



## **FRAC's Recommendations for the White House Conference on Hunger, Nutrition, and Health**

This September's White House Conference on Hunger, Nutrition, and Health presents an important opportunity to make ending hunger a national priority. FRAC stands ready to work with the administration, Congress, and a wide array of diverse stakeholders to eradicate hunger and food insecurity. We strongly urge a comprehensive approach that will include various federal, state, local, and Tribal policymakers, members of the anti-hunger, health, and private sector, and people with lived expertise of hunger.

The 1969 White House Conference on Food, Nutrition, and Health proved to be a catalyst for change, advancing policies and legislation that addressed hunger and nutrition needs at that time. Many of the policies and recommendations addressed at that conference are still in effect today, including key improvements to the Food Stamp Program, now the Supplemental Nutrition Assistance Program (SNAP), the School Breakfast Program, National School Lunch Program, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These programs remain a lifeline for struggling individuals and families. But we still have a long way to go.

We are at a pivotal moment in time. The conference is a commitment that ending hunger in America is a national priority and creates a unique opportunity to leverage the political will necessary to implement bold, innovative, and multisector solutions that will address the underlying root causes of hunger and food insecurity.

### **Strategies to End Hunger in America by 2030**

The pandemic has resulted in an increase in hardship, including more individuals living in households with food insecurity, and increased racial and ethnic disparities in food insecurity. COVID-19 has applied unique pressures to the relationships between hunger, poverty, and poor health, while hunger, poverty, and poor health have simultaneously increased the risk of COVID-19 transmission, infection, and morbidity. It is critical to understand how disparities in COVID-19 outcomes reflect distinct and interlocking causes across different groups of people<sup>1</sup>. Policies enacted to spur recovery must account for these unique root causes and center leadership from members of systemically oppressed populations and communities. Tracking data about hunger, poverty, and health among these groups over the course of the pandemic is essential to ensure that recovery efforts are not ended too soon and do not leave them behind.

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<sup>1</sup> Lacko, A. & Henchy, G. (2021). *Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs' Role in an Equitable Recovery*. Available at: <https://frac.org/research/resource-library/foodinsecuritycovid19>.

Across the country, governments and their nonprofit and private sector partners adapted the federal nutrition programs to meet increased need, while adjusting their operations to align with public health guidance and to respond to changes in their ability to administer programs. Program participation during the first year of COVID-19 reflects the unprecedented levels of food and economic hardship during the pandemic. Several program expansions were critical for vulnerable groups and increased financial support for households.

Clearly, the nutrition programs are effective tools to address disparities in hunger, poverty, and health, and evidence from the pandemic indicates that they have been crucial resources in helping families get the nutrition they need. The federal nutrition programs are among our nation's most important, proven, and cost-effective public interventions, and further improvements can be made to support a more robust and equitable recovery.

Now is the time to build on the lessons learned by strengthening the federal nutrition programs and anti-poverty initiatives that will lead to an equitable economic recovery.

FRAC urges the White House to include the following strategies as part of its comprehensive, national strategy to end hunger by 2030:

- I. Strengthen the Supplemental Nutrition Assistance Program (SNAP)**
- II. Bolster the Child Nutrition Programs**
- III. Address the Root Causes of Hunger and Poverty**
- IV. Ensure Policies and Programs Reduce Disparities in Hunger**
- V. Address Food Insecurity in Native American Communities**
- VI. Adopt Innovative Approaches to Value Creation**
- VII. Increase Collaboration to Expand Federal Nutrition Programs Participation**

## **I. Strengthen the Supplemental Nutrition Assistance Program (SNAP)**

SNAP is the cornerstone of the nation's food security safety net, helping to put food on the table for tens of millions of low-income participants each month. When the number of families struggling to make ends meet increases, SNAP responds quickly and effectively to meet that need.

Research<sup>2</sup> demonstrates the effectiveness of SNAP in alleviating poverty; reducing food insecurity; improving the health, nutrition, and well-being of children, adults, and older

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<sup>2</sup> <https://frac.org/wp-content/uploads/hunger-health-role-snap-improving-health-well-being.pdf>

adults; reducing health care utilization and costs; and stabilizing the economy during downturns. Indeed, each \$1 in SNAP benefits during economic downturns generates between \$1.50 and \$1.80 in economic activity.

Nearly 43 million people participated in SNAP in September 2020<sup>3</sup>, on average, compared to nearly 38 million in September 2019. In addition, SNAP and Disaster-SNAP (D-SNAP) were responsive in multiple areas of the country recovering from natural disasters<sup>4</sup> in the midst of the pandemic.<sup>5</sup>

FRAC has a number of policy priorities to strengthen SNAP as part of the nation's plan to eliminate hunger.

### *Boost SNAP Benefits:*

Several temporary SNAP improvements have mitigated food hardship during the COVID-19 crisis. Many of those measures are tied to the Department of Health and Human Services (HHS) Pandemic Public Health Emergency Declaration (PHE). When that ends, it could result in a significant “hunger cliff” for millions of people. In addition to other relief that expires, most SNAP participants will lose on average \$82 a month in SNAP benefits.<sup>6</sup>

The federal government should continue to renew the COVID-19 PHE so long as conditions warrant. It also should provide for enhanced SNAP benefits to be triggered automatically with the onset of an economic recession or a health pandemic.<sup>7</sup> Moreover, the federal government should ensure that Disaster SNAP tools can respond to pandemics, not only to natural disasters.<sup>8</sup> The Pandemic Disaster Assistance Act of 2020 (S. 3534) that then Senator Kamala Harris introduced would have done that.

*The federal government should increase SNAP benefits on a permanent basis<sup>9</sup> by:*

- replacing the outdated Thrifty Food Plan with the Low Cost Food Plan<sup>10</sup> as the basis for calculating SNAP benefits<sup>11</sup>;
- eliminating the cap on the SNAP shelter deduction<sup>12</sup> to help families with children struggling to afford to both heat and eat<sup>13</sup>;

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<sup>3</sup> <https://fns-prod.azureedge.net/sites/default/files/resource-files/34SNAPmonthly-3.pdf>

<sup>4</sup> <https://frac.org/disaster>

<sup>5</sup> <https://frac.org/blog/snap-a-critical-support-during-the-first-year-of-the-covid-19-pandemic>

<sup>6</sup> <https://www.fns.usda.gov/ftp/blog-083021>

<sup>7</sup> <https://www.brookings.edu/research/strengthening-snap-as-an-automatic-stabilizer/>

<sup>8</sup> <https://frac.org/blog/recovering-from-disasters-aid>

<sup>9</sup> <https://frac.org/blog/legislative-action-to-improve-snap-benefit-adequacy>

<sup>10</sup> <https://frac.org/blog/close-snap-benefit-gaps>

<sup>11</sup> <https://frac.org/blog/legislative-action-to-improve-snap-benefit-adequacy>

<sup>12</sup> <https://drive.google.com/file/d/1Exs-LVWOy4NRoLY5JWQii954HBM71861/view>

<sup>13</sup> <https://frac.org/blog/addressing-the-looming-hunger-cliff-improve-snap-deductions>

- increasing the SNAP minimum monthly benefit; and
- making more widely available the SNAP Standard Medical Deduction for older people and people with disabilities.<sup>14</sup>

### *Eliminate Arbitrary Eligibility Barriers and Technology Barriers to SNAP Access*

Arbitrary and harsh eligibility rules undercut access for many people who are struggling to make ends meet, have disparate impacts on particular groups, and are exacerbating racial and health inequities during COVID-19. U.S. citizens residing in Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands are excluded from SNAP, which prevents them from receiving the same nutrition assistance provided to other people in America with low incomes.

The capped Nutrition Assistance Program (NAP) block grant leads to more restrictive eligibility requirements, lower monthly benefits, and greater instability in nutrition aid for these individuals and families than is available for other Americans under SNAP, a major inequity.

- While there is a temporary suspension of the three-month SNAP time limit during the COVID-19 Public Health Emergency, time limits should be eliminated permanently.<sup>15</sup>
- The special rules that prevent many otherwise income-eligible college students from qualifying for SNAP should be suspended during COVID-19 and lifted permanently.<sup>16</sup>
- The federal lifetime ban on SNAP benefits for convicted drug felons should be eliminated.
- The five-year bar that disqualifies many lawful permanent residents from receiving SNAP should be rescinded.
- Native and Indigenous communities should be allowed to access SNAP and Food Distribution on Indian Reservations (FDPIR) without having to choose only one.
- As Americans, Puerto Ricans and citizens of U.S. territories deserve urgent and equitable food access and should not be subject to fewer benefits solely based on residency. As approved by the territories' leadership, the NAP should successfully transition to full participation in SNAP.

### *Improve Access Points for SNAP Customers to Obtain Food*

- The SNAP Restaurant Meals Program (RMP) should be expanded to enable more SNAP participants who are 60 years and older, have disabilities, or are homeless to use SNAP to purchase meals from approved restaurants.<sup>17</sup>

<sup>14</sup> <https://frac.org/blog/addressing-the-looming-hunger-cliff-improve-snap-deductions>

<sup>15</sup> <https://frac.org/blog/new-bill-would-permanently-eliminate-time-limits-on-snap-eligibility>

<sup>16</sup> <https://frac.org/blog/key-barrier-to-snap-access-for-college-students-would-be-removed-under-new-bill>

<sup>17</sup> <https://www.mdhungersolutions.org/pdf/mdhs-testimony-SB752.pdf>

- During COVID-19 and future pandemics, RMP should be allowed for all SNAP participants.<sup>18</sup>
- Hot prepared foods should be allowed for purchase with SNAP benefits.<sup>19</sup>
- Additional efforts are needed to make use of SNAP benefits more convenient, including by expanding online SNAP EBT to more authorized retailers.

*Invest in Technology, Outreach, and Other Administrative Supports to Promote SNAP Benefit Access and Good Customer Service*

- State administration of SNAP is underfunded. Since 1998, most states receive less than 50 percent reimbursement of the costs for SNAP administrative operations (e.g., older adults or people who rely on public transportation or may not be able to easily access food retail outlets (i.e., “food deserts”). This has undercut their capacity, including for SNAP technology improvements and good customer service.
- The federal government should provide greater support for SNAP administration, including enhanced match-funding for SNAP technology and application-assistance initiatives.
- Enhanced funding streams for SNAP outreach can help get more eligible people connected with SNAP.<sup>20</sup>

## **II. Bolster the Child Nutrition Programs**

The Child Nutrition Programs (school lunch and breakfast, afterschool meals and snacks, summer food, WIC, and child care food) are central and essential tools for ending childhood hunger, improving health, and ensuring positive educational outcomes. These proven programs reduce poverty, prevent obesity, strengthen school and child care programs, and boost children’s health, development, and school achievement. They are among our nation’s most important and cost-effective public interventions, and they play an important role as the country recovers from the pandemic. In order to ensure that children can access the benefits of these programs, these programs must be bolstered in important ways.

### ***School Meals Programs***

The School Breakfast Program and the National School Lunch Program provide nutritious meals that support academic achievement, better attendance, and improved student behavior in addition to reducing childhood hunger. Before COVID-19, approximately 22 million children received free or reduced-price school lunch on an average school day, with school breakfast reaching just over half of students from

<sup>18</sup> <https://panetta.house.gov/media/press-releases/congressman-panetta-senator-murphy-announce-legislation-expand-access>

<sup>19</sup> <https://meng.house.gov/media-center/press-releases/meng-rush-and-fitzpatrick-introduce-bipartisan-bill-to-allow-snap-to>

<sup>20</sup> <https://frac.org/blog/prioritizingsnapoutreachjune2021>

households with low incomes who participate in school lunch. These programs have tremendous educational benefits and should be protected and strengthened to improve access.

When schools shuttered in the spring of 2020, school nutrition departments and community-based organizations quickly pivoted from school breakfast and lunch to provide meals to children through the Summer Nutrition Programs, which become available during unanticipated school closures. Even though there was a significant effort to open meal sites to give children access to meals, participation dropped dramatically from the previous school year. In April 2020, the first full month that schools were closed, lunch participation dropped by 43 percent, from 20.1 million children receiving free or reduced-price meals in April 2019 to 11.8 million in April 2020.<sup>21 22</sup>

The innovative Pandemic EBT program was created to provide the value of school meals on an EBT card for families who lost access to free and reduced-price school meals when schools shuttered. From spring of 2020 to November 2021, \$43.7 billion in benefits have been provided to 37 million pre-school and school-age children.

### **Moving forward, we must:**

- **Provide school breakfast and lunch at no charge to all students.** Prior to the pandemic, the Community Eligibility Provision created in the Healthy Hunger-Free Kids Act of 2010 allowed one in three high-poverty schools to offer free meals to all students. During the pandemic, all schools have been able to offer free meals to all students no matter their household income, which has been a proven trial run of Healthy School Meals for All. All students have access to the nutrition they need to succeed in school; less administrative work for school districts; and no unpaid school meals fees. The White House conference should explore strategies to permanently move all schools to Healthy School Meals for All.
- **Increase the use of innovative school breakfast models by schools to expand access to school breakfast.** Participation in school breakfast has historically lagged behind school lunch. Most schools provide school breakfast in the cafeteria before the school day starts, which leads many students to miss out on a healthy meal to start their school day ready to learn. Breakfast in the classroom and other innovative programs that move school breakfast out of the cafeteria and make it part of the school day, combined with offering the meal to all students at no charge, is the best way to increase participation in this important program.

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<sup>21</sup> <https://frac.org/wp-content/uploads/COVID-19-and-School-Meals-Participation-in-Spring-2020.pdf>

<sup>22</sup> <https://frac.org/wp-content/uploads/SchoolMealsReport2022.pdf>



## ***Out-of-School Time Programs***

Afterschool and Summer Nutrition Programs provide nutritious meals to children after school, on weekends, and during school holidays and vacations at sites in low-income communities. The meals help draw children into educational and enrichment programs, and these programs will be critical equity supports as the nation recovers from the pandemic. Afterschool and summer meals reach only a small portion of children from low-income households who participate in school lunch, which means that food insecurity goes up during the summer, and children miss out on nutritious meals after school, on weekends, and during school holidays.

Participation in the Summer Nutrition Programs is historically significantly lower than during the regular school year, serving just one child lunch for every seven who participates in free or reduced-price school lunch during the school year.<sup>23</sup> Participation in 2020 was significantly higher than in July 2019 (which reflects summer participation prior to the pandemic). The increase in participation was due to the U.S. Department of Agriculture (USDA) issuing a number of child nutrition waivers to support program operations during the pandemic, such as allowing any community to offer meals to families who needed them and allowing families to pick up multiple meals for their children.<sup>24</sup>

### **FRAC would like to see policies that:**

- **Expand access to healthy meals in afterschool and summer programs.** These programs are built on afterschool and summer programming, which will be critical as the nation responds to the educational impact that COVID-19 has had on children, particularly children from households with low incomes. By combining a large federal investment in afterschool and summer programs with the critical improvements of the Child Nutrition Programs that are detailed below, the nutrition programs will support educational equity as well as combat childhood hunger and improve nutrition.
- **Invest in the afterschool and Summer Nutrition Programs to expand children's access to meals when school is not in session.** For example, these programs should be streamlined to allow schools and other entities to operate one nutrition program. Currently, schools must operate Child and Adult Care Food Program (CACFP) in order to provide afterschool suppers instead of operating through the School Nutrition Programs; and summer food sponsors should be able to feed children year-round through the Summer Food Service Program. In addition, the area eligibility test for afterschool and summer meal sites is 50 percent, and it leaves out too many communities, particularly rural and suburban.

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<sup>23</sup> <https://frac.org/wp-content/uploads/FRAC-Summer-Nutrition-Report-2020.pdf>

<sup>24</sup> <https://frac.org/wp-content/uploads/nationwide-waivers.pdf>

The pandemic has highlighted the barrier that this threshold creates, and USDA waived the test so that all communities could provide meals through afterschool and Summer Nutrition Programs. This approach should become standard practice. Start-up grants and transportation grants (especially for programs in rural areas) are also essential.

- **Provide Summer EBT cards to families with low incomes.** The limited reach of the Summer Nutrition Programs highlights the need for an approach to combat food insecurity, which goes up during the summer when school meals are not available to children who rely on them during the school year. Evaluations of Summer EBT and initial research on Pandemic EBT (P-EBT), which provides the value of school meals on an EBT card to families who lost access to free or reduced-price school meals due to school closures related to COVID-19, show that this approach helps minimize food insecurity. The program also should provide benefits to cover the meals that families lose access to on school holidays and breaks, and quickly respond to another pandemic or crisis situation that closes schools unexpectedly.

### ***Early Childhood Nutrition Programs (CACFP and WIC)***

The following administrative and legislative actions are designed to strengthen program access and support participation by underserved children and communities, ensure nutritional quality, and simplify program administration and operation. These actions should maintain and build upon the critical gains and lessons learned from the success of flexibilities that have been offered during COVID-19.

The **Child and Adult Care Food Program (CACFP)** provides nutritious meals and snacks for eligible children and elderly or disabled adults who are enrolled at participating child care centers, family child care homes, afterschool programs, Head Start programs, adult care centers, and homeless shelters. This program supports good nutrition, as well as high-quality and affordable child care, which helps children develop fully and supports working parents.

The drop in participation in CACFP during the pandemic reflects the increased caregiver burden placed on families with young children and adult dependents as a result of child and adult care center closures.<sup>25</sup>

More must be done to reach children who are eligible for the program. Unfortunately, under the current rules, CACFP meals and snacks are out of reach for millions of young children in child care. Many child care programs do not participate in CACFP because (1) the benefits are inadequate; (2) the program is wrought with burdensome paperwork; and (3) the losses and penalties are too detrimental to child care programs that operate on razor thin margins. The brunt of these barriers disproportionately impacts both communities of color and providers with fewer resources, contributing to

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<sup>25</sup> <https://frac.org/research/resource-library/cacfpprogrambriefmarch2021>



gross inequities in child care quality and nutrition. To achieve equity in CACFP, systemic barriers that often give advantages to better-resourced programs should be removed.

- **Allow child care centers and homes the option of serving an additional meal service (typically a snack or supper) for children in full day care.** National child care standards, based on the best nutrition and child development science, specify that young children need to eat small healthy meals and snacks on a regular basis throughout the day. Many children are in care for eight hours or more per day as their parents work long hours to make ends meet, so they rely on child care providers to meet a majority of their nutrition needs. Previously, child care providers could receive funding for up to four meal services — most commonly two meals and two snacks. Congress eliminated one meal service to achieve budget savings. This penny-wise and pound-foolish approach harms children’s nutrition and health and weakens child care. We should restore CACFP support to the full complement of meals and snacks young children need and stop short-changing young children at a time when they, and their families can least afford it.
- **Allow annual eligibility for proprietary (for-profit) child care centers.** Many of these child care centers are small, independent “Mom and Pop” operations that provide much-needed child care and afterschool programs to children from households with low incomes in underserved areas. Proprietary child care centers are eligible to participate in CACFP if at least 25 percent of the children they serve are living in low-income households. Unfortunately, USDA requires these child care centers to document institutional eligibility *every month* rather than the annual eligibility allowed for other centers and homes. This creates unnecessary and substantial paperwork and administrative burdens.
- **Streamline program requirements, reduce paperwork, and maximize technology to improve program access.** This can be accomplished through a variety of proposals that will improve CACFP’s ability to reach families with low incomes and improve equity by streamlining program operations, increasing flexibility, maximizing technology and innovation to reduce parent paperwork, and allowing sponsors and providers to operate most effectively. These include the following recommendations:
  - Modernize applications, eliminate normal days and hours on forms.
  - Allow the use of electronic data collection and virtual visit systems following all the required federal CACFP standards.
  - Allow direct certification in all states.

## **Reducing CACFP paperwork and rules will increase the power of CACFP to address inequity.**

When confronted with the complex CACFP paperwork requirements, many providers choose not to participate because they can't be assured of receiving reimbursements for their work, and if they make paperwork errors, the consequences can be severe. It is easier just to resort to serving cheaper, less nutritious meals and operate without the CACFP standards, oversight, and required paperwork.

- **Make permanent the elimination of the area eligibility test to streamline access to healthy meals for young children in family child care homes.** Currently, under the COVID-19 waiver, all family child care homes qualify for the highest reimbursement rate. This eliminates the usual area eligibility requirement that requires an area meet a 50 percent low-income threshold. This threshold is not an effective mechanism; it misses many providers serving children from households with low incomes. This is especially true in rural and suburban areas, which do not typically have the same pattern of concentrated poverty seen in urban areas. In addition, the area eligibility test completely bypasses providers and families struggling in high cost-of-living areas. Making the elimination of the area eligibility test permanent would bring more child care providers who serve children from households with low incomes into CACFP, and many more children in need would receive healthy CACFP meals and snacks.
- **Make permanent the expansion allowing young adults 18 to 24 years old to participate in CACFP at homeless and youth-serving shelters.** Prior to the temporary expansion of benefits in the American Rescue Plan Act, youth-serving shelters could not use CACFP because the program was limited to children under 18 years of age. By making permanent the CACFP age expansion implemented during COVID-19, youth-serving and family homeless shelters could continue to rely on CACFP to serve healthy meals and snacks. CACFP is an important resource to support the efforts of the committed, hard-pressed, and often faith-based organizations working to care for this vulnerable population.

## **The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

WIC is a vital program supporting good health for mothers and children, yet too many eligible families face barriers to WIC. The program provides nutritionally at-risk pregnant with low incomes, postpartum mothers; infants; and children up to 5 years old with nutritious foods, nutrition education, breastfeeding support, and referrals to health care. Research shows that WIC improves participants' health and well-being, dietary intake, and birth and health outcomes; protects against obesity; and supports learning and development. WIC benefits are cost-effective, generating major savings in federal, state, local, and private health care, as well as special education costs.

During the first year of COVID-19, a monthly average of 6.3 million women, infants, and children participated in WIC, and redeemed \$2.3 billion in food purchases. This represents an overall increase in participation of 0.5 percent compared to March 2019–February 2020, which includes a decrease in the number of women and infants participating but a 5.1 percent increase in the number of children participating.<sup>26</sup>

Strengthening and expanding the WIC program will improve the food and economic security of participants by reducing food insecurity, helping to alleviate poverty, and supporting economic stability.

- **Make permanent the flexibilities that allow for remote enrollment, services and benefits issuance, and the facilitation of online ordering.** It is time to modernize and streamline the WIC program to enhance the WIC experience. It will be important to use the lessons learned from the success of the flexibilities that were offered through WIC waivers during COVID-19. Parents across the country are universally positive about being able to have WIC enrollment and services via phone, and remote benefit issuance. The successful waiver (dropping the requirement for in-person WIC clinic visits) has allowed participants to complete enrollment and education appointments from a convenient location over the phone. Far less common options for services have included video chats and telehealth systems. USDA should accelerate the progress made toward facilitating online ordering during COVID-19. Online ordering systems help WIC participants easily and conveniently choose the right nutritious WIC foods and avoid embarrassing encounters during the check-out process.
  
- **Fund comprehensive WIC outreach and coordination, including establishing a WIC community partners outreach program and an initiative to coordinate data in the health care and WIC sectors through technology.**
  - Establishing a WIC community partners outreach program, patterned on the successful SNAP outreach program, would fund WIC state agencies to contract with non-WIC community partners to conduct WIC outreach. Effective outreach by community partners can broaden the reach and effectiveness of WIC, which can help overcome barriers to WIC participation, including widespread misconceptions about eligibility, concerns by immigrant families, and limited access to information about WIC benefits and how to apply. WIC outreach needs to serve an increasingly culturally and linguistically diverse population and the new generation of tech-savvy mothers.

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<sup>26</sup><https://frac.org/research/resource-library/one-year-of-wic-during-covid-19-waivers-are-vital-to-participation-and-benefit-redemption>

- An initiative to coordinate data in the health care and WIC sectors through the use of technology will pay dividends. It is essential to streamline the current and often arduous options (fax or fillable PDFs) for health care providers to give patient's health information to WIC. This will help families enroll and maintain participation in WIC by using the assessments (e.g., heights and weights) and blood tests (e.g., for anemia) already completed by their health care providers. In addition, data matching between Medicaid and WIC can be used as an outreach tool to successfully identify eligible but not participating families, and to streamline the income-eligibility process for parents.
- **Extend WIC certification periods to two years and enrollment for children until their sixth birthdays.** Extending WIC certification to two years will support the health of mothers and children with much-needed WIC benefits, healthy food, nutrition counseling, and referrals to services. The mothers and children who are eligible for the extension struggle with food insecurity and poverty — two conditions that make it difficult to maintain good health, nutrition, and overall well-being. The extension of certification periods and eligibility will help to retain families in WIC.
- **Update the WIC food package to be consistent with the 2020–2025 Dietary Guidelines for Americans.** The WIC food packages were revised in 2007 to align the authorized foods with the latest nutrition science at the time. Research shows that the revised WIC food packages have favorable impacts on dietary intake, breastfeeding outcomes, and obesity rates. In addition, studies suggest an important role for the WIC food package in improving neighborhood food environments, which benefits low-income communities. The new food package revisions should be consistent with the new Dietary Guidelines and National Academy of Science recommendations, including making permanent the current temporary enhanced levels of fruit and vegetables benefits, and investing significantly in the children's package.

The investments in these proven nutrition programs must be centered on addressing the systemic racism and discrimination that perpetuate hunger, poverty, and its root causes and undermine equity and justice for all.

### **III. Address the Root Causes of Hunger and Poverty**

As effective as the nutrition programs are, they alone cannot end hunger when employment and wages fall short, growth is not shared in an equitable way, and people lack access to affordable housing, health care, sufficient disability benefits, and other needed support systems. The interplay of these root causes and the structural racism

that drives and exacerbates them help explain why hunger persists in America and why solving hunger must include job creation, wage growth, increased economic equity, sufficient government supports, and addressing systemic inequities.

While these conditions existed long before the pandemic, the health and economic crises laid bare and further deepened the inequities of our nation. The COVID-19 recession has been dubbed the most unequal in modern history with job losses from the pandemic overwhelmingly affecting low-wage, minority workers most.<sup>27</sup> Two years into the pandemic, while the economy is recovering, that recovery is not evenly felt when wages lag, prices for food and rents increase, and the vast majority of the growth goes to those who already have the most resources.

Critical investments to address the root causes of hunger and poverty include — but are not limited to:

**Economic policies that promote good jobs, wages, and benefits for low- and moderate- income households:** Needed actions include sufficient wages for struggling workers, enforcing wage and hour laws, ramping up public and private job creation, and job training that is effective and targeted to today’s economy. It also means investing in parental leave policies and childcare supports that make work feasible for families. Closing educational gaps is critical to supporting the workforce of tomorrow, and needed investment includes expanding pre-K and post-secondary education/apprenticeships. It also means fixing our broken immigration system so that all workers have access to safe working environments, sufficient wages, and supports.

*Government income-support programs for struggling families:*

When families and individuals are unable to work — or work full time because of unemployment, age, or disability, or whose earnings and benefits from work are not adequate to meet basic needs — the safety net must be responsive enough so their basic needs can be met. Nutrition programs alone cannot carry the whole burden of public anti-poverty and anti-hunger supports when employment falls short. When work, even with an increased minimum wage, a restoration of job growth, and other factors pushing up employment and wages, falls short of meeting the basic needs of tens of millions of people in America, even substantially improved SNAP, school meals, and other food programs — while able to greatly reduce suffering and boost economic security, health, and well-being — will not end hunger if acting alone.

*Other essential safety net improvement strategies to help meet basic needs include:*

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<sup>27</sup> Heather Long, Andrew Van Dam, Alyssa Fowers and Leslie Shapiro, “The covid-19 recession is the most unequal in modern U.S. history,” *The Washington Post*, September 30, 2020, [www.washingtonpost.com/graphics/2020/business/coronavirus-recession-equality/](http://www.washingtonpost.com/graphics/2020/business/coronavirus-recession-equality/).

- Making the [expanded Child Tax Credit](#)<sup>28</sup> changes permanent, more inclusive, and ensuring the benefits reach all eligible families.
- Improving and expanding other refundable tax credits for low-income individuals and families.
- Protecting and improving Social Security, Supplemental Security Income (SSI), and pensions for older adults and people with disabilities with low incomes.
- Supporting safe, accessible, affordable homes in neighborhoods that are free from discrimination and where everyone has equitable opportunities to thrive.
- Ensuring access to affordable health care.
- Improving the Temporary Assistance for Needy Families (TANF) program's eligibility and benefits rules.
- Increasing funding commensurate with the growing need for home-delivered and congregate meals provided under the Older Americans Act.

#### **IV. Ensure Policies and Programs Reduce Disparities in Hunger**

The root causes of hunger and poverty disproportionately impact some groups due to current and historical systematic discrimination, exclusion, and oppression. Therefore, successfully addressing hunger in the U.S. must ensure that anti-hunger priorities and strategies focus on populations struggling the most, including children, women, people with disabilities, immigrants, older adults, LGBTQ+ people, veterans, formerly incarcerated people, people experiencing homelessness, grandfamilies, and people residing in rural areas. Black, Latino, Native American, and Asian and Pacific American households have faced a long history of structural racism that has contributed to disproportionate rates of food insecurity that must be addressed head-on through equitable policies if we are to end hunger in America.

Equitable policies are those that reduce disparities in hunger and address the causes of disparities. The systemic injustices driving disparities differ by population, making it essential to tailor policies to each population at the highest risk of hunger. For example, prior to COVID-19, Latinx communities experienced increased discrimination from immigration enforcement and the 2019 public charge rule. Therefore, increasing enrollment in the federal nutrition programs and other social programs requires special efforts to establish trust.

Importantly, equitable policy solutions must involve the input and leadership of people with lived expertise from the community in order to fully understand and address the unique drivers of disparities that they face.

Changes to the federal food programs should promote equity through increasing access, expanding eligibility, and reducing stigma (see FRAC's comment to USDA below). In addition, the federal nutrition programs must be part of a broader approach to uproot systems of oppression, which will involve prioritizing laws and programs that are able to target disparities across multiple systems (e.g. affordable housing in neighborhoods

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<sup>28</sup> <https://frac.org/wp-content/uploads/FRAC-CTC-Primer-2022.pdf>



with quality education) or that equitably provide additional income to households (e.g., the Child Tax Credit, minimum wage).

### **Additional Resources for Addressing Hunger in Populations With Disproportionately High Rates**

In addition to recommendations referenced elsewhere in this piece, additional specific recommendations that can help abate food insecurity among specific populations can be found in these FRAC publications:

- [Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs' Role in an Equitable Recovery](#)<sup>29</sup>
- [Comment from FRAC in response to USDA's request for information: Identifying Barriers in USDA Programs and Services; Advancing Racial Justice and Equity and Support for Underserved Communities at USDA](#)<sup>30</sup>

## **V. Address Food Insecurity in Native American Communities**

Far too many Native American households experience food insecurity and food access challenges. Disparities in hunger are a result of structural racism and colonialism that have resulted in the loss of food sovereignty due to the forced relocation of Native communities from ancestral lands, forced cultural assimilation policies, disrupted land management, Tribal termination, land privatization, and the substitution of Native traditional foods with commodity foods. Solutions must therefore center Native sovereignty, leadership, and traditions.

During the first year of the COVID-19 pandemic, almost half of Native American and Alaska Native survey respondents reported experiencing food insecurity, according to *Reimagining Hunger Responses in Times of Crisis: Insights from Case Examples and a Survey of Native Communities' Food Access During COVID-19*, a report released by the Native American Agriculture Fund (NAAF), the Food Research & Action Center (FRAC), and the Indigenous Food and Agriculture Initiative (IFAI) at the University of Arkansas. The study showed the importance of Tribal leadership, Native American agriculture, and food programs. There are a range of recommendations that should be central to the White House conference discussion and recommendations including the following:

- Support a robust Food Distribution Program on Indian Reservations (FDPIR) program with parity to other programs to help ensure equitable, adequate food access.
- Recognize Tribal sovereignty in administering federal nutrition programs.
- Mandate and fund food security data collection and reporting for American Indian and Alaska Native peoples in the annual Current Population Survey Food Security Supplement and other government surveys.
- Support a localized, Native-led food system through support for Native farmers and ranchers as well as expansion of native-grown and culturally relevant food procurement options in the federal nutrition programs.

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<sup>29</sup> <https://frac.org/wp-content/uploads/COVIDResearchReport-2021.pdf>

<sup>30</sup> <https://www.regulations.gov/comment/USDA-2021-0006-0408>

## **VI. Adopt Innovative Approaches to Value Creation**

The inequities that existed before COVID-19 were amplified in hunger, economic equity, racism, and health disparities. In addition to strengthening programs that respond to hunger, this conference presents a once-in-a-generation opportunity for ideas to increase wealth creation and address hunger in communities with low incomes.

Building on lessons learned in COVID-19 and new financing mechanisms that seek to create value and address social concerns, the conference can provide leadership to bring together members from a number of sectors such as technology, financial, social entrepreneurs, philanthropy, and others to drive innovative ventures that create wealth for historically disenfranchised communities and increase quality, quantity, and access to healthy food, while creating value for other stakeholders and investors.

Many proven impact investment models can serve as a foundation for the White House to lead the U.S. and the world with solutions that simultaneously address hunger, health, and poverty, and promote long-term economic security.

## **VII. Increase Collaboration to Expand Federal Nutrition Programs Participation**

State and local governments, and nonprofit intermediaries need to build on the nutrition programs' considerable strengths and improve on-the-ground access to them. Even in the best performing states, participation rates in these programs often are not high enough, and low enrollment rates around the nation contribute enormously to the hunger problem.

The low participation rates result from a variety of factors. The differences in official attitudes, state and local processes, and results among the states are one reason it is so important to have even stronger federal programs with robust federal funding and clear national program rules. Whether or not a child is hungry — or is receiving good nutrition and is healthy and able to learn — should not depend on what state or county the child is born in, or moves to, or where she goes to child care, or which school she attends. Strengthening the national framework, therefore, is essential, but so is encouraging full use of federal programs and available federal funds. Here are strategies to accomplish this:

- **Expand outreach and education.** State and local governments, foundations, and other private-sector stakeholders should increase public education and outreach efforts for nutrition programs, as they have done for health insurance and the Earned Income Tax Credit. This should include expanding support for nonprofit advocacy groups; food banks; immigrants', seniors', children's, and veterans' groups; and other direct-

service providers that struggle to improve federal nutrition program participation.

- **Lower unnecessary and ill-considered state and local barriers to participation.** Too often states or localities put unneeded barriers in the way of struggling families participating in nutrition and other safety net programs. States and localities should eliminate processes that “churn” beneficiaries in and out of eligibility, as well as red tape and stigma-creating hurdles that the federal program rules do not require (and often actively discourage or prohibit). In addition, they should simplify access by using multiprogram portals and certify eligibility across programs rather than unnecessarily using multiple applications for multiple programs. States need to revise office hours that are particularly hard for working families with incomes to navigate as well as overhaul unnecessarily complex systems that are hard for anyone, much less struggling people who earn low incomes, to navigate. Many states have made real progress on these fronts in recent years, but far too many barriers remain.
  - **Provide performance and innovation bonuses.** Federal bonuses should be provided to reward states for excellent performance in operating federal nutrition programs, such as for reaching higher rates of SNAP-eligible people.
- **Buttress The Emergency Food Assistance Program (TEFAP), Commodity Supplemental Food Assistance Program (CSFP), and other supports for emergency food.** Expanding TEFAP and CSFP is an important step, although food banks are the first to point out that it is not a sustainable solution to the nation’s widespread hunger problem. All families should have the resources from earnings, safety net programs, and other public supports to purchase the healthy food they need. Overwhelmed pantries and other charitable providers recognize that principle, and the need to focus their resources on emergencies and groups not reached, even by a much-improved system of government program supports. Until the nation reaches that goal, however, these organizations will continue to play an important role, and will need more support to play that role.