

Children’s Access to Healthy Food Suffers When Child Care Programs Close Their Doors

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Child care is a critical part of the fabric of our society—it supports children’s healthy development and supports their parents and caregivers by enabling them to engage fully in the workforce. Children in child care arrangements receive a range of essential services. Access to nutritious food and the opportunity to establish healthy eating habits at a young age are some of the most fundamental supports provided by child care programs.

The COVID-19 pandemic forced many child care programs to shutter their doors and, as a result, essential nutrition services and supports for children are unraveling. Data are limited, but many experts believe that children have experienced significant gaps in meeting their nutritional needs during COVID-19. Moreover, the families with the greatest challenges seem to also be the least likely to access food programs for their children [1]. This commentary endeavors to shine a light on one of the many issues in child care that has been exacerbated by COVID-19—the growing number of children who are not getting enough food. In addition, it will present a call to action for changes needed to reverse this trend and to shore up the federal nutrition programs affecting young children in child care.

COVID-19 Pandemic Magnifies Issue of Food Insecurity, Especially for Families of Color

Structural racism takes a heavy toll on the health of people of color. Prior to COVID-19, communities of color experienced a variety of systemic barriers in accessing healthy, affordable food, which increased their risk for food insecurity and diet-related chronic disease that are risk factors for COVID-19 severity. COVID-19

has disproportionately impacted communities of color, as people of color are more likely to be frontline workers, live in high-density housing, depend on public transportation, and face inequities in health care delivery [2]. Furthermore, many families from communities of color live in areas without access to healthy, affordable food.

Prior to COVID-19, 14 percent of US households with children were experiencing food insecurity—this percentage has increased to 30 percent during the pandemic [3]. Moreover, a US Department of Agriculture (USDA) survey from July 2020 indicated that the share of respondents without enough to eat, a more severe measure of food insecurity, was disproportionately higher among people of color [4]. The report also found that more than 20 percent of Black and Latinx adults with children reported that they sometimes or often did not have enough to eat, compared with 10 percent of white adults with children [4].

Fewer Child Care Meals Negatively Affect Young Children, Families, and Child Care Providers

Food insecurity negatively affects the physical and mental health of people of all ages, but it is particularly harmful to the health, development, and well-being of children, and even more so for young children [5]. Poor nutrition is also associated with many diseases and chronic conditions [5]. Research suggests that children who live in families experiencing food insecurity are more likely to suffer from a range of health problems (e.g., anemia, cognitive problems, behavioral problems, and hospitalization) [6].

Optimal nutrition starting in the first 1,000 days of life (from pregnancy to age 2) is crucial to support childhood development and adult health in the long term [7]. The complementary action of enrollment in multiple federal child nutrition programs—the Supplemental Nutrition Assistance Program (SNAP); the School Breakfast Program and National School Lunch Program; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the Child and Adult Care Food Program (CACFP)—has been shown to reduce food insecurity and meet the nutritional needs of children for growth, development, and overall health [5]. In addition, participation in federal nutrition programs has been found to reduce childhood obesity and boost learning and development [5].

The CACFP is especially important for young children, as it provides reimbursement for serving nutritious meals and snacks to Head Start programs, family child care, child care centers, after-school programs, and homeless shelters. Studies show that CACFP improves the quality of child care programs and makes them more affordable for low-income families [8]. The reimbursements provided by CACFP result in more than two billion nutritious meals and snacks provided to 4.5 million children who are in daily child care [1]. Many experts have found, however, that the structure (e.g., reimbursement process) of the CACFP has limited its ability to effectively serve children during COVID-19 [1].

A recent analysis found that as child care homes and centers closed, the number of meals provided to children through the CACFP significantly decreased [9]. From February 2020 to April 2020, the total number of meals provided (in both family child care homes and centers) decreased by 29 percent during a time of the year in which meals served would have typically increased [9].

This significant reduction in federally subsidized meals has had a number of consequences for families with young children and child care providers, several of which are included below.

- The CACFP has been found to both improve nutrition and reduce obesity [9]. The meals and snacks provided in child care centers comprise two thirds of children’s nutritional needs, and these meals are generally healthier than those prepared at home [10]. As such, the reduction in CACFP-provided meals and snacks results in fewer healthy meals for young children.
- Children who no longer receive nutritious meals and snacks in child care arrangements are at an

increased risk for food insecurity and miss adequate nutrients required for growth, development, and overall health [10]. Research suggests that even short-term periods of food insecurity can cause psychological, physical, and emotional harm [10].

- When children no longer receive daily meals and snacks in child care, it causes a strain on family budgets [9]. This new expense is likely to affect all members of the family as they must cut back in other areas, and the missed meals may also contribute to the higher rates of food insecurity for entire families [9].
- Child care providers and sponsors also are adversely affected by decreased distribution of CACFP-subsidized meals to children [9]. These providers, who operate on very tight budgets, rely on these reimbursements to stabilize the income at their facilities, and the sudden reduction in reimbursement affects the viability of already financially fragile child care arrangements.

Opportunities for Actions

As described, food insecurity for young children has been illuminated and exacerbated during the pandemic. This moment provides an ideal opportunity to build a stronger foundation of child nutrition programs in the future. The following are opportunities for action to bring about needed change.

Policymakers

- **Expand access to child nutrition programs.** The Families First Coronavirus Response Act and subsequent nationwide USDA waivers streamlined program operations helping child care and after school programs adopt and implement flexible solutions to food access and procurement during COVID-19 [11]. The pandemic also highlighted program weaknesses such as the limited number of meals and snacks allowed for each child in a day (two meals and a snack or one meal and two snacks). Moving forward it will be important to continue reducing paperwork for providers and parents and to address program shortfalls by allowing another meal (dinner) or snack for children in a full day care, and making other improvements. Doing so will strengthen the stability, viability, and quality of child care in the U.S. while supporting parents to work and children to thrive.
- **Extend pandemic initiatives.** The Pandemic Electronic Benefit Transfer (P-EBT) and Meals-to-

Go program should be extended for the duration of the COVID-19 public health emergency to allow for faster access to nutritious foods.

- **Ensure better education and cross-sector coordination across federal nutrition programs to maximize referrals for critical services.** The Department of Health and Human Services should direct state Child Care and Development Block Grant program administrators to provide guidance for child care providers about how to connect families to other programs for which they may receive assistance, including WIC, SNAP, P-EBT, and CACFP.
- **Conduct outreach and promotion for WIC, SNAP, and CACFP.** State Child Care Subsidy Agencies should distribute WIC, SNAP, and CACFP materials to providers and parents, establish a family resource web page, and promote CACFP participation as an additional resource for providers to meet higher Child Care Development Fund standards. Child Care Resource & Referral Agencies (CCR&Rs) can also help to disseminate this information to child care programs and families.
- **Enhance education and coordination efforts by supporting CCR&Rs.** CCR&Rs can further enhance education, dissemination, and coordination efforts, and facilitate access to federal and state nutrition programs for child care programs and the families they serve. These agencies have expertise in education and technical assistance and are well connected to child care programs and families. Support for these agencies could further enhance the success of efforts to connect programs and families with needed resources to ensure access to healthy food.

Advocates

- **Educate communities about new options.** Congress has enacted policies, including the P-EBT and the school-based Meals-to-Go programs during COVID-19. Advocates should ensure that local leaders, providers, and community support organizations are aware of these new options.
- **Collect personal stories to help draw policymaker attention to this critical issue.** The real-life stories from the child care community, including families and child care providers, about the consequences of the pandemic may resonate the most with policymakers.
- **Elevate the voices of people who are not often heard.** The perspectives of women and

people of color are often undervalued. Child care providers and child care workers should be included in the development and implementation of any new policies under consideration.

Community Support Organizations

- **Increase awareness with potentially eligible families about federal nutrition programs.** Many families may not have had exposure to the range of federal nutrition programs available. These organizations should make sure families are aware of existing programs as well as new options available in their states.
- **Assist newly eligible families in navigating program requirements in their states.** Since rules may vary across states, these organizations should help families determine whether they may qualify for benefits and should explain the application procedures.
- **Maintain continued emphasis on healthy eating and physical activity.** Encourage families to eat healthy meals and engage in physical activity by identifying innovative programs in their areas.

Philanthropy

- **Provide flexibility to grantees to pivot during times of crisis.** Allowing grantees to quickly shift priorities and repurpose funds to meet the new needs of their target populations in times of crisis is critical.
- **Support and continue efforts to shift emphasis on reducing barriers to implementation.** Providing funding for operations to support critical programs during these challenging times, including organizing community members to action to help aid with implementation and designing more robust, targeted communications efforts. Recognize and fund bright spots of innovation locally and statewide.

Promising Practices

- **Connect early care and education (ECE) and local grocery stores.** COVID-19 has made it challenging for ECE providers to purchase the healthy foods (as required by CACFP) and cleaning supplies needed for their programs. Nemours Children's Health System's state partners in Wisconsin—Healthy Early—and the State Grocers Association developed talking points about how child care providers could approach and develop relationships with grocery stores in their respective communities. Healthy Early

disseminated these talking points statewide to assist child care providers in securing the food, beverages, and cleaning supplies needed to operate their programs.

- **Provide fresh food to schools, churches, and community centers.** Brighter Bites and Amerigroup recently partnered to provide fresh produce and nutrition education to residents in Prince George's County, Maryland. They are distributing 9,050 boxes of fresh food per week to more than 20 schools, churches, and community centers to address food insecurity. Brighter Bites is a nonprofit that provides fresh food with the goal of changing behavior among children and families to prevent obesity and promote long-term health. They have provided critical access to food for families experiencing food insecurity [12].

Conclusion

Many children rely on the nutritious meals and snacks they receive in child care, and child care programs depend on the financial support provided by federal child nutrition programs. The COVID-19 pandemic has illuminated the adverse consequences for children and their families when these essential nutrition services are disrupted because of child care program closures. The opportunities for action for different stakeholders have the potential to ensure stability to address the nutritional needs for those currently served and to respond with flexibility to reach newly vulnerable populations during times of crisis.

References

1. Kuhns, C. and G. Adams. 2020. *Child care and feeding young children during the pandemic. Exploring the role of the child and adult care feeding program*. Urban Institute. Available at: https://www.urban.org/research/publication/child-care-and-feeding-young-children-during-pandemic?utm_source=urban_researcher&utm_medium=email&utm_campaign=cacfp_working_parents&utm_term=lhp&utm_content=GA (accessed January 6, 2021).
2. Sethi, S., C. Johnson-Staub, and K. Gallagher Robbins. 2020. *An anti-racist approach to supporting child care through COVID-19 and beyond*. The Center for Law and Social Policy. Available at: <https://www.clasp.org/publications/report/brief/anti-racist-approach-supporting-child-care-through-covid-19-and-beyond> (accessed April 6, 2021).
3. National Institute for Health Care Management Foundation. 2020. *Helping children thrive: The COVID-19 pandemic's impact on health and well-being*. Available at: <https://nihcm.org/publications/helping-children-thrive-the-covid-19-pandemics-impact-on-health-and-well-being> (accessed April 6, 2021).
4. Food Research & Action Center. 2020. *Not enough to eat: COVID-19 deepens America's hunger crisis*. Available at: https://frac.org/wp-content/uploads/Not-Enough-to-Eat_Hunger-and-COVID.pdf (accessed January 15, 2021).
5. Food Research & Action Center. 2017. *The role of the federal child nutrition programs in improving health and well-being*. Available at: https://alliancetoendhunger.org/wp-content/uploads/gravity_forms/13-f8f4825afc84921bd400f00919c81a7a/2018/05/hunger-health-role-federal-child-nutrition-programs-improving-health-well-being.pdf (accessed January 13, 2021).
6. Gundersen, C. and J. Ziliak. 2014. *Childhood food insecurity in the US: Trends, causes, and policy options*. The Future of Children. Available at: https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/childhood_food_insecurity_researchreport-fall2014.pdf (accessed April 13, 2021).
7. Schwarzenberg, S. J., M. K. Georgieff, and AAP Committee on Nutrition. 2018. Advocacy for improving nutrition in the first 1000 days to support childhood development and adult health. *Pediatrics* 141(2):e20173716. <https://doi.org/10.1542/peds.2017-3716>
8. Food Research & Action Center. 2018. *The importance of the federal nutrition programs for infants and toddlers*. Available at: <https://frac.org/wp-content/uploads/importance-of-federal-nutrition-programs-for-infants-and-toddlers.pdf> (accessed April 6, 2021).
9. Food Research & Action Center. 2020. *Child and adult care food program participation and reimbursement during the COVID-19 pandemic: Analysis of preliminary USDA data*. Available at: https://frac.org/wp-content/uploads/CACFP-Report_3-pager.pdf (accessed January 13, 2021).
10. Dunn, C. G., E. Kenney, S. E. Fleischhacker, and S. N. Bleich. 2020. Feeding low-income children during the COVID-19 pandemic. *New England Journal of Medicine* 382:e40. <https://doi.org/10.1056/NEJMp2005638>

11. US Department of Agriculture Food and Nutrition Service. 2020. *Child nutrition COVID-19 waivers*. Available at: <https://www.fns.usda.gov/programs/fns-disaster-assistance/fns-responds-covid-19/child-nutrition-covid-19-waivers> (accessed April 7, 2021).
12. Brighter Bites. 2020. *Press release: Brighter Bites starts fall programming in DC area, with grant from Amerigroup*. Available at: <https://brighterbites.org/news/press-release-brighter-bites-starts-fall-programming-in-dc-area-with-grant-from-amerigroup/> (accessed April 6, 2021).

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