC's effects on key measures of children's health such as birth weight, infant mortality, diet quality and nutrient intake, initiation and duration of breastfeeding, cognitive development and learning, immunization, use of health services, and childhood anemia. WIC participation is associated with more nutritious diets, higher immunization rates, and better access to health care. Pregnant individuals who participate in WIC give birth to healthier babies who are more likely to survive infancy. WIC supports more nutritious diets and better infant feeding practices. WIC participants buy and eat more fruits, vegetables, whole grains, and low-fat dairy products, following the introduction of improved WIC food packages more closely aligned to current dietary guidance. Low-income children participating in WIC are just as likely to be immunized as more affluent children and are more likely to receive preventive medical care than other low-income children. Children whose mothers participated in WIC while pregnant scored higher on assessments of mental development at age 2 than similar children whose mothers did not participate, and they later performed better on reading assessments while in school.

Improvements made to the WIC food packages since 2009 have contributed to healthier food environments in low-income neighborhoods, enhancing access to fruits, vegetables, and whole grains for all consumers regardless of whether they participate in WIC.

School meals are critical to the health and well-being of students

School meals have been shown to reduce food insecurity and improve school attendance, behavior, and test scores. A growing body of research shows that expanding an option in the National School Lunch Program known as "community eligibility" (which lets schools serving large numbers of low-income children offer breakfast and lunch at no charge to all students) may contribute to a range of positive outcomes for students, including better academic performance, lower student suspension rates, and more students with a healthy body mass index.

The 2022 Conference must build on the strong foundation of current nutrition assistance programs

The 2022 Conference recommendations can build on the legacy of the 1969 Conference by strengthening and expanding access to federal nutrition assistance programs. Recommendations from the 1969 Conference laid the groundwork for major improvements to and expansion of the nation's food assistance programs. For example, the 1969 Conference report stated that "food supplementation of high-risk pregnant women and their infants is warranted," which provided the rationale for the creation of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).⁶⁰ Three years later, Congress authorized a two-year pilot of the program with an annual appropriation of \$200 million. In 1974, the first WIC site opened in Pineville, Kentucky.

There is strong evidence that federal nutrition assistance programs are working well, but there is room for improvement. The list below includes recommendations that would make food assistance programs more effective. It is not comprehensive, but rather is meant to suggest possible areas, both legislative and administrative, for the White House to consider.

⁶⁰ Eileen Kennedy and Johanna Dwyer, "The 1969 White House Conference on Food, Nutrition and Health: 50 Years Later," *Current Developments in Nutrition* 4(6), May 15, 2020, <https://academic.oup.com/cdn/article/4/6/nzaa082/5837561>.

Ensure SNAP benefit adequacy

SNAP's purpose is to help participants afford a variety of healthy foods. SNAP benefit levels are tied to the cost of the Department of Agriculture's Thrifty Food Plan (TFP), a food plan intended to provide adequate nutrition at a budget-conscious cost. SNAP benefits need to be adequate to ensure eligible households do not experience food insecurity.

In August 2021 the Administration updated the TFP for the first time in 15 years. It had been nearly 60 years since it reexamined the TFP's real purchasing power.⁶¹ The bipartisan 2018 farm bill required a reevaluation of the TFP in 2022 and at 5-year intervals thereafter. For the next reevaluation, due in 2027, USDA should assess the impact of the 2022 revision of the TFP on food insecurity and access to healthy eating and incorporate new data on food consumption, food composition, and the Dietary Guidelines for Americans, 2025-2030.

In addition, deductions play an important role in determining SNAP benefits. They reflect the fact that not all of a household's income is available for purchasing food; some must be used to meet other needs. Policymakers should ensure that SNAP deductions are adequate and that households receive the deductions they are eligible for, such as the earnings, dependent care, child support, and medical expense deductions. SNAP expects families receiving benefits to spend 30 percent of their net income on food. Families with no net income receive the maximum benefit, which is tied to the cost of USDA's TFP. For households with net income, the monthly SNAP benefit equals the maximum benefit for that household size minus the household's expected contribution of 30 percent of its net income.

Improve access to SNAP by ending the policy that takes food assistance away from adults who are out of work, increasing participation among immigrants and older adults, and allowing individuals with prior drug convictions to participate

- **Permanently end one of SNAP's harshest rules, which takes away food assistance from individuals who are out of work.** Individuals aged 18 to 50 not living with children are cut off from the program after three months of benefits in any 36-month period when they aren't employed or in a work or training program for at least 20 hours a week. This rule is a time limit on benefits and not a work requirement, as it is sometimes described, because states are not required to provide any way for an individual to meet the requirement — and most do not. Thus, an individual looking for work, or working fewer than 20 hours, will lose food assistance after three months.
- **Restore SNAP for people with drug-related convictions.** SNAP's provision that denies SNAP to formerly incarcerated individuals with drug felony convictions unless their state opts out of the prohibition contributes to food insecurity — 91 percent of formerly incarcerated people are food insecure.⁶² And denying food assistance to people who have completed their

⁶¹ Joseph Llobrera, Matt Saenz, and Lauren Hall, "USDA Announces Important SNAP Benefit Modernization," CBPP, August 26, 2021, <https://www.cbpp.org/research/food-assistance/usda-announces-important-snap-benefit-modernization>.

⁶² Emily Wang *et al.*, "A Pilot Study Examining Food Insecurity and HIV Risk Behaviors Among Individuals Recently Released From Prison," *AIDS Education and Prevention*, Vol. 25, Issue 2, 2013, pp. 123-123, <https://doi.org/10.1521/acap.2013.25.2.112>.

sentences makes it harder for them to get back on their feet and may contribute to high rearrest rates, which are up to 50 percent for people with prior drug offenses.⁶³ While most states have restored eligibility to *some* individuals affected by the ban, these limited restorations leave too many individuals who have completed their sentences and are complying with parole or probation ineligible for SNAP. SNAP's drug felon ban also disproportionately affects people of color, reflecting — and amplifying — the stark racial disparities in the criminal legal system, with impacts extending to these individuals' children and other family members.⁶⁴

- **Increase participation among older adults.** Many older adults have limited income from Social Security and or Supplemental Security Income and could benefit from SNAP benefits. But only about half (48 percent in 2019) of eligible adults aged 60 and over participate in SNAP, though participation rates have risen modestly in recent years.⁶⁵ Moreover, most who would qualify for SNAP also would qualify for Medicare Savings Programs, which defray Medicare premiums and/or cost-sharing charges for seniors near or below the poverty line who are not enrolled in the full Medicaid program, and for the Low-Income Subsidy for the Medicare Part D prescription drug benefit. But participation rates in these programs among low-income seniors also are very low. While these programs have similar eligibility rules, the differences can be confusing and older adults typically must apply for them via duplicative processes and may not be aware of the assistance that is available.⁶⁶ Tackling low participation rates across programs would address food insecurity as well as help low-income seniors make ends meet overall.
- **Lower barriers to SNAP participation among certain immigrants and college students experiencing food insecurity.** SNAP eligibility rules for immigrants and college students are very complicated. Many individuals in these groups with low incomes and for whom assistance with affording food could ease hardship and help them improve their future health and economic well-being are not eligible for SNAP benefits. Others who do qualify are not aware they are eligible; are reluctant to participate out of concern about possible ramifications for their immigration status, even though those concerns are generally not accurate; or face barriers navigating SNAP's sometimes complicated and burdensome application procedures.

Participation by eligible people who are immigrants and children in families that include immigrant adults has decreased substantially in recent years, according to USDA estimates, likely due in large part to the Trump Administration's efforts to discourage immigration and to change the public charge rules to include SNAP and other health and economic support programs within the set of programs considered for public charge determinations. Between 2016 and 2019, the participation rate for eligible people who are immigrants dropped from 66 percent to 55

⁶³ Louis Reedt *et al.*, "Recidivism Among Federal Drug Trafficking Offenders," United States Sentencing Commission, February 2017, <https://www.ussc.gov/research/research-reports/recidivism-among-federal-drug-trafficking-offenders>.

⁶⁴ Marc Mauer, "The Changing Racial Dynamics of the War on Drugs," The Sentencing Project, April 1, 2009, <https://www.sentencingproject.org/publications/the-changing-racial-dynamics-of-the-war-on-drugs/>.

⁶⁵ Alma Vigil, "Trends in USDA Supplemental Nutrition Assistance Program Participation Rates: FY 2016-2019," USDA, March 2022, <https://www.fns.usda.gov/snap/trends-participation-rates-fy-2016-2019>.

⁶⁶ Medicaid and CHIP Payment and Access Commission, "Report to Congress on Medicaid and CHIP," Chapter 3, June 2020, <https://www.macpac.gov/wp-content/uploads/2020/06/June-2020-Report-to-Congress-on-Medicaid-and-CHIP.pdf>.

percent, and from 80 percent to 64 percent for children who are U.S. citizens who live with adults who are immigrants.⁶⁷

Policymakers should consider how to improve access to SNAP for immigrants and college students and other groups who cannot qualify or who have low participation rates because they face enrollment barriers or for other reasons.

Ensure SNAP remains accessible to those eligible by streamlining the application and recertification process. Eligible people who apply should get benefits for as long as they remain eligible and are in need of them.

Gradually over recent decades, SNAP and other income support and health programs have transformed from very labor intensive in-person application and recertification processes to making far greater use of online, telephone, and other technological tools. States adapted and expanded these tools very quickly during the pandemic when they needed to move to remote operations. These tools, combined with the temporary flexibilities that Congress and USDA allowed during the pandemic, helped states manage their workloads and helped participants gain and maintain access to the program.

Policymakers should consider revisions to SNAP rules that would support the use of technology in the SNAP certification process. For example, telephonic signatures and text messaging have shown promise in improving access for some households. Making use of available electronic data sources, when relevant, timely, and accurate can lower documentation burdens on households and state agencies. However, technology does not work for all SNAP households. For example, some households do not have telephones or internet access. Some households, including some with elderly or disabled members and those experiencing homelessness, may prefer an in-person process rather than navigating online and telephone communications. It is important that the program balance the use of promising technology with ensuring that states' certification processes are accessible to everyone.

The recertification process is another area policymakers and program administrators could focus on how technology could be used to improve customer service. Most households need to reapply for SNAP every year (or every two years for households with elderly or disabled members) and are required to submit periodic reports about changes in income and some other circumstances halfway through that period. But the recertification and reporting processes present hurdles for many households that result in eligible households losing out on benefits because of mail issues, difficulty scheduling telephone issues, a verification problem, or other procedural issues. Funding to support states making more use of certain technological advancements such as text messaging, reliable third-party data sources, or information from other programs could help keep eligible households connected to SNAP and save state agencies from needing to spend more time processing re-applications from households that lose benefits for procedural reasons.

Redesign SNAP performance measurement to be more human-centered

⁶⁷ Vigil, *op. cit.*

SNAP's existing performance measurement system almost exclusively emphasizes preventing improper payments. While a rigorous measurement system to assess the accuracy of eligibility and benefit determinations is necessary, it is also important that the measures states and USDA take to achieve accuracy do not undermine the program's primary purpose of providing food assistance to households struggling to afford an adequate, healthy diet.

Information is not currently available to policymakers or the public about how well SNAP is working in terms of the *human* experience of accessing benefits. The 2018 farm bill eliminated SNAP performance bonuses, which were tied to low or improving payment error rates, participation rates among eligible people, and delivering benefits promptly within federal timelines. But states still are subject to fiscal penalties for high payment error rates, which places a disproportionate emphasis on payment accuracy over access for low-income families.

As presented in the National Safety Net Scorecard, on which we collaborated with Code for America, we recommend SNAP performance measurement be redesigned to incorporate measures across three categories:

- **Equitable access:** These metrics help assess whether the programs are open to all eligible people. Are online, telephone, and in-person services available and accessible to all people? How difficult is it to apply? Are people who apply satisfied with their experience?
- **Effective delivery:** Measures in this category examine the smoothness of the process after a person applies. How long does it take to receive benefits? How common is it for cases to be denied for procedural reasons as opposed to reasons related to financial eligibility? Are people who remain eligible able to successfully maintain eligibility?
- **Compassionate integrity:** This category assesses whether people are receiving the benefits to which they are entitled. What share of eligible people participate? How accurate are eligibility and benefit determinations? How smooth is the appeals process?⁶⁸

Protect the responsive structure and features of SNAP

SNAP is a highly effective program that alleviates hunger and poverty, has positive impacts on the long-term outcomes of those who receive its benefits, and supports people in low-paid jobs and those between jobs. Much of SNAP's success is due to its structure: it is designed so that everyone who is eligible can get benefits; it expands automatically to meet needs during tough times; and it targets its benefits to the households with the least resources available to purchase groceries, assisting families with low incomes to obtain adequate nutrition, regardless of where they live. We urge policymakers to consider measures that build on these features and dismiss those that would undermine the program's effectiveness. We briefly discuss a few of these harmful measures below:

- **Restricting SNAP food purchases is untested and would undermine program goals.** The diets of almost all people in the U.S. are in need of improvement. A USDA study found that the food spending patterns of SNAP and non-SNAP household were very similar.⁶⁹

⁶⁸ Code for America, "National Safety Net Scorecard: A New Framework for Assessing Safety Net Delivery," <https://codeforamerica.org/programs/social-safety-net/scorecard/the-national-safety-net-scorecard/>.

⁶⁹ Steven Garasky *et al.*, "Foods Typically Purchased by Supplemental Nutrition Assistance Program (SNAP) Households," USDA, November 2016, <https://fns-prod.azureedge.us/sites/default/files/ops/SNAPFoodsTypicallyPurchased.pdf>.

There's no strong research-based evidence to support restricting the foods that SNAP benefits can purchase. Restricting SNAP food purchases could undermine the proven effectiveness and efficiency of SNAP by adding complexity and costs to the program.⁷⁰ There are better options: providing households with enough resources to purchase healthy food, encouraging the purchase of certain groups of food (like fruits and vegetables), and expanding nutrition education will likely be more effective than food restrictions.

- **Time limits and work requirements in SNAP do not increase employment but increase people's risk of food insecurity.**

Most SNAP participants who can work do so. Joblessness is often a temporary condition for SNAP participants. Studies have repeatedly shown that harsh, restrictive policies like the time limit on SNAP receipt for many non-elderly adults without children in their homes, does not increase employment or earnings, but it does cut off people from the benefits they need to afford food.

Address the inequitable treatment of Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands by working with the U.S. Territories to extend SNAP to their residents

Despite higher levels of poverty than the rest of the U.S., these three territories are excluded from SNAP (unlike Guam and the Virgin Islands) and instead receive block grants for nutrition assistance. Because of the block grants' low, capped levels, these territories have more limited eligibility and/or benefit levels than the SNAP program operated in the states, and the programs are not able to respond to changes in need because of economic downturns or disasters. USDA and Congress have made some progress in recent years by taking steps to address the needs in the territories, document the challenges, and assess the feasibility of changes that would be needed to bring parity to the food assistance provided to these territories' residents. But more needs to be done, in consultation with the territories, to achieve parity in food assistance.

Increase WIC take-up by modernizing participants' experience and strengthening coordination with health care

WIC provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services to low-income pregnant and postpartum people, infants, and children under age 5. A large body of research demonstrates that WIC improves participants' health, developmental, and nutrition outcomes.⁷¹ Yet the share of eligible families who participate in WIC has declined over the last decade, and the reach of this critical program appears to have declined further during the pandemic.⁷² More than 40 percent of eligible individuals do not participate in WIC, with pregnant individuals and children older than age 1 missing out at even higher rates. In 2019, nearly 4 million low-income 1- to 4-year-olds — about one-quarter of *all* children that age in

⁷⁰ USDA Food and Nutrition Service, "Implications of Restricting the Use of Food Stamp Benefits – Summary," March 1, 2007, <https://fns-prod.azureedge.us/sites/default/files/FSPFoodRestrictions.pdf>.

⁷¹ See Steven Carlson and Zoë Neuberger, "WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades," CBPP, updated January 27, 2021, www.cbpp.org/wicworks.

⁷² Lauren Hall and Zoë Neuberger, "Eligible Low-Income Children Missing Out on Crucial WIC Benefits During Pandemic," CBPP, July 12, 2021, <https://www.cbpp.org/wicpandemicparticipation>.

the U.S. — missed out on WIC’s health and developmental benefits despite being eligible.⁷³ Increasing take-up could improve not just the prospects of each child who misses a chance for better health and stronger development, but the prospects of a generation of young children.

Moreover, maternal and infant mortality and associated risk factors are higher for families of color than for white families. Black and Latino women have higher risk of severe pregnancy-related health issues such as preeclampsia. Pregnancy-related deaths are much rarer than other serious pregnancy-related health issues, but they have increased substantially over the past three decades and remain disturbingly high even though most are preventable. Black people are three times likelier to die due to pregnancy than white people. Black, Native American, and Pacific Islander people also have higher shares of preterm births, low birthweight births, or births for which they received late or no prenatal care, compared to white people. In part as a result of these factors, infants of these groups are roughly twice as likely to die as white infants.⁷⁴ Increasing WIC coverage across the board — and for pregnant people of color and their infants, who face greater health risks — can play a role in a broader strategy to improve maternal and child health outcomes overall and mitigate racial and ethnic disparities in such outcomes.

The 1969 White House Conference helped launch the WIC program. The upcoming conference presents an opportunity to elevate the program now that it has a stable infrastructure and proven record of improving health and development.

Certain eligibility expansions could strengthen WIC’s impact and fill gaps in food assistance. Allowing postpartum individuals to remain eligible for two years (rather than the current one year for breastfeeding parents and 6 months for others), would help ensure that parents are healthier if they get pregnant again. Because infant formula is the most expensive item the program provides, the average monthly value of the food an infant receives through WIC is about \$137.⁷⁵ In contrast, the average monthly value of the food a child older than age 1 receives is about \$32. If postpartum parents were made eligible for benefits for longer, the total value of the benefits to a family with a child older than 1 would increase, making it more worthwhile for families to stay on WIC longer. Extending eligibility to five-year-olds who have not yet started full day kindergarten would avoid a gap in assistance for young children who do not yet receive meals in school.

Additional policy changes could help increase take-up. Allowing for remote participation on an ongoing basis, extending certification periods to two years, and aligning certification periods across family members would simplify participation and make it easier for families struggling to put food on the table to continue participating in WIC while juggling work and child care.

⁷³ USDA, “National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2019: Final Report,” February 2022, Tables 3.6 and 4.1, <https://fns-prod.azureedge.us/sites/default/files/resource-files/WICEligibles2019-Volume1-revised.pdf>.

⁷⁴ Samantha Artiga *et al.*, “Racial Disparities in Maternal and Infant Health: An Overview,” Kaiser Family Foundation, November 10, 2020, <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>.

⁷⁵ WIC obtains formula at a substantial discount, so the average monthly cost to the federal government of that \$137 monthly infant food benefit is only about \$45. For more information on the competitive bidding process WIC uses to obtain discounts on infant formula, see www.cbpp.org/wiccompetitivebidding.

Further, the \$390 million American Rescue Plan Act investment in outreach, modernization, and innovation offers a strong springboard for administrative action to revamp WIC. Looking to the next phase of the program, the areas described below offer opportunities to further strengthen it.

Strengthening outreach and retention in WIC. As participation by infants and postpartum individuals is relatively high, outreach and retention efforts can be focused on enrolling pregnant individuals earlier and preventing children from leaving the program, or reenrolling them if they do. Extending postpartum eligibility to two years would help retain children on the program along with their parents and would allow for coordination with Medicaid as states now have the authority to extend Medicaid postpartum coverage for up to a year.

Targeted outreach to families that are already participating in Medicaid or SNAP, who are automatically income-eligible for WIC, is a promising strategy to reach the bulk of families that are eligible but not participating in WIC, including pregnant individuals and those whose infants participated but have dropped off.⁷⁶ As of last summer, 29 states received Medicaid or SNAP data for this purpose or were setting up such data sharing.⁷⁷ Eventually, every state WIC program could receive data monthly from Medicaid and SNAP to identify individuals who are eligible for WIC but not enrolled and then conduct targeted outreach to them.⁷⁸ Once established, this kind of data sharing and outreach could operate routinely as a mechanism to connect or reconnect eligible families with WIC. To set an expectation that this kind of outreach should be a routine component of program operations and to support implementation, under current rules and using American Rescue Plan Act funding, USDA and HHS could:

- Encourage state agencies that run WIC, Medicaid, and SNAP to develop a cross-enrollment plan;
- Issue guidance and a toolkit⁷⁹ to clarify that state Medicaid agencies can share data with WIC agencies to conduct targeted outreach and to encourage Medicaid agencies to work with WIC agencies to develop WIC cross enrollment plans;
- Provide grants and technical assistance to help states implement their plans and work toward their cross-enrollment goals;
- Publish an annual state-by-state measure of how many pregnant individuals and children under 5 participate in Medicaid or SNAP as well as WIC.

These efforts could be combined with targeted outreach to groups that might be underrepresented in Medicaid or SNAP, such as families that with immigrants or American Indian and Alaska Natives, through partnerships with immigrant-serving community-based organizations and programs oriented toward AIAN people, like the Indian Health Service (IHS) and the Food Distribution Program on Indian Reservations (FDPIR).

⁷⁶ Jess Maneely and Zoë Neuberger, “Using Data Matching and Targeted Outreach to Enroll Families With Young Children in WIC,” Benefits Data Trust and CBPP, January 5, 2021, www.cbpp.org/wicpilotreport

⁷⁷ Zoë Neuberger, “WIC Coordination With Medicaid and SNAP,” CBPP, October 1, 2021, www.cbpp.org/wiccollaborationsurvey.

⁷⁸ For a toolkit that allows state staff to develop a plan to implement data matching and targeted WIC outreach, see www.cbpp.org/wicdatamatchingtoolkit.

⁷⁹ This toolkit could serve as a model: U.S. Department of Health and Human Services Administration for Children and Families (ACF) and Centers for Medicare & Medicaid Services (CMS), “Toolkit on Data Sharing for Child Welfare Agencies and Medicaid,” January 20, 2022, <https://www.acf.hhs.gov/sites/default/files/documents/cb/data-sharing-and-medicare-toolkit.pdf>.

Modernizing participants' experience. Providing services in combination with food benefits is one of WIC's strengths. In part as a result of this orientation toward working directly with families, WIC has been slower to modernize in various ways than other benefit programs. The Administration could take measures to simplify enrollment and recertification, and support more flexible models for service delivery, to better serve families in ways that work best for them, with the goal of providing an uncomplicated process for obtaining benefits and receiving services regardless of where a family participates.

Over the past decade, many state and local WIC agencies have implemented strategies to simplify the certification process to make it easier for families to enroll in WIC and to continue receiving benefits for as long as they remain eligible.⁸⁰ Some practices that improve participants' experience have become widely, but not universally, adopted, like sending text reminders for appointments with information about where to go, what to bring, and what to expect. Other such practices remain rare, like allowing online appointment scheduling.

More recently, under the waivers USDA granted during the pandemic, agencies rapidly adopted new practices and technologies to make WIC accessible while keeping families and staff safe. Practices that agencies had been piloting before the pandemic became nearly universal, like accepting documents electronically and offering telephone or video certification appointments. While these practices are now in widespread use and have been well-received, WIC's rules regarding enrolling and receiving benefits and services remotely must be updated so they can remain in use on an ongoing basis once the COVID-19 waivers expire.⁸¹

The lessons learned from these efforts both before and during the pandemic, and the funding provided under the American Rescue Plan Act for modernization, provide an opportunity to enhance and expand successful practices among WIC agencies to elevate participants' experience from the time they apply throughout their certification and recertification experiences. USDA can play an important role in supporting this transformation by providing technical assistance regarding how practices adopted during the pandemic can be strengthened and incorporated into ongoing operations and creating opportunities for peer sharing and support among state and local WIC agencies. To promote adoption of key customer service practices, under current program rules USDA could:

- Build on the WIC Nutrition Services Standards to set performance expectations with regard to certification and retention practices that are reasonable, achievable and measurable.
- Set an expectation of continuous quality improvement in certification practices by adding it to management evaluations and monitoring reviews.
- Work with states to develop technology solutions that allow families to complete the application process online through free-standing or multi-benefit applications and then integrate the data gathered through these applications into WIC systems.

⁸⁰ Zoë Neuberger, "Streamlining and Modernizing WIC Enrollment," CBPP, December 17, 2020, www.cbpp.org/wiccasestudies.

⁸¹ A toolkit state WIC agencies can use to identify and implement ways to streamline WIC certification and participation is available at www.cbpp.org/wiccertificationtoolkit.

- Establish a voluntary program to recognize excellence in state and local WIC agencies to promote adoption of promising practices and innovations in certification practices and customer service.

Integrating WIC with health care. When WIC was established, many low-income children did not have health insurance or an ongoing primary care provider. Now that far more low-income families have access to prenatal, postpartum, and pediatric care, strengthening ties between WIC and Medicaid, as well as WIC and health care providers, would allow for streamlined enrollment and better coordination of care. To play a key leadership role, under current rules and using American Rescue Plan Act funding, USDA and HHS could:

- Work with states to develop methods to electronically import data entered by applicants, health care providers, or other programs into WIC data systems and data sharing mechanisms that allow two-way communication between WIC and health care providers.
- Help WIC agencies gain access to information in Health Information Exchanges to facilitate referrals, simplify WIC certification for families, reduce data collection for WIC staff, and allow staff to offer more tailored nutrition counseling at initial certification appointments.
- Integrate Medicaid or SNAP eligibility data into WIC systems to automatically populate certain demographic information and confirm eligibility factors, such as residence.
- Work with states to develop service models that allow patients to get certified for WIC from their health care provider’s office. Models could include co-location focused on integrating services; combining an electronic referral, including data needed for certification, with a video-conferencing connection from the provider’s office to WIC; or placing WIC staff in hospitals to enroll newborns as quickly as possible and support a parent’s early breastfeeding.
- Encourage state Medicaid agencies to adopt policies and strategies that increase WIC take-up and improve outcomes for Medicaid/CHIP enrollees, such as
 - Using Medicaid financing to support community health workers (CHWs) and doulas who can connect eligible Medicaid enrollees to WIC;
 - Using Medicaid managed care contracting options to address social drivers of health, including addressing food insecurity by building WIC participation;⁸² and
 - Using a CHIP Health Services Initiative (an option to allocate unspent CHIP administrative funds to activities aimed at improving child health) to support WIC enrollment among infants and young children.

Increasing WIC food benefits, improving the shopping experience, and providing stronger support for infant feeding. The amount and appeal of the specific foods WIC provides, in combination with the ease of shopping for WIC foods, are important factors in families’ decisions about participating in WIC. When offered the opportunity to use self-checkout, curbside pick-up, drive-through windows, and special WIC food sections in stores, participants use these options and

⁸² For example, when soliciting bids for Medicaid managed care, a state could require bidders to demonstrate their plans for addressing food insecurity by helping to build WIC enrollment or work with community-based organizations well-versed in how to build WIC participation.

report favorable experiences with them.⁸³ Furthermore, WIC provides critical support for families as they decide how to feed their babies, either by supporting breastfeeding or by providing infant formula to families that might not otherwise be able to afford it. To strengthen these aspects of WIC, under current law the Administration could:

- Expand the WIC food package by making permanent the current increase in WIC’s cash value benefit for fruit and vegetables and providing more of the foods that tend to be under-consumed by participants, guided by the most recent science-based National Academies’ recommendations and the latest Dietary Guidelines for Americans.⁸⁴
- Modernize shopping by implementing the recommendations of the Task Force on Supplemental Foods Delivery.⁸⁵
- Ensure that all electronic benefits can be loaded remotely by helping states transition from offline to online EBT systems.⁸⁶
- Strengthen breastfeeding support by launching a government-wide initiative to support breastfeeding – including support for paid leave, workplace policies that facilitate breastfeeding, an expansion of HHS’ Birthing-Friendly hospital initiative,⁸⁷ and regulation of formula marketing – to address barriers to breastfeeding that go beyond WIC’s reach and to create an environment in which WIC’s breastfeeding supports can be most effective.
- Ensure access to infant formula by harnessing WIC’s competitive bidding process to strengthen resiliency and competition in the infant formula sector without jeopardizing the savings that play a critical role in maintaining WIC’s ability to serve all eligible applicants.⁸⁸

Reduce hunger when schools are closed by establishing a permanent nationwide summer EBT

The pandemic exposed and exacerbated a long-standing problem: when children stop receiving the free or reduced-price school meals they rely on during the school year, some children face

⁸³ Lorrene Ritchie *et al.*, “Multi-State WIC Participant Satisfaction Survey: Learning From Program Adaptations During COVID,” National WIC Foundation, December 2021, <https://s3.amazonaws.com/aws.upl/nwica.org/nwamulti-state-wic-participant-satisfaction-survey-national-report-final.pdf>.

⁸⁴ National Academies of Sciences, Engineering and Medicine, “Review of WIC Food Packages: Improving Balance and Choice,” 2017, <https://nap.nationalacademies.org/catalog/23655/review-of-wic-food-packages-improving-balance-and-choice-final>.

⁸⁵ USDA Food and Nutrition Service, “Task Force on Supplemental Food Delivery in the WIC Program – Recommendations Report,” September 30, 2021, <https://www.fns.usda.gov/wic/food-delivery-task-force-recommendations-report>.

⁸⁶ Lauren Hall and Zoë Neuberger, “Eligible Low-Income Children Missing Out on Crucial WIC Benefits During Pandemic,” CBPP, October 5, 2021, www.cbpp.org/wicpandemicparticipation.

⁸⁷ U.S. Department of Health and Human Services, “CMS Proposes Policies to Advance Health Equity and Maternal Health, Support Hospitals,” April 18, 2022, <https://www.hhs.gov/about/news/2022/04/18/cms-proposes-policies-advance-health-equity-maternal-health-support-hospitals.html>.

⁸⁸ Zoë Neuberger, Katie Bergh, and Lauren Hall, “Infant Formula Shortage Highlights WIC’s Critical Role in Feeding Babies,” CBPP, June 22, 2022, <https://www.cbpp.org/research/food-assistance/infant-formula-shortage-highlights-wics-critical-role-in-feeding-babies>.

periods of food hardship, which is disproportionately experienced by Black and Latino children, and can have lasting impacts on children’s health and learning.⁸⁹

School meals play a critical role in preventing hunger during the school year, but long-standing federal summer nutrition programs reach just 1 in 7 of the children who rely on free or reduced-price meals during the school year.⁹⁰ As a result, children’s food hardship generally rises during the summer.

Supplemental grocery benefits for low-income children provided through a Summer Electronic Benefits Transfer (EBT) demonstration program, launched in 2011, measurably decreased food hardship and improved the quality of children’s diets. Despite its success, policymakers have provided only limited funding for this demonstration, enabling only a few states to offer it each year. But there has been bipartisan interest in more comprehensively addressing the long-standing issue of summer hunger among children.

In response to children missing out on school meals during the pandemic when school buildings were closed and classes were conducted online, policymakers established the Pandemic Electronic Benefit Transfer program (P-EBT) program, which provides grocery benefits to replace meals children are missing at school. Recognizing the program’s effectiveness, Congress temporarily extended and expanded it to cover younger children and the summer months.⁹¹ The program provides benefits on Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) cards or similar EBT cards, which families can redeem at grocery stores.

Researchers found that receipt of P-EBT benefits reduced the share of SNAP households where children experienced very low food security by 17 percent and reduced food insufficiency among SNAP households by 28 percent.⁹² P-EBT’s success at reducing food hardship further demonstrates how effective an ongoing Summer EBT program could be at reducing child hunger.

Policymakers could reduce summer food hardship by building on the demonstration projects and P-EBT to establish a permanent nationwide Summer EBT program.

⁸⁹ Mark Nord and Kathleen Romig, “Hunger in the Summer: Seasonal food insecurity and the National School Lunch and Summer Food Service programs,” *Journal of Children and Poverty*, Vol. 12, No. 2, 2006, pp. 141-158, <https://www.tandfonline.com/doi/abs/10.1080/10796120600879582>; Jin Huang, Ellen Barnidge, and Youngmi Kim, “Children Receiving Free or Reduced-Price School Lunch Have Higher Food Insufficiency Rates in Summer,” *Journal of Nutrition*, Vol. 145, No. 9, September 2015, pp. 2161-68, <https://doi.org/10.3945/jn.115.214486>.

⁹⁰ Food Research and Action Center (FRAC), “Hunger Doesn’t Take a Vacation: Summer Nutrition Status Report,” August 2020, <https://frac.org/wp-content/uploads/FRAC-Summer-Nutrition-Report-2020.pdf>.

⁹¹ Summer P-EBT was authorized in the Families First Coronavirus Response Act (P.L. 116-127) and amended in the Continuing Appropriations Act, 2021 and Other Extension Act (P.L. 116-159), Consolidated Appropriations Act, 2021 (P.L. 116-260), and American Rescue Plan Act of 2021 (P.L. 117-2).

⁹² Lauren Bauer, Krista Ruffini, and Diane Whitmore Schanzenbach, “An update on the effect of Pandemic EBT on measures of food hardship,” Brookings Institution, September 29, 2021, https://www.brookings.edu/research/an-update-on-the-effect-of-pandemic-ebt-on-measures-of-food-hardship/?utm_campaign=Brookings%20Brief&utm_medium=email&utm_content=166599953&utm_source=hs_email. As explained in the technical appendix, households were considered to have very low food security among children if they reported that the children sometimes or often did not eat enough in the last seven days because the household could not afford food. Households that experienced food insufficiency reported that they were sometimes or often not able to get enough to eat in the previous seven days.

Expand the Community Eligibility Provision so that more schools that primarily serve low-income students can participate and automatically enroll low-income students for free or reduced-price school meals regardless of where they attend school

Under pandemic-related waivers, the vast majority of school districts have been able to offer free meals to all students for the 2020-2021 and 2021-2022 school years. The current flexibility is not in place for the 2022-2023 school year, but there is widespread interest in making this a permanent policy.

Providing free meals to all students regardless of income would have clear benefits for children and schools. Public schools are designed to be environments where students are treated equally regardless of income; they don't charge for other items that are essential to learning, like textbooks, science lab supplies, or desks, so charging for meals is out of step. Providing free meals to all students would reduce the stigma associated with school meals, which sometimes leads low-income children — especially middle and high school students — to skip meals or eat less healthy food instead. It would also contribute to an inclusive school environment, which could benefit low-income students and students of color in ways beyond what they eat. And it would vastly simplify administration of the school meal programs, reducing paperwork for families and freeing up school resources for other educational priorities.

A growing body of research shows that providing meals at no cost to all children in high-poverty schools through the federal Community Eligibility Provision (CEP) may contribute to a range of positive nutritional outcomes for students. Strong evidence indicates that CEP increases meal participation and the reach of the School Breakfast Program and the National School Lunch Program. Increased meal participation rates occurred among students previously eligible for free and reduced-price meals, as well as those previously above the eligibility threshold.⁹³ There is limited, but suggestive, evidence that CEP improves nutrition and food security outcomes. For example, one study, comparing students in Georgia schools with community eligibility to those in schools without, found that community eligibility increased the share of elementary and middle school students with healthy body weights and reduced average student body mass index.⁹⁴ Another study looking at a sample of CEP-eligible schools in Maryland found that students at CEP-eligible but non-participating schools were twice as likely to be in food-insecure households compared to students in schools participating in CEP.⁹⁵

⁹³ Amelie Hecht, Keshia Pollack Porter, and Lindsey Turner, “Impact of The Community Eligibility Provision of the Healthy, Hunger-Free Kids Act on Student Nutrition, Behavior, and Academic Outcomes: 2011–2019,” *American Journal of Public Health*, Vol. 110, August 2020, <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.305743>.

⁹⁴ Will Davis and Tareena Musaddiq, “Estimating the Effects of Subsidized School Meals on Child Health: Evidence from the Community Eligibility Provision in Georgia Schools,” 7th Annual Conference of the American Society of Health Economists, April 22, 2018, https://static1.squarespace.com/static/5ad910ec365f02f74f353357/t/5aec97feaa4a99fc541bc0eb/1525454848660/Davis_Musaddiq_2018.pdf.

⁹⁵ Susan Gross, *et al.*, “Household Food Security Status of Families with Children Attending Schools that Participate in the Community Eligibility Provision (CEP) and Those with Children Attending Schools that are CEP-Eligible, but Not Participating,” *Journal of Hunger and Environmental Nutrition*, Vol. 16, No. 2, October 2019, <https://www.tandfonline.com/doi/abs/10.1080/19320248.2019.1679318?journalCode=when20>.

Yet providing free meals to all students would require a substantial new infusion of funding, which would predominantly cover the cost of meals to children who do not already qualify for free or reduced-price school meals. When deciding how to prioritize investments, it's important to consider how effectively they would reduce food insecurity. Making an investment of this magnitude in another federal nutrition program like SNAP or Summer EBT would be more likely to reduce food insecurity for low-income children. Likewise, anti-poverty investments described above, such as a refundable Child Tax Credit, housing assistance, or child care might do more to reduce food insecurity and improve well-being for low-income children.

To continue bringing free meals to all students in more schools in *low-income communities*, policymakers should make it easier for schools serving large numbers of low-income children to offer meals at no charge under the existing federal Community Eligibility Provision.⁹⁶

First implemented by schools in Illinois, Kentucky, and Michigan in 2011, community eligibility has transformed how children in low-income areas receive meals at school. It lets schools offer breakfast and lunch at no charge to all students and eliminates the need for schools to collect and process school meal applications, thereby increasing participation, reducing paperwork for families, and reducing administrative work for schools. It also reduces the stigma that students sometimes associate with eating free or reduced-price school meals and eliminates the meal fees that school districts struggle to collect from families.

Community eligibility is associated with a range of positive outcomes for students, including better academic performance, lower student suspension rates, and more students with a healthy body mass index, a growing body of research shows.⁹⁷

The program's reach also speaks to its success. During the 2021-2022 school year, more than 16 million children in more than 33,000 schools and more than 5,000 school districts received free meals through community eligibility — representing more than 1 in 4 (or 28 percent of) elementary and secondary students nationwide.⁹⁸

Community eligibility is only available to schools with large shares of students from low-income families. For a school (or group of schools) to qualify, 40 percent or more of its students must be directly certified, as explained below. Many other children in these schools are approved for free or reduced-price meals based on an application; few are much above the income limit for reduced-price meals.

⁹⁶ Zoë Neuberger, “By Acting Now, Policymakers Can Connect More Low-Income Children With School Meals,” CBPP, September 2, 2021, <https://www.cbpp.org/blog/by-acting-now-policymakers-can-connect-more-low-income-children-with-school-meals>.

⁹⁷ Arloc Sherman *et al.*, “Recovery Proposals Adopt Proven Approaches to Reducing Poverty, Increasing Social Mobility,” CBPP, August 5, 2021, <https://www.cbpp.org/research/poverty-and-inequality/recovery-proposals-adopt-proven-approaches-to-reducing-poverty>; Amelie A. Hecht, Keshia M. Pollack Porter, and Lindsey Turner, “Impact of The Community Eligibility Provision of the Healthy, Hunger-Free Kids Act on Student Nutrition, Behavior, and Academic Outcomes: 2011–2019,” *American Journal of Public Health*, Vol. 110, No. 9, September 2020, <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.305743>.

⁹⁸ <https://frac.org/wp-content/uploads/cep-report-2022.pdf> and National Center for Education Statistics, “Table 105.20. Enrollment in elementary, secondary, and degree-granting postsecondary institutions, by level and control of institution, enrollment level, and attendance status and sex of student: Selected years, fall 1990 through fall 2029,” March 2021, https://nces.ed.gov/programs/digest/d20/tables/dt20_105.20.asp.

Under community eligibility, school districts must cover any costs that exceed the federal reimbursement. Because the reimbursement sometimes falls short of covering a school’s full meal costs, many eligible schools have chosen not to participate — including more than 3,100 eligible districts and more than 11,500 eligible schools in the 2021-2022 school year.

Expanding community eligibility by making more schools eligible, increasing reimbursements, and offering a statewide option, as the Administration proposed to do in the American Families Plan, would mean that more children would attend schools where meals are free for all students, which would simplify program administration, reduce the stigma children sometimes feel about participating in the program, and ensure that low-income children aren’t left out because they don’t apply.

While community eligibility increases access to free meals within a school that serves a large number of low-income students, a policy known as “direct certification” improves access to free or reduced-price school meals for low-income children regardless of where they attend school.

To ensure that families who are most likely to face food hardship have access to free school meals, policymakers have enabled certain categories of children to be enrolled for free school meals automatically through an electronic data-matching process called direct certification. States or school districts match the names of children living in households that receive certain federal benefits (the most common of which is SNAP) with school enrollment records. Such students are approved for free school meals automatically, so that their families do not have to complete a school meals application. In addition to enrolling children who might not otherwise receive free meals, direct certification eliminates the burden on families of having to complete application and verification processes for benefits when the state already has data establishing their eligibility.

Since direct certification became available nationwide in 1989, federal policymakers have taken numerous steps to improve the process because direct certification improves access to school meals, reduces the administrative burden of operating the school meals programs, and improves enrollment accuracy by relying on income data that has been rigorously assessed by another program. Currently, school districts must directly certify children in households that receive SNAP. School districts also can conduct data matching to directly certify children receiving TANF cash assistance or FDPIR benefits and children in foster care. In addition, school districts can directly certify children who are homeless, runaway, migrant, or in Head Start based on documentation from relevant officials.

Under a demonstration project launched in the 2010 Healthy, Hunger-Free Kids Act, children who are receiving Medicaid and in families with income below 185 percent of the federal poverty line may be directly certified in some states. The share of students certified for free school meals rose as a result of using Medicaid data, a USDA study showed.⁹⁹ By letting all states directly certify low-income children who are enrolled in Medicaid for free school meals, as proposed in the American Families Plan, policymakers could build on the demonstration to simplify enrollment for more children who are eligible for free meals.

⁹⁹ USDA Food and Nutrition Service, “Evaluation of the Direct Certification with Medicaid for Free and Reduced-Price Meals (DCM-F/RP) Demonstrations, Year 2,” September 15, 2020, <https://www.fns.usda.gov/nslp/evaluation-direct-certification-medicaid-free-and-reduced-price-meals-dcm-frp>.

Efforts to expand community eligibility focus on improving access to free meals in schools in low-income communities. Expanding direct certification would benefit low-income students wherever they attend school by allowing them to benefit from a simplified enrollment process. Expanding the data sources available for direct certification also would make it easier for schools to identify their low-income students and, thus, it would qualify more schools for community eligibility or would qualify eligible schools for a higher reimbursement rate under it.

Support tribal sovereignty and strengthen food security in Native communities

American Indians and Alaska Natives experience food insecurity at a much higher rate than white people. The 2018 farm bill included administrative improvements to the Food Distribution on Indian Reservations (FDPIR) program, which provides food packages to Native American families who live in designated areas near reservations and in Oklahoma as an alternative to SNAP. The bill also authorized demonstration projects through which Indian Tribal Organizations, instead of USDA, can directly purchase commodities for their FDPIR food packages. Congress should work with tribal stakeholders to build on this progress and strengthen food security in Native communities.