

Issue BRIEF

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Nutrition Supports For Families With Young Children: An Equity-Focused Policy Research Agenda

Children from low-income households and racial and ethnic minority children are at higher risk for food insecurity and are less likely to eat healthy foods, such as whole grains, fruits, and vegetables.

Nutrition supports aim to improve both food security (a family's access to an adequate amount of food at all times) and nutrition (the nutritional quality of food that a family consumes). A substantial body of research documents nutritional disparities for children from low-income households and racial and ethnic minority children. (Coleman-Jensen, Rabbitt, Gregory, & Singh, 2017; Larson & Story, 2015).

Several federal nutrition programs serve low-income families with young children and have the potential to help address these disparities. They include (1) the Supplemental Nutrition Assistance Program (SNAP); (2) the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and (3) the Child and Adult Care Food Program (CACFP).¹ Table 1 summarizes key features of these programs.

This brief highlights evidence on nutrition supports for families with young children and proposes a policy-focused research agenda designed to address knowledge gaps in two areas: (1) understanding disparities in participation in nutrition supports, and (2) assessing strategies to increase access to nutrition supports and reduce nutrition disparities.

UNDERSTANDING DISPARITIES IN ACCESS TO AND PARTICIPATION IN NUTRITION SUPPORTS

The vast majority of eligible people participate SNAP, but a substantial proportion of participating families experience short periods when they lose access to the program. An estimated 85 percent of eligible people participate in SNAP nationwide, including nearly all eligible preschool-age children (0 to 4) (Cunningham, 2018). However, one study in six states found that churners—households that exited and reentered the program within four months—comprised a substantial proportion of caseloads: up to 28 percent of all households that

received benefits in a given year (Mills et al., 2014). Over half of the households experiencing churning included children.

About half of all people eligible for WIC participate. WIC's target populations include infants, children ages 1 to 4, and pregnant and postpartum women. Among all people eligible for the program in an average month during 2015, 53 percent participated. Participation rates for children decline as children get older (Figure 1). These declines in participation may be related to changes in the WIC package when children turn 1, requirements for in-person visits to WIC clinics to recertify eligibility, and negative shopping experiences among recipients (for example, difficulty finding WIC-approved foods) (NASEM, 2016).

Key features of SNAP, WIC, and CACFP

| Program | Services | Number of participants | Eligibility | Annual cost |
|---------|---|---|---|---|
| SNAP | Provides benefits to supplement household resources for purchasing food | 42.2 million people; about 13 percent are children under 5 | <ul style="list-style-type: none"> Households must meet income and asset tests Gross income up to 130 percent of federal poverty level Some households are categorically eligible | \$62 billion; average monthly benefit is \$126 per person |
| WIC | Provides benefits redeemable for specific foods, nutrition education, and breastfeeding support | 7.3 million people; about 76 percent are infants and children under 5 | <ul style="list-style-type: none"> Women, infants, and children up to age 5 with income up to 185 percent of federal poverty level or who are categorically eligible Determined to be at nutritional risk | \$5.6 billion |
| CACFP | Provides subsidies for snacks and meals served by child care centers and family day care homes | 4.4 million children | <ul style="list-style-type: none"> Children in households up to 185 percent of federal poverty level Low-income status of provider or community (for family day care homes) | \$3.5 billion |

Table 1

Sources: Aussenberg & Colello (2018); USDA (2018).

Note: Figures are for fiscal year 2017. Categorical eligibility is a policy in which households are eligible for a program because they qualify for other benefits, such as Medicaid or Temporary Assistance for Needy Families.

Research suggests that most WIC participants do not fully redeem their benefits. WIC participants receive vouchers or electronic benefits to buy specified amounts of pre-approved foods, which have been selected based on their nutritional content. Achieving the intended effects of the program relies partly on

whether participants fully redeem their benefits—that is, whether they acquire and consume all the foods that are part of the WIC food package. National-level data on redemption rates are not available, but one study in three states found that most participants do not use all their WIC benefits (Phillips, Bell, Morgan, & Pooler, 2014).

WIC eligibility and participation rates, by participant category (2015)

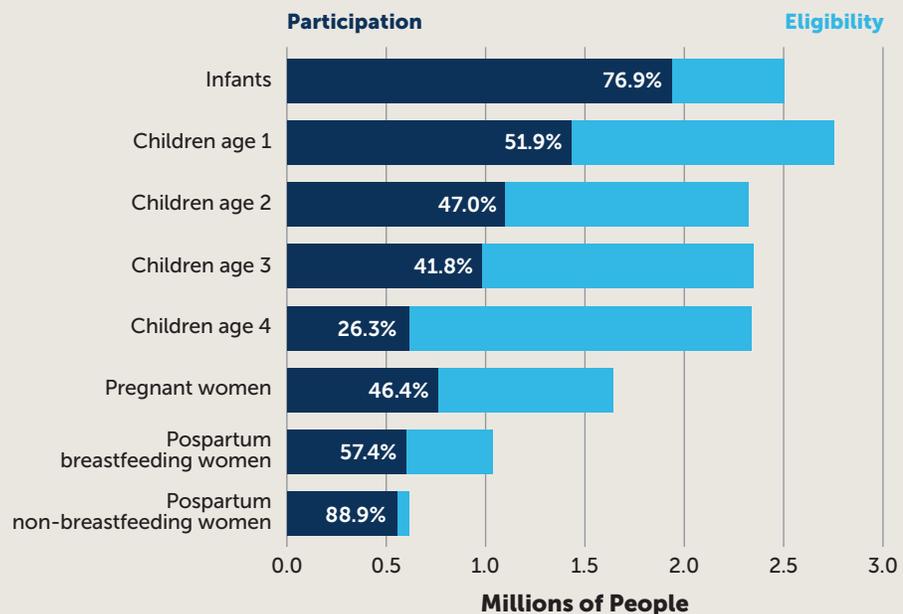


Figure 1

Sources: Trippe, Tadler, Johnson, Giannarelli, & Betson, 2018; USDA 2017

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¹ Other USDA programs, such as the National School Lunch Program and School Breakfast Program, also affect food dynamics in households with young children. In this brief, we focus on programs that benefit or primarily target families with young children.

CACFP reaches a minority of children from low-income households, possibly because low-income children are likely to receive care in settings that do not qualify for the program or participate in it.

Although the number of children receiving meals through CACFP has risen steadily, the program serves a minority of socioeconomically disadvantaged families. Researchers analyzing data from the Early Childhood Longitudinal Study, Birth Cohort estimated that just 8 percent of 2-year-old children from low-income households and 37 percent of 4-year-old children from low-income households received CACFP (Gordon et al., 2011). Participation among these children may be low because many receive care in settings that are not eligible for CACFP, such as parental care and care from family, friends, and neighbors.

More research is needed to fully understand the dynamics of low-income families' participation in the range of nutrition supports available to them.

Existing studies and program monitoring data provide useful findings about participation and coverage in SNAP and WIC, including information on disparities. However, important gaps in knowledge remain. Potential research questions to address gaps are listed in the box to the right.

To address these questions, researchers could analyze state and federal administrative data and data from existing surveys, such as the Current Population Survey and the National Survey on Early Care and Education. Qualitative research to understand the reasons for nonparticipation and food security dynamics in different types low-income families could include interviews with parents and caregivers, administrators from state and local nutrition programs, and child care providers.

ASSESSING STRATEGIES TO INCREASE ACCESS TO NUTRITION SUPPORTS AND REDUCE NUTRITION DISPARITIES

Innovative policies have the potential to enhance the effectiveness of nutrition supports for young children and their families. They may also help address disparities in participation and outcomes.

Important gaps in knowledge remain about families' participation in these supports and possible disparities in access, including how families combine multiple sources of nutrition support to meet their needs.

- What is the extent of churning in SNAP participation among families with young children, and why does it occur? Are there racial/ethnic or geographic disparities in churning among these families? How does churning affect levels of food security among these families?
- What are the reasons for nonparticipation among WIC-eligible women and lower participation rates after children reach age 1? Do reasons differ by family characteristics?
- What is the prevalence of partial and full redemption of WIC benefits and why do some WIC participants not fully redeem their benefits?
- What proportion of young children from low-income households receive CACFP meals? Do disparities in participation exist? How can estimates of CACFP participation be improved?
- What are the main administrative barriers to provider participation in CACFP? How, if at all, do these barriers differ across states and localities?
- What is the extent of participation in multiple nutrition supports, including community-based supports, such as food pantries, among low-income families with young children? What are the characteristics of families that use multiple nutrition supports?
- What is the role of pediatricians and other community providers in screening for food insecurity and referring families with young children to nutrition supports? Are different types of families more or less likely to be screened and referred?

Revising the SNAP benefit calculation formula could improve the adequacy of SNAP benefits. For most households, SNAP benefits are not intended to cover a food budget entirely, and research suggests that even the maximum benefit amount is unlikely to cover actual household food costs (Mulik & Haynes-Maslow, 2017; Waxman, Gundersen, & Thompson, 2018). The amount and quality of food that SNAP participants can buy varies by geographic location because of regional and urban/rural

differences in food costs (Oliveira, Prell, Tiehen, & Smallwood, 2018). Options for improving the adequacy of SNAP benefits include increasing the deduction for earned income when determining eligibility and calculating benefit amounts, adjusting the benefit formula to account for geographic differences in food prices and the value of time necessary to prepare foods (Schanzenbach, 2013; Ziliak, 2016), or setting benefits based on households' reported "resource gap"—the amount of additional money needed to become food secure (Gundersen, Kreider, & Pepper, 2018).

Policy interventions based in traditional and behavioral economics could enhance healthy food choices among SNAP participants. Potential approaches for promoting healthy eating include the following:

- **Subsidizing healthy food purchases.** Under this approach, SNAP participants would receive rebates for each dollar spent on fruits and vegetables.
- **Issuing benefits more frequently.** Spreading out benefit payments might encourage participants to purchase perishable (and healthier) foods more often. To be effective, this change might need to be coupled with other interventions promoting healthy choices, such as nutrition education or incentives (Ammerman et al., 2017).
- **Allowing participants to preorder or prepay for foods.** This approach would support "pre-commitment," a behavioral strategy that could help participants make healthier choices by selecting and paying for items before arriving at the retailer (Ammerman et al., 2017).

Peer counseling may be an effective way to deliver breastfeeding support in WIC.

WIC is associated with increased intake of some nutrients (for example, iron and zinc) among children and increased consumption of fruits and vegetables among participants (Colman et al., 2012). However, it is unclear whether the program reduces socioeconomic disparities in breastfeeding initiation and duration. Although WIC participation has been associated with lower rates of breastfeeding, existing research does not indicate whether this phenomenon is due to WIC participation or other factors (Colman et al., 2012). A recent study that compared participants and eligible nonpar-

ticipants with similar prenatal intentions around breastfeeding found that the program did not negatively affect breastfeeding initiation or duration (Gregory et al. 2016). Reviews of evidence on interventions targeting racial and ethnic minority women indicate that models incorporating peer counseling are successful in improving breastfeeding outcomes (Jones, Power, Queenan, & Schulkin, 2015; Chapman & Pérez-Escamilla, 2012).

Improvements to the WIC participation experience might support program retention and benefit redemption.

Experts suggest that enhancing the accessibility and efficiency of WIC services could encourage program retention (Neuberger, 2017). To reduce transportation barriers and make services easier to access, states and localities have implemented such strategies as creating mobile WIC clinics and providing some eligibility and counseling services online or remotely. A transition from paper vouchers to electronic benefits (which all states must accomplish by 2020) and education about shopping for and preparing WIC foods might reduce perceived barriers to using benefits.

Promoting partnerships and targeted outreach might increase provider participation and the proportion of eligible children covered by CACFP. Partnerships between smaller and larger ECE providers or between ECE providers and school districts might allow smaller providers to benefit from larger organizations' administrative infrastructure and relationships with food vendors, which could help lower food costs for providers (Advocates for Children of New Jersey and Reinvestment Fund, 2018). Systematically identifying and recruiting providers in geographic areas with low participation might expand CACFP's reach.

Enhancing supports for healthy eating in early childhood education (ECE) settings could improve nutrition outcomes for disadvantaged children.

The evidence on nutrition interventions in ECE settings, such as training for caregivers, is mixed (Fox et al., 2017). Promising strategies for increasing fruit and vegetable intake among children in child care focus on portion sizes, the types of fruits and vegetables served, recipes, peer influences, and parent and caregiver modeling (Fox et al., 2017). Additional research and technical assistance could help providers identify effective practices and implement them consistently.

A rigorous evaluation of a pilot program found that rebates of 30 cents for each dollar spent on fruits and vegetables significantly increased fruit and vegetable consumption and improved dietary quality among SNAP participants (Olsho, Klerman, Wilde, & Bartlett, 2016).

Research is needed to explore the implementation and effects of innovations intended to make nutrition supports more accessible and effective. This research could explore the following questions:

- How would policy changes that increase SNAP benefit levels affect families with young children? What effect would they have on nutrition disparities?
- What interventions based on behavioral economics (for example, issuing benefits more frequently or allowing participants to preorder foods) can improve nutrition outcomes for SNAP participants with young children?
- What strategies would promote WIC enrollment and retention? What strategies work best for subgroups of eligible women and children? What strategies would increase full redemption of WIC benefits?
- What strategies promote healthy eating and breastfeeding initiation and continuation among WIC participants? What strategies work for different types of participants?
- How might changes in eligibility requirements or reimbursement levels affect provider participation in CACFP and the program's reach?
- What are effective approaches for improving nutrition policies and practices among child care providers?

This brief was created by Mathematica Policy Research through a grant from the Robert Wood Johnson Foundation to develop a policy research agenda to support low-income children and families. Two other briefs present research agendas for [early childhood education access and income supports](#). Another [brief provides information about the overall project](#). For more information about this brief, contact Diane Paulsell, Senior Researcher, Mathematica Policy Research, (609) 275-2297; DPaulsell@mathematica-mpr.com

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