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Perspective

Feeding Low-Income Children during the Covid-19 Pandemic

Caroline G. Dunn, Ph.D., R.D., Erica Kenney, Sc.D., M.P.H., Sheila E. Fleischhacker, J.D., Ph.D., and Sara N. Bleich, Ph.D.

As Covid-19 spreads throughout the United States, schools and child care facilities are balancing their role of helping to prevent disease transmission with ensuring access to food for children who rely on the federal nutrition safety net. Together, the U.S. Department of Agriculture (USDA) National School Lunch Program, School Breakfast Program, and Child and Adult Care Food Program serve nearly 35 million children daily, delivering vital nutrition and financial assistance to families in need.[1] With such programs interrupted, an essential element of the Covid-19 response will be feeding children from low-income families.

Meals and snacks from schools or child care centers fulfill up to two thirds of children's daily nutritional needs and are generally healthier than those brought from home. The short-term health effects of missed meals include fatigue and reduced immune response, which increase the risk of contracting communicable diseases. Even brief periods of food insecurity can cause long-term developmental, psychological, physical, and emotional harms. Children from low-income households, who are already at higher risk for poorer health and academic performance than children from high-income households, may be further disadvantaged by nutrition shortfalls.

Lost access to school meals also highlights the fragile financial health of families in the federal nutrition safety net. When schools and child care centers close, children miss out on food services worth at least $30 per week.[2] The true cost to families of feeding children is probably higher, because this figure doesn't account for time spent purchasing or preparing foods or the higher price of retail foods as compared with schools' bulk-purchasing rates. Increased food-related financial burdens can harm all household members by forcing families to ration food or forgo other critical needs, such as medication, utilities, and rent.

The current situation is unprecedented, and it's unclear how long school closures will last. The USDA hasn't mandated that schools offer food service during closures. Instead, local education authorities (such as school superintendents and school boards) are being permitted to apply approaches from the USDA's summer feeding programs and have been "encouraged to ensure that the needs of low-income children are met during extended school dismissals."[3] However, many schools lack experience with summer feeding initiatives, which reach only one in seven children who usually receive free or reduced-price meals during the school year,[4] and sum-

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mer programs don't follow the same strict nutritional standards as school breakfast and lunch programs. The USDA has begun releasing national waivers for mealtime and congregant meal-setting requirements, allowing schools to adopt innovative approaches to providing meals and to practice appropriate social distancing.

As federal guidance emerges, several states and schools are developing their own solutions, adapting traditional service models to reduce disease transmission. For example, the Department of Education in South Carolina (where more than 15% of the population lives in rural areas) announced "Grab-n-Go" meal sites throughout the state that can provide up to 5 days of meals at once. Several districts in Michigan and New York are arranging meal deliveries to school bus stops or homes. The USDA has also initiated a public–private partnership in rural areas to deliver shelf-stable food packages that include food that children can prepare independently, though the program's reach is limited. Although such approaches are innovative, it's unclear whether they can ensure that food is distributed effectively and equitably while preventing disease transmission, and it remains to be seen which programs will prove cost-effective and sustainable for the duration of school closures.

Given geographic diversity and variation in Covid-19 prevalence, solutions for feeding children who usually participate in federal nutrition programs will need to be flexible, tailored, and thoughtful — so as not to stigmatize children for receiving emergency meals, which might discourage participation. Federal guidance on best practices for handling meals to reduce viral spread is also needed. We currently don't know which models for food delivery are most in line with social-distancing recommendations or easily activated and scaled. This guidance is critical for local decision making as the number and duration of school closures increase.

Guidelines for the Child and Adult Care Food Program, which reaches 4.3 million children daily,[1] are even less detailed. Under this program, child care providers often prepare food themselves and probably can't operate a food service if their facilities are closed. Districts and child care centers are essentially having to "build the plane while they fly it." Missteps can have serious nutritional and health implications for millions of children.

Recent legislative efforts may help address the challenges associated with feeding children, although additional steps will surely be needed. President Donald Trump declared a national emergency under the Stafford Act, thereby authorizing federal aid to state and local governments. These funds could be used to expand access to food assistance, but the bulk of aid appears to be directed toward waiving regulations that hamper access to health care (e.g., additional support for hiring more emergency workers or obtaining medical supplies and vaccine).

The Families First Coronavirus Response Act, which was signed into law on March 18 and authorizes $100 billion in relief, includes explicit provisions for nutrition assistance. The legislation allows states to request waivers for providing temporary, emergency benefits under the Supplemental Nutrition Assistance Program (SNAP) to households already enrolled in the program with children who would normally receive free or reduced-price meals, up to the maximum monthly allotment of $646 for a family of four. Pilot tested in summer months — when many children lose access to school meals — this approach has reduced severe food insecurity.[5] However, results from pilot tests are preliminary, and the program hasn't been scaled up and may fall short of reaching many children affected by Covid-19. For example, children don't qualify if they are served by the Child and Adult Care Food Program or if they are undocumented immigrants whose families don't qualify for SNAP but rely on school meals.

The shift in responsibility for feeding children from the National School Lunch Program and School Breakfast Program to SNAP may also have negative health implications. School meals are required to align with the latest nutrition science (although the USDA may waive meal-pattern requirements if the food supply is disrupted). By contrast, SNAP places few limits on allowable purchases, so relying more heavily on this program may inadequately address children's nutritional needs. This shift may also lead to increased weight gain, particularly among racial and ethnic minorities and overweight children, since there is evidence that these children tend to gain weight more quickly during the summer than during the school year.

On March 27, Trump also signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which includes a $15.8 billion appropriation for

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Preliminary Suggested Approaches to Addressing Food Insecurity in U.S. Children during the Covid-19 Pandemic.

- Centralize and widely distribute information about schools and school districts offering meals during school closure
- Decrease social exposures and reduce the time and transportation burden for families by providing multiple days' worth of meals, allowing for drive-through meal pickup (when reasonable), or coordinating meal delivery
- Extend emergency benefits to caregivers of children in child care facilities participating in the Child and Adult Care Food Program, and authorize use into periods beyond the Covid-19 response, such as summer months or other emergencies
- Codify efforts to expand Supplemental Nutrition Assistance Program access and benefits during future pandemics
- Examine and amend policies that reduce or deter participation in the nutrition safety net (e.g., the public charge rule)

SNAP and $8.8 billion for child nutrition programs. Increases in SNAP funding will not expand eligibility or increase benefit size; instead, funding will cover anticipated surges in administrative and benefit costs resulting from increased unemployment.

The Covid-19 pandemic highlights the need for policy-based solutions that ensure food security for millions of American children. Whereas means-tested programs such as SNAP have traditionally received bipartisan support, recent efforts to protect access to this program have been met with substantial partisan opposition. The current situation is made more tenuous by proposed changes to SNAP that could reduce or eliminate benefits for more than 1 million households with children, such as a proposed rule to limit broad-based categorical eligibility. In addition, changes to the "public charge" rule went into effect in February 2020. These changes could now deny a path to citizenship for people who use public benefits such as SNAP, which will probably discourage documented immigrant families from obtaining access to emergency provisions, leaving them increasingly vulnerable during the Covid-19 pandemic. Short-term policy solutions may help address immediate issues of food insecurity resulting from loss of access to meals provided by schools or child care centers. Unfortunately, broader policies that discourage enrollment or reduce access to nutrition-assistance programs have undermined our response to Covid-19.

As we grapple with Covid-19, it's critical to ensure that the nutritional needs of vulnerable children are met in order to avoid exacerbating disparities in health and educational attainment for years to come (see box for preliminary suggestions). We should examine in real time the strategies being used, acknowledge the broader political landscape in which they're being implemented, and improve our ability to adapt how, when, and where we provide nutritional support to children.

Disclosure forms provided by the authors are available at NEJM.org.

From the Departments of Health Policy and Management (C.G.D., S.N.B.) and Nutrition (E.K.), Harvard T.H. Chan School of Public Health, Boston; and Georgetown Law Center, Washington, DC (S.E.F.).

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