Federal Nutrition Investments and School Readiness
CARSS School Readiness Design Conference

Remarks by Jim Weill
President, Food Research and Action Center
September 30, 2010

A lot of the discussion at this meeting so far concerns whether certain demonstrations or localized projects are successful, should be taken to scale, and can be taken to scale.

This panel and my particular topic involve a very different set of issues: programs that already function on a very large scale, and whether there are ways to improve their efficacy or bolster their success for young children, and whether they can serve as platforms for applying collaborative school readiness strategies.

In particular, there are three federal nutrition programs with broad early childhood applicability: SNAP/food stamps, WIC, and the Child and Adult Care Food Program.

For each, I am going to briefly describe its reach, how and why the reach should be expanded, and then suggest some strategies for doing more for young children with the program.

But let me start with a snapshot of U.S. hunger and food insecurity.

Every year the Census Bureau asks a series of questions designed to determine how many households are “food insecure,” and the depth of the problem.

In 2008, there were 49 million people living in food insecure households – up from 36 million in 2007. (We don’t have the 2009 data yet.) Overall, 14.6 percent of households were food insecure.

Rates are much higher among African-American and Hispanic households; and they are considerably higher among households with children, and higher still among households with young children. In 2008, 22.3 percent of households with children under six years of age suffered from food insecurity – half again as high as the overall rate.

And the food insecurity problem is everywhere. My organization has been analyzing results of a Gallup poll that is large enough to allow us to look at Congressional District data, and in 2008-2009 15 percent or more of the people in 311 Congressional districts answered “yes” to the question whether there had been times in the prior 12 months that they did not have enough money to buy food that they or their family needed.

In food insecure households, the depth of children’s deprivation varies, from (rarely) going without food for a day, to having to skip meals, to getting enough food but eating an unhealthy diet, to watching parents or siblings go hungry so they can eat, to accompanying their parents on lines at food pantries. There is much less outright hunger among children than among parents.
because adults shield the children, but the children’s diets tend to be very poor in nutrients. Also, the reluctance of parents to admit to interviewers that they can’t feed their children – and the many reports from schools and child care providers about the trepidation children feel about going home at the end of the week to empty cupboards, and how ravenous they are when they return on Monday morning – suggest that the official data may understate the depth of childhood hunger.

The adverse results of food insecurity for young children are well-established:

Pregnant women who do not eat enough nutritious foods increase their babies’ risk of being born with low birthweight and dying in infancy, as well as adversely affecting long-term infant health, growth, and development trajectories.

Food insecurity impairs proper physical growth and development in young children and creates pathways for poor health.

Children who suffer from early food insecurity also are more likely to experience mental health issues through their adolescence and young adulthood.

And food insecurity in early childhood can limit a child’s cognitive and socio-emotional development.

Children suffer in food insecure households even if they themselves are food secure but the parents are not. Parental food insecurity – and the stress, deprivation, lethargy and other outcomes for parents when their diets are inadequate – translates into a range of bad outcomes for children.

Obesity also is a serious and growing problem among low-income families, and one connected to food insecurity (and worsening outcomes for children).

For these reasons, the federal food programs are fundamental to supporting low-income families and can be crucial to population scalable platforms to increase school readiness. The programs not only reduce hunger and boost family economic security, but they support the healthy nutrition, cognitive development and good health necessary for the success of early learning initiatives. They also strengthen families and support the quality of child care. And they sometimes can be platforms for connecting other interventions.

These federal nutrition programs are very large in part because the large majority of families, especially young families, have been doing so badly for the last 40 years. As wages have stagnated and fallen (even before the recession) for the bottom third of workers, and supports like TANF have shrunk, the federal nutrition programs have taken on more and more of the burden of propping up America’s children. This is both a good thing – the programs are there, and they are very helpful – and a bad thing – this is not the optimal way to support child development, to compensate for (and in some ways be an enabler for) falling wages, or to patch an otherwise tattered safety net.
To give one snapshot of what has happened, these programs (the three I’m discussing plus school lunch and breakfast and summer food) spent about $30 billion in President Clinton’s last year, about $60 billion in President Bush’s last year, and will spend about $90 billion this year. To give another example, each month nationally there are nearly 10 times as many people receiving food stamps as receive TANF, and in some states like Florida, 25 times as many people receiving SNAP as TANF.

**Special Supplemental Nutrition Program for Women, Infants, and Children: Improving Low-Income Children’s School Readiness**

So, with that background, let me start with WIC – the Special Supplemental Nutrition Program for Women, Infants and Children. The core of WIC is a monthly package of food-specific checks that can be used in the grocery store to buy identified types of healthy foods. WIC also provides counseling and health referrals. As you all know – and I won’t elaborate here – WIC has a proven track record of improving child health and cognitive development outcomes.

Beneficiaries are pregnant women, new mothers, infants, and children up to age five. In 2009, more than 9.1 million women, infants, and children were enrolled each month.

At any given time, half of all pregnant women and half of all infants in the U.S. are receiving WIC. Sometimes when I say this in talks, it startles people. But it basically is a manifestation of forty years of growing economic inequality.

Since WIC began, the country as a whole has gotten considerably wealthier. Average per capita income, adjusted for inflation, grew 50 percent from 1973 to 2008. But that is just the average, and income gains have been concentrated at the top. Exacerbating that for the WIC-eligible population, the distribution of income when broken down by the age of adult household heads also has gotten more and more unequal. Most households headed by persons under age 40 have much lower incomes than their counterparts did when WIC began, while households with older adults have gained some ground. Obviously, most women of childbearing age, infants and young children – potential WIC beneficiaries – are in these young families.

Among the sub-group of young families with children where the household head is under age 30, median income fell from $39,817 in 1973 (in 2007 dollars) to $30,503 in 2007, before the recession – a drop of 23.4%.

Second, and closely related, 56 percent of these families with children (with a head under age 30) had incomes below 200 percent of the poverty line in 2007.

In other words, the economic struggle for young parents and their young children is in many ways considerably worse than when WIC began, in a less affluent America, in large part as a response to their economic struggles. And we can only guess how much worse the 2010 – or 2012, or 2014 – numbers will be than the 2007 numbers.

* Unpublished data from Professor Andrew Sum, Center for Labor Market Studies, Northeastern University.
Because WIC is not an entitlement (unlike almost all of the other major federal nutrition programs), state and local WIC programs triage the eligible population in varying ways that usually have the most dramatic effect on limiting participation of children over the age of one. For example, USDA reports that WIC reaches 87 percent of eligible breast-feeding women, 80 percent of eligible infants, but only 40 percent of eligible children. We need strategies that will increase these numbers, especially for 1-4-year-olds. If children are losing large amounts of ground between ages 3 and 4, as has been suggested here, we should look at the role of WIC in unwittingly facilitating that, and how WIC can contribute to fixing it—we need to reach more children after infancy with WIC.

Still, WIC reaches very large numbers of children as well as infants, and it would be important to find scalable WIC-based quality practices that help drive school readiness. There is considerable opportunity for WIC outreach and for WIC collaborations such as Head Start partnerships. A few examples are:

- Collaborating with other statewide agencies and organizations serving WIC-eligible families. This includes establishing referrals from child care providers;

- Targeted multicultural and multilingual outreach and social marketing campaigns which increase participation in underserved communities;

- Efforts to weave together services that address the multiple needs of WIC families through health and nutrition education that collaborates with parenting, literacy, child care and early childhood development initiatives, as has been discussed today.

Getting WIC programs to cooperate with other service efforts is sometimes, however, an “uphill battle.” While federal funding for WIC counseling services (on top of the money for nutrition benefits themselves) is robust—considerably more so than with other major income support and health programs, WIC providers feel overwhelmed. They provide extensive nutrition counseling and health care referrals, and often have resented other service requirements Congress has imposed (e.g., voter registration support). In other words, WIC is a natural home for much of this work, but implanting it would need to be a careful, project-by-project process.

**SNAP**

Let me now turn to “SNAP” (the Food Stamp Program was renamed the Supplemental Nutrition Assistance Program—or SNAP—in 2008, though many states still call it by the name “food stamps,” or other names like “food card”).

Before the recession SNAP was reaching about 28 million people a month. Today it is reaching more than 41 million people/month.

SNAP has few categorical restrictions— it covers seniors, children and caretakers, disabled persons, and non-disabled working age adults without children, though for that last group there are severe restrictions (albeit they have been largely waived on a temporary basis during the recession).
Among eligible groups, rates of actual participation vary dramatically. For the eligible population as a whole, only two out of three eligible people participate. Rates are particularly low among seniors, working families, and legal immigrant families. For families with children, participation rates are about 80 percent. And children represent half of all SNAP participants (and they and their families receive about 80 percent of all benefits).

There are roughly 6.9 million children under age five in the program now, if the age breakdown today is the same as it was in 2008 – the last year of analyzed data regarding the ages of beneficiaries.

There is, of course, a lot of movement in and out of the program. One estimate is that half of all children – and 90 percent of African-American children – have at least one spell of SNAP receipt during childhood.

Monthly benefit amounts are predicated on purchasing a diet conceptualized during the Depression as adequate on an emergency basis and called the Thrifty Food Plan. It is not enough to get families through the month – unless you are a top-notch buyer and cook, live close to reasonably-priced and well-stocked food stores, and have three hours/day to cook from scratch.

The amount of the Thrifty Food Plan is about 20 percent below the BLS Lower Standard budget – the amount the government really believes that a family minimally needs.

In the 2009 economic recovery act Congress created a temporary boost in monthly allotments of 13.6 percent. But it is scheduled to end in 2014. To give a sense of what this means, anti-hunger groups in New York City and elsewhere are challenging journalists and policymakers to feed themselves for a few days on the average allotment of $4.33 per person per day, and then to live on the $3.75 per person per day available when the boost runs out or Congress cuts it off.

Despite its inadequate benefits, SNAP protects many children from food insecurity, particularly from severe food insecurity; reduces hospitalization; and reduces cognitive development deficits.

There is a great deal of research on SNAP receipt that needs to be applied, revisited, and built upon. Much of the existing research is not actively used by the state and local agencies that operate the program. We know, for example, that requiring applicants to be fingerprinted doesn’t catch or deter fraud but deters many eligible people from applying. Yet three states and New York City require finger imaging. We also know the impact that overwhelming (and often unnecessary) paperwork, requiring repeat visits to the welfare office by working families, and so on, has in suppressing participation, yet such barriers are common.

There are many other things it would be good to know.

- Have there been positive effects of the significant (but temporary) increase in benefits Congress passed last year, and if so what are they?

- What is the effect of varying local food costs on children’s healthy eating and school readiness? Of high prices and restricted availability of food in food deserts?
• What is the effect of giving mothers 80 percent of what they need to feed themselves and their families and criticizing them (implicitly or explicitly) for failing to do so, or do so healthily, while offering them weak nutrition education programs. The government implicitly (at best) tells mothers that their failures here result from their weak cooking or shopping or parenting or employment skills, and their failure to have a car or be willing to ride a bus 45 minutes to get food. Would children be better off if we were straightforward with their parents – that we are asking them to do the impossible, and that, if our expectations were reasonable, they are meeting and exceeding them?

Money (and, in the instance of SNAP, benefits that are close to money) matters hugely to child development for so many reasons. It provides access to better food, better housing, better health care and child care, better communities and better services. It helps compensate for the mistakes all parents make. It supports resilience.

As a nation we have to address the toxic mix of family poverty, maternal depression and unbearable stress that has been discussed in this conference. The economy at this point in our history (and I don’t mean just since the recession) is driving up poverty, stress and family dysfunction among young families, not to mention school unreadiness, and we need to look candidly at the strengths and weaknesses of support programs in pushing back against those forces, and how to strengthen the programs further.

On the more specific question of whether SNAP can serve as a platform through which other school readiness programs can reach families, there are limitations. The SNAP application and eligibility determination process typically takes place in a “welfare office” that even in normal economic times is understaffed, overwhelmed and hindered by obsolete technology. The large majority of clients present are seniors, people with disabilities, parents of school-aged children, and others. There is no specific easily identifiable group of parents of young children in the office, except to the extent the children are with them. And while parents often are available, in theory, for counseling and help because they spend hours in the office waiting to see caseworkers, the context is hardly conducive to counseling and support.

SNAP programs could reach out (based on case file information on the ages of children) to parents of preschoolers via mail or phone, but such contacts often would come better from other state or local agencies with which relationships are less fraught.

Some of this could be changing as states increasingly rely on private non-profit social service agencies to conduct SNAP outreach and prescreening for eligibility for benefits. Those contacts by multi-benefit community-based groups, anti-hunger organizations, food banks and others can be considerably more supportive and less stressful and may, over time, develop into contexts that could be platforms for school readiness support.
The Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides federal reimbursement for healthy meals and snacks served to three million children each day in child care centers, Head Start, family child care homes, and preschool programs. CACFP supports quality child care and early learning not only by funding the nutrition that is crucial to growth and development, but also by ensuring training, monitoring, and other forms of support for caregivers.

CACFP is underutilized. Across the nation, over half of child care centers and family child care homes operate without CACFP support, and many of them are in low-income areas.

Using CACFP to support more providers, and connecting CACFP-funded providers to complementary services, represent potentially effective ways to enhance early childhood education programs and child care opportunities and improve the quality of care. Here are a few of the important strategies available:

- Ensuring access to CACFP nutrition support for all children in subsidized child care for low-income families, by encouraging state level Child Care and Development Block Grant administrators to work with CACFP state agencies to establish cross-referral streams and conduct CACFP outreach to all subsidized child care.

- Improving the lowest quality type of subsidized child care by making sure that states extend CACFP benefits to eligible license-exempt (informal) family child care when the state is using other federal and state funds to subsidize the basic costs of care in such homes. It is absurd for states to pay unlicensed care with one hand, and with the other withhold food from the children. Giving those homes the CACFP food dollars and the training and monitoring which accompany those dollars improves care in homes and provides oversight of homes that often otherwise go wholly unmonitored.

- Emphasizing the value of CACFP as a resource and quality indicator for plans to create or expand high-quality early care and education programs, and universal pre-K. School-based pre-K programs should offer children breakfast and lunch and create an environment that is conducive to eating for young children. All pre-K programs should be using nutrition and physical activity themes to reach learning goals.

- Supporting child care providers by connecting CACFP homes and centers with effective parenting, literacy and similar initiatives.