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HOUSE OF REPRESENTATIVES

Report 117 -

**ENDING HUNGER IN AMERICA: CHALLENGES,
OPPORTUNITIES AND THE POLITICAL WILL TO
SUCCEED**

**REPORT
OF THE**

**COMMITTEE ON RULES
OF THE**

UNITED STATES HOUSE OF REPRESENTATIVES

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LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES,
COMMITTEE ON RULES,
Washington, DC. November 15, 2022.

Hon. CHERYL L. JOHNSON,
Clerk, House of Representatives,
Washington, DC.

DEAR MS. JOHNSON: On November 14, 2022, by voice vote, I was directed by the Committee on Rules to submit herewith the Committee's report entitled, "Ending Hunger in America: Challenges, Opportunities, and the Political Will to Succeed".

Sincerely,

James P. McGovern
Chairman

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Chris Bernard, Executive Director, Hunger Free Oklahoma.....
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BIDEN-HARRIS ADMINISTRATION NATIONAL STRATEGY ON HUNGER, NUTRITION, AND HEALTH.....

America is a land of abundance. Our farms and farmers are the envy of the world—growing incredible produce, tending livestock and poultry, and cultivating the rich natural bounty that blesses this continent from coast to coast. The fertile soil of this land has fed generations of American prosperity—allowing us to become the richest, most powerful country on the planet.

Yet hidden in plain sight—amid amber waves of grain and supermarkets shelves of excess—is the shadow of hunger. Tens of millions of our fellow Americans—including a shocking number of children—do not know where their next meal will come from.

As a young man, my first involvement in the movement to end food insecurity began back when I was a student interning for Senator George McGovern—no relation.

For decades, America’s hunger crisis had remained in the shadows—until April 1967, when a Senate subcommittee visited the Mississippi Delta as part of their examination of the effectiveness of President Lyndon Johnson’s Great Society.

CBS News ran a special report on the visit called “Hunger in America” which brought the issue into the living rooms of homes across the country—putting on full display the painful poverty and abject hunger that many viewers assumed did not exist in the world’s only superpower.

Millions of Americans—including South Dakota Senator George McGovern—watched from the comfort of their own homes as a little boy told the interviewer that had no food at school and was regularly hungry.

“How does it make you feel to watch other kids eat while you go without,” he asked.

The little boy said he was “ashamed.”

That night, Senator McGovern told his family: “You know, it’s not that little boy who should be ashamed, it’s George McGovern, a United States Senator, a member on the Committee on Agriculture.”

McGovern turned his shame into action—serving as chair of the Special Select Committee on Hunger and Nutrition. As a staffer, I watched him champion these issues in a bipartisan way, alongside leaders like Senator Bob Dole.

Together, the pair secured a Conference on Food, Nutrition and Health—the first ever—at the White House.

Out of that conference came incredible progress in the fight against hunger—the creation of the modern-day Food Stamp program (now known as SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children, the National School Lunch Program, and more.

The 1980s ushered in the rise of trickle-down economics. Attempts to demonize those who relied on anti-hunger programs escalated, funding was cut, and hunger came back with a

vengeance. The Personal Responsibility and Work Opportunity Reconciliation Act, signed into law in 1996, cut further holes in our safety net, some of which we are still feeling to this day.

By the time I got elected in 1996, the situation was so bad that I knew my top priority in Congress was preventing further cuts and bringing back the political will to end hunger in America.

Inspired by the leadership of Senators McGovern and Dole, I knew that I wanted to use my time as a Member of Congress to make meaningful progress in the fight against hunger.

As Chairman of the Rules Committee, I have used my position to convene hearings, roundtables, site visits, discussions, interviews, and more to give voice to those who do not have enough food.

The result of our work is this record of innovative solutions from across the nation that can help us build a roadmap to ending hunger once and for all.

Included in this report, you will find the testimony, reports and other materials compiled in anticipation of a second White House Conference on Hunger Nutrition, and Health.

This report informed the national strategy, included at the end of this report, that was released by the Biden-Harris Administration, and includes many of the concepts learned during our hearing and roundtables. This strategy includes solutions that work—to not just manage hunger, but to ensure that food is a fundamental human right for every single American.

Let this report be a reminder that the abundance of our land can and must be shared equitably by all who call this great country home—and that working together with common purpose toward the shared prosperity of all, we can and will end hunger now.

Sincerely,

A handwritten signature in blue ink that reads "James P. McGovern". The signature is written in a cursive style with a horizontal line underneath the name.

Chairman James P. McGovern
House Committee on Rules



U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON RULES
EST. 1789 | JAMES P. McGOVERN (MA-2), CHAIRMAN

U.S. HOUSE OF REPRESENTATIVES

Committee on Rules

HEARING: “Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed”

April 28, 2021



MEMORANDUM

April 20, 2021

To: House Committee on Rules
Attention: Kim Corbin, James Fitzella, Allie Neil

From: Randy Alison Aussenberg, Specialist in Nutrition Assistance Policy,
Kara Clifford Billings, Analyst in Social Policy, Kirsten J. Colello, Specialist in Health
and Aging Policy, Alyse N. Minter, Research Librarian,
Angela Napili, Senior Research Librarian

An Overview of U.S. Hunger and Major Nutrition Assistance Programs

Subject:

This memorandum provides requested background information for a forthcoming hearing on hunger and nutrition assistance programs in the United States (U.S.). The memo first discusses how food insecurity is measured and recent trends in the data. Next the memo briefly summarizes the domestic federal nutrition programs administered by the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), including brief program descriptions and data from the last two fiscal years. Finally, the memo provides an overview of these programs in the Coronavirus Disease 2019 (COVID-19) pandemic, focusing particularly on the 116th and 117th Congress pandemic response laws.

Measuring Hunger, Food Insecurity

Congress has long been interested in issues of hunger and, over the past century, has allocated federal resources to address hunger in this country. The federal programs discussed in this memorandum largely pursue the goal of alleviating hunger by providing food to low-income and needy populations. The earliest of these efforts, the National School Lunch Program (NSLP), dates to the Depression era. Other programs have been added over time, particularly towards the end of the twentieth century. Today's nutrition programs also pursue objectives broader than the provision of food, such as preventing diet-related disease, increasing socialization opportunities for seniors, and improving employment and training opportunities.

Assessing the level of hunger in the United States is crucial to identifying populations in need of assistance and understanding if federal efforts to prevent hunger are working. However, *hunger*—an individual-level physiological condition—is a challenging concept to measure. Starting in the 1980s, a consortium of federal agencies and private-sector researchers developed an alternative: *food insecurity*,

defined as disrupted eating patterns and/or reduced food intake due to a lack of resources.¹ Food insecurity prevalence is currently measured as part of the federal Current Population Survey each year.

The latest official data showed that 10.5% of U.S. households were food insecure at some point during 2019, the lowest rate in recent years.² However, the economic ramifications of the COVID-19 pandemic have contributed to newly-food insecure individuals and exacerbated food insecurity among others. Estimates from private-sector surveys put the food insecurity rate between 17%-22% during the pandemic.³ Data collected by the U.S. Census Bureau during the pandemic show that between 10%-15% of Americans reported sometimes or often not having enough to eat in the past seven days—a more severe indicator than food insecurity.⁴

The ways in which food assistance programs discussed in this memorandum have responded to heightened food insecurity during the pandemic are discussed further under “Response to COVID-19 Pandemic.”

Nutrition Assistance Programs: Program Descriptions and Data

The tables to follow briefly describe and include recent data for the nutrition programs administered by USDA’s Food and Nutrition Service (FNS) and HHS’s Administration on Community Living (ACL):

- **Table 1** lists those USDA-FNS programs that were most recently reauthorized by the 2018 farm bill, the Agriculture Improvement Act of 2018 (P.L. 115-334). The nutrition title, Title IV, of the law included all of the programs listed in **Table 1**. The primary food assistance program in the farm bill is the Supplemental Nutrition Assistance Program (SNAP).
- **Table 2** lists the USDA-FNS programs typically included in a child nutrition reauthorization law. The most recent child nutrition reauthorization act was the Healthy, Hunger-Free Kids Act of 2010 (P.L. 111-296).
- **Table 3** lists the HHS-ACL nutrition programs authorized in the Older Americans Act. This law was most recently reauthorized by the Supporting Older Americans Act of 2020 (P.L. 116-131).

Note that there are additional federal grant programs, at HHS and the Department of Housing and Urban Development (HUD) for instance, that provide funding for a broad range of social services and other community-based initiatives.⁵ Nutrition services may be an allowable use of funds for these broad-based programs. The decision to use these grant funds to provide nutrition assistance among other services is often at the discretion of the state grantee or other grant recipients; thus for the purposes of this memorandum, CRS has provided information on domestic food assistance programs that as their statutory purpose fund nutrition assistance.

¹ For further detail on the definition of food insecurity, see A. Coleman-Jensen, M.P. Rabbitt, and C.A. Gregory, *Household Food Security in the United States in 2019*, U.S. Department of Agriculture (USDA), Economic Research Service, September 2020, <https://www.ers.usda.gov/publications/pub-details/?pubid=99281>. For further background on the development of the measure, see National Research Council, *Food Insecurity and Hunger in the United States: An Assessment of the Measure*, Washington, DC, 2006, pp. 23-51, <https://www.nap.edu/catalog/11578/food-insecurity-and-hunger-in-the-united-states-an-assessment>.

² Ibid.

³ E. Waxman, P. Gupta, and D. Gonzalez, “Food Insecurity Edged Back up after COVID-19 Relief Expired: Findings from the September 11–28 Coronavirus Tracking Survey,” October 27, 2020, <https://www.urban.org/research/publication/food-insecurity-edged-back-after-covid-19-relief-expired>.

⁴ U.S. Census Bureau, “Household Pulse Survey Data Tables,” March 31, 2021, <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>.

⁵ Examples include HHS programs Social Services Block Grant (SSBG), Medicaid (joint federal and state funding), Community Services Block Grant (CSBG) program; and HUD’s Community Development Block Grant program (CDBG).

Table I. Overview of Major Nutrition Programs in the 2018 Farm Bill

Administered by USDA's Food and Nutrition Service

Program	Authorizing Statute (Year First Authorized)	Description	FY2019		FY2020	
			Expenditures (exceptions noted)	Participation	Expenditures (exceptions noted)	Participation
Supplemental Nutrition Assistance Program (SNAP) (formerly, Food Stamp Program)	Food and Nutrition Act of 2008 (1961)	Provides to low-income households electronic benefits redeemable for SNAP-eligible foods at SNAP-eligible retailers. Benefit amounts vary by household size and benefit calculation rules. Non-benefit SNAP funding provided for matching states' administrative costs, Employment & Training, nutrition education, and other SNAP-related costs. Operates in 50 states, the District of Columbia, Guam, and U.S. Virgin Islands.	\$60.4 billion	35.7 million	\$79.2 billion ^a	39.9 million
Nutrition Assistance Block Grants	Food and Nutrition Act of 2008 (1982)	Puerto Rico, American Samoa, and Commonwealth of the Northern Mariana Islands receive capped, block grant funding in lieu of SNAP.	\$2.6 billion (Puerto Rico only)	1.3 million (Puerto Rico only)	\$2.7 billion (Puerto Rico only)	1.4 million (Puerto Rico only)
The Emergency Food Assistance Program (TEFAP)	Food and Nutrition Act of 2008; Emergency Food Assistance Act (1981)	Distributes federally-purchased foods (and cash support for storage and distribution costs) through states to local emergency feeding organizations (e.g., food banks). Operates in 50 states, the District of Columbia, Puerto Rico, Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands.	\$1.9 billion ^b	not available	\$3.5 billion ^{ab}	not available
Commodity Supplemental Food Program (CSFP)	Agriculture and Consumer Protection Act of 1973 (1969)	Provides supplemental monthly food packages to low-income elderly persons.	\$259 million	703,000	\$278 million	692,000
Food Distribution Program on Indian	Food and Nutrition Act of 2008; Agriculture and Consumer	Provides, in lieu of SNAP benefits, food commodities to low-income households on Indian reservations and to Native American families residing in Oklahoma or in designated areas near Oklahoma.	\$159 million	84,000	\$138 million	75,000

Program	Authorizing Statute (Year First Authorized)	Description	FY2019		FY2020	
			Expenditures (exceptions noted)	Participation	Expenditures (exceptions noted)	Participation
Reservations (FDPIR)	Protection Act of 1973 (1973)					
Senior Farmers' Market Nutrition Program (SFMNP)	Farm Security and Rural Investment Act of 2002 (2002)	Provides vouchers/coupons to low-income seniors to purchase fresh produce at farmers' markets and other direct-to-consumer venues.	\$20.5 million (transfer)	832,000	\$20.5 million (transfer)	Not available
Community Food Projects ^c	Food and Nutrition Act of 2008 (1996)	Competitive grants to nonprofit organizations for programs that improve access to locally produced food for low-income households.	\$5.0 million (annual appropriation)	Not available	\$5.0 million (annual appropriation)	Not available
Gus Schumacher Nutrition Incentive Program (GuSNIP) ^c	Food Conservation and Energy Act of 2008 (2014)	Competitive grants for projects that increase low-income consumers' purchase of fruits and vegetables by providing incentives at SNAP points of purchase or (added by 2018 farm bill) providing produce prescriptions to SNAP/Medicaid participants.	\$45.0 million (funding provided by authorizing law)	Not available	\$48.0 million (funding provided by authorizing law)	Not available

Source: Except as noted, FY2020 participation and funding data from USDA-FNS Key Data Report, based on data through November 2020. FY2019 participation and funding data from USDA-FNS Key Data Report, based on data through September 2020. SFMNP funding and data displayed for FY2019 from USDA-FNS program website.

Notes:

- a. FY2020 total includes FY2020 expenditures of COVID-19 pandemic supplemental appropriations and/or policy changes that authorize increased spending.
- b. TEFAP funding totals include all USDA food purchases (entitlement, bonus, and trade mitigation) and administrative funds. FY2019 data from USDA, Office of Budget and Program Analysis, "2021 Explanatory Notes – Food and Nutrition Service," p. 34-104, <https://www.usda.gov/sites/default/files/documents/32fns2021notes.pdf>. Final FY2020 expenditure data for TEFAP are not available; budget authority is from USDA FNS, "Additional Information on FY 2020 Funding Sources for The Emergency Food Assistance Program (TEFAP)," FNS-GD-2020-0091, June 12, 2020, USDA, "USDA Announces Coronavirus Food Assistance Program," Release No. USDA 0222.20, April 17, 2020, and USDA Agricultural Marketing Service (AMS), "USDA Announces Additional Food Purchase Plans," May 4, 2020.
- c. These grant programs are administered by USDA's National Institute of Food and Agriculture (NIFA), not FNS.

Table 2. Child Nutrition and WIC Programs at a Glance

Program	Authorizing Statute (Year First Authorized)	Description	FY2019		FY2020	
			Expenditures (exceptions noted)	Participation (exceptions noted)	Expenditures (exceptions noted)	Participation (exceptions noted)
National School Lunch Program (NSLP)	Richard B. Russell National School Lunch Act (1946)	Provides federal reimbursements for lunches served in participating pre-K-12 schools. Options for schools to provide afterschool snacks and summer lunches through NSLP.	\$14.2 billion	27.4 million average daily lunches served	\$10.4 billion	21.0 million average daily lunches served
School Breakfast Program (SBP)	Child Nutrition Act (1966)	Provides reimbursements for breakfasts served in participating schools (also pre-K-12). Option for schools to provide summer breakfasts.	\$4.6 billion	13.7 million average daily breakfasts served	\$3.6 billion	11.5 million average daily breakfasts served
Child and Adult Care Food Program (CACFP)	Richard B. Russell National School Lunch Act (1968)	Provides reimbursements for meals and snacks in child care centers, day care homes, and adult day care centers. Rules and funding differ based on type of institution.	\$3.6 billion	4.7 million children; 136,500 adults (daily average)	\$3.0 billion	4.1 million children and 106,700 adults (daily average) ^a
Summer Food Service Program (SFSP)	Richard B. Russell National School Lunch Act (1968)	Provides reimbursements for meals and snacks served by nonprofit organizations and schools during the summer months. Eligibility rules vary by type of meal site.	\$475 million	2.7 million children (daily average) ^b	\$4.1 billion	4.7 million children (daily average) ^a
Special Milk Program (SMP)	Child Nutrition Act (1954)	Provides reimbursements for milk in schools and institutions that do not participate in other child nutrition programs.	\$7.3 million	2.2 million half-pints served on average daily ^c	\$3.7 million	71,800 half-pints served on average daily ^c
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Child Nutrition Act (1974)	Provides benefits redeemable for supplemental foods as well as nutrition counseling and breastfeeding support to pregnant/breastfeeding/postpartum women, infants, and children (under five years old).	\$5.3 billion	6.4 million recipients (monthly average)	\$4.9 billion	6.2 million recipients (monthly average)

Program	Authorizing Statute (Year First Authorized)	Description	FY2019		FY2020	
			Expenditures (exceptions noted)	Participation (exceptions noted)	Expenditures (exceptions noted)	Participation (exceptions noted)
WIC Farmers' Market Nutrition Program (WIC FMNP)	Child Nutrition Act (1992)	Provides vouchers for WIC participants to redeem at farmers' markets.	\$18.5 million (appropriations)	1.6 million recipients total in FY2019	\$18.5 million (appropriations)	Not available
Fresh Fruit and Vegetable Program (FFVP)	Richard B. Russell National School Lunch Act (2002)	Provides funding for fresh fruit and vegetable snacks in elementary schools, with priority for low-income schools.	\$171.5 million (allocation to states)	Not available	\$193.5 million (allocation to states) ^d	Not available

Source: Except as noted, FY2019 and FY2020 participation and funding data from USDA-FNS Keydata Report, based on data through September 2020. WIC FMNP FY2021 appropriations from P.L. 116-260.

Notes: Many programs experienced declines in funding and participation in FY2020 due to the COVID-19 pandemic, with the exception of summer meals, which filled a gap when school meal participation declined.

- a. Average daily participation is estimated by USDA based on the number of meals served and program operating days. Estimates may be less reliable in FY2020 since operating days have varied during the COVID-19 pandemic.
- b. According to a May 2018 U.S. Government Accountability Office (GAO) report, estimates of participation in SFSP may be imprecise due to reporting error. GAO, Actions Needed to Improve Participation Estimates and Address Program Challenges, GAO-18-369, May 2018.
- c. Estimated by CRS based on the number of half pints served per month divided by an estimated 20 operating days per month.
- d. USDA-FNS, "FFVP: Allocation of FY2019 Funds," SP 16-2018, May 2018; USDA-FNS, "FFVP: Allocation of FY2020 Funds," SP 29-2019, May 2019.

Table 3. Overview of Older Americans Act (OAA) Nutrition Programs

Administered by HHS-ACL

Program	Authorizing Statute (Year First Authorized)	Description	FY2019		FY2020	
			Annual Appropriations	Participation	Annual Appropriations	Participation
Congregate Nutrition Program	Older Americans Act (1965)	Provides meals to older adults in settings such as senior centers, schools, and adult day care centers. Offers social services such as nutrition education and screening, nutrition assessment, and counseling at meals sites. Provides older adults with opportunities for social engagement and volunteerism.	\$495 million	1.5 million	\$510 million	Not available
Home Delivered Nutrition Program	Older Americans Act (1965)	Provides meals to older adults who are homebound. Offers services such as nutrition screening and education, nutrition assessment, and counseling.	\$251 million	882,000	\$266 million	Not available
Grants to Native Americans: Supportive and Nutrition Services	Older Americans Act (1965)	Provides for the delivery of supportive and nutrition services comparable to services provided under Title III (i.e., congregate and home-delivered nutrition) to older Native Americans.	\$34 million	65,000 (data are for FY2018)	\$35 million	Not available
Nutrition Services Incentive Program (NSIP)	Older Americans Act (1965)	Provides funds to states, territories, and Indian Tribal Organizations to purchase food or to cover the costs of food commodities provided by USDA for the congregate and home-delivered nutrition programs. Funds are allotted to states and other entities based on each state's share of total meals served during the prior year. Most states choose to receive their share of funds in cash, rather than commodities. ^a	\$160 million	Not applicable	\$160 million	Not applicable

Source: Prepared by CRS based on FY2019 and FY2020 Labor-Health and Human Services (HHS)-Education Appropriations acts and accompanying report and explanatory statement language available at the CRS appropriations status table. Participation data are from the Administration on Aging, AGing Integrated Database (AGID), <https://agid.acl.gov/>; data are rounded to the nearest thousand.

Notes: Excludes COVID-19 supplemental appropriations, which are discussed in “Response to COVID-19 Pandemic.” For more information on programs and funding under the OAA, see CRS Report R43414, *Older Americans Act: Overview and Funding*.

- a. For example, in FY2020, five states elected to spend over \$1.2 million of their NSIP grants on commodities (ACL, *Fiscal Year 2021 Justification of Estimates for Appropriations Committees*, p. and *Fiscal Year 2021 Justification of Estimates for Appropriations Committees*, p. 54, <https://acl.gov/about-acl/budget>). State participation data are not available, see USDA, FNS, Food Distribution Program Tables, <https://www.fns.usda.gov/pdf/food-distribution-program-tables>.

Response to COVID-19 Pandemic

In addition to responding to a higher need for food assistance during the pandemic, the nutrition programs have faced other challenges. Specific challenges may vary by individual programs but include safety concerns, particularly for programs that serve older adults (at highest risk for severe disease), and administering programs that have in-person requirements.

COVID-19 pandemic response laws enacted during the 116th and 117th Congress provided additional funding and new policies for the domestic nutrition programs at USDA and HHS. Both USDA and HHS programs were included in four response laws:

- Families First Coronavirus Response Act (FFCRA; P.L. 116-127, enacted March 18, 2020);
- Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136, enacted March 27, 2020);
- Consolidated Appropriations Act, 2021, Division N, Title VII (P.L. 116-260, enacted December 27, 2020); and
- American Rescue Plan Act of 2021, Title I (ARPA, P.L. 117-2, enacted March 11, 2021).

USDA nutrition programs were also included in a fifth law, the Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159, enacted October 1, 2020).

USDA-FNS Programs

USDA-FNS programs are often part of emergency response efforts, providing foods for distribution, additional benefits for redemption, and program flexibilities. Increasing households' food purchasing power may also be a means of economic stimulus.⁶ The response of FNS programs to the COVID-19 pandemic has been shaped by new federal laws as well as USDA, states, and providers working under the parameters of the laws.

COVID-19 pandemic response laws have included supplemental funding for USDA nutrition assistance programs, both in the form of finite, specified amounts and as open-ended funding, authorized and appropriated in such sums as necessary to accommodate certain policy changes. A specific ceiling was not provided in the laws for the open-ended funding. SNAP and child nutrition programs funding was most often open-ended. While some of this new funding and policies are reflected in the FY2020 totals presented earlier in this memorandum, much of the spending will be in FY2021 and subsequent years.

An overview of these provisions is provided below. Further detail about the COVID-19 response laws' provisions, including specific funding amounts where applicable, is in CRS Report R46681, *USDA Nutrition Assistance Programs: Response to the COVID-19 Pandemic*.

SNAP and Territory Programs in lieu of SNAP

Within SNAP, the COVID-19 pandemic response laws have allowed for certain changes to eligibility and benefit amounts. Among other changes, FFCRA authorized an emergency allotments option for states to increase households' benefits. More recently, P.L. 116-260 and then ARPA increased the maximum benefit amount by 15% for January through September 2021. FFCRA also suspended for the COVID-19 public health emergency, a work-related rule, the time limit for non-disabled adults without dependents. P.L. 116-260 temporarily expanded eligibility rules for students of higher education. In addition, the laws

⁶ Patrick Canning and Rosanna Mentzer Morrison, "Quantifying the Impact of SNAP Benefits on the U.S. Economy and Jobs," *Amber Waves Magazine*, July 18, 2019, <https://www.ers.usda.gov/amber-waves/2019/july/quantifying-the-impact-of-snap-benefits-on-the-us-economy-and-jobs/>.

allowed for a variety of administrative flexibilities; for instance, provisions designed to make it easier for states to manage the recertification of participating households during social distancing. The laws also provided additional funding for benefits and specified grants for other SNAP and related functions.

The pandemic response laws supplemented the block grant funding for Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands. Together the laws provided over \$1.9 billion for these territories' nutrition assistance programs.

P-EBT and Child Nutrition Programs

FFCRA first established the Pandemic Electronic Benefit Transfer (P-EBT) program, and subsequent pandemic response laws expanded it. This program provides SNAP-like benefits to households, serving as replacements for meals that normally would have been provided in schools and, following expansion of the program, in child care centers. In March 2020 through September 2020, states issued over \$10.6 billion in P-EBT benefits to a monthly average of nearly seven million people.⁷

The pandemic response laws have also enabled changes within institution-based child nutrition programs, including school and summer meals programs. The pandemic response for these programs has included a supplemental appropriation of \$8.8 billion in the CARES Act, an expansion of USDA's authority to waive child nutrition program requirements, the temporary ability for providers to serve free meals to all children, and a program to cover financial losses for meal providers.

WIC

The laws have also provided additional funding for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). FFCRA provided \$500 million for the program. ARPA specifically provided authority and funding to increase fruit and vegetable vouchers (\$490 million) and new funding for outreach and modernization (\$390 million). In addition, the laws gave USDA authority to issue a wide variety of program waivers, including changes to benefit issuance, product availability, and physical presence requirements.

Food Distribution Programs

Supplemental funding was provided to programs that distribute USDA-purchased commodities. Much of this food aid was distributed through The Emergency Food Assistance Program (TEFAP). This program provides federally purchased foods and administrative funds to states for distribution to emergency feeding organizations, including food banks, food pantries, and soup kitchens. Three of the pandemic response laws together provided over \$1.2 billion to TEFAP. Smaller amounts were also provided for the Food Distribution Program on Indian Reservations (FDPIR) and the Commodity Supplemental Food Program (CSFP).

Other USDA Initiatives

In addition to responding to the COVID-19 pandemic through its existing nutrition assistance programs, USDA launched two new programs to feed people on a temporary basis: the Farmers to Families Food Box program, initially funded under the FFCRA, which has provided food boxes to individuals and households; and the Emergency Meals to You program, which provided food boxes to households with school-aged children in rural areas. The Emergency Meals to You program operated from March 2020 to August 2020, and the Farmers to Families Food Box program has operated since May 2020. The Biden

⁷ USDA, FNS, Keydata Report (November 2020 data), available at <https://www.fns.usda.gov/data/march-keydata-report-november-2020-data>.

Administration recently announced plans to end the food box program by the end of May 2021.⁸ FNS also activated emergency food distribution programs in certain states and tribal nations during the early months of the pandemic.

HHS-ACL Programs

Compared with younger individuals, older adults are at higher risk of severe illness due to Coronavirus Disease 2019 (COVID-19), including hospitalization and death.⁹ Physical distancing measures and stay-at-home orders associated with the COVID-19 pandemic have affected senior nutrition programs that many older adults rely on for their daily nutrition intake.¹⁰ For example, nutrition services at congregate or group meal sites were no longer available or accessible. Alternatively, other nutrition services, such as home-delivered meals (e.g., “meals on wheels”), were and may continue to be in greater demand as older adults adhere to recommendations to avoid gathering with individuals outside their household. The following COVID-19 relief legislation provides a total of \$750.0 million in FY2020 and \$950.0 million in FY2021 in funding for OAA nutrition programs:¹¹

- FFCRA provides a total of \$250 million for OAA nutrition services (\$80.0 million for congregate nutrition; \$160.0 million for home-delivered nutrition; \$10.0 million for Native American nutrition services). Funding is to remain available until September 30, 2021.¹²
- CARES Act provides a total of \$500.0 million for OAA nutrition services (\$480.0 million for congregate and home-delivered nutrition services; \$20.0 million for Native American nutrition services). Funding is to remain available until September 30, 2021. It provides a state agency the authority to transfer up to 100% of these funds between nutrition services programs.¹³
- P.L. 116-260 (Division N) provides a total of \$175 million for OAA nutrition services (\$168.0 million for nutrition services; \$7.0 million for Native American nutrition services). It further provides that for FY2021, state agencies and area agencies on aging may transfer up to 100% of the funds received between the two programs without prior approval.¹⁴
- ARPA, Title II, Subtitle L provides \$775.0 million for OAA nutrition services (\$750.0 million for nutrition services; \$25.0 million for Native American nutrition services, supportive services, and family caregiver services). Funding is to remain available until expended.

⁸ McCrimmon, R., “Vilsack details new direction for USDA food boxes,” POLITICO Pro, April 14, 2021.

⁹ Centers for Disease Control and Prevention, *Risk for COVID-19 Infection, Hospitalization, and Death By Age Group*, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>.

¹⁰ For more information on programs and funding under the OAA, see CRS Report R43414, *Older Americans Act: Overview and Funding*.

¹¹ Funding listed below was not included in the above table. FFCRA, CARES Act, and the Consolidated Appropriations Act, 2021 do not apply the 15% state matching requirements to these funds.

¹² State and tribal organization allocation tables for the FFCRA and CARES Act are at ACL, *State and Tribal Funding Allocations*, <https://acl.gov/about-acl/older-americans-act-oaa>.

¹³ Furthermore, during any portion of the COVID-19 public health emergency declared under Section 319 of the Public Health Service Act (PHSA), Section 3222 of the CARES Act provides state agencies and area agencies on aging, without prior approval, the authority to transfer up to 100% between OAA nutrition programs. This provision extends priority for home-delivered nutrition services to those unable to obtain nutrition due to social distancing as a result of the emergency similar to those who are homebound due to illness and authorizes the Assistant Secretary to waive certain dietary requirements for nutrition services.

¹⁴ Similar to the CARES Act, it further clarifies participant requirements for home-delivered nutrition services to include those unable to obtain nutrition due to social distancing as a result of the emergency and authorizes the Assistant Secretary to waive certain dietary requirements for nutrition services.



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Testimony of Dr. Thea James
Vice President of Mission & Associate Chief Medical Officer
Boston Medical Center

April 28, 2021

U.S. House of Representatives Committee on Rules Hearing on
Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed

Thank you Chairman McGovern, Ranking Member Cole, and distinguished Members of the House Committee on Rules for holding this hearing and providing me with the opportunity to speak today about hunger in America and our bold intentions to collectively put an end to it.

My name is Dr. Thea James – I am Vice President of Mission and Associate Chief Medical Officer at Boston Medical Center, where I also trained for my residency and have been honored to serve as an Emergency Physician for the last three decades. Boston Medical Center is the largest safety-net hospital in New England and ranks among the ten busiest trauma and emergency services centers in the country. The patients we serve are predominantly low-income, with approximately half of our patients covered by Medicaid or the Children’s Health Insurance Program (CHIP) – the highest percentage of any acute care hospital in Massachusetts. Hunger, malnutrition, and food insecurity are all too common among our patients – in fact, of the more than 100,000 patients we’ve screened for health-related social needs to-date, 1 in 5 identified as food insecure – double the national rate. The current pandemic and economic crisis has further exacerbated this need among our patients.

In the emergency department at BMC, I see firsthand the ways in which hunger directly impacts health. Patients present for heart failure and diabetic emergencies that could have been avoided with proper nutrition. I treat complications of conditions that are not adequately managed like seizure disorders and COPD because patients are having to choose between paying for food or paying for medicines. Treating illnesses in the emergency room that are the downstream effects of hunger is not only disheartening, it’s the most expensive way to intervene. At BMC we know we can do better by our patients if we move further upstream. We are proud of our long history of addressing the root causes of what make our patients sick, including the inability to afford enough food. We know from clinical experience and decades of

research that when our patients are hungry, their health suffers. This is why BMC is committed to advancing solutions that reduce hunger among our patients and the communities in which they live. Our clinicians and staff are trained to look outside our four walls, and move beyond healthcare to understand the social factors that impact our patients' health. At present, BMC has over 40 programs that address health-related social needs, many of which have been replicated nationally.

Over the past 40 years, our anti-hunger work has grown from a pediatric subspecialty clinic ("The BMC Grow Clinic") treating babies diagnosed with "failure to thrive," to an integrated hospital-wide program designed to meet the full array of our patients' food and nutrition needs. Emblematic of these efforts, our preventive food pantry, which has been in service since 2001, has grown to distribute over one million pounds of food annually to our patients and families facing food insecurity or specific nutritional challenges at home. Patients are referred to the pantry by a "prescription" from their clinicians in the same way that they would to receive medicine from the pharmacy. Our program began as the first hospital-based preventive food pantry in the country, and now our staff regularly advise other hospitals and health systems on how they can launch their own.

People are often surprised to learn that our urban hospital campus also has a 7,000 square foot rooftop farm and state-of-the-art teaching kitchen, which are integral to the BMC food and nutrition program.¹ The rooftop farm, in its fifth year, plays host to more than 20 crops, providing fresh, local produce to hospitalized patients, hospital cafeterias, the preventive food pantry, teaching kitchen, and a weekly in-hospital farmers' market. The teaching kitchen provides patients with opportunities to learn how to cook healthy meals specific to their clinically-prescribed dietary needs, as well as how to utilize the foods that come from the preventive food pantry.

In addition to these efforts, decades of research from Children's HealthWatch – a research and policy network headquartered at BMC – has shown that enrollment in the USDA's Supplemental Nutrition Assistance Program, or SNAP, reduces food insecurity and improves health.² Given these findings and other compelling evidence on the health-promoting impact of SNAP, we recently launched an initiative to enroll likely-eligible patients in SNAP through a robust outreach strategy and streamlined enrollment process for patients applying for Medicaid.

¹ Musicus AA, Vercammen KA, Fulay AP, Moran AJ, Burg T, Allen L, Maffeo D, Berger A, Rimm EB. Implementation of a rooftop farm integrated with a teaching kitchen and preventive food pantry in a hospital setting. *American Journal of Public Health*. 2019;109(8):1119–1121. <https://doi.org/10.2105/AJPH.2019.305116>

² Ettinger de Cuba SA, Bovell-Ammon AR, Cook JT, Coleman SM, Black MM, Chilton MM, Casey PH, Cutts DB, Heeren TC, Sandel MT, Sheward R, Frank DA. SNAP, Young Children's Health, and Family Food Security and Healthcare Access. *American Journal of Preventive Medicine*. 2019;57(4):525–532. <https://doi.org/10.1016/j.amepre.2019.04.027>

As an academic medical center and health system, and an anchor institution for our local community, we are acutely aware of the power we hold to impact the health of our patients and community given our role not just as a health care provider, but also as an employer, purchaser of goods and services, and investor. Given this role and our commitment to moving further upstream, BMC has made targeted investments in the community to address systemic causes of food insecurity and hunger among our patients. As a part of a multi-million dollar investment in affordable housing and community-based programs, BMC provided a \$1 million no-interest loan to establish a healthy food market alongside a new affordable housing development in the Roxbury neighborhood of Boston. Through this investment, we intend to disrupt the status quo by increasing the availability of healthy, affordable food options in the places where people with low-incomes live.

While we work hard to respond to the realities of hunger among our patients, we know that we cannot end hunger, even in our little corner of the world, on our own. We welcome the federal government to play a bigger role in ending hunger – not only as a convener and coordinator, but as an incubator and accelerator, helping to ensure the scale of the solution matches the scale of the problem.

I will close my remarks today by offering this anecdote: in a recent survey to patients at our hospital preventive food pantry, we asked: “What would it take for you to never need this again?” As a physician, some of the responses to this question were heartbreaking. Many people we talked to said they could never imagine not needing to rely on the food pantry. To me, this highlights why as a country we must reimagine our commitment to ending hunger. In doing so, we must seek solutions that respond to its root causes, instead of perpetually filling in gaps, and prioritize thriving for people in order to truly alter the quality of their life course trajectory.

Holding this hearing today sends a signal that hunger is a solvable problem if only we can step outside of business-as-usual practices to chart a new course forward.

Thank you for your time. I look forward to the discussion.

**Testimony of
Dr. Diane Whitmore Schanzenbach
Margaret Walker Alexander Professor of Social Policy
Northwestern University
on the subject of “Ending Hunger in America: Challenges, Opportunities, and Building the
Political Will to Succeed”
before the U.S. House of Representatives Committee on Rules
April 28, 2021**

Chairman McGovern, Ranking Member Cole, and Members of the Committee:

Thank you for the opportunity to appear before you today at this hearing on ending hunger in America.

My name is Diane Schanzenbach, and I am the Director of the Institute for Policy Research at Northwestern University, where I am also the Margaret Walker Alexander Professor of Social Policy and Economics. For the past two decades, I have conducted and published numerous reports, peer-reviewed research studies and book chapters on food hardship, hunger, and federal nutrition assistance programs like the Supplemental Nutrition Assistance Program (SNAP). I also serve on the boards of the Greater Chicago Food Depository and the Food Research and Action Center and am an elected member of the National Academy of Social Insurance as well as the National Academy of Education. I have served as a member of the National Academies of Science Engineering and Medicine’s Committee on Examination of the Adequacy of Food Resources and SNAP Allotments, and the National Academies panel on Improving Consumer Data for Food and Nutrition Policy.

My testimony today draws primarily from research that I have conducted or reviewed that considers the role of the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) and other influences on hunger, food insecurity, health, and economic security.

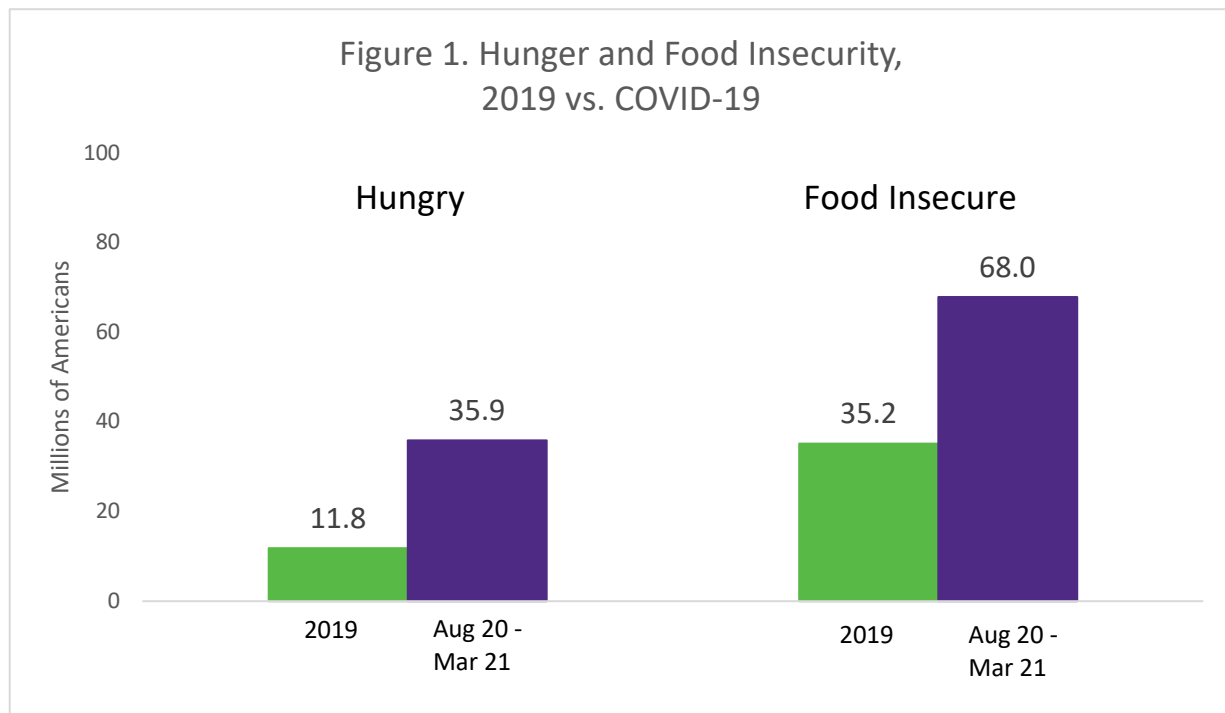
The Current State of Hunger in the United States

Even during a strong economy, there are several million Americans who experience hunger.

In 2019, 35.2 million people (11 percent of the population) were food insecure, meaning they did not have consistent, dependable access to enough food to live an active, healthy lifestyle. In 2019, 11.8 million of these food insecure individuals (4 percent of the population) were also categorized as hungry. Hunger—not having enough to eat, or in USDA’s parlance experiencing “very low food security” (VLFS)—is a more severe measure than food insecurity (Coleman-Jensen et al. 2020).

During COVID-19, between August 2020 and March 2021, Census Bureau surveys indicate that 35.9 million Americans (11 percent of the population) lived in households in which they

sometimes or often did not have enough to eat in the past week—in other words, they were hungry. While the food security statistics collected on a regular basis during COVID-19 are not strictly comparable to those collected on an annual basis, it is clear that rates of hunger are elevated in comparison to their pre-pandemic levels. Rates of hunger have been especially high among households with children and among children themselves. I estimate that 68.0 million Americans (20 percent of the population) were food insecure during COVID-19 (Schanzenbach and Pitts, 2020).



Typically, measures of food hardship increase when the unemployment rate increases, so high rates are not surprising given the state of the economy. The coronavirus pandemic and the measures to address the public health emergency led to a rapid and an unprecedented spike in unemployment, as well as hour reductions for many workers. School and childcare closures, where many children typically receive free or subsidized meals, further added to the pressure on families' food budgets. In addition, food prices increased sharply at the start of the pandemic leading to a reduction in the purchasing power of families' limited income.

We have seen strong progress against hunger in the last three months. Rates of hunger peaked in December with 46 million reporting they sometimes or often didn't have enough to eat in the prior week. By the end of March, the numbers fell to 30 million—the lowest since the pandemic began. This progress reflects a range of factors, including the Economic Impact Payments, increases in SNAP benefit levels, a new round of Pandemic EBT payments paid to families who lost access to free or reduced-price school meals, and a strengthening job market.

I emphasize that rates of hunger would have been even worse this past year were it not for government programs already in place, extraordinary emergency measures passed by Congress

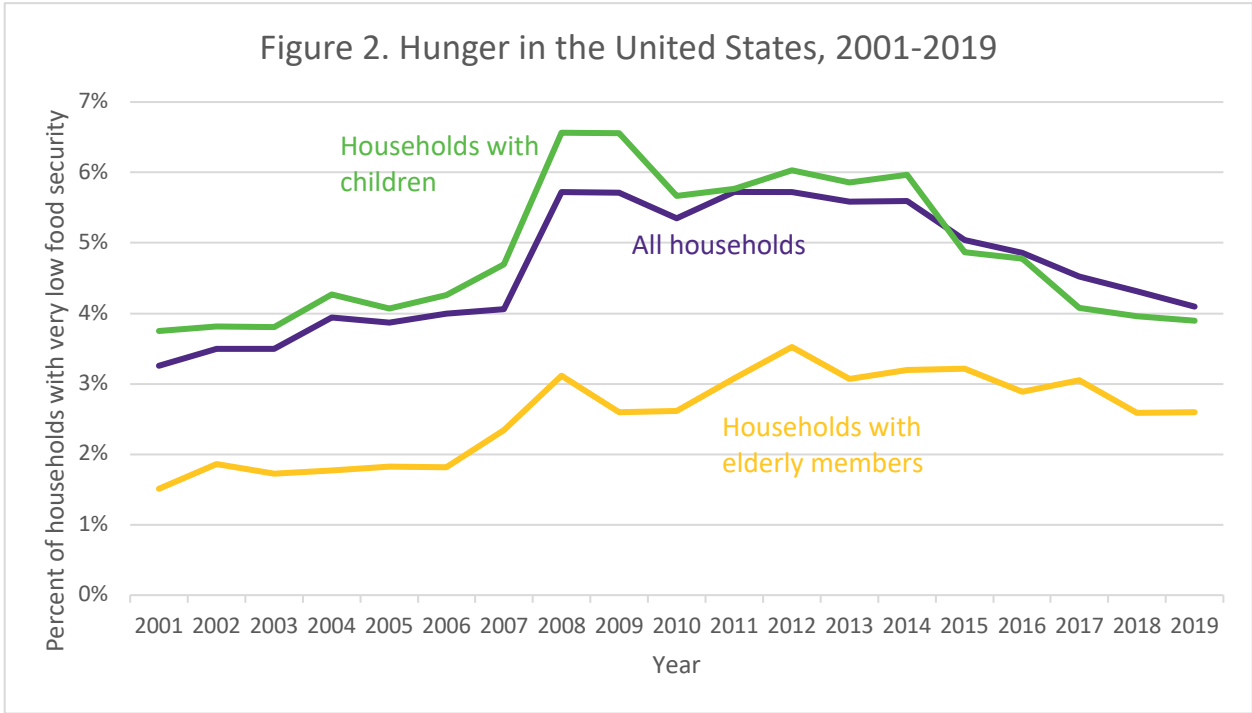
both at the beginning of the pandemic and throughout the past 12 months, and a surge in aid from food banks and other organizations.

Trends in Hunger in the United States

Households with children tend to experience higher rates of hunger than households overall. Households with elderly members tend to experience somewhat lower rates of hunger than households overall, and changes in hunger among the elderly are less tied to the economy. These rates are still unconscionably high, though. Over the last decade, 3 percent of elderly households reported experiencing hunger.

As shown in Figure 2, below, annual rates of hunger overall and among households with children increased by 40 percent at the onset of the Great Recession and remained elevated for at least seven years. During COVID-19, children have been much worse off, with hunger rates in households with children averaging 3.5 percentage points higher than overall households.

The extended elevation of food insecurity for years following an economic downturn in part reflects the fact that an economic recovery takes longer to reach more disadvantaged households. Unemployment rates for groups that tend to have higher rates of hunger (e.g. those with low levels of education) generally increase more during recessions and take longer to come back down. Because of this tendency, I have advised my colleagues who run food banks to expect need to be elevated for months and even years to come.



The experience of lack of adequate food is widespread across the United States. The most recent USDA numbers prior to the pandemic show hunger rates ranging from a low of 2.6

percent in New Hampshire to a high of 7.0 percent in Louisiana (see Figure 3, Panel A). During COVID-19, in every state, at least 1 in 15 adults say they don't have enough to eat and in 27 states more than 1 in 10 adults report not having enough to eat (see Figure 3, Panel B).

Figure 3A: Hunger by State, 2017–19
Very Low Food Security during the Year
All Households

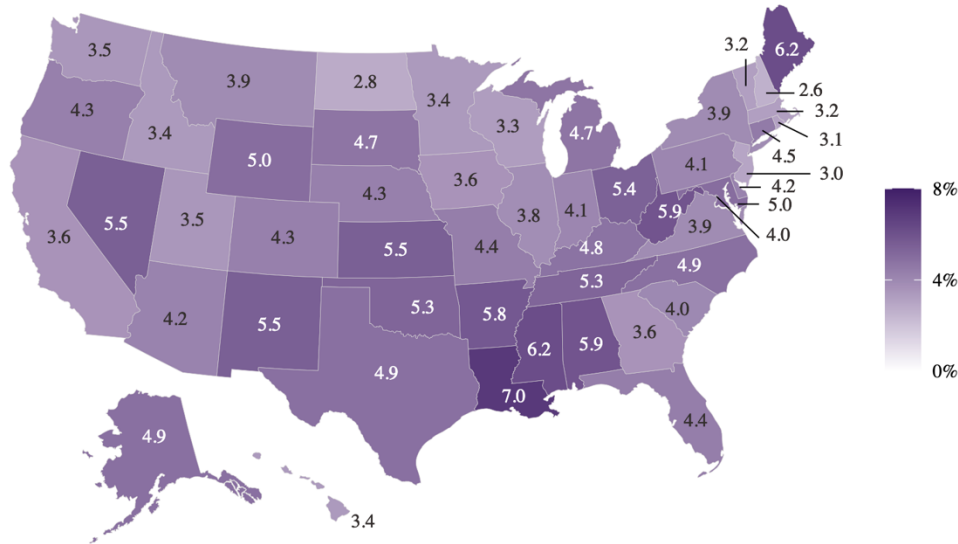
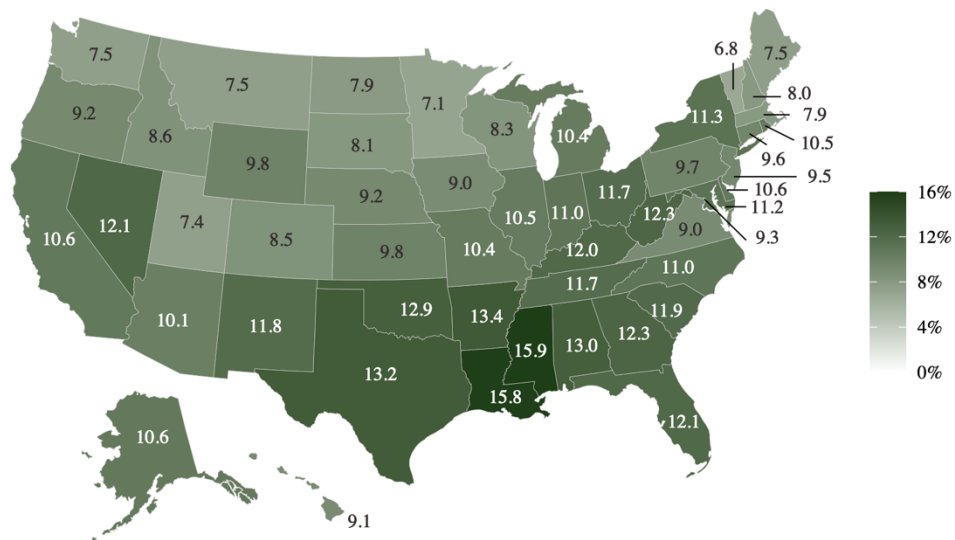
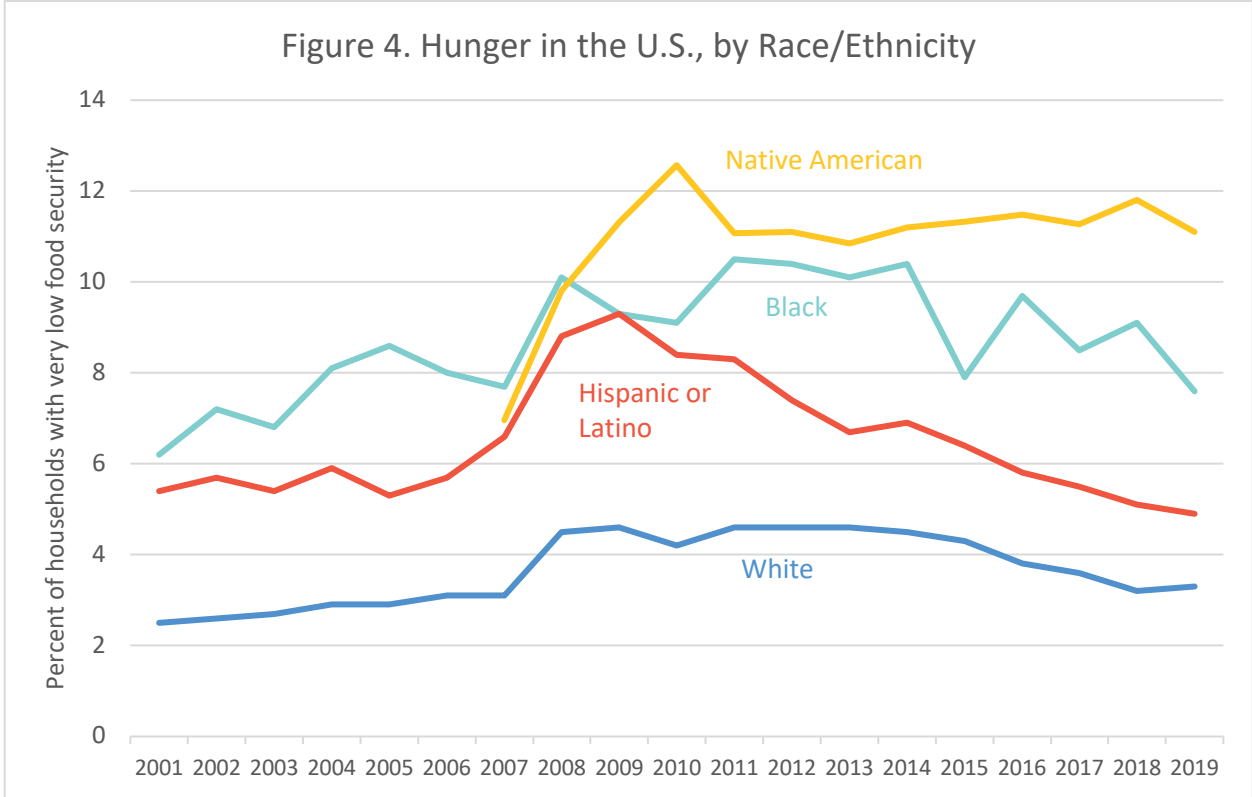


Figure 3B: Hunger During COVID-19
Sometimes or Often Not Enough to Eat in the Past 7 Days
All Households – August 19, 2020 – March 29, 2021



Black, Hispanic/Latino, and Native American families are more likely to experience hunger compared to White families (see Figure 4). Typically, in the annual data, Blacks are a little more

than twice as likely as Whites to experience hunger. Rates among Hispanic/Latinos fall between those of Blacks and Whites. These same relative patterns have held during COVID-19. By my calculations, more than 1 in 10 Native Americans experienced hunger over the last decade. (Data on Native Americans are not yet available during COVID-19).



Of course, the share experiencing hunger declines as incomes increase. About half of households experiencing hunger have incomes lower than the poverty threshold, and three-quarters have incomes below twice the poverty threshold. This means that many people who are eligible for or are participating in SNAP and other programs still suffer from hunger, suggesting that the programs as they are currently structured are insufficient to eliminate hunger. Another one-quarter have higher incomes than twice the poverty threshold and generally are not eligible for government food support programs like SNAP and free school meals. During COVID-19, about 4 percent of adults report that they have received food from a food pantry in the last week.

Paths to Eliminating Hunger

There is a host of evidence that we can move the needle on hunger, and indeed I believe that together we could eliminate it entirely.

The centerpiece for federal efforts to address hunger and food security in the U.S. is SNAP, which provides resources to eligible families to purchase food to be prepared and consumed at

home. SNAP already does much to reduce hunger but could be even more effective with some modest policy changes. Other policies that play crucial supporting roles are school meals, the Pandemic and Summer EBT programs, and summer feeding programs, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Unemployment Insurance, Social Security, the Economic Impact Payments, and the newly expanded Earned Income Tax Credit and Child Tax Credit.

To be sure, there is an important role for food banks and other charities. They help meet emergency needs, and for some people facing hunger—such as those with incomes that place them out of the range of most food support programs but have fallen on hard times—are the only source of help. I regularly hear from leaders in this sector that their work is more effective when it is supported by a strong SNAP program.

SNAP

SNAP is a highly efficient and effective program, designed to work through the normal channels of trade like grocery stores and supermarkets. SNAP supplements the cash resources that a family has to purchase food, so that between SNAP and their other income, a family should be able to afford to buy a sufficient, healthy diet. Average monthly benefits for a family of 3 in 2019 (before the pandemic) amounted to \$365 per household—which is about \$4 per person per day. SNAP kept 2.5 million people out of poverty in 2019, including 1 million children and a quarter of a million elderly (Fox, 2020).

SNAP is efficiently targeted to families who need benefits the most, reduces the likelihood that families have trouble affording food, and serves as an automatic fiscal stabilizer in times of economic downturns. SNAP also offers vital long-term benefits to children. Research has shown that SNAP provides key benefits across people's lives, boosting health and economic outcomes. Recent research that I conducted found that those who had access to SNAP benefits as children were more likely to graduate from high school and grew up to be healthier; women in particular were more likely to become economically successful due to childhood access to SNAP benefits (Hoynes et al., 2016).

SNAP serves a diverse caseload. About 2 in 5 households on SNAP have children at home. The majority of these families are employed, but do not make enough to afford the food they need on their own. For them, SNAP helps stretch their grocery budget and reduces the likelihood they suffer hunger or food insecurity. A lot of these families cycle on and off of SNAP, using it temporarily when their jobs or hours are unstable. Another 2 in 5 have elderly or disabled members. They generally will be eligible for SNAP and participate for longer periods of time, because their incomes tend to be stable but too low to afford the food they need without additional help. The remaining 1 in 5 households tends to be very poor, many with incomes below half the poverty threshold or even no cash income at all. Many of these have just a single adult in the household and face many challenges and barriers that make finding stable employment difficult. In many of these cases, SNAP is the only program available to them.

SNAP can serve such a diverse caseload because it is well designed. The benefit levels are flexible, topping up purchasing power for those who lack enough money to buy the food they need, and providing a floor for food consumption for our nation's most vulnerable families. A key reason for SNAP's success is that it relies on the private sector to provide efficient access to food through grocery stores and other retail outlets. The program's reliance on the free market system has been a critical feature of SNAP from the beginning.

SNAP provides many benefits to both individuals and society. It benefits the wider economy by providing an effective economic stimulus in difficult economic times, and by also ensuring that recipients preserve their ability to buy food. By design, SNAP can very quickly adapt to economic downturns. As more households become eligible for the program—for example, due to job loss—they can be quickly enrolled, with total program outlays automatically increasing along with need, and then reducing again as the economy recovers.

SNAP stimulates the economy and helped turn the tide from contraction to expansion. Its recipients quickly spend their benefits, providing a relatively rapid fiscal stimulus to the local economy including the retail, wholesale, and transportation systems that deliver the food purchased. The USDA estimates that every \$5 in new SNAP benefits generates as much as \$9 of economic activity. This translates into almost 10,000 jobs from \$1 billion dollars in total SNAP spending (Hanson, 2010). Alan Blinder and Mark Zandi (2015) have found that Congress' authorization of a temporary SNAP increase during the Great Recession had a larger fiscal stimulus impact than any other potential spending increase or tax-cut policy.

By increasing resources available to purchase food, SNAP increases food spending, lifts millions of people out of poverty, reduces hunger and food insecurity, and improves both the quantity and the quality of foods purchased. When families receive SNAP, they are able to buy more nutritious foods they otherwise could not afford. A recent study found that a monthly \$30 increase in SNAP benefits would increase participants' consumption of nutritious foods such as vegetables and healthy proteins, while reducing food insecurity and fast-food consumption (Anderson & Butcher, 2016).

Reforming SNAP

SNAP is effective, and it would be even more effective if the benefit were better aligned with families' needs. Even before COVID-19, there was wide recognition that SNAP benefits were inadequate to buy and prepare healthy food with a benefit amount based on an out-of-date foundation called the Thrifty Food Plan.

For example, today food preparation is dramatically different from when SNAP was introduced. High-quality prepared and convenience foods—pre-washed bagged salads, cleaned baby carrots, rotisserie chickens, etc.—have helped reduce the time it takes to prepare meals, and has helped drive a shift in time use (especially among women) away from food preparation and towards other productive activities, such as nurturing children and paid employment. SNAP benefits, however, are based on an increasingly outdated formula that assumes that household

recipients can allocate an unlimited amount of time to prepare meals from scratch (Ziliak, 2016). Currently USDA is updating the Thrifty Food Plan to better reflect an accurate cost of a healthy basic diet today. Evidence suggests that even a modest, \$30-per-month increase in SNAP benefits would improve dietary quality and reduce hunger and food insecurity.

We also need to make sure that those in need can access SNAP benefits. Participation rates are especially low among the elderly. The Elderly Simplified Assistance Demonstration Project streamlines the application and certification process for some households with elderly and disabled members and should be expanded nationwide to address senior hunger.

Currently, SNAP benefits for the group known as ABAWDs (Able-Bodied Adults Without Dependents, who are not elderly or disabled and are not living with children) are time-limited in normal economic times to only 3 months in a 36-month period, unless they are employed at least 20 hours per week or are engaged in a workfare or training activity. States are not required to offer a job or training program to individuals subject to the SNAP time limit, and the law limits the characteristics of training programs that a state can provide. As a result, the requirements are mismatched, not adequately meeting needs of the population to be served. The rule is also administratively complex, and one of SNAP's most error-prone aspects (Bolen & Dean, 2017). During the COVID-19 pandemic, work requirements have been suspended nationwide. This population is among the most vulnerable and often faces substantial barriers to employment, in good economic times as well as poor. I believe it is a mistake to tie basic food aid to employment.

Other Approaches to Eliminating Hunger

To eliminate hunger requires a multi-dimensional approach, built on SNAP as a cornerstone but including a range of additional tools.

School lunches and breakfasts play an important role in providing healthy meals to children—their importance was underscored during COVID-19 when kids lost access to these meals. Congress enacted the Pandemic-EBT program, which provides food benefits similar to SNAP to students who lost access to school meals due to school closures. My research found that these payments reduced child hunger in the weeks after they were received by 30 percent (Bauer et al., 2020). This program was modeled after a pilot program conducted several years ago by USDA. The Summer EBT program gave families \$60 per month in benefits per eligible child during the summer months to offset the loss of school meals. The evaluation of this pilot program found that those children awarded additional benefits experienced less hunger and food insecurity, and improved their diets, consuming more fruits, vegetables, whole grains, and dairy products, and fewer sugar-sweetened beverages (Gordon et al., 2016). The Biden Administration recently announced that these payments will continue through this summer. Making this program permanent will help eliminate hunger.

Research has documented the importance of adequate nutrition in early life on later-life health and economic outcomes, so it is particularly important to ensure that pregnant women and

young children are protected from hunger. While WIC does an exemplary job ensuring that infants have adequate access to the foods and breastmilk or infant formula they require, it falls short along other dimensions. Participation rates drop substantially as children age; while 84 percent of eligible infants participate in WIC, the share drops to 33 percent by age 4. To protect children from hunger, we need to increase participation rates in WIC. Since all pregnant and postpartum women, infants, and toddlers on SNAP are automatically eligible for WIC, it would be straightforward to measure and establish performance metrics for cross-enrollment of eligible SNAP participants into WIC, similar to the performance metrics for the National School Lunch Program.

Our refundable tax credits play an important role as well. Together the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC) lifted 7.5 million out of poverty in 2019. Both have been expanded in smart ways as part of COVID-19 relief packages. The EITC increases employment and incomes, especially among families with children. The recent changes will also make it a more effective program for childless individuals. While the EITC plays a vital role, it has some limitations. Since it is only paid out once per year, it generally does not help with month-to-month expenses. Further, because it is conditional on employment, it provides little insurance during job loss or economic downturns. The new, fully refundable CTC will be paid out monthly, providing a needed boost in resources to children even when their parents cannot find work. These reforms to the CTC are expected to cut child poverty nearly in half next year, and will surely help reduce hunger. This will also spur better outcomes for these children in the long run.

Social Security deserves a special mention, as it lifts 26.5 million people (including 17.5 million seniors) out of poverty. Without question, the rate of hunger among the elderly is much lower because of this program. So, too, does Unemployment Insurance, which helped millions of Americans weather the spike in COVID-19 job losses.

Of course, eliminating hunger and enhancing economic security is greatly assisted by sustained, broad-based economic growth. When people have the education and training they need, more are employed and wages are growing, the need for government assistance declines.

Conclusions

Over the last year, we have seen the highest rates of hunger in the United States since we began systematically measuring it. As we continue to emerge from the national crisis caused by COVID-19, we should not be satisfied with merely reducing hunger in the U.S. back to its previous level. We can eliminate hunger entirely.

We can dramatically reduce, and I believe even eliminate, hunger by better using the tools we have already developed. We can enhance SNAP by aligning its benefits with what it realistically takes to purchase and eat a healthy, basic diet, and by increasing participation. Further, we can improve participation in other nutrition programs like school meals and WIC. The recent expansions to the EITC, Child Tax Credit, and Summer EBT will also reduce hunger; making these expansions permanent will make great strides. Bolstered by stronger income and nutrition support programs, the nonprofit sector will be made even more effective in filling remaining gaps and addressing some of the root causes of hunger.

Thank you, and I look forward to answering any questions you might have.

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Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed

Testimony of Ayesha Curry, Co-Founder of the Eat. Learn. Play. Foundation and No Kid Hungry Ambassador, Before the House Committee on Rules, U.S. House of Representatives

Chairman McGovern, Ranking Member Cole and members of the Committee, thank you for the opportunity to appear before you today to testify to the importance of ensuring that every child has the nutritious food they need to thrive every day. My name is Ayesha Curry, and I am the co-founder of Eat. Learn. Play. Foundation and an ambassador for the No Kid Hungry campaign.

The Eat. Learn. Play. Foundation is committed to unlocking the amazing potential of every child by fighting to end childhood hunger, ensuring students have access to a quality education, and providing safe places for all children to play and be active. Focused on youth in underserved communities, our work is anchored around ensuring every child has access to three vital ingredients to a happy, healthy, and successful childhood: nutritious food, a quality education from early-childhood through college completion, and the opportunity to play and be physically active. Children are our future, and we are deeply dedicated to empowering them and opening doors for their futures.

We've made an impact through our collaborations with No Kid Hungry, World Central Kitchen, the Alameda County Community Food Bank, and so many other incredible organizations, but to address the size and scope of the hunger crisis, **we need your help.**

Meeting this challenge requires concerted, coordinated action on a national level.

The hunger crisis in America is urgent.

One in six kids in the United States, and one in four kids in the Bay Area, is affected by hunger. This hunger affects everything:

- The ability to learn
- Their physical and mental health
- The opportunity to reach their full potential

Every missed meal counts for a kid, because an empty stomach that hurts today also hurts their futures. And, this is especially true for kids from families of color, who face hunger, poverty, and hardship at even higher levels. I've personally seen hunger in my hometown of Oakland – but I know that no community or Congressional District - urban, suburban, or rural – is free from this issue.

Food is an essential school supply. When kids don't get the food they need, it's harder for them to learn or focus in class, affecting everything from test scores to graduation rates. Giving kids the best opportunity for success starts with ensuring that they have the nutrition they need to thrive.

Fighting hunger in our community.

I'm a working mother. My husband and I have three little ones at home. Like every mom, I want my kids to grow up strong, healthy, and happy. I know how important a good breakfast is to help them focus and learn, and how cranky they can get when they're hungry.



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EAT. LEARN. PLAY.

Families are working so hard to make ends meet, often working multiple jobs and making tough choices between buying groceries or paying the rent. But no parent should have to deal with the pain and stress of wondering how they are going to put enough food on the table for their kids tonight. And that's why I'm also an advocate.

The work of Eat. Learn. Play. is rooted in being a village for those who don't always have one. I want to share a story of a loving mother, who like many, faced incredible hardships this past year. The effects of COVID-19 created an unprecedented challenge in our community. Before the start of the pandemic, nearly 35% of children in Oakland struggled with food insecurity regularly, including 18,000 students, 88% who are children of color, who relied on school for two or more of their daily meals. Ensuring these students continued to have access to meals once schools closed became our top priority.

Christina is a Black woman from the San Antonio neighborhood in Oakland, CA. She is a single mother of two elementary school-aged children, who attend Garfield Elementary School, a part of the Oakland Unified School District (OUSD). Christina's children are among the 18,000 students that have counted on their schools for a significant percentage of their nutritional needs. On March 13 of last year, OUSD's school buildings were shut down because of the pandemic, and parents like Christina were left wondering where their child's next meal will come from. Shortly after that, Christina was laid off from her service industry job because her business closed when local shelter-in-place orders went into effect.

Christina's story is similar to the 10,000 Oakland families who showed up twice a week to receive meals during the pandemic at OUSDs meal distribution sites. Thanks to critical federal nutrition programs and the heroic work of OUSD school workers, Oakland students have continued to have access to healthy and nutritious meals. This past year has shown us how critical nutritious school meals are in order to keep children healthy and on track to reach their full potential.

These Federal Nutrition Programs feed kids, but we need Congress to make them stronger.

Childhood hunger is solvable. Federal Nutrition Programs are essential for kids to get the food they need, no matter where they live, or what time of year it is. But to serve as many kids as we need to reach right now, we need these programs to be stronger. And that means action from Congress. Charities and non-profits cannot do it alone.

For example:

- Programs like **SNAP and WIC** are grocery benefits that make sure parents can feed their kids at home. These programs have well-documented benefits for kids.^{[1][2][3][4]} Increasing these benefits and modernizing their administration will mean that families can buy more of the groceries they need, when they need them. That is especially important now with rising grocery prices and with so many parents out of work, particularly in the service industry.^[5] No parent should have to choose between going to work to keep their job and going to the SNAP or WIC office to keep their benefits.
- **School meals** make sure kids have the nutrition they need to focus and stay nourished during the school day. They also play a role in kids showing up for school – studies commissioned by No Kid Hungry showed that making breakfast part of the school day can reduce chronic absenteeism and lead to better student outcomes.^[6] School meals also tend to be the healthiest meals that children get.^[7] This year, the USDA made sure schools could adapt their programs to reach kids even when they were learning from home, and we need to keep these programs flexible and strong.
- **Summer** is the hardest time to reach kids with the food they need because they're out of school. Kids with working parents often lack safe transportation options to get to meal sites. Combined with other



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challenges like weather shutting down outdoor sites and bureaucratic red tape, six out of seven kids who needed summer meals pre-pandemic were missing out.^[8] But last year, we saw what happens when schools and community organizations were allowed to adapt their programs – letting parents pick up multiple meals at a time, or dropping meals off at a child's house. This worked: the number of meals served in July 2020 was 160% higher compared to July 2019.^[9]

Another highly successful way we can reach kids over the summer is evident in the Pandemic EBT program, which provides families with kids who qualify for the free and reduced-price meals with funds on an EBT card while schools are closed due to the public health emergency. It has shown incredible reach and efficacy. This builds on the success of the Summer EBT demonstration program which has been shown to be extremely effective at alleviating summer hunger.

I applaud Congress and the White House for expanding the P-EBT program through this summer when kids and families struggle the most. We will need continued help from Congress to make sure programs help hungry kids during future summer months.

All of these nutrition programs work together to reach kids of all ages where they live, where they learn, and where they play. For some hard-working families who need a little help, participating in one program may work well for them and be enough to fill a gap. For many others a combination of federal nutrition programs ensures their kids have enough to eat – for instance, when her kid gets free or reduced-price meals at school, a mom can stretch her SNAP benefits to cover more of the month and put healthier dinners on the table.

Conclusion

At home in my role as a mom, and at Eat. Learn. Play. in my role as an advocate, I'm working hard to make sure all kids can live out their dreams. I'm continually inspired by the hunger heroes in our communities who are doing amazing work to feed kids every single day. It takes a village to meet the level of food insecurity that exists in communities across the country, especially during the pandemic.

Our collaboration with No Kid Hungry, World Central Kitchen, the Alameda County Community Food Bank, OUSD, and so many other wonderful organizations, has made an incredible impact for hungry kids and families – we've helped serve 16 million meals since COVID began.

But charities alone cannot fill all the gaps to make plates full and children whole.

Congress has the power to change this. With your leadership, these programs can be stronger, more flexible, and reach more kids. People used to say hunger is a nonpartisan issue – **I say we all need to be KID PARTISAN.**

I urge Congress to support and strengthen federal nutrition policies to close the summer meal gap, strengthen school meals programs, and ensure benefits like SNAP and WIC are reaching the kids and families who need them. As we rebuild our economy post-COVID, we have the opportunity to build back hunger-free.

Finally, I would like to invite all of you to come out and see our work in Oakland, to meet the people behind these stories, to learn their triumphs and struggles first-hand, and see the difference that federal nutrition programs make in their lives. I also encourage you to get to know the families that are struggling in your districts and to understand the trade-offs and challenges they are facing so that as you craft policies you can make sure the needs of those families and their children are at the center.

Thank you for allowing me to meet with you today, I am grateful for our time together.



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**Testimony of Heather Reynolds, Managing Director
Wilson Sheehan Lab for Economic Opportunities (LEO)
The University of Notre Dame**

**United States House of Representatives Committee on Rules
*Ending Hunger in America: Challenges, Opportunities,
and Building the Political Will to Succeed***

April 28, 2021

Chairman McGovern, Ranking Member Cole, and members of the Committee, thank you for your time today. My name is Heather Reynolds and I have the privilege of serving as Managing Director of the Wilson Sheehan Lab for Economic Opportunities, or LEO. LEO is a research lab at the University of Notre Dame that helps service providers apply scientific evaluation methods to better understand and share effective poverty interventions. Prior to coming to Notre Dame, I spent almost two decades at Catholic Charities Fort Worth (CCFW), the last 13 years as its CEO. My time at LEO and at CCFW have both shaped my insights on the audacious goal of ending hunger in our country.

A wise man once said, "We have the food, the ability, and the means to end hunger in America—what we lack is the political will and moral courage to act. We must change that." Thank you, Chairman McGovern, for this source of inspiration. I have three points on how we can achieve your vision.

First, ending hunger begins with the safety net, but it does not stop there. The safety net plays a key role in combating hunger. The Supplemental Nutrition Assistance Program, or SNAP, ensures people—most notably children—are not hungry today. Nationally, more than 66% of SNAP participants are families with children. While SNAP provides a modest benefit, an average of \$1.39 per person per meal, it is an essential basic needs assistance

program and part of a critical foundation for health and well-being for vulnerable Americans.

The social safety net lessens the impact of poverty on families in difficult situations. Unfortunately, these programs mainly treat the symptoms of poverty and not their root causes. The causes of poverty vary considerably across people—lack of skill, a mental illness, the absence of a parent in the household, a physical disability. Unfortunately, the social safety net cannot alter these underlying conditions. Rather, it can only help provide what poverty is preventing—health insurance, three hot meals a day, a roof over their family’s head.

A coordinated effort to eradicate hunger must then include programs whose larger goals are to move families permanently out of poverty. These programs work hand-in-hand with the social safety net and can only be successful when the safety net is strong and effective.

We see the importance of the safety net daily. Across the country, social service providers and local governments are implementing innovative programs aimed at overcoming barriers and generating upward mobility. These programs, with economic stability as the goal, work in the context of broader safety net programs such as SNAP, Temporary Assistance for Needy Families (TANF), and housing vouchers. LEO is running several studies—in Texas, Indiana, and South Dakota—aimed at getting students with low incomes credentialed and degreed to support a goal of increased earnings. Our evidence shows promising results, but also shows that service providers must balance the short-term needs of clients with the long-term goal of financial stability. People cannot work on their education if they worry their children will not have food on the table today. The safety net is needed in our country, but its role is to ensure people are not hungry today. Tomorrow’s hunger needs to be solved differently.

Which brings me to my second point. To achieve an end to hunger, we need comprehensive, family-centered solutions to poverty. We need a comprehensive approach that provides not just food, not just housing, not just job training, but also the human support and interactions that help drive changes and choices in the face of despair.

These solutions need to be family-centered, individualized, and comprehensive. Simple declarations, such as getting people employed, fall short. We need to look no further than the SNAP program to see this. As of 2018, 79% of all families receiving SNAP have at least one person working, and one-third of these families have two or three people working (Census.gov). I found this to be true from my experience as a provider, where we served over 100,000 people a year. More than 70% of our clients had a full-time job, yet they were still walking through our doors needing assistance.

The Padua program, operated by Catholic Charities Fort Worth and studied by us at LEO, is designed to see all the complexity that poverty brings, and address each element through supportive case management. This holistic approach begins with an individualized assessment and case plan, engagement in the social safety net as a first step, small caseloads for staff, case managers serving as both connectors and coaches, and the ability to serve clients for the long haul. Padua is designed to support participants to reduce dependency on government benefits, earn a living wage appropriate to their family size, accumulate emergency savings, and reduce bad debt.

Participants saw a 25% increase in full-time employment. Padua was particularly successful for those who were not already employed at enrollment, with a 67% increase in the probability of working full-time and a 46% increase in monthly earnings. Receiving support from Padua also improved participants' health conditions by 53%. The program had a significant effect on those who were deemed most vulnerable when CCFW first encountered them. Padua participants who lacked stable housing when they entered the program saw a 64% increase in housing stability. This program demonstrates that weaving the social safety net with holistic, individualized programming for those who need it can have the greatest impact. To achieve an end to hunger, a more comprehensive solution to poverty, like Padua, is needed.

Why do I believe solutions like Padua are what our country needs? Because not only do I see the clients, know their stories, and believe in the approach, but I have evidence to back this up. Which brings me to my final point. Ending hunger will not happen through hunches, assumptions, and good intentions. Ending hunger will happen with evidence-based programs and policies.

LEO evaluated the Excel Center program in Indianapolis. This program, founded by Goodwill of Central and Southern Indiana, works with adults to help them complete their high school degree. It does so with holistic support, by accommodating students' work schedules, providing childcare, and helping them navigate challenges along the path to completion. LEO's research shows that the Excel Center leads to significantly higher earnings and a move from the service sector to health and education sector jobs. Excel Center graduates have higher earnings than adults who instead complete the more typical GED. Programs like these work with low-income individuals to improve their financial outcomes, support a move towards economic stability, and, thus, achieve food security.

The social service community contains the innovations that, when studied, can show us what works. At LEO, we spend our time engaging with those poverty fighters on the front lines and bring to the table the research rigor to shine a light on the impact of their services. We do this because we believe that people in poverty deserve interventions that work. We conduct causal evidence building, typically through randomized controlled trials, with providers across the country to learn what works and then to ensure that evidence is used. We have witnessed our partners discover that something they are doing does not actually work, and then pivot and change their model for the good of those they serve. We have also seen our partners learn that something does work and scale up the service so they can serve more people in their local communities and break into new markets with a proven intervention. We need you as policymakers to see this, too.

The gap between policymakers, academics, and social service providers is wide. We need local, innovative solutions implemented by dedicated service providers, paired with academics to help discover evidence of what works, and then scaled up by your investment in them as policymakers.

In closing, ending hunger begins with the safety net, but it does not stop there. We need comprehensive solutions for people working to achieve a life outside of poverty. Evidence-based programs and policies will ensure we are offering families services that work. Chairman McGovern, I love your quote and I share your belief. I would suggest one addition: "We have the food, the ability, and the means to end hunger in America—what we lack is the political will, *the evidence-based programs and policies*, and moral courage to act *on them*." And I am with you—we must change that.

The Safety Net as an Investment

January 27, 2016

By Hilary W. Hoynes (University of California, Berkeley) and Diane Whitmore Schanzenbach (Northwestern University and The Hamilton Project)

The Supplemental Nutrition Assistance Program (SNAP) plays an important role in the lives of low-income children. After accounting for underreporting in the data, researchers have found that in 2012 the program lifted 4.9 million children out of poverty — and also lifted more than 2.1 million children out of deep poverty, defined as having an income level less than half of the poverty line (Sherman and Trisi, 2015). In addition, two-thirds of total SNAP benefits go to families with children. A growing body of evidence suggests it is particularly important to protect children from deprivation. In recent work joint with our colleague Douglas Almond of Columbia University, we find that SNAP’s impact on children is large and the benefits endure into adulthood, especially when implemented at key developmental points in infancy and childhood.

A large literature in economics and medicine has pointed to the importance of childhood as a time of investment in future outcomes, documenting the importance of childhood events on subsequent adult outcomes such as earnings, health, and mortality. One strand of research documents the importance of high-quality preschool education on later life outcomes. Research from Nobel Laureate James Heckman and others show that attending a high-quality preschool increases lifetime earnings, reduces the likelihood of criminal activity, and improves health (Heckman, 2006; Heckman et al., 2010; Conti et al., 2015). Early-life access to adequate levels of food and other health inputs has been shown to impact subsequent adulthood outcomes. Evidence from diverse settings ranging from children exposed to war, disease, or famine points to deprivation in childhood being a cause of adults’ chronic health conditions (Almond, 2006; Schulz, 2010).

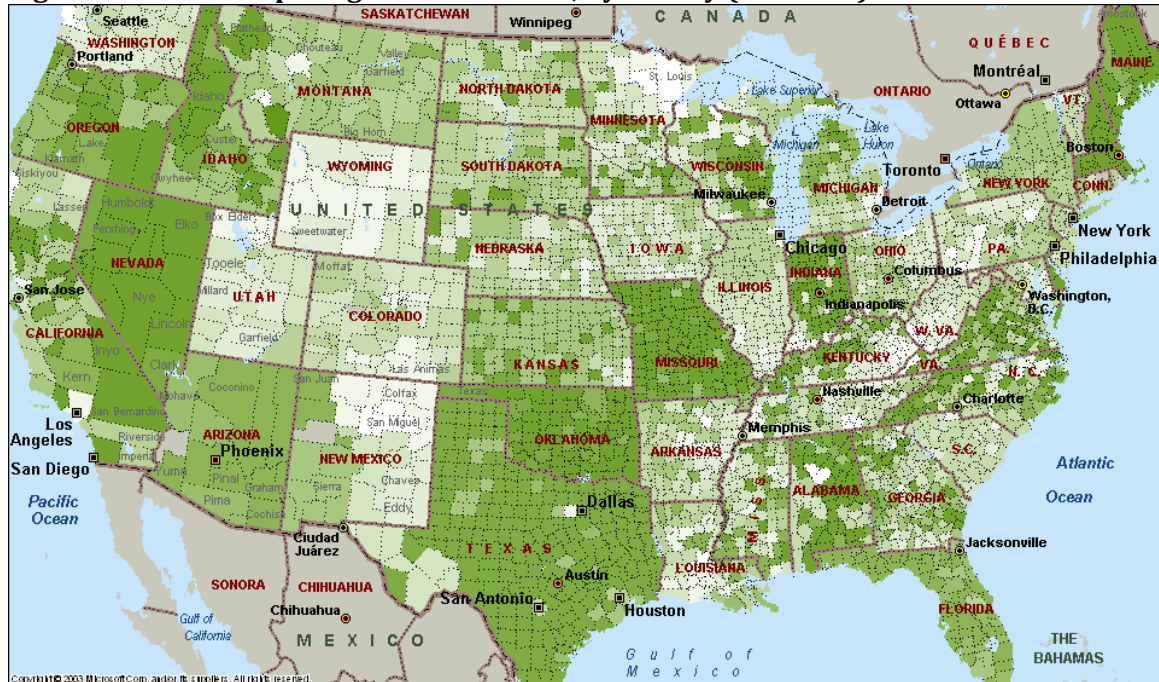
Measuring the impact of SNAP

A key challenge to measuring the impact of safety net programs like SNAP is finding a strategy that will allow the researcher to separate causation from correlation. SNAP is designed to supplement a family’s food budget when they have an income shortfall, so that during a negative income shock, such as a job loss, a family can continue to purchase adequate food. By design, then, families with high levels of poverty or food insecurity receive SNAP benefits. As a result — because SNAP serves people when they need the program — it is empirically difficult to disentangle the (presumably positive) impact of SNAP from the (presumably negative) impact of the circumstances that made a family eligible for the program. For example, Bitler (2015) finds that SNAP recipients are significantly more likely to be blind or have other vision problems — a condition that is not likely to have been caused by SNAP, but is more likely correlated with other factors that have driven the person’s need to participate in the program.

The researchers’ challenge, therefore, is to find an aspect of participation that allows them to separate the cause-and-effect relationship between SNAP participation and outcomes of interest such as food security, nutritional quality, and so on. One common strategy is to leverage variation in the way a program functions across locations or over time. This approach has been used successfully in evaluations of cash welfare programs, unemployment insurance, and other safety net programs. Estimating the impact of SNAP has been notoriously difficult, though, because the program has been relatively uniform across states and over time. As a result, it has been hard for researchers to disentangle SNAP’s impact from the effects of recipients’ other economic circumstances.

In a series of recent papers, we overcome this fundamental challenge in estimating the impact of SNAP by using variation from the gradual, county-by-county introduction of the program in the 1960s as part of the War on Poverty. We use variation across counties within states to estimate the impact of the program — then called the Food Stamp Program (FSP) before it was renamed SNAP in 2008 — on a variety of outcomes. Since the program was introduced 50 years ago, the individuals who were children at its introduction are now adults, and we can statistically follow their progress in order to estimate the long-term impacts of access to SNAP during childhood on how much education they completed, as well as their earnings and detailed health outcomes.

Figure 1: Food Stamp Program Start Dates, by County (1961-75)



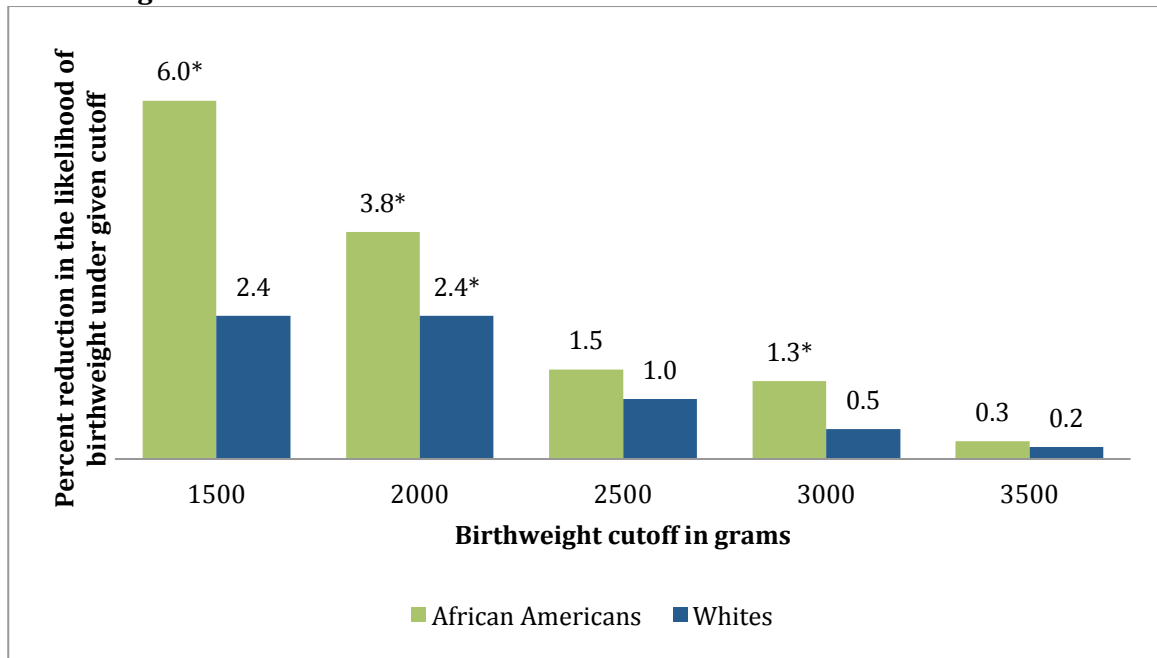
Note: Authors' tabulations of Food Stamp administrative data (U.S. Department of Agriculture, various years). The shading corresponds to the county FSP start date, where darker shading indicates a later-date county implementation.

Figure 1 demonstrates the variation in the introduction of the Food Stamp Program, with lighter-shaded counties adopting the program earlier than darker-shaded ones. The program started out in a handful of pilot counties in 1961–63, and then was made permanent by the 1964 Food Stamp Act, which gave local areas the authority to start the program in their county, subject to budgetary limits. Between 1965 and 1975, the program was rolled out in counties across the country. As is shown on the map, two neighboring counties within the same state often adopted the program in different years. As a result, we can compare children who were born in the same year — for example, 1967 — in two different counties in the same state, who were exposed to the program at different times. To strengthen the comparison, we also compare these differences to differences among children who are older (or younger) from the same two counties. This allows us to control for the effects of county of residence, birth year, and a host of other potentially confounding effects, and statistically isolate the impact of the then-Food Stamp Program, now known as SNAP. For more details, see Hoynes and Schanzenbach (2009).

SNAP's positive impacts start before birth

In the short run, we find that SNAP (then called the Food Stamp Program) improves infant health (Almond et al., 2011). In particular, when an expectant mother has access to the program during her pregnancy's third trimester, it improves her baby's birth weight. The improvements are largest in more vulnerable populations, such as babies born in high-poverty counties, and those babies with the lowest birth weights. The study results are summarized in Figure 2 below. The figure shows the impact that SNAP (the-then Food Stamp Program) has on improving infant health. Each bar shows the reduction in the likelihood that a baby was born below a given birth weight due to the mother having access to the program during the third trimester of her pregnancy. Some important thresholds are 1,500 grams (approximately 3 pounds and 5 ounces), below which a baby is considered "very low birth weight," and 2,500 grams (approximately 5 pounds and 8 ounces), below which a baby is considered to have "low birth weight." As shown in the figure, African American and white babies are respectively 6 percent and 2.4 percent less likely to be born with very low birth weight (less than 1,500 grams) after the introduction of the program in the mother's county of residence. The figure also shows that the improvements in birth weight are largest among the lowest-birth-weight babies.

Figure 2: Impact of In Utero Exposure to Food Stamps: Reduction in Likelihood of Birth Weight Below Selected Cut-Offs



Source: Almond, Hoynes, & Schanzenbach (2011).

Note: * denotes estimate statistically significantly different from zero.

We then turned to examine whether the impacts of childhood access to SNAP persisted into adulthood. This could occur through a variety of mechanisms. For example, a host of studies have documented that birth weight has downstream impacts on school achievement, subsequent health, and adult economic outcomes (Currie, 2009). Since the program improved birth weight, we would expect some downstream improvements to follow. But the benefits may come through other pathways, potentially including other health improvements, reducing family stress, or being able to pay more attention in school because of reduced hunger.

SNAP's impacts persist through adulthood

To investigate the impacts of childhood access to SNAP (then called the Food Stamp Program) on adult outcomes directly, we used the research strategy described above based on the timing of the introduction of the program, and measured outcomes using data from the University of Michigan's Panel Study of Income Dynamics (PSID). The dataset has followed a large number of individuals and their offspring from the 1960s through the present day, and measures a variety of factors, including where they live, their earnings and labor market activity, and a variety of aspects related to their health status. As a result, we could observe a host of economic and health outcomes of individuals in their 30s to 50s, who had differential access to the program during their childhoods in the 1960s and 1970s.

To summarize adult health status, we combined measures of obesity, body mass index, and presence of chronic conditions such as diabetes and high blood pressure into a measure of health status we call the "metabolic syndrome index." Here, a lower value represents better health. Figure 3 presents estimated impacts of accessing SNAP at a given age. We find that individuals with access to food stamps before age 5 had measurably better health in adulthood, with impacts larger for younger children. In particular, we find that if SNAP was introduced prior to a child's birth, their subsequent adult health improved by 0.4 standard deviation units, as measured by the index we constructed. Note that we find no long-term health impacts for children who were first exposed to the program when they were older, underscoring the importance of intervening in early childhood.

Figure 3: Effects of Introduction of Food Stamp Program on Metabolic Syndrome Index, by a Child's Age at Introduction

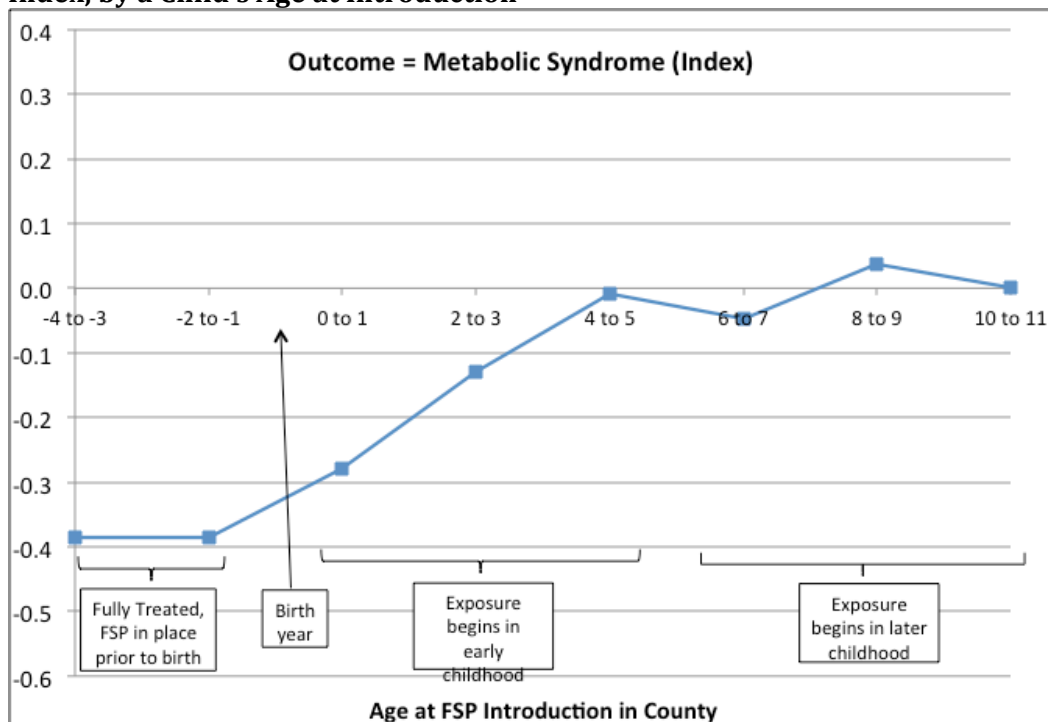
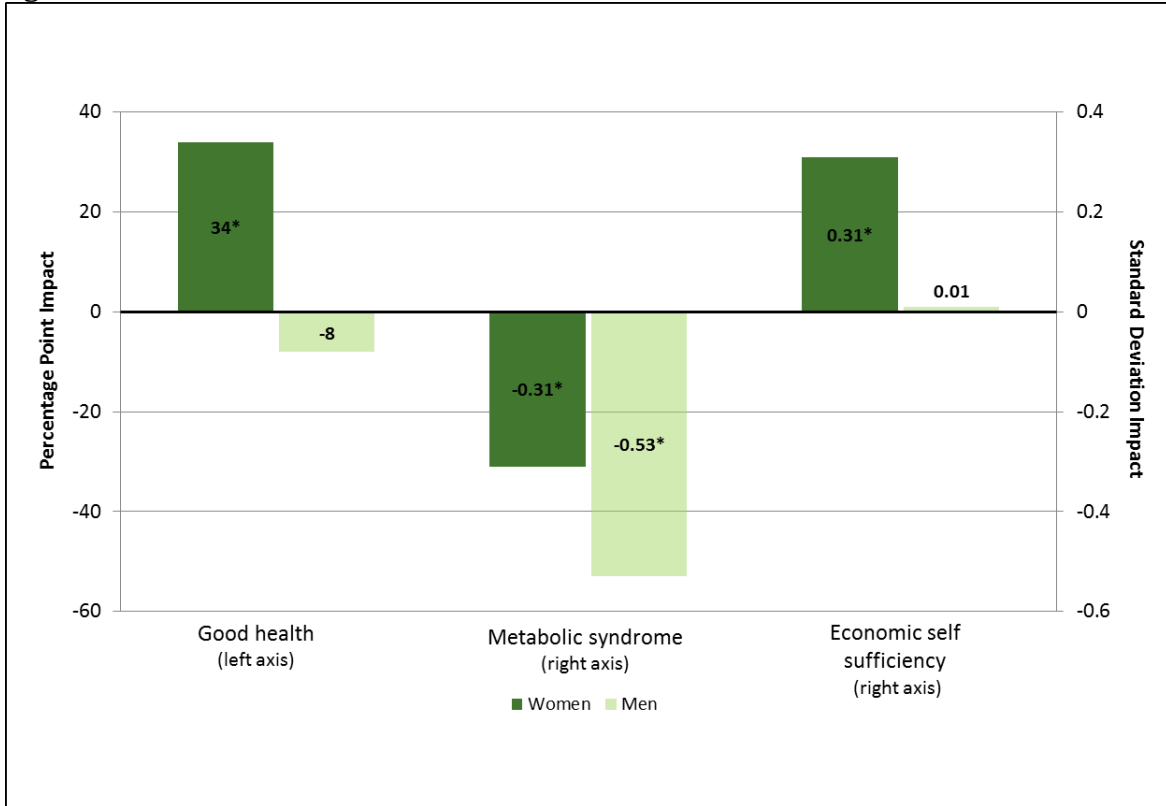


Figure 4 summarizes the long-term impacts of exposure to SNAP (the then-Food Stamp Program) as a child, separately by gender. The magnitudes of the results represent the impact of having access to Food Stamps from the time of a child's conception through age 5. We find sizeable improvements in health as measured by the metabolic syndrome index for

both men and women. Women also are substantially more likely to self-report that they are in good health. We also find that, for women, childhood access to SNAP increases economic self-sufficiency in adulthood. Those with access to the program as children were more likely to graduate from high school, earn more, and rely less on the social safety net as adults than those who did not.

Figure 4: Long-term Impacts of Exposure to Food Stamps from Conception Through Age 5



Source: Hoynes, Schanzenbach, & Almond (forthcoming).

Note: * denotes result statistically significantly different from zero; estimates are for high-impact sample where the head of household had less than a high school education.

Policy lessons

There are several important lessons from these studies for policy today. First, the benefits of SNAP are both measurable and accrue across a broader range of outcomes than previously documented. Not only does the program improve food security in the short-run, but it also helps prevent the negative, long-term, and lasting effects of deprivation during childhood.

Second, the benefits accrue to more than just the program recipients directly, but the benefits also pay out to taxpayers more generally. The long-term improvement in health due to the program implies a decrease in future taxpayer costs for health care. Additionally, by increasing self-sufficiency, SNAP today can reduce the future costs of the safety net down the line and also increase tax revenues.

Our findings suggest that the SNAP benefits that go to children are better thought of as an investment rather than as charity.

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California must take bold action to support schools and feed children

Stephen and Ayesha Curry

June 24, 2020

Updated: June 24, 2020 4 a.m.

We recently paid a visit to Garfield Elementary School in Oakland's San Antonio neighborhood, one of the largest and most diverse schools in Oakland. Twenty-two different languages are spoken there. Since closing its classroom doors on March 13 because of coronavirus, Garfield has become a vital hub for distributing food to tens of thousands of kids and families in Oakland struggling with a sharp increase in food insecurity.

On the day of our visit, Garfield distributed 31,000 meals to Oakland students, predominantly Black and brown children who have continued to rely on school meals as a primary source of food while schools have remained closed in these difficult, ever-changing times. It was inspiring to watch members of our community rising to support one another, and they have done this day after day these past three months.

Now our country is fighting two monumental challenges: a global pandemic claiming more than 120,000 U.S. lives that has created the worst economic recession since the Great Depression and has tripled food insecurity rates in households with children; and structural racism, which has plagued our society for generations. Inequities continue to widen as unemployment has skyrocketed and, according to Cornell University, disproportionately affects communities of color, while schools and other vital public agencies face severe budget constraints when their services are needed most.

California's unprecedented challenges will require a coordinated effort of public and private partnerships. Schools districts are losing money because of the heroic way they have responded to this crisis, and many won't be able to serve meals through the summer and into fall without additional funding. There are

long-term costs as well. According to the Centers for Disease Control and Prevention, student nutrition has been proven to positively affect academic achievement and quality-of-life outcomes. The lack of access to healthy food is exacerbated by socioeconomic status and most prevalent in low-income communities of color, meaning children who are forced to miss meals now may face more hardships later.

Places like our hometown of Oakland, with deep traditions of community engagement, protest and civic action, understand what is at stake. Oakland grasps that a community's members cannot lift themselves up without proper nutrition, a steady income and stable housing. Local school districts, including Oakland Unified, have taken the initiative to provide 4 million meals to children during school closures by marshaling resources through a collaborative established by our Eat. Learn. Play. Foundation, in partnership with Alameda County Community Food Bank, No Kid Hungry, Office of Kat Taylor, and World Central Kitchen. Oakland is rising to meet this moment, led by volunteers and food service workers, primarily women of color, who have become masked heroes to these children and their families.

Communities throughout California need a strong commitment to provide funding to the school districts that have been unflinching in serving their communities during this crisis. Even with recent federal legislation, there is no bailout on the horizon. School districts are incurring debt and straining their limited resources to stay open and safely serve meals to children in need. Many school districts, like Oakland, could be facing enormous financial shortfalls in a few months. We would like to see a stronger acknowledgement from the state of the scale of these additional COVID-related costs, as well as bold action to provide funding to reimburse schools for months of bringing this service to high-need communities.

California's budget is a statement of our values, principles and priorities as a people. The inclusion of funding that supports schools giving children and families access to food — a most basic human need to foster learning and growth — is a critical lifeline for families now, and our children's future.

The state Legislature has proposed funding through the state budget to school districts to continue providing meals, and we urge the Legislature and Gov. Gavin Newsom to pass this budget. Just as the heroes in Oakland have stepped up to provide food to children and families who have struggled so hard for so long,

California must step up and ensure this much needed funding. Together with our partners, we will continue to do all we can to support children and families in our community through this crisis.

The Eat. Learn. Play. Foundation, established by Stephen and Ayesha Curry, is playing an integral role in helping to ensure Oakland kids and families have access to food throughout the COVID-19 crisis. Since the beginning of the pandemic, it has helped to serve more than 3 million meals in partnership with Oakland Unified School District, engaged 108 Oakland restaurants in partnership with World Central Kitchen to put 400 people back to work while preparing 70,000 meals/week for seniors, families, and unhoused individuals, and partnered with Alameda County Community Food Bank to distribute over 2 million meals to Oakland families.



It's time for a second Conference on Food, Nutrition and Health

BY DARIUSH MOZAFFARIAN, DAN GLICKMAN AND ANN VENEMAN, OPINION CONTRIBUTORS — 02/26/21 01:00 PM EST

Fifty-two years ago, President Nixon convened the first and still only [White House Conference on Food, Nutrition and Health](#).

This seminal bipartisan event brought together diverse leaders from public and private sectors to craft real solutions to address widespread hunger in America. Of its 1,800 concrete recommendations, 1,650 were implemented two years after the conference. This included many of the federal food and nutrition programs we take for granted today, significantly reducing hunger in America.

Fifty-two years later, the food and nutrition problems we face have changed dramatically. While more than [14 million](#) households still struggle with food insecurity, rates of obesity and diabetes have skyrocketed. [Diet-related diseases](#) have become the leading cause of poor health and preventable health care spending. [More than half](#) of American children have poor quality diets, which further [threatens](#) national security. At the same time, farmers and rural communities are struggling and the nation's natural resources are being rapidly consumed.

It's time for a second White House conference to solve these modern challenges. Our food system is complex, touching multiple aspects of our lives, economy and planet. Fixing it will require innovative solutions. A new conference is crucial to bring together the diverse stakeholders to connect these dots, advance the conversation and elevate actions above business-as-usual to achieve meaningful impact and change.

We face a special moment in time. COVID-19 has highlighted the fragility of our food system, with fractured supply chains, lost jobs, food waste and school closures all increasing hunger and nutrition insecurity. And, the pandemic is far more severe due to underlying high rates of obesity, diabetes and other diet-related conditions, all top contributors to poor outcomes from [COVID-19](#).

Addressing hunger and poor nutrition is also foundational to America's re-awakened struggle against racism and poverty. Black and Hispanic Americans, people living in rural and lower-income counties and those in the south and southwest suffer the greatest disparities in diet quality, nutrition security and corresponding diet-related diseases. The [resulting inequities](#) are profound, harming families and leaving communities behind.

Food and nutrition are also fundamental to building back a better national health and science [infrastructure](#), advancing [food is medicine](#) interventions and lowering health care spending and boosting business innovation and job creation.

Food is also central to addressing climate change and its shocks. Globally, the food system contributes to [25 percent](#) of greenhouse gases, the majority of ocean and freshwater [pollution](#), [70 percent](#) of water use, and [80 percent](#) of all deforestation. These impacts are depleting our resources including our land, water, topsoil, forests and biodiversity.

The 1969 White House conference was successful because it had the direct backing of the president, support of bipartisan congressional leaders Sen. George McGovern (D-S.D.) and Sen. Bob Dole (R-Kan.), and careful planning and organization, led by future Tufts University President Jean Mayer, that involved multiple working groups who reviewed and prepared specific policy proposals leading up to the conference.

Like the original conference, this second conference would be an essential convening of private and public stakeholders — including multiple federal agencies and bipartisan congressional leadership — and incorporate significant advance work to develop clear policy proposals. This will be instrumental to build a national consensus strategy around food and nutrition, with a concrete plan of action and clear benchmarks to measure success.

To address the issues we face, while increasing and shifting U.S. agricultural productivity to provide nourishing food to a hungry world, calls for interdisciplinary, multi-stakeholder cooperation. No one department or agency, business sector, advocacy group or academic institution can do this alone. A coordinated government approach, together with businesses and civil society, must identify win-win solutions for greater health, equity, sustainability and revenues — true profits for all.

It's time to bring together the nation in a unifying mission to fix food. Our country's poor metabolic health, spiraling health care costs, high levels of nutrition insecurity, persistent racial disparities and warming climate demand real solutions. We call on the Biden administration to take advantage of this unique moment in our nation's history and build a new national consensus and strategy around food. Like in 1969, a new White House Conference on Food, Nutrition, and Health will be a springboard for policy actions and have far-reaching implications for a reimagined U.S. food system.

Dr. Dariush Mozaffarian is a cardiologist and Dean of the Tufts Friedman School of Nutrition Science & Policy. Dan Glickman represented Kansas in Congress for 18 years and served as the U.S. Secretary of Agriculture. Ann Veneman served as the U.S. Secretary of Agriculture and Executive Director of UNICEF. [Donna Shalala](#) served as the U.S. Secretary of Health and Human Services and President of the University of Miami.

Report of the 50th Anniversary of the White House Conference on Food, Nutrition, and Health:

Honoring the Past, Taking
Actions for our Future

March 2020



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Introduction from the 50th Anniversary Conference Co-Chairs

The 1969 White House Conference on Food, Nutrition, and Health was a landmark event. Commissioned by President Nixon and chaired by Dr. Jean Mayer, the historic 1969 conference convened a diverse group of organizations and dedicated citizens to craft a bipartisan agenda for ending hunger and malnutrition in the U.S. The meeting itself, and the report that emerged as a result, had significant and lasting policy impacts: subsequent years saw the expansion of the Food Stamp Program and the National School Lunch Program, the creation of the School Breakfast Program and the Special Supplemental Nutrition Program for Women, Infants and Children, and the development of dietary guidelines, nutrition education, and standardized food labeling, including the Nutrition Facts label. Of the approximately 1,800 specific recommendations generated by the conference, an estimated 1,650 were later implemented.¹

Based on these recommendations and corresponding federal actions, the U.S. made major strides in ameliorating the severe hunger and wasting present in the 1960s, especially in Appalachia and the southern states. Federal food programs that were implemented and expanded in the wake of the 1969 conference led to measurable health improvements among their beneficiaries.²⁻⁴ As described in this anniversary [video](#), the 1969 White House conference was a crucial milestone and breakthrough addressing the most pressing food and nutrition problems of that time.

Today, a half century later, the U.S. faces a very different set of nutrition challenges: epidemics of diet-related obesity, diabetes, and other chronic diseases; widening disparities in food access and affordability; food insecurity; and tremendous stresses to the environment, including threats to soils, waterways, oceans, and climate. The burden of chronic illness reduces quality-of-life and life expectancy for millions of Americans, and results in healthcare costs that are placing unprecedented strain on the budgets of federal, state and local governments, businesses, and families. Overweight and obesity are threatening our national security by disqualifying young men and women from military service. Meanwhile, environmental degradation caused by global food production is exacerbating climate change and depleting natural resources.

To honor the 1969 White House conference, recognize the emergence of a new national crisis in nutrition, and discuss actions for the future [we convened](#) the 50th Anniversary Conference, which consisted of a series of events held in October 2019 in Boston and Washington, D.C. Although we could only aspire to be as broad and inclusive as the 1969 conference, we assembled 46 partner organizations to participate in these events and discuss the food and nutrition problems of today. This report presents policy recommendations inspired by these discussions, as well as action items drawn from the policy statements of partner organizations, as reviewed by our report workgroup.

The aim of the 50th Anniversary Conference and of this report is to renew the bipartisan spirit and vision of the 1969 event in engaging the great challenges and opportunities of food and nutrition for our time. We hope this report sparks a much broader dialogue about food systems and health, access and equity, and sustainability in the 2020s and beyond.

Signed,



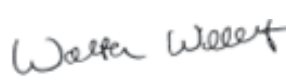
Dr. Frank Hu



Dr. Dariush Mozaffarian



Mr. Jerold Mande



Dr. Walter Willett

Executive Summary

THE 1969 WHITE HOUSE CONFERENCE ON FOOD, NUTRITION, AND HEALTH

The 1969 White House conference was a historic moment for food and nutrition policy in America. Responding to a national crisis of hunger and malnutrition, President Nixon commissioned the first, and still only, White House conference on nutrition. The conference, which was chaired by Dr. Jean Mayer, was historic in its bipartisanship, ambition, inclusivity, and impact. More than 3,000 attendees from all sectors and walks of life put forward 1,800 recommendations for improving national food policy. The 1969 meeting and the proposals it generated spurred major improvements and expansions of federal food programs, which led to significant reductions in hunger and nutrition-related diseases.

50TH ANNIVERSARY

Fifty years after the original White House conference, the U.S. faces a very different but equally urgent national crisis of nutrition, with added challenges of climate change and sustainability. While calorie malnutrition in the U.S. has been largely eradicated, changes to our food system accompanied by increasing economic inequality have created a crisis of diet-related obesity, diabetes, and other chronic diseases, and widened other disparities in the accessibility and affordability of nutritious foods. Another imperative – not addressed at the 1969 Conference but highly relevant today – is to feed a growing population healthfully and sustainably, without exacerbating climate change and depleting natural resources.

To honor the 50th anniversary of the 1969 conference, 46 organizations came together to form a Conference Partnership Circle in 2019. At meetings on October 3–4, 2019 in Boston and October 30, 2019 in Washington D.C., these organizations, together with students, academics, business leaders, advocates, and policymakers, gathered to discuss America's nutrition and sustainability challenges for the 21st century. To kick off these discussions, a keynote address from former U.S. Department of Agriculture undersecretary Cathie Woteki, together with a panel discussion by key participants from 1969, recounted the history and successes of the first White House conference (a historical video, accessible in an appendix to this report, was also produced for the event). Subsequent panel discussions and speakers took stock of current food and nutrition issues in the U.S. and proposed actionable solutions for improving diet and health and addressing food justice and sustainability (details of the meetings are provided in the appendix).

POLICY RECOMMENDATIONS

Drawing from the meetings in Boston and Washington D.C., and from the policy priorities of the Conference Partnership Circle, a report workgroup compiled and reviewed policy recommendations across eleven policy domains: (1) schools and childhood settings; (2) the Supplemental Nutrition Assistance Program (SNAP); (3) the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); (4) the food environment; (5) education and information; (6) healthcare; (7) worksites; (8) government structure and coordination; (9) sustainable food systems; (10) business innovation and responsibility; and (11) research and discovery.

Tackling the current food and nutrition crisis requires changing the current toxic food environment and thus warrants an ambitious, bold, multi-sector, comprehensive national effort. No single

recommendation from this report offers a “silver bullet” for solving the diverse food and nutrition challenges that face our nation today. However, we have identified several priority recommendations that have the potential to deliver population-scale benefits and achieve a needed course change in Americans’ health and nutrition outlook:

1. Leverage the power of U.S. Department of Agriculture (USDA) programs.

USDA’s 15 nutrition assistance programs touch the lives of one out of four Americans each year, from infants to the elderly—with their \$100 billion annual budget, these programs can have broad health impacts. For example, recent research on two key federal programs, the National School Lunch Program and WIC, demonstrates that USDA nutrition policy can significantly improve diet quality and reduce obesity.^{77,82} Small shifts to emphasize better nutrition in USDA programs, accompanied by adequate benefits and equal access, will lead to population-level health impacts.

2. Utilize economic incentives.

Taxes and subsidies are powerful levers for driving consumer behavior and demand toward healthier and more sustainable food and beverage choices. Strategies to increase the price of less healthy and sustainable foods and beverages, such as taxes in retail and restaurant settings, paired with subsidies to lower the price of healthy foods and beverages should be considered at all levels of government and in private settings.

3. Protect children from harmful advertising and marketing.

Despite repeated efforts to limit the marketing of unhealthy foods and beverages, children and adolescents continue to be subjected to an onslaught of targeted advertising for the unhealthiest products across all media platforms.⁵ Regulating marketing to children and limiting favorable tax treatment for industry marketing of unhealthy foods and beverages are top priorities for stemming rising rates of childhood obesity.⁶

4. Equip health professionals with effective nutrition interventions and better nutrition knowledge.

With diet-related disease being the number one cause of poor health in America, nutrition should be among the top priorities in our healthcare system. Health providers need better nutrition training and effective, evidence-based nutrition interventions, tailored to specific populations, that can improve diet-related health outcomes and reduce healthcare costs.

5. Align agriculture, health, and sustainability.

U.S. agriculture has been spectacularly successful in feeding a growing population, but market forces have historically promoted foods and growing practices that are not in the interest of population health or planetary health. Better aligning U.S. agricultural investments with the *Dietary Guidelines for Americans* and with global sustainability goals through economic incentives for both consumers and farmers is crucial to slowing the rate of climate change and to making healthy, sustainably produced foods the most accessible, affordable, and convenient choices.

Honoring the Past

THE 1969 WHITE HOUSE CONFERENCE ON FOOD, NUTRITION, AND HEALTH

The 1969 White House conference was convened in response to a national recognition that hunger and malnutrition were causing tremendous suffering across the country and that meaningful actions could be taken to address this suffering. As journalists, citizen groups, scientists, and advocates raised awareness about the dire nutritional status of many Americans, the nation's political leaders resolved to create an informed, coordinated federal response.

In 1967, the U.S. Senate Committee on Labor's Subcommittee on Poverty held a hearing on hunger in America. Civil rights attorney Marion Wright testified to desolate conditions in poorer states like Mississippi and urged senators to visit and witness the hunger and poverty firsthand. Her testimony shocked the subcommittee and inspired Senators Robert F. Kennedy and Joseph Clark to travel to the Mississippi Delta to verify Wright's account.

Accompanied by Marion Wright, staff aides (including Peter Edelman), and members of the media, Senators Kennedy and Clark encountered dilapidated homes, empty pantries, and malnourished and wasting children covered in sores and bloated from hunger in their visit to Mississippi that year. Media coverage of the tour inspired a cascade of civil and political action to address hunger in a new national effort.

Physicians and scientists with expertise in nutrition, including Dr. Jean Mayer (a scientist at the Harvard School of Public Health who went on to become president of Tufts University and found the Friedman School of Nutrition Science & Policy), were dispatched to Mississippi to conduct a medical survey. The doctors diagnosed numerous cases of kwashiorkor, marasmus, rickets, and other diseases of severe malnutrition – shocking conditions that were thought to be found only in third world countries at that time.

In 1968, the Citizens Crusade Against Poverty, a nonprofit advocacy organization that was engaged in surveying the Delta as part of its civil rights activism, created a "Citizens' Board of Inquiry into Hunger and Malnutrition in the United States." The Board published its findings in April 1968 in a report titled *Hunger USA*.⁷ Executives at CBS, moved by the report, sent reporters and photographers across the country to review and document the conditions outlined in the Citizens' Board report. In May 1968 as an influential documentary, *Hunger in America*, aired on prime time television and brought graphic images of starving children and their families into the living rooms of millions of Americans.⁸

That same year, a broad coalition of civic groups and workers' unions joined together to create a National Council on Hunger and Malnutrition in the United States, chaired by Dr. Mayer. The Council began providing evidence to Congress and advocating for meaningful federal action against hunger.⁹

In response, the U.S. Senate voted unanimously in July 1968 to create a Select Committee on Nutrition and Human Needs, to be chaired by Senator George McGovern and ranking member Senator Jacob Javits. Funding for the committee was authorized in February 1969, and hearings on hunger began with Dr. Mayer serving as the committee's first witness.

At the same time, hunger marches and sit-ins were occurring regularly in Washington D.C., the most significant being the Poor People's March on Washington, led by Martin Luther King, Jr. Dr. Mayer

noted the national attention on this issue, saying “fast action was obviously imperative, not only to take care of the hungry, but also to ensure ‘domestic tranquility.’”⁹

On May 6, 1969, President Nixon announced plans to convene a “White House Conference on food and nutrition” to advise him on “how the private food market might be used to improve the nutritional status of Americans, and how federal food programs could be improved.”¹⁰ On June 11, Nixon appointed Dr. Mayer as Special Consultant to the President in charge of organizing the conference.

From June until November 1969, 26 panels and 8 task forces met to draft and review recommendations for addressing hunger and poverty in the U.S. The 475 individuals who served on these panels included experts from academia, medicine, industry, and agriculture. The 300 people who participated in the task forces represented nonprofit advocacy groups, women’s organizations, industrial and consumer trade groups, professional organizations, and religious dominations.

The official White House Conference convened on December 2, 1969, at the Sheraton Park Hotel in Washington D.C. President Nixon set the tone for the conference, declaring in his opening speech: “This meeting marks a historic milestone. What it does is to set the seal of urgency on our national commitment to put an end to hunger and malnutrition due to poverty in America.”¹⁰

More than 3,000 people attended the conference. The audience included academics, physicians, industry leaders, representatives of consumer organizations, healthcare representatives, agricultural and trade organizations, social action groups, and more than 400 of the poor themselves—white, black, Mexican-American, Puerto Rican, and Native American—all brought together to discuss recommendations that had been developed by the panels and task forces.

Over the course of three packed days, these attendees engaged in “intensive and constructive discussions” on how to solve the problem of hunger in America.¹⁰ The results of these discussions were published in a report that contained 1,800 “specific, workable” policy recommendations addressing nutrition guidelines, nutrition education, nutrition surveillance, consumer issues, food distribution, and special recommendations for vulnerable groups.^{9,10} Dr. Mayer delivered the report to President Nixon on December 24, 1969.



Senator Robert F. Kennedy on a tour of the Mississippi Delta in 1967.
Source: *John F. Kennedy Presidential Library and Museum*



Senators Bob Dole (R-KS) and George McGovern (D-SD) lead the Senate Select Committee on Nutrition and Human Needs, 1980
Source: *Robert J. Dole Institute of Politics Archive and Special Collections, University of Kansas*



Dr. Jean Mayer (1920-1993) was appointed by President Nixon to chair the 1969 White House Conference on Food, Nutrition, and Health. Dr. Mayer was a French-American scientist who advocated for using nutrition science to drive policies to fight hunger and malnutrition in the U.S. Dr. Mayer directed a laboratory at the Harvard School of Public Health for two decades that conducted path breaking research on the physiological bases of hunger and the metabolism of essential nutrients.

Dr. Mayer was appointed President of Tufts University in 1976 and led the university for 16 years, dramatically raising its impact and profile. Among his major accomplishments were the founding of the Tufts Institute of Nutrition, which soon became the Tufts School of Nutrition; and the USDA Human Nutrition Research Center on Aging at Tufts University.

By the time of a follow-up conference two years after the original White House conference, an estimated 1,650 of the original 1,800 recommendations had been implemented in some form. Together, these recommendations established the current national framework for addressing hunger in America.

By the time of a follow-up conference two years after the original White House conference, an estimated 1,650 of the original 1,800 recommendations had been implemented in some form.¹ Together, these recommendations established the current national framework for addressing hunger in America. A key accomplishment was the expansion and harmonization of federal food assistance programs. In 1968, the Food Stamp program (now called SNAP) served 2 million Americans; by 1971, it served 11 million. Before the conference, the National School Lunch Program (NSLP) served 2 million children; by 1971, it served 8 million.

A specific recommendation concerning nutrition for high-risk pregnant women and infants resulted in the creation of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which was launched as a pilot in 1972 in Kentucky and was operating in 45 states by 1974. The School Breakfast Program, established as a pilot in 1966, became nationally available by 1975.

Other policies initiated as a result of recommendations from the 1969 White House conference included new consumer programs, such as unit pricing; federal nutrition and ingredient labeling (Nutrition Facts label); the Generally-Recognized-As-Safe (GRAS) ingredient classification to help ensure the safety of food additives and inform industry innovation;¹ and, in 1977, the first ever round of Dietary Goals for the American people, soon to become the *Dietary Guidelines for Americans* (DGAs), as established by the Senate Select Committee on Nutrition and Human Needs.¹¹ Since that time, the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) have published eight iterations of the DGAs (in 1980, 1985, 1990, 1995, 2000, 2005, 2010, and 2015), which have served as the basis for federal nutrition policy and programs, nutrition education, health promotion, and disease prevention initiatives.

In sum, the national policies and programs implemented after the 1969 White House conference spurred major reductions in hunger and its associated diseases. As Dr. Mayer observed 20 years

later, “in a united, bipartisan effort, the American people had directed Federal resources at a massive problem, and it had worked.”¹¹

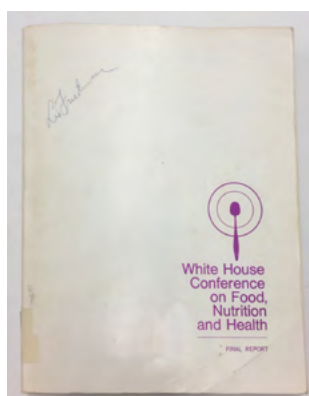
KEY FEDERAL NUTRITION POLICY AGENDAS IN THE PAST 50 YEARS

The 1969 White House conference remains one of the few times in modern U.S. history that the federal government placed specific attention on food and nutrition issues to develop national policy priorities. Other food and nutrition convenings and policy agendas from the past 50 years, summarized below, are noteworthy, but, beyond First Lady Michelle Obama’s eight-year *Let’s Move!* Campaign, most have not had nearly the prominence nor the impact of the 1969 event.

In the decade following 1969, Dr. Mayer held several follow-up meetings to highlight resulting policy recommendations and monitor their implementation. Dr. Mayer also published articles marking the 20th anniversary of the conference.¹⁹ In 2000, to mark the 30th anniversary of the White House conference, the USDA and HHS held a joint National Nutrition Summit in Washington, D.C. to highlight subsequent accomplishments in the areas of food, nutrition, and health and identify actionable priorities for the future.¹² The report from this event recommended creating supportive and healthy food environments; using multichannel, culturally relevant interventions; prioritizing obesity prevention in healthcare; researching interventions to change population behavior and assess their cost-effectiveness; coordinating federal agencies; establishing public-private partnerships, and developing national campaigns to target specific behavior changes.

In 2009, 40 years after the 1969 conference, First Lady Michelle Obama launched her *Let’s Move!* campaign. As ambitious as President Nixon’s goal to “end hunger in America,” *Let’s Move!* was aimed at “solving the problem of obesity within a generation.”¹³ In addition, President Obama created the first-ever Task Force on Childhood Obesity in 2009 to develop a national plan for engaging the private and public sectors to improve children’s health, supported by the Partnership for a Healthier America.¹⁴ The *Let’s Move!* campaign rivals the 1969 White House conference in its sustained focus over two terms of an administration; this campaign was also similar to the 1969 conference in its emphasis on coalition building and in its commitment to an agenda with an ambitious common goal—in this case, ending childhood obesity.¹⁵

Initiatives championed by First Lady Michelle Obama include the Healthy Lunchtime Challenge and Kid’s State Dinner, Drink Up, and the White House Kitchen Garden.¹⁶⁻¹⁸ A number of policy changes were also introduced and implemented as a result of *Let’s Move!*: major improvements in school nutrition standards through the 2010 Healthy, Hunger-Free Kids Act (HHFKA); reform of SNAP-Education



Cover of the final report on the 1969 White House Conference. The report contained 1,800 recommendations addressing nutrition guidelines, nutrition education, nutrition surveillance, consumer issues, food distribution, and special recommendations for vulnerable groups.



Dr. Jean Mayer presents President Nixon with the three volume report on the 1969 White House Conference.

(SNAP-Ed) to focus on obesity prevention and include policy, systems, and environmental change; an updated Food and Drug Administration (FDA) Nutrition Facts label; mandatory labeling of calorie contents on menus at chain restaurants; FDA attempts to regulate front-of-package labels; FDA's voluntary sodium target guidelines; USDA's launch of MyPlate; and the reestablishment of the Interagency Committee on Human Nutrition Research (ICHNR), among other historic milestones for recognizing the importance of nutrition in the Affordable Care Act.

Agency-specific roadmaps to address nutrition and obesity from the past 50 years include: HHS's Healthy People Goals (2000, 2010, 2020),¹⁹ the HHS Blueprint for Action on Breastfeeding (2000),²⁰ the 1988 Surgeon General's Report on Nutrition and Health,²¹ the 2001 Call to Action to Prevent and Decrease Overweight and Obesity,²² and the Strategic Plan for National Institutes of Health (NIH) Obesity Research (2011).²³ In 2014, Congress created a bipartisan National Commission on Hunger, which published recommendations for using existing USDA programs and funds to combat domestic hunger and food insecurity, where food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods and beverages because of insufficient money or other resources.^{24,25} The Office of Technology Assessment (OTA) and the Government Accountability Office (GAO) have also published key reports on needed improvements in federal food programs.²⁶⁻³¹ The National Academy of Medicine and its forerunner, the Institute of Medicine, a private nonprofit institution, have issued many federally supported independent analyses, including the Dietary Reference Intakes (DRIs) and more than 100 other reports on topics ranging from food marketing to children to nutrition standards for school meals and revision of the WIC food packages.

Without the high-level political will and the coordinated, bipartisan congressional attention on food and nutrition issues that was present during the 1969 White House conference and *Let's Move!*, many key opportunities for further progress have languished.

Coalitions and non-governmental organizations, meanwhile, have developed their own agendas for improving food and nutrition policy. Recent report examples include the 2017 *Blueprint for a National Food Strategy*, put out by the Harvard Law School's Food Law and Policy Clinic and the Vermont Law School's Center for Agriculture and Food Systems;³² the Bipartisan Policy Center's 2018 SNAP Task Force report, which included recommendations for leveraging federal programs to improve nutrition;³³ the Institute of Medicine of the National Academies' 2015 *Framework for Assessing Effects of the Food System*;³⁴ and the *EAT-Lancet* Commission's 2019 scientific review of healthy diets from sustainable food systems.³⁵

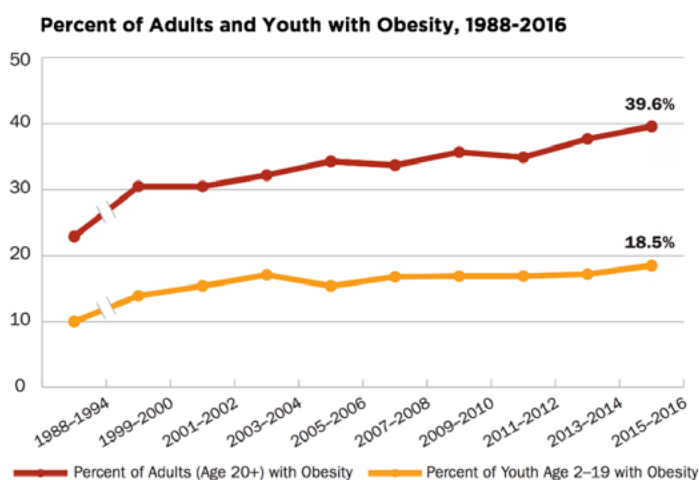
Relatively few of the policies and actions recommended in these reports have been implemented, however, and many important policy gains of the recent past (such as the HFFKA) are now vulnerable. Without the high-level political will and the coordinated, bipartisan congressional attention on food and nutrition issues that was present during the 1969 White House conference and *Let's Move!*, many key opportunities for further progress have languished.

AMERICA'S CURRENT NUTRITION CRISIS

Fifty years after the original White House Conference on Food, Nutrition, and Health, the U.S. faces a very different national nutrition crisis, together with newer challenges of climate change and sustainability. While calorie malnutrition in America has been largely eradicated, changes to our food system

accompanied by persistent poverty and increasing economic inequality have created a crisis of diet-related obesity, diabetes, and other chronic diseases, and widened other disparities in the accessibility and affordability of nutritious foods. Not addressed at the 1969 conference but highly relevant today is the added challenge of feeding a growing population healthfully and sustainably and without exacerbating climate change and depleting natural resources.

Poor diet is now the leading cause of poor health in the U.S., causing more than half a million deaths per year.³⁶ The prevalence of obesity has risen sharply from 15% of adults and 5.5% of children in 1980 to 39.8% of adults and 18.5% of children in 2016. Nearly three in four (71.6%) American adults are either overweight or have obesity.³⁷⁻⁴⁰ More than 100 million Americans – nearly half of all U.S. adults – suffer from diabetes or pre-diabetes, while one in three U.S. children born after 2000 is expected



Source: Trust for America's Health, NHANES

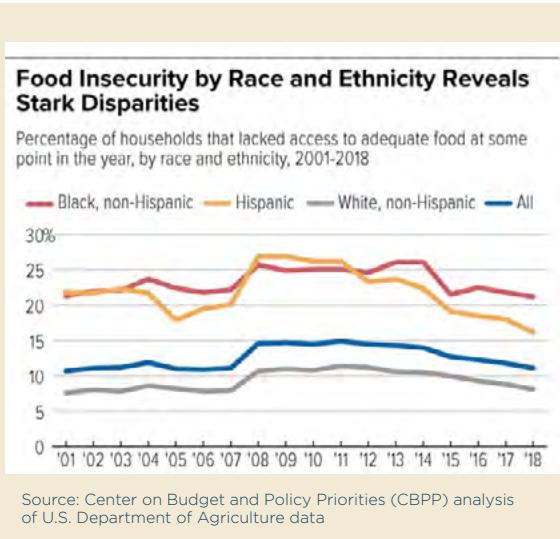
to develop Type 2 diabetes.^{41,42} Cardiovascular disease afflicts about 122 million people and causes roughly 840,000 deaths each year, with rates of coronary heart disease and obesity-related cancers increasing among younger adults.^{43,44} And, for the first time in American history, life expectancies are falling, with declines for three consecutive years due in part to significant increases in midlife mortality from diet-related diseases.^{45,46}

Although hunger and poverty are by no means a problem of the past, severe malnutrition has largely been replaced with food insecurity – the limited or uncertain availability of nutritionally adequate and safe foods and beverages because of insufficient money or other resources.²⁴ In 2018, 14.3 million U.S. households experienced food insecurity, with 8.7 million of these households experiencing low food security (based on reports of reduced quality, variety, or desirability of diet with little to no indication of reduced food intake) and 5.6 million households experiencing very low food security (based on reports of multiple indications of disrupted eating patterns and reduced food intake).^{47,48} The USDA spends about \$70 billion per year supporting food insecure individuals and families through the SNAP program. This critical program has been shown to reduce food insecurity,⁴⁹ improve child education and economic outcomes,⁵⁰ and reduce healthcare expenditures.⁵¹ However, SNAP participants still experience disparities in diet quality when compared to food secure households and, in some studies, other income-eligible nonparticipants.⁵²⁻⁵⁶

Social, economic, and environmental injustice, including racism, poverty, and geographic isolation are

major underlying causes of food insecurity and poor diet quality as well as obesity and other diet-related chronic diseases. These conditions and disparities lead to a vicious intergenerational cycle of food insecurity and poor nutrition, obesity, poor health, lost productivity, increased health costs, and poverty for the most vulnerable Americans.

The economic costs of this new national nutrition crisis are staggering. Total U.S. healthcare expenditures have risen from 6.9% of gross domestic product (GDP) in 1970 to 17.9% in 2017.^{57,58} These rising medical costs, dominated by diet-related chronic health conditions, are crushing government budgets and private business growth. Total direct healthcare and indirect economic costs for cardiovascular diseases are estimated at \$316 billion per year; for diabetes, at \$327 billion per year; and for all obesity-related conditions, at \$1.72 trillion per year.^{37,59} These amounts dwarf the annual budgets of



many federal agencies, including the budgets of the Departments of Agriculture (\$140 billion), Education (\$72 billion), Homeland Security (\$52 billion), and Justice (\$28 billion), as well as the budgets of the National Institutes of Health (\$39 billion), Centers for Disease Control and Prevention (\$11 billion), Environmental Protection Agency (\$5.7 billion), and Food and Drug Administration (\$5.7 billion).

Healthcare costs are imperiling other priorities in federal and state budgets and in the economy as a whole. Healthcare spending rose from 5% of all federal spending in 1970 to 28% in 2018 and from 11.3% of state budgets in 1989 to 28.7% in 2016. For U.S. businesses, healthcare expenditures rose (in constant 2017 dollars) from \$79 billion in 1970 to \$1.18

trillion in 2017).^{58,60,61} On a per capita basis, annual healthcare spending has increased from \$1,797 per person in 1970 to \$10,739 per person in 2017 (in constant 2017 dollars).⁵⁸ Research suggests that those with greater food insecurity shoulder significantly higher healthcare costs, as much as \$77.5 billion in additional expenditures annually.⁶² These spiraling costs, which are driven by diet-related diseases and continue to rise, are crowding out other needed federal, state, and business investments, while also causing real wages to stagnate for many American workers.⁶³

The current food and nutrition crisis also poses a severe threat to national security and U.S. military readiness. Mission: Readiness, a group of more than 700 retired general and admirals, has published several reports since 2010 documenting this threat.⁶⁴⁻⁶⁷

Today, 71% of young people between the ages of 17 and 24 do not qualify for military service, with obesity being the leading medical disqualifier.⁶⁴ Poor nutrition and diet-related diseases also strain the budgets of the Departments of Defense and Veterans Affairs.

America's food system has been largely successful, through advances in agricultural productivity, at feeding a growing population and contributing to the end of calorie malnutrition in the U.S. But agriculture faces growing environmental challenges and threats to long-term sustainability, including resource scarcity, loss of biodiversity, and soil degradation.^{68,69} Climate change is warming the planet to dangerous levels and causing droughts, hurricanes, forest fires, and heat waves of increasing severity and unpredictability—it is also contributing to lower crop yields and creating new economic risks for farmers. In the U.S., current consumption patterns and market forces perpetuate the production of foods that have larger environmental impacts, in terms of greenhouse gas emissions, land use, water

use, and energy use, and that are not aligned with *Dietary Guidelines* goals.⁶⁹⁻⁷¹ At the same time, at least 31% of the food produced in the U.S. goes to waste on farms, during distribution, at the store, and in people’s homes.⁷²

In summary, governments, businesses, farmers, and individuals all bear the health and environmental burdens of our food system—at massive expense. Globally, the externalities of our food system are estimated to total \$12 trillion, an amount greater than the entire food sector’s revenue.⁷³

ACTIONS FOR THE FUTURE



Food Environment Panel at 50th Anniversary White House Conference, Boston MA, October 4, 2019. From left to right: Greg Drescher, Dr. Sara Bleich, Dr. Marion Nestle, Dr. Norbert Wilson, Dr. Christina Economos

To mark the 50th anniversary of the first White House Conference on Food, Nutrition, and Health and—more importantly—to document, create multi-sectoral conversations around, and recommend future actions for addressing our current national crisis of nutrition and sustainability, more than 40 organizations partnered to hold events on October 3-4, 2019 in Boston and October 30, 2019 in Washington, D.C. (more detailed information about these events is provided in the appendix).

These policy actions—taken together and implemented across the food system—have the potential to create meaningful, positive impacts in terms of health, equity, and sustainability; reduced healthcare costs; and improved military readiness.

This section describes 60 recommendations across 11 domains—all aimed at achieving a healthier, more equitable, and more sustainable food system. These recommendations were drawn from discussions at the anniversary events and from the policy statements of members of the Conference Partnership Circle, and compiled and reviewed by a report workgroup. No single recommendation or action offers a “silver bullet” for solving the diverse food and nutrition challenges facing our nation today. Rather, these policy actions—taken together and implemented across the food system—have

the potential to create meaningful, positive impacts in terms of health, equity, and sustainability; reduced healthcare costs; and improved military readiness.

I. Schools and Childcare Settings

Early care and education (ECE) or childcare settings play a key role in ensuring that children get a healthy start and in supporting working parents. More than 60% of children ages 3-5 spend 30 or more hours each week in ECE settings.⁷⁴ Further, schools play a critical role in shaping lifelong eating habits, and participation in school meal programs is associated with better academic performance, reduced absences, and improved memory,^{75,76} setting generations of children up for more successful and productive outcomes in the future. Our recommendations include several policy priorities for further strengthening and improving nutrition and equity in ECE and school settings.

- i. **Early care and education:** Protect and expand current nutrition standards in the USDA's Child and Adult Care Feeding Program, raise the reimbursement level for meals and snacks in line with current costs, and support greater uptake of the program in communities with low utilization. Make obesity prevention standards in the HHS Child Care and Development Block Grant Program mandatory instead of voluntary. Expand the HHS Early Head Start and Head Start programs to ensure that all at-risk infants and toddlers enter school ready to learn and succeed.
- ii. **School meal nutrition standards:** Restore and further strengthen the successful 2012 nutrition standards for the National School Lunch and School Breakfast Programs, including strong standards with respect to fruit and vegetable, sodium, and whole grain content and reduced levels of added sugars and refined grains.⁷⁷
- iii. **Marketing and branded foods:** Restrict the marketing and advertising of unhealthy* foods and beverages in schools and institutions of higher learning, including sponsorships and branded foods that are individually packaged and reformulated to meet Smart Snacks standards, but that do not meet standards for nutrients of concern for school meals when sold on grocery-store shelves.
- iv. **Fresh Fruit & Vegetable Program:** Expand this USDA program, which is currently offered only to elementary schools, to middle schools and high schools, and expand the number of schools that are eligible to participate (eligibility is currently restricted to those schools with the highest percent of children who qualify for free and reduced-price meals).
- v. **Federal reimbursement and eligibility:** Raise the school-meal reimbursement rate for all schools to provide more flexibility to cook from scratch and use healthier ingredients. Protect and expand categorical eligibility, including community eligibility to allow schools in high poverty areas to reach more children with free breakfast and lunch while also reducing administrative costs.

* The terms "healthy foods" and "unhealthy foods" are used for brevity throughout the policy recommendations. Healthy foods are those that align with the *Dietary Guidelines for Americans* and are consistent with healthy eating patterns that have been associated with positive health outcomes, including fruits, vegetables, nuts, beans, minimally processed whole grains, plant oils, and fish. Unhealthy foods are those that have been shown to be associated with preventable disease, including sugar-sweetened beverages, processed meats, junk foods, and other foods high in calories, refined grains, added sugars, and salt.

- vi. **Kitchen facilities and culinary techniques:** Increase funding for USDA's Equipment Assistance Grant Program so more childcare providers and schools can update their facilities and equipment and increase their capacity to prepare nutritious meals. Establish a pilot program utilizing chefs in schools to ensure that healthy options are delicious and appealing to all age groups, and evaluate the program's success in terms of increased participation and reduced plate waste.
 - vii. **Nutrition education:** Increase mandatory funding and expand access for the USDA Farm to School Grant Program and the Centers for Disease Control and Prevention's (CDC's) Farm to Early Care and Education Program, prioritizing grantees that combine a nutrition education curriculum with hands-on learning in the classroom and in school gardens.
 - viii. **Summer Food Service Program:** Strengthen nutrition standards for USDA's Summer Food Service Program in line with HHFKA guidelines; increase program participation, especially among hard-to-reach rural populations; and conduct a pilot program that allows parents to receive summer meals with their children using their SNAP Electronic Benefit Transfer (EBT card).
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II. Supplemental Nutrition Assistance Program (SNAP)

As the nation's largest federal food and nutrition program, SNAP provides a critical safety net for about 40 million individuals living below the federal poverty level each month. Better leveraging of this \$68-billion annual program can not only reduce food insecurity but, by improving nutrition and health, also reduce disparities and associated healthcare costs. Our policy recommendations include several priorities for strengthening the SNAP program; improving access, participant satisfaction, food security, diet quality, and health; and reducing healthcare costs.

- i. **Access and participation:** Increase SNAP participation among the 15% of income-eligible individuals and families who do not participate.⁷⁸ Reduce barriers to participation for eligible college students by educating students about these benefits on campuses and by reducing work requirements.
- ii. **Program structure and benefits:** Protect the structure and funding of this critical program for the millions of Americans who struggle with food insecurity. SNAP benefits should be updated and increased to ensure that low-income individuals, college students, and families can be food secure and meet DGA goals, taking into account the time and opportunity cost of shopping and preparing meals.
- iii. **Diet quality:** Make diet quality a congressionally mandated third core objective, commensurate with SNAP's other current core objectives of food security and fiscal integrity; update the USDA Food Plans to create a Thrifty Food Plan that improves SNAP diet quality; and create a deputy administrator for nutrition within the USDA's Food and Nutrition Service (FNS) to ensure nutrition is at the forefront of all USDA food assistance programs.
- iv. **Pilots and innovation programs:** Implement, evaluate, and scale as appropriate innovative programs, including the Gus Schumacher Nutrition Incentive Program (GusNIP); new, USDA-supported pilots and waivers that evaluate other ways to better support healthy eating (e.g., healthy retail approaches, healthy food incentives combined with disincentives



or restrictions for unhealthy foods); alternative benefit disbursement schedules (i.e., weekly or bi-monthly); and alternative delivery mechanisms (e.g., online, home delivery).

v. **SNAP-Education:** Create a robust SNAP-Ed infrastructure, similar to SNAP Employment and Training (SNAP E&T) and GusNIP, to support the implementation and evaluation of SNAP-Ed, including administrative support, state training and technical assistance, and testing of new SNAP-Ed interventions (especially policy and systems changes, and environmental supports) using SNAP pilot authority.

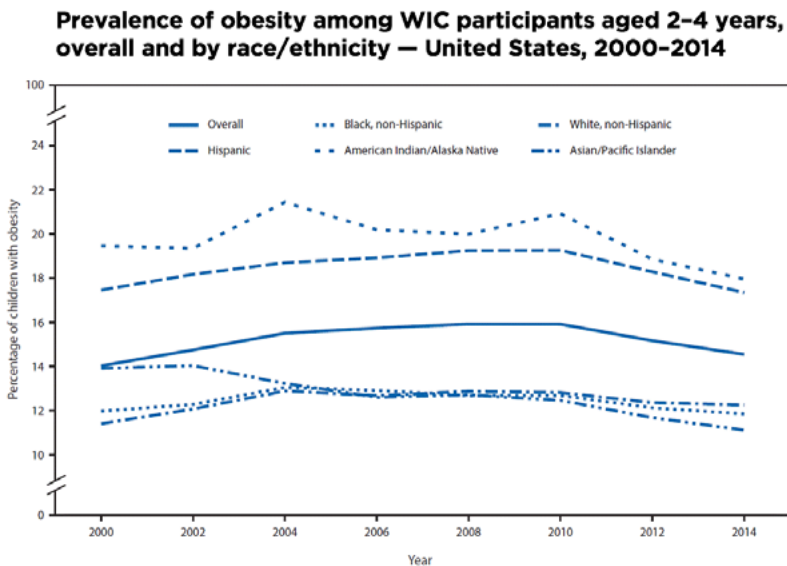
vi. **Retailer standards and data:** Update USDA retailer incentives and stocking standards to increase the availability and encourage the purchase of healthy foods. Study the feasibility of evidence-based product placement strategies and restrictions on the marketing of unhealthy products, such as energy drinks and sugary beverages, to SNAP recipients. Encourage private-public partnerships around the sharing of retailer data in ways that protect participant and retailer information while also allowing for rigorous evaluation to identify evidence-based strategies for strengthening SNAP's public health impacts.

III. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The WIC program serves roughly 6.9 million women, infants, and children living below the federal poverty level. Poor nutrition in gestation, infancy, and early childhood can cause long-term damage to health and development, setting the stage for obesity, Type 2 diabetes, and other chronic diseases. Extensive research shows that WIC supports the health of infants and their mothers, more than doubling its return on investment through healthcare savings; for example, recent studies show significant reductions in the prevalence of obesity among WIC beneficiaries ages 2-4.⁷⁹⁻⁸² Our recommendations include several policy priorities for strengthening and improving the WIC program:

i. **Breastfeeding:** Support breastfeeding among postpartum women by expanding investment in the Breastfeeding Peer Counselor Program, providing funding for breastfeeding supplies, and allowing for the purchase of banked donor milk.⁸³

ii. **Food package:** Support the evidence-based, WIC food package standards and increase the quantity of whole fruits and vegetables in food packages, including shifting away from fruit juice and toward whole fruit.⁸³



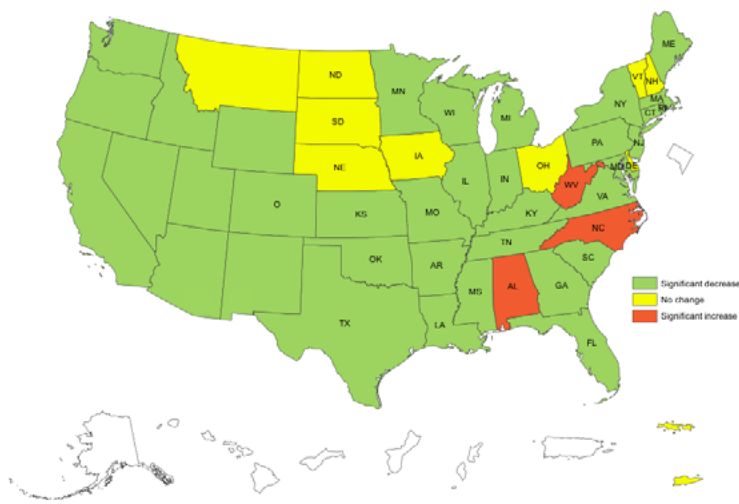
Source: Pan L, Freedman DS, Sharma AJ, et al. (2016)

iii. **Nutrition education:** Support and expand WIC Nutrition Education as a successful component of early childhood health and development and continuing care for new mothers, including expanding education on feeding practices, sleep, screen time, and sugary beverage consumption.

iv. **Eligibility and certification:** Extend postpartum eligibility for mothers from six months to two years, and extend eligibility for children by one year, until their sixth birthday, to ensure that no child slips through the nutrition gap between WIC and the National School Lunch and School Breakfast program. Explore opportunities to streamline participant access by extending certification periods to two years.

v. **Technology and evaluation:** Invest in improvements to information systems and technology to better serve WIC participants including through online resources, texting, telehealth options, and app tools to support breast-feeding and nutrition education, and to enhance the clinic and shopping experience. Pilot new delivery approaches such as online purchasing. Continue to support efforts to improve program evaluation, including through data collection, research, and innovation.

Changes in obesity prevalence among children aged 2–4 years enrolled in WIC, by state or territory agency — United States, 2000–2016



Source: Pan L, Blanck HM, Park S, et al. (2019)

IV. Food Environment

Multi-faceted changes to the food environment are necessary to improve the accessibility, affordability, and nutritional quality of foods on the market. Our recommendations include several policy priorities for improving the food environment.

- i. **Ingredients:** Reduce harmful food ingredients in packaged foods, including excessive amounts of added sugars, refined grains, saturated fat, and sodium. This can be done through targets (specifically mandatory targets for sodium,⁸⁴ which are set by the FDA), industry agreements, and changes to the levels of use that are “generally recognized as safe” (GRAS).
- ii. **Economic incentives:** Utilize city, state, tribal, and federal tax strategies to increase the price of less healthful and less sustainable foods and beverages in retail and restaurant settings, and pair these taxation strategies with subsidy strategies to lower prices for healthy foods.
- iii. **Retail food:** Use legal strategies and incentives, such as contractual limitations, licensing, economic development incentives, Energy Star credits, and other tax and zoning laws to improve food and beverage offerings in retail environments including supermarkets, grocery stores, corner stores, and convenience stores. Policies should aim to reduce the marketing of unhealthy foods and beverages, increase the depth of stock refrigerator and freezer options for perishable foods, and prioritize the placement and promotion of healthy products.
- iv. **Restaurant meals:** Educate and incentivize restaurants—from quick serve to full service restaurants—to increase their offerings of appropriately sized healthy options on menus, reduce value-based pricing, and follow strong, shared voluntary or mandatory industry targets that shift default menu choices toward healthier food and beverage options for both adults and children. such as swapping default sugar-sweetened beverages for water and plain milk.

The FDA should continue to implement menu labeling as a successful strategy for encouraging restaurants to reformulate their offerings.

v. **Access:** Leverage federal incentives (e.g., Opportunity Zones) and restore or expand funding to other programs (e.g., Racial and Ethnic Approaches to Community Health or REACH) to support efforts in low-income and other marginalized communities to improve the availability, affordability, and accessibility of healthy foods. Improve nutrition standards in community venues (e.g., childcare settings, schools, worksites, parks and recreation centers, clinics, etc.) and create new business opportunities, especially in low-resource communities, for community members to create a healthier and more equitable food environment.

V. Education and Information for the Public

Despite advances in nutrition science, many consumers are confused about what to eat. This is due in large part to the abundance of conflicting, misleading, and often false messages in the media, in advertisements, and on food packaging. Our recommendations include several policy priorities for raising awareness about the importance of food and nutrition and reducing consumer confusion through education and information.

i. **Media campaigns and education to promote healthy diet patterns:** Fund sustained, focused, science-based, and culturally-appropriate media campaigns and educational programs to encourage the consumption of healthy foods and beverages and reduce the consumption of specific unhealthy foods and beverages. In addition, educate consumers about the environmental impacts of food and beverage choices.

Original Label	New Label																												
<p>Nutrition Facts Serving Size 2/3 cup (55g) Servings Per Container About 8</p> <hr/> <p>Amount Per Serving Calories 230 Calories from Fat 72</p> <hr/> <p style="text-align: right;">% Daily Value*</p> <p>Total Fat 8g 12% Saturated Fat 1g 5% <i>Trans Fat</i> 0g</p> <p>Cholesterol 0mg 0% Sodium 160mg 7% Total Carbohydrate 37g 12% Dietary Fiber 4g 16% Sugars 12g</p> <p>Protein 3g</p> <hr/> <p>Vitamin A 10% Vitamin C 8% Calcium 20% Iron 45%</p> <p><small>* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.</small></p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Calories:</td> <td style="text-align: center;">2,000</td> <td style="text-align: center;">2,500</td> </tr> <tr> <td>Total Fat</td> <td>Less than</td> <td>65g</td> <td>80g</td> </tr> <tr> <td>Sat Fat</td> <td>Less than</td> <td>20g</td> <td>25g</td> </tr> <tr> <td>Cholesterol</td> <td>Less than</td> <td>300mg</td> <td>300mg</td> </tr> <tr> <td>Sodium</td> <td>Less than</td> <td>2,400mg</td> <td>2,400mg</td> </tr> <tr> <td>Total Carbohydrate</td> <td></td> <td>300g</td> <td>375g</td> </tr> <tr> <td>Dietary Fiber</td> <td></td> <td>25g</td> <td>30g</td> </tr> </table>		Calories:	2,000	2,500	Total Fat	Less than	65g	80g	Sat Fat	Less than	20g	25g	Cholesterol	Less than	300mg	300mg	Sodium	Less than	2,400mg	2,400mg	Total Carbohydrate		300g	375g	Dietary Fiber		25g	30g	<p>Nutrition Facts 8 servings per container Serving size 2/3 cup (55g)</p> <hr/> <p>Amount per serving Calories 230</p> <hr/> <p style="text-align: right;">% Daily Value*</p> <p>Total Fat 8g 10% Saturated Fat 1g 5% <i>Trans Fat</i> 0g</p> <p>Cholesterol 0mg 0% Sodium 160mg 7% Total Carbohydrate 37g 13% Dietary Fiber 4g 14% Total Sugars 12g Includes 10g Added Sugars 20%</p> <p>Protein 3g</p> <hr/> <p>Vitamin D 2mcg 10% Calcium 260mg 20% Iron 8mg 45% Potassium 235mg 6%</p> <p><small>* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.</small></p>
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ii. **Front-of-package nutrition labels:** Add an effective, consumer-friendly, evidence-based front-of-package (FOP) label that links to the Nutrition Facts label and ingredient list as a way to encourage healthier food and beverage choices and prompt the reformulation of food products to meet DGA goals. FOP label information could include top three ingredients, type and number of additional ingredients, carbohydrate quality, fat quality, and mineral quality (e.g., potassium-to-sodium ratio). Consider growing evidence from countries such as Chile that strong FOP labeling results in significant improvements in purchasing patterns, product reformulation, and the nutritional quality of new products.

iii. **Packaged food ingredient list:** Update ingredient lists to have the same easy-to-read formatting used in the Nutrition Facts label. Additional labeling changes should include aggregating sugars, refined grains, and non-nutritive sweeteners; listing food colors by individual common names; using simple vitamin letter names; clarifying whole grain content; and adding additional precautionary allergen labeling (e.g., sesame).

iv. **Marketing to children:** Strengthen existing policies and enact new limits on the marketing of unhealthy foods and beverages, in all forms of media, to children under age 12, including advertising targeted to children of color. Marketing restrictions should be based on specific nutrition criteria (e.g., sodium, fat quality, added sugars, refined grains). In addition, industry's ability to claim tax credits for the marketing of unhealthy foods should be limited.

VI. Healthcare

Poor quality diets are the number one cause of poor health and a leading driver of rising healthcare costs, yet the U.S. healthcare system places little to no emphasis on nutrition. Our recommendations include several policy priorities for integrating nutrition in the provision of healthcare.

i. **Nutrition interventions for healthcare providers who practice under risk-sharing models:** Equip healthcare providers, who are under pressure to reduce healthcare costs as part of risk sharing agreements such as Accountable Care Organizations (ACOs), with a set of effective individual and community nutrition interventions that they can employ to reliably improve diet-related health outcomes while bringing down healthcare costs.

ii. **Healthier hospitals:** Incentivize hospitals to adopt healthy and environmentally sustainable policies for food and beverage procurement and vending. For example, adoption of the voluntary Food Service Guidelines (FSGs) for Federal Facilities offers a way for hospitals to promote the health of employees, patients, and the communities they serve.⁸⁵

iii. **"Produce Rx" Programs:** Offer clinician-provided prescriptions for free or discounted healthy foods that can be redeemed in healthcare settings and through retail grocers, farmers' markets, and Community Supported Agriculture (CSA) programs. This innovative approach has been piloted through Medicare and Medicaid and GusNIP research grants.

iv. **Medically tailored meals:** Provide medically tailored nutritious meals, including through Medicare and Medicaid pilot programs, to high-risk, food-insecure patients with complex chronic conditions and limited capacity and social support to prepare meals for themselves.

v. **Anchor Institutions – Community benefit provision:** Leverage nonprofit hospital community needs assessments required by the Affordable Care Act and community benefits programs to create healthcare and nutrition synergies, including using community benefit to

support nutrition programs like summer meals, farmers markets, senior nutrition programs, and community nutrition education.

vi. **Nutrition education for healthcare providers:** Educate physicians and other allied healthcare providers on food and nutrition and related behavior change strategies by adding nutrition to medical and allied curricula. Incentives and requirements—for example, on schools that are funded through federal dollars—can be used to promote this change. Encourage external accrediting organizations and states to further support this effort through national reform of medical licensing exams, specialty certification exams, and continuing medical education requirements.

vii. **Nutrition in Electronic Health Records:** Integrate standardized clinical and mobile assessments of diet quality and food insecurity into Electronic Health Records and Fast Healthcare Interoperability Resources to facilitate the evaluation and tracking of nutrition in patient assessments, treatment plans, new health system and community interventions, performance standards, and reimbursement for nutrition services through Medicaid.

VII. Worksites

More than 158 million Americans spend an average of 7.6 hours each weekday at their place of employment.^{86,87} Workplace interventions that leverage technology and the built environment, together with behavioral design strategies to motivate lifestyle changes, can improve workplace productivity, lower employer healthcare costs, and increase economic competitiveness. Our recommendations include several policy priorities aimed at maximizing worksites for wellness.

i. **Wellness platforms:** Incentivize employers to offer (e.g., through tax strategies) evidence-based, multicomponent wellness programs that include a strong nutritional focus, potentially with support from trained medical professionals (e.g. registered dietitian nutritionists). In addition, compile and share best practices from businesses that are already implementing successful programs.

ii. **Procurement standards:** Implement the 2017 Food Service Guidelines (FSGs) for Federal Facilities⁸⁵ across all federal, state, and local government facilities, and hospitals. Encourage adoption of FSGs within the private and nonprofit sectors to increase healthy food offerings, food safety, environmental stewardship, local procurement, and behavioral design strategies and to bolster demand for healthy foods and beverages.

iii. **Employee incentives:** Make healthy food and beverage purchases more affordable, at work and/or outside work, for example by integrating point-of-sale discounts or rewards into wellness platforms. Incentives should be carefully designed to avoid penalizing individuals who have chronic conditions or who are pursuing a nutrition plan developed with trained health professionals.

iv. **Culinary techniques:** Make sure that healthier food options are delicious food options by utilizing culinary arts in workplace cafeterias and food services (e.g., by employing chefs trained through programs such as the Culinary Institute of America's Menu of Change program).

v. **Built-environment nudges:** Use behavioral design strategies in worksite cafeterias to promote healthier choices, such as by changing default menu options, removing trays, and

offering healthier items first in buffets. These and other options are recommended in the FSGs for Federal Facilities⁸⁵ and in the Fitwel healthy building amenity certification.⁸⁸

VIII. Government Structure and Coordination

There is tremendous untapped potential for increasing efficiency and maximizing impact through better coordination of federal programs that deal with nutrition and health. Our recommendations include several policy priorities for improving the structure and coordination of federal nutrition programs.

- i. **Federal leadership:** Create a new senior executive branch position or structure that oversees, coordinates, harmonizes, and reports to the President, the Cabinet, and Congress on food and health, equity, and sustainability issues across diverse agencies and programs including Agriculture, Defense, Education, and HHS (including the CDC, CMS, FDA, and NIH).
 - ii. **Food assistance programs and Medicaid in states:** Coordinate federal and state food assistance programs (e.g., school meals, SNAP, WIC, CACFP) with Medicaid to improve nutrition and diet-related health outcomes, including through coordination and integration of state agencies and programs (i.e., joint program enrollment, particularly SNAP and Medicaid), and by working across congressional agriculture and health committees to achieve shared goals.
 - iii. **State Nutrition Action Committee (SNAC) program:** Strengthen the USDA's SNAC program so that all states have active committees to coordinate USDA food assistance programs, ACA community benefits, wellness, and other food and nutrition programs.
 - iv. **State Physical Activity and Nutrition (SPAN):** Increase the CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) budget so that CDC can award every state a SPAN grant for use on nutrition improvement and obesity prevention.
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IX. Sustainable Food Systems

Our recommendations include several policy priorities for better aligning agricultural investment with the DGAs and global sustainability goals, while also bolstering the viability and success of American food producers.

- i. **Draw down emissions:** Take advantage of agriculture-based opportunities to remove carbon from the atmosphere by integrating agricultural policy into a new broad federal strategy that utilizes economic incentives (e.g., a cap-and-trade program) to incentivize foods and production systems with lower carbon and methane emissions, implement actions that sequester carbon, such as agroecology and agroforestry, and incorporate dual-use energy systems that incorporate livestock or crops and renewable energy.
- ii. **Conservation programs:** Increase funding for USDA working lands stewardship programs (i.e., the Conservation Stewardship Program and the Environmental Quality Incentives Program) to help farmers implement conservation practices that protect drinking water, regenerate soil, build soil organic matter, and diversify crops while improving agricultural yields. In addition, increase funding for farmland preservation and land retirement programs (e.g.,

the Agriculture Conservation Easement Program, Conservation Reserve Program) to protect agricultural lands and encourage farmers to remove environmentally sensitive land from production and plant resource-conserving land cover.

iii. **Crop insurance reforms:** Reform crop insurance to maintain this critical safety net for farmers while further bolstering specialty crops and increasing incentives for soil-building and regenerative agriculture practices that boost farm resilience and improve nitrogen efficiency, especially cover crops

iv. **Agricultural checkoffs:** Reform USDA's agricultural checkoff programs to promote equal opportunity among producers, increase transparency, prohibit conflicts of interest and anti-competitive practices, and bring messaging more in line with the DGAs.

v. **Public plant breeding:** Increase funding and institutional capacity for public breeding and cultivar development programs to protect agricultural biodiversity and resilience.

vi. **Food workers:** Ensure that workers throughout the food system – who often have low wages and few benefits, and who often face unsafe working conditions, discrimination, and food insecurity (at a rate twice the national rate)⁸⁹ – can access safe and healthy food. Actions in support of this priority include raising minimum wages, protecting the right to organize, and expanding protections in the Fair Labor Standards Act (FLSA) to cover all workers.

vii. **Food waste:** Reduce food waste by standardizing date labels to better educate consumers to reduce household food waste; supporting innovative solutions in the nonprofit and private sectors to improve post-harvest infrastructure, transport, and processing and packing; training and equipping producers, retailers, and restaurants to implement best practices for reducing food waste; increasing tax incentives and providing stronger guidance for healthy food donations, including donations by farmers, and other food recovery strategies.



X. Business Innovation and Responsibility

Improving the health, sustainability, and equity of the food system will not be possible without engaging the private sector, which must be part of the solution. Our recommendations include several policy priorities for supporting business innovation and incentivizing companies to tackle our national nutrition crisis.

- i. **Innovation incentives:** Institute tax policies and other economic incentives across sectors (agriculture, retail, manufacturing, restaurant, healthcare, wellness) for the development, marketing, and sale of healthier, more accessible, and more sustainable foods and beverages.
- ii. **Opportunity zones:** Expand and encourage opportunity zone incentives focused on food, nutrition, and wellness investments to improve equity and reduce disparities.
- iii. **B corporations:** Encourage and highlight B-corporation status (used to designate companies with high standards of verified social and environmental performance, public transparency, and legal accountability to balance profit and purpose) across agriculture, retail, manufacturing, restaurant, healthcare, and wellness sectors to recognize and reward companies that have integrated major social and environmental priorities for health, food justice, and sustainability.
- iv. **Mission-driven investment vehicles:** Encourage and convene investment vehicles that focus on food and nutrition-related companies centered on health, equity, and sustainability. Provide small, micro-loan opportunities for underserved groups through credit union innovations.
- v. **National entrepreneurship:** Develop and support a national strategy to build an ecosystem of evidence-based, mission-oriented innovation for a healthier, more equitable, and more sustainable food system.

XI. Research and Discovery

Modern nutrition science is a young but rapidly growing field. In the past, most nutrition research focused on micronutrients and their role in deficiency diseases.⁹⁰ Emerging priorities for future nutrition research include optimal diets for disease prevention and longevity; the relationship between gut microbiomes and health; dietary needs for high-risk populations, such as pregnant and lactating women and infants 0-24 months old; effective behavior change and systems approaches for healthier eating; dissemination and implementation science; sustainable food systems, especially agroecological approaches; and the powerful influences of place and income on access to affordable, healthy food and on nutrition and disease disparities. Advances in these areas will be possible only through robust, well-funded, coordinated nutrition research. Accordingly, our recommendations include several policy priorities for strengthening coordinated federal nutrition research.

- i. **Strengthen and protect existing federal research:** Ensure robust funding and independence of the federal agencies and centers that are conducting nutrition research that aligns with the ICHNR National Nutrition Research Roadmap. This includes but is not limited to efforts at the NIH, USDA Economic Research Service (ERS), National Institute of Food and

Agriculture (NIFA), the USDA University Human Nutrition Research Centers (HNRC), the CDC's practice-based policy and environmental research through the Prevention Research Centers (PRCs), and the Department of Defense, among others. Increase support for independent, investigator-driven research to address myriad unanswered and emerging questions in nutrition science and ensure that grant review sections include multiple experts in the design, conduct, and analysis of nutritional studies. Include federal funding to update the Dietary Reference Intakes on a regular basis using the chronic disease endpoints framework and more effectively address research needs put forth in the Dietary Guidelines Scientific Advisory reports.

ii. **Federal nutrition funding, leadership, and coordination:** Provide support for a new, coordinated federal nutrition research effort and authority. This should include strong leadership, strategy, coordination, and new funding to address major nutrition science research questions at the federal level in a way that is complementary to and synergistic with existing research across federal departments and agencies.

iii. **National Nutrition Monitoring System (NNMS):** Update the National Nutrition Monitoring and Related Research Act of 1990 and provide funding for nutrition monitoring to key agencies, including but not limited to the CDC (NCHS, NCCDPHP) and USDA. In addition, require NNMS agencies to collect regular surveillance and monitoring data on national, state, and local nutrition policies (e.g., child care licensing, school wellness policies, food service guidelines), nutrition environment measures (e.g., child care nutrition practices, school vending, food service venue audits, sales, food marketing), and behavioral data (e.g., NSCH, YRBS, BRFSS, NHANES). These data should be provided to the Deputy Director of the Office of Science and Technology Policy (OSTP) for Food and Nutrition.

iv. **Evidence-based, mission-oriented private-sector innovation:** Create new policies to stimulate and reward private-sector innovation in food and nutrition, including public-private partnerships that are science-driven, transparent, and focused on increasing health, equity, and sustainability.

Acronyms

ACO	Accountable Care Organization
BRFSS	Behavioral Risk Factor Surveillance System
CACFP	Child and Adult Care Feeding Program
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CSA	Community Supported Agriculture
DGA	Dietary Reference Intake
DGAs	<i>Dietary Guidelines for Americans</i>
DNPAO	Division of Nutrition, Physical Activity and Obesity
EBT	Electronic benefit transfer
ECE	Early care and education
ERS	Economic Research Service
FDA	United States Food and Drug Administration
FLSA	Fair Labor Standards Act
FNS	Food and Nutrition Service
FOP	Front-of-package
FSG	Food Service Guideline
GAO	Government Accountability Office
GDP	Gross Domestic Product
GRAS	Generally-Recognized-As-Safe
GusNIP	Gus Schumacher Nutrition Incentive Program
HHFKA	Healthy, Hunger-Free Kids Act
HHS	United States Department of Health and Human Services
HNRC	University Human Nutrition Research Centers
ICHNR	Interagency Committee on Human Nutrition Research
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCHS	National Center for Health Statistics
NHANES	National Health and Nutrition Examination Survey
NIFA	Nutrition Institute of Food and Agriculture
NIH	National Institutes of Health
NNMS	National Nutrition Monitoring System
NSCH	National Survey of Children's Health
NSLP	National School Lunch Program
OSTP	Office of Science and Technology Policy
OTA	Office of Technology Assessment
PRC	Prevention Research Center
REACH	Racial and Ethnic Approaches to Community Health
SNAC	State Nutrition Action Committee
SNAP	Supplemental Nutrition Assistance Program
SNAP E&T	SNAP Employment and Training
SNAP-Ed	SNAP Education
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YRBS	Youth Risk Behavior Surveillance System

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Appendix

October 3-4 event program

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The views expressed at this event do not necessarily reflect the views of our Conference Sponsors or Partners.

SCHEDULE

Thursday, October 3rd, 2019

Harvard TH Chan School of Public Health, Kresge Cafe



4:00PM - 4:10PM

Opening Remarks

- Dean Michelle Williams

4:10PM - 4:20PM

Overview of the White House Conference on Nutrition

- Dr. Frank Hu and Dr. Dariush Mozaffarian

4:20PM - 5:20PM

Keynote: The Lasting Influence of the White House Conference on Food, Nutrition, and Health

- Dr. Cathie Woteki

5:20PM - 6:30PM

Panel Discussion: Developing the Right Food and Nutrition Guidance for Our Plate and Our Planet

PANEL

- Dr. Timothy Griffin
- Dr. Alice Lichtenstein
- Dr. Eric Rimm
- Dr. Walter Willett
- Dr. Cathie Woteki

MODERATOR

- Dr. Frank Hu

6:30PM - 7:00PM

Reception & Light Refreshments

SCHEDULE

Friday, October 4th, 2019

Tufts Friedman School of Nutrition Science and Policy, Behrakis Auditorium



7:30AM - 8:15AM

Registration

8:15AM - 8:20AM

Welcoming Remarks

- Dr. Walter Willett and Jerold Mande

8:20AM - 9:20AM

History of the 1969 White House Conference and Key Accomplishments: Video

PANEL

- Dr. Johanna Dwyer
- André Mayer
- Ron Pollack

MODERATOR

- Corby Kummer

9:20AM - 10:00AM

Intro: The Current Landscape

FOOD JUSTICE

- Dottie Rosenbaum

DIET AND HEALTH

- Dean Dariush Mozaffarian

SUSTAINABILITY

- Dr. Timothy Griffin

10:00AM - 10:40AM

Actions for the Future: Health Systems and Food is Medicine

PANEL

- Dr. Howard Koh
- Secretary Kara Odom Walker
- Karen Pearl
- Dr. Darshak Sanghavi

MODERATOR

- Dean Dariush Mozaffarian

SCHEDULE

Friday, October 4th, 2019

Tufts Friedman School of Nutrition Science and Policy, Behrakis Auditorium

10:40AM - 11:25AM

Actions for the Future: The Food Environment

PANEL

- Dr. Sara Bleich
- Greg Drescher
- Dr. Christina Economos
- Dr. Marion Nestle

MODERATOR

- Dr. Norbert Wilson

11:25AM - 12:00PM

The Role of Foundations

SPEAKER

- Dr. Rajiv Shah

MODERATOR

- Alan Solomont

12:00PM - 1:00PM

Lunch: Clover Food Lab

Jaharis Café and Courtyard (MedEd 114 in case of rain)

1:10PM - 2:00PM

Actions for the Future: Government Feeding Programs

PANEL

- Laura Benavidez
- Secretary Dan Glickman
- Dottie Rosenbaum
- Dr. Marlene Schwartz

MODERATOR

- Dr. Parke Wilde

2:00PM - 2:30PM

A Perspective on the Future of the Food System

SPEAKER

- Representative Chellie Pingree

MODERATOR

- Dr. William Masters

2:30PM - 2:45PM

Break

SCHEDULE

Friday, October 4th, 2019

Tufts Friedman School of Nutrition Science and Policy, Behrakis Auditorium

2:45PM - 3:40PM

Actions for the Future: Sustainability and Agriculture

PANEL

- Amanda Beal
- Amanda Little
- Britt Lundgren
- Dr. Samuel Myers

MODERATOR

- Dr. Timothy Griffin

3:40PM - 4:45PM

Business Case for Innovation in Health, Sustainability, and Equity

PANEL

- Helena Fruscio Altsman
- Kevin Boylan
- Denise Morrison
- Walter Robb
- Brooks Tingle

MODERATOR

- Laura Reiley

4:45PM - 5:15PM

Addressing Poverty, Nutrition, and Health

SPEAKER

- Representative Rosa DeLauro

MODERATOR

- Dean Dariush Mozaffarian

5:15PM - 5:30PM

Closing Remarks

- Dr. Frank Hu and Dean Dariush Mozaffarian

5:30PM - 6:30PM

Reception

Jaharis Café and Courtyard (MedEd 114 in case of rain)



October 30th event program

SCHEDULE

Wednesday, October 30th, 2019

Rayburn House Office Building, Room 2060

4:00PM - 4:10PM	Opening Remarks <ul style="list-style-type: none">• Dr. Dariush Mozaffarian
4:10PM - 4:20PM	Video: "Hungry: How the 1969 White House Conference on Food, Nutrition, and Health Changed the Course of US Food Policy"
4:20PM - 5:00PM	Panel Discussion: Actions for the Future in Food Justice, Diet and Health, and Sustainability <p>PANEL</p> <ul style="list-style-type: none">• Pamela Schwartz• Brigadier General Allyson Solomon• Brooks Tingle• Dr. Walter Willett <p>MODERATOR</p> <ul style="list-style-type: none">• Dr. Dariush Mozaffarian
5:00PM - 5:45PM	Panel Discussion: Current Status of Hunger in America <p>PANEL</p> <ul style="list-style-type: none">• Stacy Dean• G. William Hoagland• Dr. Eileen Kennedy• Marshall Matz• Michael J. Wilson <p>MODERATOR</p> <ul style="list-style-type: none">• Joel Berg
5:45PM - 6:00PM	Closing Remarks

**Report of the 50th Anniversary of the White House Conference on
Food, Nutrition, and Health: Honoring the Past, Taking Actions for our
Future**

March 2020

Mande J, Willett W, Auerbach J, Bleich S, Broad Leib E, Economos C, Griffin T, Grumbly T, Hu F, Koh H, Mozaffarian D, Pérez-Escamilla R, Seligman H, Story M, Wilde P, and Woteki C. Report of the 50th Anniversary of the White House Conference on Food, Nutrition, and Health: Honoring the Past, Taking Actions for our Future. Boston, MA; March 2020.



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U.S. HOUSE OF REPRESENTATIVES

Committee on Rules

**ROUNDTABLE: “Ending Hunger in America: Examining Hunger in
Veterans and Military Families”**

May 27, 2021

**STATEMENT FOR THE RECORD
OF
SWORDS TO PLOWSHARES
FOR A ROUNDTABLE OF THE
HOUSE OF REPRESENTATIVES COMMITTEE ON RULES
ON
HUNGER AMONG VETERANS AND MILITARY FAMILIES**

MAY 27, 2021

Good morning Chairman McGovern, Ranking Member Cole, and distinguished members of the Rules Committee. My name is Mark Walker. I am a six-year United States Air Force veteran and Deputy Director of Swords to Plowshares (“Swords”) East Bay Office. Founded in 1974 by veterans, Swords is a community-based not-for-profit 501(c)(3) veterans service organization that provides needs assessment and case management, employment and training, housing, and legal assistance to veterans in the San Francisco Bay Area. War causes wounds and suffering that last beyond the battlefield. Swords’ mission is to heal the wounds of war, to restore dignity, hope, and self-sufficiency to all veterans in need, and to prevent and end homelessness and poverty among veterans. Our model of care is based upon the philosophy that the obstacles veterans face such as homelessness, unemployment, and disability are interrelated and require an integrated network of support within the community and continuum of care. I have been with Swords since November 2019.

Today’s topic of food insecurity is critical. California has a higher than national average of hunger for its residents. The Bay Area is one of the most expensive places in America to live. Our local food banks say that 1.5 million residents are "at risk" or experiencing hunger. Demand has doubled or even tripled among households with children. These providers have expanded and bought more food, but they say government intervention is what is needed, because food banks cannot alone carry the responsibility of long-term sustenance of the community.

In 2020, COVID-19 made it more difficult for homeless veterans to access food, due in part to the lack of community resources and services as service providers faced increased expenses and decreased funding. Even veterans housed in permanent supportive housing sites, many of whom are aging and immunocompromised, found it difficult to find adequate food due to the shutdowns and health risks posed by the virus. Swords worked relentlessly to address food insecurity faced by the veterans under our care. We strengthened our partnerships with local nonprofits to deliver nutritious meals to our veteran clients. To their credit, the U.S. Department of Veterans Affairs (VA) loosened program restrictions during the crisis, giving us new ways to engage with homeless veterans by providing longer-term emergency housing and food services. For many months of the pandemic, we purchased and delivered weekly groceries to veterans scattered in temporary hotel stays across the Bay Area. We also received many generous donations from corporate and community partners, big and small, that provided prepackaged meals throughout the pandemic. Most notably, Frontline Foods, a local chapter of World Central Kitchen that partners with 40+

local restaurants, supplied over \$70,000 worth of prepackaged meals to veterans in our supportive housing programs from May to November.

Veterans make up approximately 5 percent of the population in California. When veterans cannot afford daily meals, it feels worse, because of the contract they made with America. Serving this country without condition, when veterans are most in need, resources are lacking. It's a real gut punch and very demoralizing. As an organization focusing on assisting low-income, at-risk, and homeless veterans, we see up close the need for adequate meals to sustain veterans physical and mental health. Not being able to consistently eat can lead to hopelessness and negative behavior. Veterans are a prideful group; consequently, it's very difficult for us to ask for help. So, when we do and we don't get the type of care required, it can instantly lead to mistrust and isolation.

I think there is a common belief amongst civilians that leaving the military is without much anxiety. Not true! I've been working in the veteran arena for 15 years; thus, interacting with many transitioning service members and veterans. Historically, there's been a few barriers mitigating a seamless transition.

- (1) Corporate America didn't properly value the talent exiting the military. I suppose relevant skills learned on active-duty with an emphasis on integrity, discipline, risk-assessment, servant leadership, adaptability; somehow didn't transfer to marketplace productivity.
- (2) The civilian workforce didn't accept training or credentials achieved in the military. As we know, there are cases when veterans needed to close the gap on specific requirements for licenses/certifications but starting from scratch in training created a lot of frustration and redundancy in obtaining suitable employment.
- (3) The stigma of veterans dealing with invisible wounds such as Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).
- (4) The lazy stereotype of veterans being too rigid or lacking imagination due to years of taking orders without introspection.

These attitudes are short-sided, but they led to limiting meaningful opportunities for veteran. Furthermore, service members exiting with physical and/or mental injuries add challenges to the transition as well. This situation is exacerbated when veterans don't receive quality help with their disability claims, or the VA doesn't properly adjudicate their claims. As I mentioned these historical barriers, this is not to say things haven't changed over time. Industry is coming around on valuing talent with military backgrounds. Service branches, veteran groups, and other stakeholders have been involved in forming a seamless system for integrating military skills and training into the civilian workforce. Additionally, DOD, VA, and other federal agencies made impactful changes like revamping Transition Assistance Program (TAP) and establishing Skillbridge, which should be applauded. Congress consistently funds homeless veteran programs. I've personally witnessed at-risk and homeless veterans positively affected through programs like SSVF, HUD-VASH, and HVRP. However, there's work to be done, because veterans still fall through the cracks without targeted help or knowledge of benefits earned.

While battling food insecurity among our clients, Swords' focus is on stabilizing veterans through housing. Once safe housing is settled, veterans can work on other aspects of need. Without stable housing, the journey back to self-sufficiency is almost impossible. Due to our determined work

with homeless veterans and their families, Swords understands homeless veterans need a sustained, coordinated effort that provides secure housing and nutritious meals; essential physical healthcare, substance abuse aftercare and mental health counseling; as well as personal development and empowerment. Veterans also need job assessment, training, and placement assistance. Swords believes all programs to assist homeless veterans must prioritize helping veterans reach their highest level of self-management.

We strongly believe that with the path VA has taken in eliminating veteran homelessness, and the proper utilization of the resources at the state level and in local communities, we can continue to make progress.

Thank you for the opportunity to share Swords' perspective on hunger and homelessness among veterans.

DEFINITION OF DOD AND HOMELESS VETERAN PROGRAMS:

1. The HUD-VASH program combines Housing Choice Voucher (HCV) rental assistance for veterans experiencing homelessness provided by HUD with case management and clinical services provided by VA. At the local level, the HUD-VASH program operates as a collaborative effort between VA Medical Centers (VAMCs) and local Public Housing Agencies (PHAs). The VAMC identifies veterans who are eligible for the program and refers them to the PHA to receive a HUD-VASH voucher. The PHA provides the rental subsidy, and the VAMC provides case management and clinical services.
2. The Supportive Services for Veteran Families (SSVF) Program, administered by the Department of Veterans Affairs, is the only national, veteran-specific program available to help at-risk men and women veterans from ever becoming homeless. The program is also the most suitable resource for homeless veterans who can quickly transition out of homelessness into permanent housing. SSVF grantees are nonprofit, community-based organizations that provide very low-income veterans and their families with services in the following areas: health, legal, childcare, transportation, fiduciary and payee, daily living, obtaining benefits, and housing counseling. The program also allows for time-limited payments to third parties – e.g., landlords, utility companies, moving companies, and licensed child-care providers – to ensure housing stability for veteran families.
3. Administered by DOL-VETS for over two decades, HVRP served approximately 17,000 veterans in 2016, with a national placement rate into employment of 68.4 percent. These men and women find employment at an average cost to the program of \$2,007 per placement. Both the placement rate and the cost per placement represent improvements over the last several years. Please note, HVRP is the only nationwide program focused on assisting homeless veterans to reintegrate into the workforce. This program is a highly successful grant program that's fully funded at \$50 million.
4. The U.S. Department of Defense (DOD) SkillBridge program is an opportunity for service members to gain valuable civilian work experience through specific industry training, apprenticeships, or internships during the last 180 days of service. SkillBridge connects service members with industry partners in real-world job experiences. For service members SkillBridge provides an invaluable chance to work and learn in civilian career areas. For industry partners SkillBridge is an opportunity to access and leverage the world's most highly trained and motivated workforce at no cost. Service members participating in SkillBridge receive their military compensation and benefits, and industry partners provide the training and work experience. Separating Service members can be granted up to 180 days of permissive duty to focus solely on training full-time with approved industry partners after unit commander provides written authorization and approval. These industry partners offer real-world training and work experience in in-demand fields of work while having the opportunity to evaluate the service member's suitability for the work.

U.S. House Committee on Rules

“Rules Committee Roundtable Examining the Hunger Crisis Among Veterans and
Military Families”

Testimony of Abby J. Leibman
President and CEO
MAZON: A Jewish Response to Hunger

May 27, 2021

Chairman McGovern, Ranking Member Cole, and distinguished members of the House Committee on Rules, thank you for the opportunity to testify before you today, and thank you for examining this critically important issue: food insecurity among veterans and military families.

My name is Abby J. Leibman, and I am proud to serve as President and CEO of MAZON: A Jewish Response to Hunger, a national Jewish organization working to end hunger among people of all faiths and backgrounds in the U.S. and Israel.

Inspired by Jewish values and ideals, MAZON takes to heart the responsibility to care for the vulnerable in our midst without judgement or precondition. In Deuteronomy 15:7-11, we are commanded: “If there is among you a poor person, one of your kin, in any of your towns within your land which God gives you, you shall not harden your heart or shut your hand against them, but you shall open your hand to them, and lend them sufficient for their needs, whatever they may be.” From our founding in 1985, MAZON continues to identify emerging and persistent hunger needs, then seeks to explore, understand, and develop solutions to these problems. Today, our policy priorities include addressing food insecurity among military families, veterans, Native Americans, single mothers, LGBTQ older adults, and the people of Puerto Rico and the territories.

Nearly a decade ago, MAZON made ending hunger among veterans and military families a focus of our work as my colleagues and I became aware of an alarming number of individuals from these populations who were struggling with food insecurity. We were shocked to learn that food pantries operate on or near almost every military base in the country. We soon realized that a failure to acknowledge and address the underlying issues — by the charitable food sector, the media, and public officials — perpetuated the problem. MAZON quickly turned to action, launching a campaign to urge Congress to enact policy solutions to end this crisis.

Little noticed and deliberately obfuscated, these persistent problems had readily available solutions, but there is a lack of political will to realize those solutions.

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As Chairman McGovern often says: “We can end hunger in this country. It is merely a matter of political will.” This is particularly true when it comes to addressing hunger among veterans and military families.

This is not the first time that MAZON has weighed in with Congress nor the executive branch on this topic. We have written bills that were introduced in both chambers of Congress, testified before multiple congressional committees, and sought administrative fixes with the White House, Department of Agriculture (USDA), Department of Defense (DoD), and Department of Veterans Affairs (VA). We hosted summits to educate and empower partners from the anti-hunger field as well as those working with, representing, and serving veterans and military families.

Over the past nine years, we have seen greater awareness of hunger among these families, more colleagues willing to work toward solutions, and a recognition by some policymakers that they can make a difference here. However, the problem not only persists, but it has actually worsened as the number of Americans experiencing hunger — including those who served our country and those who are still serving — skyrocketed in the wake of the COVID-19 pandemic.

Unfortunately, lack of data remains a constant barrier to advancing MAZON’s policy solutions on this issue. We often hear pushback from those resistant to addressing this issue along the lines of: “If veterans and military families are facing food insecurity, why am I not hearing about it?” The truth is that veterans and servicemembers confronting food insecurity typically do not call attention to their situation due to shame, stigma, and fear of retribution.

In April, MAZON released a report entitled “Hungry in the Military: Food Insecurity Among Military Families in the U.S.”¹ I implore every member of this committee to read our report, if you have not already done so. When you do, you will learn stories like that of Gabriel, a U.S. Marine whose family is stationed in southern California, who asks: “I’m doing all I can and serving my country, and I have to worry about how I’m going to buy food? I am risking my life to protect the Constitution of the United States, so shouldn’t the government make sure I can properly feed my family?”

Or Erika, a former military spouse, whose family was stationed in Washington state, who recounted: “When I reluctantly applied for SNAP, I was incredibly embarrassed that I was even having to apply and then when they told me that I didn’t qualify because they were counting our housing allowance as part of earned income, all I remember next was just sobbing.”

¹ Leibman, A; Protas, J. “Hungry in the Military: Food Insecurity Among Military Families in the U.S.” MAZON: A Jewish Response to Hunger. April 2021. <https://mazon.org/wp-content/uploads/MAZON-Military-Hunger-Report-April-2021.pdf>.

Fixing this confusing and unconscionable barrier that Erika mentions is one of the simplest solutions that would address military hunger: ensuring that a servicemember's Basic Allowance for Housing (BAH) does not count as income in determining eligibility for federal nutrition safety net programs.

Currently, a servicemember's BAH counts as income in determining eligibility for SNAP, which prevents many struggling military families from accessing this critically important — and often life-saving — federal benefit. By contrast, neither federal housing subsidies for civilians nor the value of in-kind housing on base are treated as income for determining SNAP eligibility. The IRS does not treat BAH as income. Similarly, the BAH is not calculated as a part of a servicemember's Adjusted Gross Income, nor is it treated as income for determining eligibility for most federal assistance programs like free and reduced-price school meals.

Simply put, if a servicemember's BAH is not considered as income for tax purposes, it should not be considered income for SNAP purposes. MAZON has worked to rectify this error for nearly a decade — advocating for both administrative action and statutory change. Unfortunately, this has not yet come to fruition, despite bipartisan and bicameral support.

As recently as 2018, we urged Congress to rectify this error in that year's Farm Bill, but we were rebuffed, and the BAH continues to be counted as income for the purposes of qualifying for SNAP. Following this setback, MAZON developed a new proposal to address military hunger through the National Defense Authorization Act (NDAA) process. The past two NDAA bills passed by the House included provisions to establish a new allowance program for certain servicemembers called the "Military Family Basic Needs Allowance." The allowance aims to help low-ranking and junior-enlisted servicemembers with multiple dependents (i.e. families) — those who are quietly trying to survive with help from food pantries and other service providers, without calling attention to their situation.

MAZON is leading a national advocacy campaign with key partners from the military community — including the National Military Family Association (NMFA) and the Military Officers Association of America (MOAA) to secure passage of the Military Family Basic Needs Allowance. We are confident that this Allowance would provide strategic and meaningful support to military families facing food insecurity, while also accounting for the challenges and expenses associated with military service.

Given that servicemembers of color are overrepresented among low-ranking and junior-enlisted ranks (and underrepresented among officers and military leadership), we believe this policy is also an important step toward correcting longstanding injustice and inequity by providing assistance to struggling military families who are disproportionately people of color.

Though this provision was included in the FY20 and FY21 House NDAA bills, the provision did not make it into the final NDAA, likely due to pushback in the Senate and DoD leadership in the last Administration. With bipartisan bills introduced in the House and Senate again this year, we are urging Congress to prioritize the Military Family Basic Needs Allowance and for the Biden Administration to support this provision in the FY22 NDAA.

It is important to note that military families face unique financial challenges and that the face of America's military has changed. In recent decades, the demographic makeup of the military's enlisted personnel has shifted from predominantly single, 18-year-old men to much more diverse troops — including many who support families. Military compensation policy has not adequately kept pace with the changing needs or rising cost of living, and today's military families face high spousal unemployment rates, unexpected costs related to frequent relocation, and lack of access to affordable childcare. Therefore, it is long past time for Congress to re-examine military pay levels, acknowledging that the composition and needs of America's military have changed significantly over time.

With regard to veterans, we at MAZON have come to understand a distinct — yet similar, and certainly related — set of challenges and solutions.

Tens of thousands of veterans struggle to adjust to and survive civilian life following the transition from military service. Some have recently returned from combat, while others are older and face challenges they thought they had long overcome. While limited data is available about veterans facing food insecurity, we know that:

- One in four **women veterans** struggle with hunger, and that this prevalence of food insecurity is associated with delayed access to health care and worse health outcomes.²
- While risk of food insecurity seems to decline with age, **older veterans** face myriad challenges related to healthcare, housing, and transportation. Studies estimate that about 4.3% of veterans age 65-74 and 2.3% of those 75 and older face food insecurity.³
- Native Americans serve in the military at higher rates per capita than any other group, and this population experiences food insecurity at rates higher than any other demographic group in the U.S.⁴ Though

² 5 Nerain, K; Bean-Mayberry, B; Washington, DL; Canelo, IA; Darling, JE; Yano, EM. "Access to Care and Health Outcomes Among Women Veterans Using Veterans Administration Health Care: Association With Food Insufficiency." *Women's Health Issues*, 28(3). February 2018. <https://www.ncbi.nlm.nih.gov/pubmed/29475630>.

³ Pooler, P; Srinivasan, M; Mian, P; Miller, Z. "Veterans and Food Insecurity." *Impaq International*. November 2018. <https://www.impaqint.com/work/issue-briefs/veterans-and-food-insecurity>.

⁴ Jernigan, Valarie Blue Bird et al. "Food Insecurity among American Indians and Alaska Natives: A National Profile using the Current Population Survey-Food Security Supplement." *Journal of hunger & environmental nutrition* vol. 12,1 (2017): 1-10. doi:10.1080/19320248.2016.1227750. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5422031>.

there has not been specific data collected about food insecurity rates for **Native American veterans**, it is clear that there is a high level of need that exists and is not being adequately addressed.

- Over one in four **post-9/11 veterans** (roughly 27%) report problems with food security — about twice the rate of the general population.⁵

We know that about 1.4 million veterans participate in SNAP,⁶ but this only tells part of the story — research shows that among food insecure veterans, less than one-third live in households that participate in SNAP, and among veterans living in households with incomes below the poverty threshold, only about 4 in 10 received SNAP benefits.⁷

While SNAP is one of the most successful and efficient federal assistance programs, veterans often face barriers to accessing the program. For a veteran trying to learn about or access SNAP, the process can often be difficult and confusing. Though SNAP guidelines are set at the federal level, each state designs its own application process — the rules are complicated, they vary from state to state, and the application process can be lengthy, often requiring recertification. This obviously makes for a complex landscape for an applicant.

In recent years, there have been several efforts to increase SNAP work requirements for certain program recipients, referred to as “Able-Bodied Adults Without Dependents” or ABAWDs. Under current law, ABAWDs ages 18-49 are restricted to only 90 days of SNAP benefits in three years unless they can prove they are working or participating in an employment and training program for 80 hours per month. States currently have flexibility to request waivers from this harsh and arbitrary time limit for communities that face high unemployment or insufficient job opportunities. While the Families First Coronavirus Response Act partially waived these work requirements for the duration of the national emergency,⁸ MAZON remains concerned about the impact on America’s veterans, and we will continue to urge policymakers to assess the distinct needs of veterans when considering the impact of any further changes.

For decades, we have known that veterans are among our nation’s most chronically unemployed and underemployed — and they are certainly among

⁵ Widome, R; Jensen, A; Bangerter, A; Fu, S. “Food Insecurity Among Veterans of the U.S. Wars in Iraq and Afghanistan.” *Public Health Nutrition*, 18(5), p. 844-849. May 2014.

<https://www.cambridge.org/core/journals/public-health-nutrition/article/foodinsecurity-among-veterans-of-the-us-wars-in-iraq-and-afghanistan/F03B64DD63287F2BE5F2067F3E5AC5FB>.

⁶ “Number of Veterans Living in Households Where Someone Participates in SNAP (2016-2018).” December 20, 2019. Center on Budget and Policy Priorities updated data from 2018 report and analysis of data from the Census Bureau’s American Community Survey:

<https://www.cbpp.org/research/food-assistance/snap-helps-almost-14-million-low-income-veterans-includingthousands-in>.

⁷ Pooler, P; Srinivasan, M; Mian, P; Miller, Z. “Veterans and Food Insecurity.” *Impaq International*. November 2018. <https://www.impaqint.com/work/issue-briefs/veterans-and-food-insecurity>.

⁸ “New Rule on SNAP Work Requirements.” *National Conference of State Legislatures*. March 2020. <https://www.ncsl.org/ncsl-in-dc/standing-committees/health-and-human-services/proposed-rule-by-usda-fns-and-snap.aspx>.

the millions of Americans who lost work during the COVID-19 crisis. Veterans often cope with physical and mental health injuries that are not always recognized by either government agencies or potential employers, which cause them to struggle to find and maintain employment. Harsher work requirements for SNAP would only strip them of assistance — not help them find nor sustain meaningful work.

We also know that the stigma associated with receiving SNAP poses an intangible yet formidable barrier that is especially pronounced for the veteran population. Negative public perceptions of SNAP heightened in recent years as a result of harmful rhetoric, particularly from the last Administration, which advanced policies designed to restrict access to SNAP. Unfortunately, this created a chilling effect that added to existing stigma that makes veterans and others reluctant to seek help and apply for SNAP.

While there is much work required to combat these persistent challenges, we have made significant progress in addressing food insecurity among America's veterans. Following MAZON's 2015 congressional briefing about veteran food insecurity, the VA initiated the Ensuring Veteran Food Security Working Group — piloting and later implementing across the VA network a formal process to identify veterans who are food insecure. While this represented an important initial step, we were concerned that it was only a single question, and that it was not sufficient in portraying the scope of the problem. The VA recently adopted the validated two-question Hunger Vital Signs screening tool, which is used by groups like the American Academy of Pediatrics — we believe this will more accurately identify veterans who are at risk of food insecurity.⁹ MAZON welcomes the opportunity to work with the VA to employ more comprehensive intervention and response for veterans who screen positive for food insecurity, including on-site SNAP eligibility screening and application assistance in addition to a broader nutrition consultation and/or referral to local food pantry or other services.

We are also pleased to learn that USDA and VA are working together, after years of MAZON's insistence, to develop a two-page "Quick Start Guide" about federal nutrition programs that will be included in a veteran welcome kit. We look forward to seeing the final document and collaborating with federal agencies to ensure that veterans and those who serve veterans are well aware of how programs like SNAP work, who is eligible, and how to access the benefits. We also encourage VA officials to utilize MAZON's recent course, created in partnership with the PsychArmor Institute entitled "Food Insecurity: Bringing Solutions to the Table," which was designed to help identify and address the needs of veterans. Together, we can employ robust education and outreach mechanisms to reach all those within and beyond the VA system.

⁹ Cohen, Alicia J et al. "Food Insecurity Among Veterans: Resources to Screen and Intervene." *Federal practitioner : for the health care professionals of the VA, DoD, and PHS* vol. 37,1 (2020): 16-23, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7010340>.

We know that for both current servicemembers and veterans alike, struggling with food insecurity can often lead to despair because there is either an actual or perceived lack of support, and the assistance that is available is often tinged with stigma or shame, involves an overly complicated application process, and/or lacks clear information about the programs and who is eligible. As a result, this can lead to a downward spiral that triggers despair, hopelessness, and sometimes, tragically, self-harm and suicide. In fact, a recent study led by researchers from USDA's Economic Research Service found a clear linkage between food insecurity and mental health concerns (anxiety, depression, and suicidal ideation), which correlated to a service member's intention to leave the military.¹⁰

Addressing food insecurity among veterans and currently-serving military families must be treated as a matter of troop readiness, and thus a matter of national security. Furthermore, tackling these problems will support better nutrition and improved health outcomes, reducing the likelihood of chronic diet-related health conditions. Positive health outcomes for children in military families — who are more likely to serve in the Armed Forces than children in non-military families — means that more future enlistees will be physically fit to serve.

We are encouraged by momentum in the last few months as bipartisan cosponsors continue to add their names to the Military Hunger Prevention Act and as the First Lady's Joining Forces initiative recently launched with an acknowledgment of military food insecurity. We hope the Biden Administration will include support for this provision in their forthcoming budget, but in the meantime, Congress must act to right this egregious wrong.

In conclusion, MAZON recommends that Members of Congress:

- 1. Support Chairman McGovern's call for a White House Conference on Food, Nutrition, and Hunger.**

As the Biden Administration continues to put forth policies to “build back better,” we support the call for a government-wide, public conference to convene experts in food, health, nutrition, and economic security to develop a comprehensive plan to end hunger once and for all in this country. MAZON would appreciate the opportunity to work with Chairman McGovern and government agencies to elevate issues related to hunger among veterans and military families as part of this conference.

- 2. Support the bipartisan Military Hunger Prevention Act.**

¹⁰ Matthew R Beymer, Joanna J Reagan, Matthew P Rabbitt, Abby E Webster, Eren Y Watkins, Association between Food Insecurity, Mental Health, and Intentions to Leave the US Army in a Cross-Sectional Sample of US Soldiers, *The Journal of Nutrition*, 2021, <https://doi.org/10.1093/in/nxab089>.

The Military Hunger Prevention Act (H.R. 2339, S. 1488) would establish a “Military Family Basic Needs Allowance” to ensure that all currently-serving military families have enough food to survive and thrive. Leadership of the House and Senate Armed Services Committees must prioritize this provision in the FY22 NDAA, and all Members of Congress should encourage the Biden Administration to support this policy.

3. Encourage USDA to ensure that a servicemember’s BAH does not count as income in determining eligibility for federal nutrition safety net programs.

President Biden and USDA Secretary Vilsack can and must take executive action to exclude the BAH as income for all federal nutrition programs — most importantly SNAP. This would ensure that military families are not prevented from qualifying for assistance. Now more than ever, struggling military families must have access to these programs so they do not have to turn in desperation to food pantries simply because they cannot get the government assistance they need and deserve.

4. Re-examine military pay levels.

Policymakers must consider raising the base pay rates for junior-enlisted servicemembers to acknowledge that the composition of our military has changed significantly in recent decades and that personnel with families face unique financial challenges.

5. Protect and improve SNAP.

Congress must continue to reject any proposals that would strip SNAP benefits for anyone in need. Misguided policies that aim to impose harsher restrictions for ABAWDs would severely hurt veterans, among others. Strengthening SNAP is the best way to fully and effectively meet critical needs, help lift people out of challenging circumstances, and repair the gaps that have allowed far too many people to fall through the cracks. Policymakers must also increase SNAP benefits and revise the calculations for federal poverty guidelines in ways that are consistent with current realities.

6. Connect more veterans to SNAP

The transition to civilian life poses significant challenges for many veterans, and many do not feel that they have adequate preparation and resources to help them succeed. We are pleased to learn that USDA and VA are coordinating to include a “Quick Start Guide” about federal nutrition programs into the veteran welcome kit — we look forward to

seeing the final resource and would be thrilled to work with the Administration to ensure successful implementation and outreach.

We also urge USDA and VA to collaborate with veteran service organizations and anti-hunger groups to develop a strategic outreach plan for veterans who do not receive care or services through the VA, including peer-to-peer outreach. MAZON looks forward to continuing our work on the VA's Ensuring Veteran Food Security Working Group to train all relevant VA staff on issues of food insecurity so that they know about and understand programs like SNAP, their opportunities and their limits, and the common barriers to assistance for veterans.

7. Call on the Government Accountability Office (GAO) to provide comprehensive and updated data about food insecurity among veterans and military families.

Lack of data has been a constant barrier in actualizing our policy solutions to address these problems and oftentimes used as an excuse by policymakers to continue ignoring the problem. Congress should direct GAO to collect and publish data to illustrate the full scope of the issue and include specific data related to populations that we know face barriers to assistance like servicemembers and veteran who are Black, Indigenous, and other people of color (BIPOC). This expanded data set will allow Members of Congress, the Administration, and advocates to better understand the needs facing these populations and seek tailored and targeted solutions.

8. Encourage federal agencies — including DoD, USDA, and the VA — to collaborate and share data and resources about food insecurity among veterans and military families, and to work with advocates to seek solutions.

Despite strong anecdotal evidence, food insecurity among veterans and military families is not adequately monitored or documented by government agencies, and this has obscured the problem and allowed it to be ignored. The limited data that is available is often too limited in scope, out of date, and difficult to obtain. For instance, DoD's recent 13th Quadrennial Review of Military Compensation (QRMC) documented SNAP usage, but they asked the wrong questions — rather than how many servicemembers access SNAP, it is critical to understand how many military families are struggling without this assistance, quietly visiting food pantries on or near military bases.

We must work together to change the narrative around those who struggle with hunger in this country. At MAZON, we prioritize a justice-centered approach of systemic change, and we believe that our leaders in government can play an important role in moving the public's focus away from charities straining to

meet the needs of those who are hungry and towards our commitment to strengthen public assistance programs. It is long past time to reset the public narrative to emphasize how public assistance programs offer meaningful support without judgment and provide pathways to opportunity and success, reflecting the best of who we are as a nation.

Allowing hunger among veterans and military families to persist is shameful, and it should be alarming to Congress, the White House, the Pentagon, the VA, and all of us who benefit from the protection provided by those who selflessly serve in uniform. We must do better to ensure that no one who makes great personal sacrifices in service to our nation struggles with hunger.

Thank you, and I look forward to your questions.



U.S. House Committee on Rules

“Military & Veteran Family Hunger”

Testimony of Kathy Roth-Douquet
CEO & Co-Founder
Blue Star Families

May 27, 2021

Chairman McGovern, Ranking Member Cole, and distinguished Members of the House Committee on Rules, thank you for the opportunity to testify before you today.

My name is Kathy Roth-Douquet, and I am the Chief Executive Officer and Co-Founder of Blue Star Families (BSF)—a national non-profit organization dedicated to supporting military and veteran families from all ranks and services. With over 150,000 members, BSF is the nation’s largest grass-roots military family support organization, and touches more than 1.5 million military family members every year. By cultivating innovative programs and partnerships, BSF seeks to ensure that our military and veteran families always feel connected, supported, and empowered to thrive.

BSF’s groundbreaking research calls attention to the unique experiences and challenges faced by military and veteran families. Our annual Military Family Lifestyle Survey (aMFLS)—developed in partnership with the Institute for Veterans and Military Families (IVMF)—is the largest annual comprehensive survey of military and veteran families, and is widely regarded as the gold standard among military family surveys. Data from the aMFLS has been used at every level of government to help inform those tasked with making policy decisions that impact our military-connected communities.

Military & Veteran Family Food Insecurity Findings

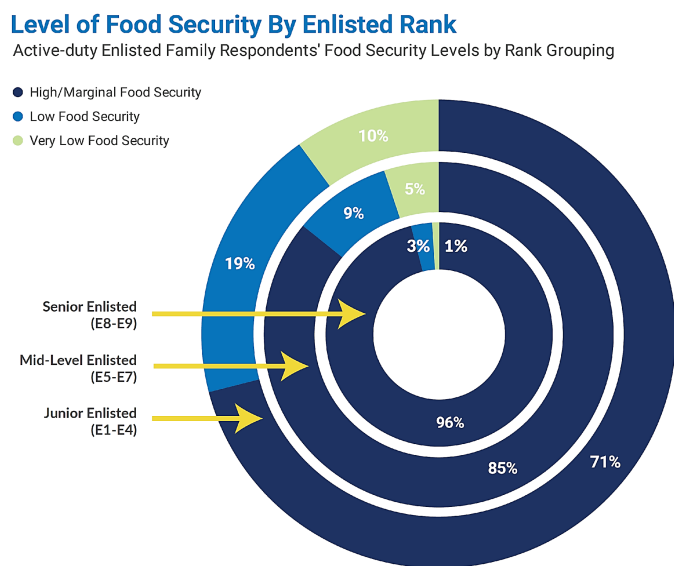
Blue Star Families’ research has revealed alarming rates of food insecurity¹ among military and veteran families. Prior to the COVID-19 pandemic, 7% of active duty family respondents and 12% of veteran family respondents to the 2018 MFLS answered “yes” to the question “Has anyone in your household faced food insecurity (the state of being without reliable access to a sufficient quantity of affordable, nutritious food) within the past year?” Similarly, 9% of active duty family respondents and 18% of veteran family respondents answered “yes” to the question “Has any member of your household sought emergency food assistance through a food bank, food pantry, or

¹ Food insecurity and hunger are distinct concepts. According to the USDA, food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food. Hunger is defined as an individual-level physiological condition that may result from food insecurity. [U.S. Department of Agriculture, “Definitions of Food Security,” Economic Research Service, September 9, 2020, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.]

charitable organization?”² Due to an oversampling of senior enlisted and officer families in the 2018 MFLS, it is possible that the actual percentage of military and veteran families experiencing food insecurity pre-pandemic was higher than this data suggests.³

Blue Star Families uses a non-scientific, convenience sampling method in our surveys. As such, we are unable to track statistically-significant changes within the same population over time. That said, we posit (on the basis of our own data and that of civilian research) that the COVID-19 pandemic has aggravated military and veteran family food insecurity in the United States. In our 2020 MFLS, one in ten (9%) active-duty family respondents reported that they had experienced food insecurity (low⁴ or very low food security⁵) in the 12 months preceding the survey’s September-October fielding.

That figure rose to 14% for enlisted active-duty family respondents. While a greater proportion (29%) of junior enlisted (E1-E4) family respondents reported food insecurity, this issue was not limited to junior enlisted ranks: 16% of mid-grade enlisted (E5-E6) and 8% of senior enlisted (E8-E9) respondents reported low or very low food security. Meanwhile, 12% of veteran family respondents in the 2020 MFLS reported that they had experienced food insecurity.



Underlying Causes of Active-Duty Family Financial Stress and Food Insecurity

In the 2020 MFLS, 39% of active-duty families reported “financial issues” as a top stressor during their time affiliated with the military. Respondents reported intersecting challenges as top contributors to their financial stress, including: high rates of un/underemployment among military spouses, limited availability and high costs of child care, and out-of-pocket housing and relocation expenses. The COVID-19 pandemic has exacerbated each of these underlying factors.

² Blue Star Families, “2018 Military Family Lifestyle Survey,”

<https://bluestarfam.org/wp-content/uploads/2019/03/2018MFLS-ComprehensiveReport-DIGITAL-FINAL.pdf>.

³ For example, the Military Family Advisory Network (MFAN) has reported that one in eight military family respondents to their survey on the subject (pre-pandemic) was food insecure. [Military Family Advisory Network, “Military Family Food Insecurity,” Accessed on March 4, 2021, https://militaryfamilyadvisorynetwork.org/wp-content/uploads/MFAN-117-Food-Insecurity-One-Page-pf-1.3-002_LA.pdf.

⁴ “Low food security (old label=Food insecurity without hunger): reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.” [U.S. Department of Agriculture, “Definitions of Food Security,” Economic Research Service, September 9, 2020, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.]

⁵ “Very low food security (old label=Food insecurity with hunger): reports of multiple indications of disrupted eating patterns and reduced food intake.” [Ibid.]

High Rates of Un/underemployment Among Military Spouses

Spouse employment has been identified as one of the top concerns for active-duty families since the inception of the aMFLS in 2009. Despite multiple cross-sector hiring efforts, the military spouse unemployment rate has not decreased significantly since 2012,⁶ and was nearly seven times the rate of the national unemployment rate pre-pandemic (22%⁷ vs. 3.5%⁸).

In the 2020 MFLS, more than half (52%) of active-duty spouse respondents and a third (31%) of active-duty service member respondents listed military spouse employment as a top issue of concern. While nearly half of active-duty military spouse respondents were employed, either full time (30%) or part time (17%), two-thirds of employed active-duty spouse respondents (68%) reported they were underemployed in some way (indicating their current employment did not match their desires, education, or experience). Furthermore, 35% of active-duty spouse respondents reported they were not employed but needed or wanted to work.

Our research revealed an association between spouse unemployment and food insecurity. In the 2020 MFLS, 10% of enlisted active-duty spouse respondents who were employed were food insecure (with low or very low food security), compared to 20% of those who were not working but needed or wanted to work. The Department of Defense likewise reports slightly higher rates of food pantry usage (pre-pandemic) by military spouses who were unemployed in 2019 (7%) or not in the labor force (6%), when compared to employed military spouses (4%).⁹

While the causes of military spouse un/underemployment are myriad and complex, military spouse respondents report a lack of affordable child care, the unpredictability of service-member day-to-day job demands, hiring/promotion discrimination, and frequent Permanent Change of Station (PCS) moves as key barriers to employment.¹⁰ Other important, but less common factors include state licensure barriers and gaps in resumes due to frequent PCS moves.

⁶ Office of People Analytics, "2012 Survey of Active Duty Spouses,"

<https://download.militaryonesource.mil/12038/MOS/Surveys/ADSS1201-Briefing-Support-Deployment-Reintegration-PCS-WellBeing-Education-Employment.pdf>.

⁷ Office of People Analytics, "2019 Survey of Active Duty Spouses," December 2, 2020,

https://download.militaryonesource.mil/12038/MOS/Surveys/ADSS1901_MOS-Briefing-508-Revised.pdf.

⁸ Bureau of Labor Statistics, "Civilian Unemployment Rate," December 2020,

<https://www.bls.gov/charts/employment-situation/civilian-unemployment-rate.htm>.

⁹ Office of People Analytics, DoD (2020). 2019 Survey of Active-Duty Spouses. Unpublished email correspondence.

¹⁰ "Active-duty spouse respondents who are not in the labor force most often reported they are not working because of the difficulty of balancing household and work obligations, such as homeschooling or supervising children's education (35%), or that their service member's day-to-day work schedule is too unpredictable (33%) or too long to balance work and home demands (30%). An additional but related barrier is the cost of child care (34%), which may quickly overwhelm a spouse's take-home pay, particularly if they are underemployed, resulting in a situation in which active-duty spouses can't afford to work... The lack of affordable, available child care is not new nor unique to active-duty families, but it is exacerbated by families' frequent relocation, which may disrupt both the spouse's employment and existing child care arrangements... Spouses who seek work often perceive reluctance from employers. More than half of active-duty spouse respondents (51%) agreed their military affiliation prevented them from receiving a promotion at some point in their career." [Blue Star Families, "2020 Military Family Lifestyle Survey: Finding 13,"

https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_FULLL.pdf]

Limited Availability and High Costs of Child Care

According to the Department of Defense, 37.8% of military children are five years old or younger.¹¹ The DoD recognizes that childcare is a “workforce issue that directly impacts the efficiency, readiness, retention, and lethality of the Total Force,” which is one of the reasons it is the largest employer-sponsored child care provider in the United States.¹² Yet, challenges obtaining affordable child care in a timely manner continue to have cascading impacts on military family financial well-being.

Many military families have trouble finding child care that meets their needs. In the 2020 MFLS, most active-duty family respondents had children under the age of 18 (80%) at home, and among those, 65% needed child care at least some of the time. Of those with a need, 23% reported always being able to find child care that works for their situation; however, that number fell to 19% for respondents with a child who has special needs.

In addition to limited availability, child care affordability continues to be a major concern for military families. Among active-duty family respondents to the 2020 MFLS who reported being financially stressed and having a need for child care, “out-of-pocket child care costs” were the most commonly reported contributor to their financial stress (31%). Unfortunately, having a higher level of income did not seem to completely resolve this issue. Although active-duty military family respondents in lower income brackets had greater difficulty finding affordable child care, respondents across all income levels reported child care as being a need that was often out of reach.

Child care expenses likewise remain a top barrier to military spouse employment with 34% of active-duty spouse respondents to the 2020 MFLS who were not working but needed/wanted to work stating “child care is too expensive.” Similarly, in the 2019 MFLS, 54% of service member respondents with children reported that the lack of affordable child care negatively impacted their pursuit of employment and/or education post-service. (Female service members, in particular, were particularly affected by the lack of affordable child care, with 62% of female service member respondents saying that childcare “moderately” to “completely” prevented their pursuit of education compared to 51% of their male counterparts.)

Out-of-Pocket Housing and Relocation Expenses

Most active-duty family respondents in the 2020 MFLS (64%) live off installation and use their basic allowance for housing (BAH) to rent (27%) or purchase (37%) housing. Starting in 2015, BAH¹³ was incrementally reduced to 95% of local area rent,¹⁴ making it a matter of policy for military families to

¹¹ Department of Defense, “2018 Demographics Report: Profile of the Military Community,” <https://download.militaryonesource.mil/12038/MOS/Reports/2018-demographics-report.pdf>.

¹² Congressional Research Service, “Military Child Development Program: Background and Issues,” March 19, 2020, <https://fas.org/sgp/crs/natsec/R45288.pdf>.

¹³ Congressional Budget Office, “Reduce the Basic Allowance for Housing to 80 Percent of Average Housing Costs,” December 13, 2018, <https://www.cbo.gov/budget-options/2018/54767>.

¹⁴ Ryan Guina, “BAH Rate Cuts: 95% BAH – The New Reality & The Future of BAH,” *The Military Wallet*, April 21, 2019, <https://themilitarywallet.com/bah-rate-cuts/>.

pay out-of-pocket for quality housing, though they rarely have full control over where they are stationed or when they move. According to the Department of Defense, the 5% of housing cost that military families are expected to cover out-of-pocket should range from \$70 to \$158 per month in 2021.¹⁵ Yet, of those active-duty family respondents who reported paying out-of-pocket housing expenses (83%), more than three quarters (77%) reported the costs exceeded the anticipated range (\geq \$200).

All of these factors – out-of-pocket expenses, the lack of affordable childcare, military spouse un/underemployment, and others – can contribute to food insecurity among active duty military families. Unfortunately, this food insecurity does not end when service members leave the military. To the contrary, the financial difficulties of many military families can be further compounded by transition-related challenges—thereby leading to veteran family hunger.

Financial Inequity

There is reason to believe that military families of color might be struggling with food insecurity at higher rates than their white peers. In the 2020 MFLS, 15% of active duty family members of color reported low or very low food security, compared to only 7% of white, non-Hispanic active duty family members.¹⁶ Furthermore, in line with civilian research which finds that Black and Hispanic/Latinx families have fewer financial resources to navigate uncertain financial times than white families,¹⁷ data from the COVID-19 Military Support Initiative (CMSI) Pain Points Poll¹⁸ indicates that Black and Hispanic/Latinx military families may be in greater need of financial assistance than their white peers. On average, 40% of Black and 33% of Hispanic/Latinx active-duty family respondents reported relying on savings or credit cards during the COVID-19 pandemic, compared to 29% of white active-duty family respondents. As one Black military spouse told CMSI:

I [took on] a loan to fly home to bury my mother-in-law in New Orleans. I'm using credit cards to stock up on food, paper goods, etc... [and all of our] bills are going up to keep the house running.

These findings align with existing research around wealth inequality in the United States. According to the Pew Research Center (April 2020), 73% of Black and 70% of Hispanic Americans reported they did not have enough savings to cover expenses for three months of financial hardship.¹⁹ When we consider that the net worth of a typical white family is nearly ten times greater than that of a Black

¹⁵ Department of Defense. (2020, December 15). DOD Releases 2021 Basic Allowance for Housing Rates.

<https://www.defense.gov/Newsroom/Releases/Release/Article/2447343/dod-releases-2021-basic-allowancefor-housing-rates>

¹⁶ Please contact Blue Star Families for more information: survey@bluestarfam.org.

¹⁷ Elise Gould and Valerie Wilson, "Black workers face two of the most lethal preexisting conditions for coronavirus—racism and economic inequality," Economic Policy Institute, June 1, 2020, <https://www.epi.org/publication/black-workers-covid/>.

¹⁸ The CMSI Pain Points Poll garnered 7,421 respondents from March 18 to May 26, 2020. [COVID-19 Military Support Initiative, "Pain Points Poll Deep Dive: Understanding the Impact of COVID-19 on Black and Hispanic/Latinx Families," July 2020, <https://bluestarfam.org/wp-content/uploads/2020/09/BDG-PPP-DeepDive-Black-Hispanic-Respondents.pdf>.]

¹⁹ Pew Research Center, "Hispanic and black Americans have been hardest hit in COVID-19 wage, job losses; most do not have rainy day funds," May 5, 2020,

https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/ft_2020-05-05_covidrace_01/.

family,²⁰ it is unsurprising that Black and Hispanic/Latinx families are more reliant on savings and credit cards to pay expenses than their white counterparts.

To make matters worse, the CMSI Pain Points Poll suggests that Black and Hispanic/Latinx military family respondents may not be receiving effective communication about available community resources. “Communication about resources/services available” was the second most commonly cited “unmet local community need” among Black (25%) and Hispanic/Latinx (20%) respondents – and both groups reported this need at higher rates than their white peers (16%). Similarly, in CMSI’s Resilience Under Stress Study (RUSS), only 46% of Black military family respondents felt as though they could easily locate information about local resources, compared to 67% of white, non-Hispanic military family respondents who said the same.²¹ These findings might suggest that some military families of color are less aware of and/or connected to resources that might help alleviate their financial difficulties.

Barriers to Help-Seeking

Bureaucratic

While 14% of active-duty enlisted family respondents to the 2020 MFLS reported some level of food insecurity in the past year, only 2% of active-duty enlisted family respondents reported utilizing Supplemental Nutrition Assistance Program (SNAP) benefits within the 12 months preceding the survey’s fielding. One reason might be that bureaucratic barriers are currently preventing food insecure military families from accessing SNAP.

As detailed in a 2016 report by the Government Accountability Office (GAO), service members’ BAH is currently treated as income for the purpose of determining eligibility for SNAP benefits.²² Meanwhile, housing vouchers for low-income civilians are not treated as income for the purposes of determining SNAP eligibility.²³ Current eligibility policy for SNAP thus establishes an unnecessary and harmful barrier to nutrition assistance for struggling military families.

Psychological

In Blue Star Families’ November 2020 Pulse Check poll of active-duty and veteran families’ financial needs, respondents were asked in an open-ended question “what barriers, if any, would prevent [them] from seeking financial assistance in the event that [they] required it.” Among those who provided a response, the greatest proportion – 28% of active-duty family respondents and 27% of veteran family respondents – wrote that emotional barriers, such as shame and embarrassment, would prevent them from seeking support. In Blue Star Families’ March 2021 poll, this same question

²⁰ Kriston McIntosh, Emily Moss, Ryan Nunn, and Jay Shambaugh, “Examining the Black-white wealth gap,” Brookings Institution, February 27, 2020, <https://www.brookings.edu/blog/up-front/2020/02/27/examining-the-black-white-wealth-gap/>.

²¹ COVID-19 Military Support Initiative, “Resilience Under Stress Study” (Blue Star Families, 2020), https://bluestarfam.org/wp-content/uploads/2020/11/RUSS-Report-11.4.20_FINAL.pdf.

²² Government Accountability Officer, “DOD Needs More Complete Data on Active-Duty Servicemembers’ Use of Food Assistance Programs,” Report to Congressional Committees, July 2016, <https://www.gao.gov/assets/gao-16-561.pdf>.

²³ Cornell Law School, “7 CFR § 273.9 - Income and deductions,” https://www.law.cornell.edu/cfr/text/7/273.9#c_1.

was included with a multiple choice response. Roughly the same proportion of respondents selected “pride, shame, or embarrassment” as a barrier (25% of active-duty, 23% of veteran, and 22% of National Guard family respondents).²⁴

Additional barriers to help-seeking reported in the November 2020 and March 2021 polls include: the desire to avoid chain of command involvement, an incohesive assistance network, confusing application processes, and qualification requirements that can make it difficult to justify the effort required to apply.²⁵

What Congress Can Do To Help

Upstream Solutions

Food insecurity is a real, but preventable, experience for many military and veteran families. As a society, we must collectively work to destigmatize help-seeking behavior—among those seeking help and those who facilitate it. The federal government must also work to expand its data collection around military and veteran family food insecurity, so as to better inform policy responses to these issues.

In the long term, we must also work to relieve financial inequity and address the underlying causes of military family financial insecurity (outlined above). One way to do this is by implementing policies that align with a Total Family Force model.²⁶ For example, Congress could:

- Work with the Department of Defense to ensure military families have more control over their careers—including when and where they relocate. This would allow them to make decisions that support their families’ financial stability, and may necessitate a reconsideration of current “up-or-out” talent management policies.²⁷
- Support a fixed period of federal student loan deferment for military spouses who leave a job in order to relocate due to military orders.²⁸

²⁴ Blue Star Families, “Pulse Check: Military and Veteran Families’ Financial Needs,” March 2021, https://bluestarfam.org/wp-content/uploads/2021/05/BSF_PulseCheck_Report_Mar2021.pdf.

²⁵ Ibid.

²⁶ To ensure optimal mission readiness, resilience, and retention, the military ought to adopt a “Total Family Force” model. This is an extension of the “Total Force” concept that the military pioneered in the 1970s, which was designed to break down barriers between service branches to create one “total” force with similar goals and objectives. Blue Star Families wants to build upon this concept to acknowledge the fact that military family well-being is inextricably linked to mission readiness, and that military personnel policies ought to reflect that reality.

²⁷ See, for example: Bipartisan Policy Center, “Building a F.A.S.T. Force: A Flexible Personnel System for a Modern Military, Recommendations from the Task Force on Defense Personnel,” March 2017, <https://bipartisanpolicy.org/report/building-a-fast-force/>.

²⁸ In the 116th Congress, Rep. Elise Stefanik (R-NY) introduced the Military Spouse Student Loan Deferment Act of 2020 (H.R.7433). This bill would have allowed certain military spouses to defer payment on their federal student loans for 90 days. Specifically, borrowers would be eligible to receive this deferment if (1) their spouse is an active duty service member of the Armed Forces, (2) they lost their employment due to a permanent change of station move, and (3) they could provide certain documentation to the Department of Education. Loan interest would not accrue during the deferment period. Blue Star Families supported this proposal. [Blue Star Families, “2020 Military Family Lifestyle Survey: Finding 13,” https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_FINDING_13.pdf.]

- Support incentives for employers to make retirement savings plans more accessible and portable for military spouses.²⁹
- Commission a report on discrimination against military spouses in employment, housing, and public accommodations due to their military affiliation. The report should include an assessment of the viability of policy solutions to prevent such discrimination (e.g. expanding USERRA to cover military spouses, making military spouses a protect class, etc.).³⁰
- Enhance and expand access to fee assistance programs. For example, direct the Services to expand fee assistance eligibility under the Military Child Care in Your Neighborhood (MCCYN) program to military families who wish to enroll their child in a childcare facility that is state licensed, even if it is not accredited.³¹
- Commission a report on the demand for various child care options among military families, and to assess the pros/cons of requiring families to first seek care at their local CDC before being authorized to use MCCYN fee assistance.³²
- Standardize, expedite, and simplify the Career Intermision Program (CIP) application process for service members who are unable to implement their family care plans due to an unexpected extended emergency (such as virtual schooling during a pandemic).³³
- Explore different ways to calculate BAH to reduce out-of-pocket costs, such as pegging it to the median rent/housing cost in the best local school district and/or restoring payments to 100% of local area rent.³⁴

Downstream Solutions

It is no doubt critical that we work to address financial inequity and alleviate the underlying causes of military family food insecurity (by reducing out-of-pocket expenses, increasing the availability of affordable child care, and improving spouse employment outcomes). However, these issues are persistent and will take time to resolve. In the interim, Congress can tackle military food insecurity and hunger downstream by removing a legislative barrier that prevents many military families from qualifying for federal nutrition assistance, despite being food insecure.

²⁹ In the 116th Congress, Rep. Jason Crowe (D-CO) introduced the Military Spouse Retirement Security Act of 2020 (H.R.7927). This bill would have allowed a small business employer to take a tax credit for each of their employees who is a military spouse and is eligible to participate in the employer's defined contribution retirement plan. Blue Star Families supported this proposal. [Ibid.]

³⁰ Blue Star Families included a deep dive on this recommendation in our 2020 MFLS comprehensive report. [Blue Star Families, "2020 Military Family Lifestyle Survey: Recommendations," https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_RECOMMENDATIONS.pdf.]

³¹ Blue Star Families, "2020 Military Family Lifestyle Survey: Finding 11," https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_FINDING_11.pdf.

³² Blue Star Families included a deep dive on this recommendation in our 2020 MFLS comprehensive report. [Blue Star Families, "2020 Military Family Lifestyle Survey: Recommendations," https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_RECOMMENDATIONS.pdf.]

³³ Blue Star Families included a deep dive on this recommendation in our 2020 MFLS comprehensive report. [Ibid.]

³⁴ Blue Star Families included a deep dive on this recommendation in our 2020 MFLS comprehensive report. [Ibid.]

In 2018, Blue Star Families endorsed an amendment to the farm bill which would have excluded BAH as counted income when calculating SNAP eligibility. That effort failed.³⁵ Undeterred, BSF then endorsed the Military Family Basic Needs Allowance (MFBNA),³⁶ which would have alleviated military family food insecurity by supplementing the base pay of military family members at or below 130% of the federal poverty line.³⁷ BAH would not have been treated as income when calculating eligibility for the Basic Needs Allowance. Moreover, the Defense Finance and Accounting Service (DFAS) would have automatically notified service members of their eligibility—thereby removing the need to disclose one’s financial circumstances to command. The MFBNA was thus structured in a streamlined and efficient manner to eliminate common barriers to nutrition assistance, including shame, stigma, and fear of retribution. Unfortunately, the MFBNA was removed from the final versions of the FY20 and FY21 National Defense Authorization Acts (NDAA).

Support Currently-Proposed Legislation

We therefore call upon Congress to take immediate action to support the financial well-being of active-duty military families by:

- Passing the Military Hunger Prevention Act of 2021, which would create a basic needs allowance to provide temporary financial assistance to low-income military families. (Our data demonstrates the importance of making the MFBNA *rank neutral* and *means tested* for those living at or below 130% of the federal poverty line.)
- Passing the Military Child Care Expansion Act of 2021, which would direct the Department of Defense to conduct a pilot program on the expansion of public-private childcare partnerships between the DoD and private childcare providers.
- Passing the Jobs and Child Care for Military Families Act of 2021, which would amend the Internal Revenue Code to allow employers to take a work opportunity tax credit for hiring a qualified military spouse, and would require the Departments of Defense and Homeland Security to implement flexible spending arrangements (FSAs) to allow members of the Armed Forces to use pre-tax dollars to pay for their dependents’ childcare.

³⁵ Blue Star Families continues to support the exclusion of BAH as counted income from SNAP eligibility calculations in the next farm bill. [Blue Star Families, “2020 Military Family Lifestyle Survey: Recommendations,” https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_RECOMMENDATIONS.pdf.]

³⁶ The 2018 farm bill amendment and military family basic needs allowance were also endorsed by MAZON: A Jewish Response to Hunger, the National Military Families Association (NMFA) and many other military and veteran support organizations.

³⁷ Note that to qualify for SNAP, you must be at or below 130% of the federal poverty line.

I would again like to thank the distinguished Members of the Committee for their attention to this critical issue. Those who make significant sacrifices for our country should never struggle to put food on the table.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Roth-Douquet". The signature is fluid and cursive, with the first name "Kathy" being the most prominent.

Kathy Roth-Douquet
CEO & Co-Founder
Blue Star Families

Written Statement of Colleen Heflin

Professor of Public and International Affairs, Maxwell School at Syracuse University

Before the Rules Committee

United States House of Representatives

Examining the Hunger Crisis Among Veterans and Military Families

May 27, 2021

Chairman McGovern and distinguished members of the House Rules Committee, thank you for the opportunity to provide testimony and for convening today's hearing on food insecurity among military and veteran families.

My name is Colleen Heflin, and I am a Full Professor in the Maxwell School of Citizenship and Public Affairs at Syracuse University in Syracuse, NY. My research focuses on poverty policy and its effect on vulnerable families, especially the role of social programs in assisting families to meet essential needs such as food, housing, and medical care.

Today, I will speak about the problems military and veteran families confront in meeting their basic food needs. I focus on three issues:

- 1) Food insecurity is a significant problem among today's active-duty military personnel.
- 2) The transition period from military service to civilian life is a period that is often associated with difficulty meeting essential needs.
- 3) Disabled veterans are at a particularly high risk of food insecurity.

The bottom line is that although our country spends billions of dollars annually to create the best military force in the world, food insecurity exists among our active-duty military personnel and families, and persists among our veterans, especially our disabled veterans. I believe that food insecurity represents a policy failure across many dimensions and one that requires cooperation across government agencies to solve.

Food insecurity, which is defined by the United States Department of Agriculture as a "lack of access to enough food for an active, healthy life for all household members"¹ was present in 10.5% of American households in 2019, before the COVID-19 Pandemic.¹ By late

March and early April 2020, food insecurity rose to 21.9%, an 11.4 percentage point increase and the highest level ever recorded in the 25-year history of the measure.² In the general population, food insecurity tends to be higher among non-white households, those with lower levels of income and education, households with children, men and women living alone, and single headed households with children. The risk of food insecurity also varies by geography: Rates of food insecurity are higher in urban cities and rural (or nonmetropolitan) areas and varies significantly across states from a low in New Hampshire (6.6%) to a high in Mississippi (15.7%).¹

Food insecurity is present among today's active-duty military families. The size of the population to which I am referring is quite large: In 2019, there were about 1.4 million active-duty service members and 1.6 million family members, two-thirds of which were children.³ Although the Department of Defense does not collect systematic data on food insecurity or use of food assistance programs among active-duty members and their families (as noted by a 2016 GAO report), there are many indicators that food insecurity is a consistent problem and one that has grown during the pandemic. A number of sources reported that approximately 1 in 7 to 1 in 8 military families were food insecure prior to the COVID-era, although estimates on specific military installations were noted to be as high as 1 in 3.^{4,5,6,7} Estimates collected in June 2020 during the COVID-19 era from one Army installation, in research conducted by Matthew Rabbitt, a USDA researcher, and colleagues at the US Army Public Health Center, found that 1 in 3 US Army soldiers surveyed were marginally food insecure during Covid, a 150 percent increase in food insecurity from the prior year.⁸ Most recently, the Military Family Advisory Network (MFAN) reports that 1 in 5 military families were food insecure during Winter 2021.⁹

In addition to survey measures, we can look to the use of food pantries, a source of short-term emergency food assistance that most Americans turn to with reluctance, as evidence that military families have difficulty making ends meet. Feeding America estimated in 2014 (the most recent data available) that 20% of all families served by their network of 200 food banks contained a household member who currently or formerly served in the military.¹⁰ More recently, in a report released last month, Mazon reports that food pantries operate on or near every military installation in the country.¹¹

Finally, we can point to data on participation in school-based food and nutrition assistance programs as evidence of the difficulty military families face meeting their children's food needs. According to a 2016 GAO report, within Department of Defense Education Activity Schools, 45% of children were eligible for free (24%) and reduced-price meals (21% in total).¹² For comparison, nationally, 52.1% of all students were eligible for free or reduced-price lunch in 2015-16.¹³

Why is this occurring? The reasons behind military service member food insecurity are the same as they are among the civilian population: household income is not sufficient to support adequate food consumption. Military salaries for enlisted personnel (a designation that comprises 82% of armed forces with the remaining 18% classified as officers), particularly during their first enlistment period (usually four years) are quite low: I am referring specifically to the enlisted members at the E1-E4 level, a range that includes 52% of enlisted military personnel.¹⁴ A military service member who is supporting a spouse and children on their E1-E4 salary alone are likely living below 130% of the federal poverty line.¹¹ For example, an enlisted service member earning a salary at the E2 level with less than two years of service who is supporting a spouse and two children is living at 88% of the federal poverty line (annual pay=\$23,310/\$26,500

federal poverty line=88%).¹⁵ Households living on resources at 130% of the federal poverty line and below are at increased risk for food insecurity.¹ In 2019, for example 33.0% of US households with incomes below 130% of the federal poverty line experienced food insecurity.¹

A common economic strategy used by families across America facing low earnings is for both spouses to work. While spouses of military families often do work, they face a number of unique barriers to employment. Frequent residential moves associated with transfers limit the ability of spouses to accrue time working for any specific employer which depresses wages. Relocation is a particular problem for spouses working in occupations that require certification given the differences in state requirements. In addition, spouses of active-duty military members must cope with their spouses being at work for long hours or deployed. As a result, spousal employment is lower among active-duty families than among civilian families, and when spouses work, they tend to work fewer hours and earn lower wages.¹⁶

Another reason why military families have lower levels of household resources than similar civilian households is that the Supplemental Nutrition Assistance Program (SNAP), which is the cornerstone of federal food and nutrition assistance programs, has eligibility standards that specifically prevent military families from accessing benefits. Military families that live off base receive a Basic Housing Allowance (BAH) which is based on the geographic duty station, pay grade, and dependency status and is designed to cover the cost of housing and utilities.¹⁷ However, this benefit, which resembles housing assistance for civilian households, is treated as income during the SNAP determination process and many military families stationed in high-cost housing areas are rendered ineligible for SNAP benefits. The BAH is treated as income for SNAP determination even though the IRS does not tax it or count the BAH towards estimation of a household's adjusted gross income. While SNAP does not count housing

assistance from the United States Department of Housing and Urban Development as income, it does count the BAH. This system creates all sorts of inequities within military families as well: Households at the same pay level may qualify differently for SNAP based on if they live on-base or off-base and the housing costs associated with the duty station.¹² As a consequence, active-duty military households are less likely to participate in SNAP than civilian households. In prior research, I found that only 2.2% of active-duty members participated in SNAP between 2008-2012.¹⁸ For comparison, among the general population, participation in SNAP was about 12% in 2018.¹⁹

Food insecurity likely causes retention problems for the military: Among soldiers who indicated in 2019 that they were likely to leave the military after their current service period, 46% were marginally food insecure (compared to 36% for those who were neutral or unlikely to leave the military). Additionally, food insecurity among active-duty members is associated with poor mental health outcomes (depression, anxiety and suicidal ideation), and poor mental health is associated with an intention to leave military service.⁷

Unfortunately, the transition from military to civilian life is often a point of increased hardship, especially for those separating at younger ages with fewer job skills that easily transition to the civilian economy.²⁰ Unemployment is a significant problem among what are known as Gulf War-era II (post 9/11 wars) veterans, particularly those aged 25 to 34 (IVMF 2021).²¹ While the Department of Labor, the Department of Defense and the Veterans Administration have partnered to create a Transitional Assistance Program (TAP) since 1991 to provide service members with job counseling and information about services and programs for which they might be eligible, my own research finds that more than 50% of separated service members did not remember attending a workshop.²²

Military service members who transition to civilian life face a number of new challenges regarding their food consumption. Individuals who transition no longer have access to free or subsidized meals in military mess halls and cafeterias, or lower-cost and tax-free groceries at military commissaries (unless they retire from the military). To the extent that these benefits are not replaced immediately with civilian labor market earnings or family and network support, military members may experience food insecurity during the transition period. In my own research with Andrew London, I have documented that SNAP participation is about 10% higher during the first year after leaving military service than it is for all veterans (7.1% versus 6.5%).²³ However, given the social stigma associated with SNAP participation, as well as the previous negative experience some military families may have had related to being deemed ineligible for SNAP, this level of participation likely understates the level of recently transitioned veterans who are eligible for SNAP benefits and could benefit from the program.

More should be done to lessen the risk of food insecurity during the transition from military service to civilian life. For example, as a way of thanking our service members for their service to our country, the federal government could provide an automatic transitional SNAP benefit to all families leaving military service at the E4 level and below. If half of the separating service members qualify for the benefit (or about 100,000 per year) and received the FY2019 average household benefit level of \$258 per month, this would cost the federal government approximately \$154 million annually (total federal SNAP benefits were approximately \$55.6 billion in FY2019).²⁴

Finally, I want to turn to the issue of food insecurity among the veteran population, approximately 19 million individuals representing around 9% of the total US adult population.²⁵ While military service members are selected for their good health, veterans are more likely to be

disabled than civilians due to the unique risks of injury and exposure to circumstances such as combat, interpersonal violence, substance abuse and stress-related mental health issues that are associated with disability.²⁶ Having a disability is a significant risk factor, indeed maybe the strongest risk factor, for being food insecure or having other forms of material hardship.^{27,28,29,30,31} According to a 2020 analysis by Alisha Coleman-Jensen at the US Department of Agriculture, US households with an adult who is unable to work because of a disability face levels of food insecurity that are 3 times that of the general population (31.6% versus 10.5% in 2019).^{32,33,34} According to analysis by She and Livermore (2007), individuals with a disability make-up over half of the population identified with food insecurity.³⁵

In my own work with Andrew London and Janet Wilmoth, I have found that among adults aged 25-65 being a veteran is associated with a reduction in the probability that a household experiences poverty, food insecurity or other forms of material hardship such as home hardship, medical hardship or bill-paying hardship. However, being a disabled veteran removes this protective effect of veteran status.^{36,37} While veterans tend to be in better health around retirement age, they tend to experience steeper age-related declines in health.³⁸ When I examined older adults (those aged 65 and above), I found that, while food insufficiency (a measure that is similar to the most severe form of food insecurity, very low food security) was lower generally among older adults than younger adults, disabled veterans had a higher risk of food insufficiency than disabled non-veterans.³⁹

Why is disability so highly correlated with food insecurity? To some extent, the mechanisms that link disability and food insecurity are the same for veteran and civilian populations. First, incomes are often lower in households with a disabled member. Individuals with a work-limiting disability face difficulties in the labor market and, as a result, have lower

earnings.^{40,41} Additionally, caregivers for wounded veterans often experience a disruption in their economic activity. According to one estimate, 3 out of 4 caregivers left work or school to care for a wounded veteran resulting in an economic loss of \$38,100 annually.⁴² Secondly, physical limitations in the ability to buy food, transport it home, prepare it, and eat without assistance may pose a barrier to food access. Third, disabilities that present themselves as cognitive limitations, such as those associated with a traumatic brain injury, may make it harder to do the financial planning and juggling of household expenses that is required to stretch limited financial resources to cover food needs each month. Finally, hearing loss may be associated with reduced social interactions and network support that increase the risk of food insecurity. In work using the National Health and Nutrition Examination Survey, I have found that each of these forms of disability is associated with an increased risk of food insecurity.⁴³

Veterans with a disability should have a substantial economic advantage relative to their civilian counterparts and that is the ability to receive disability compensation through the Veterans Administration in addition to the civilian Social Security Disability Program. Why do our disability programs not better protect our veterans with a disability from food insecurity? Veterans with a service-connected disability are potentially eligible for the Veteran's Administration Disability Compensation Program and Social Security Disability Insurance (DI) when their disability interferes with their ability to work for at least one year. However, in previous work using the Survey of Income and Program Participation, joint work with my Syracuse colleagues Janet Wilmoth and Andrew London, I have found that joint participation in both programs is quite rare: In 2008, about 13% of veterans received support from the VA's Disability Compensation Program, 7% received support from Social Security's Disability Insurance Program but only 4% receive support from both programs.⁴⁴ While eligibility for the

two disability programs does differ significantly, the low levels of joint participation likely also reflects some level of stigma and lack of information that disabled veterans face when considering civilian disability benefits. Perhaps as a result of these barriers, previous research has shown that disabled veterans have lower incomes than non-veterans who report the same number of disabilities.⁴⁵

Improved coordination of services between the Veterans Affairs's Disability Compensation Program, the Social Security Administration's Disability Insurance Program, and SNAP is needed to improve access to these programs, raise household income for disabled veterans and reduce food insecurity. One avenue for increased coordination is through the creation of categorical eligibility across programs. In general, the concentration of food insecurity within households dealing with disabilities is an area that deserves further policy attention.

In closing, food insecurity is a significant problem among our active-duty service members and veterans today because of the failure of several different federal agencies to work together and consider how our policies interact and are experienced by families across America. We owe the brave men and women who have served our country to defend democracy both at home and abroad a comprehensive safety net that protects them and their families from experiencing food insecurity throughout their lifetimes.

Thank you for the opportunity to testify here today.

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U.S House Committee on Rules

“Rules Committee Roundtable on the Issue of Military and Veteran Hunger”

Testimony of J. Chad Morrison
Chief Executive Officer
Mountaineer Food Bank

May 27, 2021

Chairman McGovern, Ranking Member Cole, and distinguished members of the House Committee on Rules, thank you for the opportunity to provide this testimony to you today. I greatly appreciate the elevation of this critical issue of hunger among our military and veteran populations.

Mountaineer Food Bank is a private non-profit organization located in Gassaway, WV committed to feeding West Virginia’s hungry. The food bank is a member of Feeding America, a nationwide network of 200 food banks and over 60,000 food pantries meal programs across the United States. We provide food to over 200,000 individuals in 48 counties in West Virginia, including children, seniors and veterans.

I am testifying on the current capacity, needs and barriers to addressing the issue of food insecurity among military families and veterans. We are in favor and support all measures that increase food access to military families and veterans by increasing resources and removing barriers to accessing food.

Since 2016, Mountaineer Food Bank has been involved in partnerships with local VAMCs to address veteran hunger, providing food boxes to 1,000 veterans monthly. These programs have not only proven effective, but quite necessary to fulfill the nutritional needs of veterans and to help them overcome the many barriers they face in having healthy lives. Many veterans struggle with transportation, food access, and connections to resources and employment due to the broadband connectivity. Additionally, limited or non-existent funding opportunities create barriers of resources for food programing that targets veterans.

Mountaineer Food Bank was created in 1981, for the purpose of providing food and other resources to community organizations such as food pantries, shelters, and soup kitchens. Food banks began to be established in the late 1960’s in Phoenix, AZ and were replicated in the 70’s and early 80’s. Food banks initially worked through food waste initiatives, sourcing surplus and outdated foods from food producers. Food banks would work with local and regional food manufacturers to bring donated

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loads of food into their service area, which could then be re-distributed to smaller organizations, mostly food pantries.

Today, the Feeding America network, formerly America's Second Harvest, maintains relationships with almost all major food producers and retailers, driving donated food items to local food banks and food pantries. Since 2008, almost all major retail grocers have developed and maintained retail donation programs that contribute donations locally of close dated product. Our food bank receives almost 9 million pounds of donated product annually.

In 1983, the federal government established the Emergency Food Assistance Program (TEFAP), which became integrated into the operational models of most food banks across the country, including Mountaineer Food Bank. The purpose of TEFAP was to utilize government-held agricultural surpluses to address hunger. In 2020, TEFAP made up almost 50% of the foods distributed by Mountaineer Food Bank due to the COVID-19 pandemic and Trade Mitigation responses, though in typical years it accounts for 30% of foods distributed.

While donations and commodities make up significant portions of available food, they consistently fall short overall in filling the gaps of food needed to feed our communities. Food banks operate significant purchasing programs to supplement food items that just are not available through other means. While corporate donors create efficiencies and secondary markets, food banks see less product donated. In 2020, Mountaineer Food Bank purchased over \$4 million dollars' worth of food to meet the needs of our food pantries and programs.

Over the last 40 years food banks have evolved in many ways. Many food banks started as small community action programs, but have developed into highly efficient scaled operations with warehouses, truck fleets, and skilled professional staff to ensure donated dollars are used as efficiently as possible. Food banks have also evolved in other ways, including scope and operational programming.

Food banks services generally service the needs of counties, with data reflecting the inputs of food and overall food insecure populations based on county-level analytics. This has been the norm for decades, but in the past two years, Mountaineer Food Bank has begun the shift from a county-centric model to a community centric model using zip-code data on poverty, food insecurity, employment, home ownership and other socioeconomic data. This shift has allowed us to focus on the most vulnerable communities and populations in our service area to make sure that even small communities have the food access that they need to thrive.

Over the last six years, we have emphasized growth in programs funded and operated by the food bank. Again, historically, we had focused on providing food to other 501(c) three nonprofit feeding programs. These programs generally target specific vulnerable populations including children, seniors and veterans.

The food bank has developed several programs targeting childhood hunger including Backpack Programs, Summer Feeding (SFSP) and Fresh Initiative Kid's Markets. Backpack programs traditionally

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provide small bags of food to elementary age students on the weekend. We currently work with 80 partners and 122 schools to feed almost 8,000 children weekly through this program. The SFSP is operated in coordination with the West Virginia Department of Education to provide summer meals to students. Our Kid's Market program is unique, in that it, combines access to local fresh produce, nutrition education and agricultural connections to elementary age students in a farmer's market style distribution. The Kid's Market is intended to not only provide food access, but to connect children with community resources, educational tools and reduce stigma about needing a helping hand from a food bank.

In 2017, West Virginia became the 47th state to become part of the Commodity Supplemental Food Program (CSFP), a commodity food program dedicated to meeting the nutritional needs of seniors. West Virginia accepted a caseload of 5,000 boxes split between the state's two food banks per month, Mountaineer and Facing Hunger Foodbank in Huntington, WV. While preparing for the program, the food banks realized that almost 30,000 seniors in the state would qualify. Over the past four years, both food banks have consistently maxed out their allocated resources and in 2021, was awarded their request of additional food boxes, bringing the total to 10,000 per month in West Virginia.

In July 2016, we were approached by Feeding America to participate in a new initiative, the Veteran Pantry Pilot. We were one of seven food banks solicited in our network to creating partnerships with our local VA medical centers (VAMC) and design a program that would address the food insecurity needs of veterans accessing the services of VA centers. At the time, Feeding America could only offer support services in the form of staff, not resources such as funding for food purchases, warehouse and operational costs.

We joined the pilot cohort and were quickly connected with the Social Work department at the VAMC in Martinsburg, WV, who had volunteered to coordinate the project design and possible implementation. After discussing the opportunity, the Martinsburg VAMC felt that they could easily reach at least 50 veterans receiving services that were struggling with hunger. While the food bank had no dedicated resources or funding for this project, we immediately decided that the urgency of the need and the population that we were trying to reach was so critical, that we needed act without delay and make the path by walking.

The food bank reallocated general funds to target this pilot program to get it off the ground. In October 2016, Mountaineer Food Bank became the first food bank as part of this pilot project to actually hold a food distribution on-site, providing food to a little over 50 veterans at the Martinsburg VAMC.

The food bank's hope was to create a physical space, a pantry, on the VA center grounds that could be accessible by veterans at any time during the month regardless of when their appointment was. However, due to space and storage limitations, our first distributions were held in a 'mobile' style with a refrigerated box truck outside. Participants received fresh produce, frozen foods and shelf stable meal items that could be taken home and prepared. Over the coming months, the program was refined, developing a shelf stable food box that was then delivered to the VAMC center and stored for access as



veterans needed it. The unfortunate tradeoff was that due to storage limitations, the center could not store items that required refrigeration or cold storage.

Development of the Veterans Table

In January 2017, a partnership with the Beckley, WV VAMC was established and in February 2017, 71 veterans were provided food. At Beckley, the distribution started outdoors at an on-site picnic shelter using the same model as the mobile distribution in Martinsburg. The Social Work department at the VAMC was the lead contact on-site, with social workers helping to identify, sign up and communicate with veterans that could be helped by the program.

Standard operating procedures had been developed including registration forms, screening tools and communication methods to reach participants. Throughout the partnerships with the VAMC's, Mountaineer Food Bank has attempted to keep registration data minimal to basic information and intentionally eliminated the need for income verification for this population. While income verification is required for federal programs such as TEFAP and CSFP, this being a privately funded program gave the food bank the opportunity to eliminate a barrier for veterans that may live on the margins or just struggle with temporary hardships and be in need of a helping hand. The VAMC staff assist with verification of veteran or active statuses.

As the program continued to grow, Mountaineer Food Bank realized the need to pursue funding opportunities from private and corporate donors. Through the pilot program through Feeding America, we were advised that there was no available funding at the time through Feeding America or the VAMC for this program. At the end of 2017, the food bank had branded and created program guidance, partner agreements and communication tools for the Veterans Table, a program dedicated to providing food to struggling veterans in West Virginia. Our hope was the program could continue to grow to all VAMC, clinics and throughout our service area to reach all veterans in need.

In May 2018, a partnership was created with the Clarksburg, WV VAMC, providing food boxes to 56 veterans at an adjacent Veteran's Memorial Park next to the medical center. The distribution was held in a mobile style, but incorporated shelf stable food boxes, dairy and produce since the refrigerated truck provided storage capacity. The VAMC supported the distribution by providing staff, volunteers and coordinating partnerships to do SNAP outreach for veterans that were eligible. Staff was coordinated through the VAMC Homeless Program.

The distribution at the Beckley VAMC had moved off-site to a local church parking lot due to space and traffic issues. The distribution had grown from 71 veterans to almost 200 veterans in 2018. Beckley VAMC also began coordinating their Community Based Out-Patient Clinics (CBOC), while Mountaineer Food Bank provided food boxes to staff for these sites. CBOC's could reach an even more vulnerable sub-population of veterans that may lack transportation, be homebound, or live in rural communities so far away from the VAMC to make it unfeasible.



The Veterans Table Today

The Veterans Table has continued to grow in service and in scope. The original site in Martinsburg continues to serve 50-75 veterans per month. The social work team triages and distributes boxes to veterans as needed. The VAMC has local VFW's and American Legion groups that assist when needed.

The site at Clarksburg VAMC doubled to 180 and then doubled again during peak COVID-19 responses to over 400 veterans per month. Mountaineer Food Bank, the Clarksburg VAMC and Feeding America recently partnered on a social impact software called Advantego to enhance the registration and client data tracking process. The overall target of this software is to assist with identifying evidence based practices using technology to address social determinants of health for short and long-term health outcomes. This partnership is continuing and includes the VA Research arm.

The site in Beckley, WV also continued to grow and now serves between 400-450 veterans per month. The mobile distribution remains off-site, but the food bank still works closely with the Beckley VAMC. At this VAMC, Voluntary Services is the main liaison between the food bank and VAMC. This partnership allows 11 counties to be served and 200 food boxes are delivered to the most vulnerable veterans through a home delivery program. Voluntary Services coordinates with the Disabled American Veterans (DAV) to establish teams of volunteer drivers with DAV vehicles to deliver food boxes into the most rural, remote parts of West Virginia. DAV's primarily transport veterans who are at the lowest income level below poverty to medical appointments. Most of the drivers are elderly themselves, but feel that it is their duty, honor, and privilege to continue this service.

Beckley VAMC is located in Southern West Virginia, Congressional District 3 (WV-3). Southern West Virginia has the highest food insecurity rate in the state at 16.4% and some of the highest poverty rates in Appalachia. This area has continued to lose population, jobs, and funding over the past two decades due to massive declines in the coal industry and the loss of severance taxes that accompanied. Coupled with a massive substance abuse epidemic, the challenges to Southern West Virginia are massive at this time. According to staff at the Beckley VAMC, of the 13,000 veterans receiving services annually, almost 10%, 1,300 veterans would greatly benefit from the food boxes if available.

In order to reach underserved populations of veterans, Mountaineer Food Bank began partnering with clinics and veteran minded community organizations including resource centers and VFW's. We now have partnering sites in Morgantown, Westover, Gassaway and Charles Town, WV that serve an additional 110 veterans each month.

In 2021, two AmeriCorps VISTAs were on-boarded and placed in Martinsburg and Beckley to help continue the growth of the program and develop community "roots" for on-going operations. The VISTAs will be tasked with developing additional resources that the VAMC or community organizations can connect veterans with, advocate locally for the program and foster the network of support for struggling veterans in the area.



Barriers to Food Access

While there are many barriers for those struggling with hunger, transportation and food access are key. In most parts of West Virginia, there is little or no access to public transportation. In the most rural parts of the state, those resources dwindle further. For programs like the Veterans Table, veterans rely on voluntary services or other means including rides with friends and home deliveries to access the food they need. The lack of transportation has led to veterans eating less and eating less nutritious food as they may not be able to access food frequently enough to have fresh, healthy options and instead rely on foods that may not meet their dietary needs.

The distance to get to food is also a major driver of food insecurity in rural West Virginia. For many in the state, especially in Southern West Virginia, a trip to the grocery store may be 1-2 hours round trip, if not more. Food access in rural communities is often limited to small discount stores or gas stations, leaving those populations with little opportunity to purchase healthy foods, while driving up the costs for those foods that they can purchase. A dollar spent at a small rural grocer just doesn't carry the same weight as one spent in denser areas.

Food access dramatically influences food choices, as when individuals do have the opportunity to purchase foods they need, they are much less likely to purchase foods that could spoil or thaw quickly. We have many scenarios, including those with veterans, where the homes do not have utilities such as water or electric and are completely off grid. For these individuals, healthy options are less an option.

Information access and broadband continue to be issues in all parts of West Virginia, and individuals suffer the worst access in rural areas. Services such as telehealth and accessing online directories to resources, are near impossible for those living even 5-10 miles outside of a major population center. The connection rates and speeds are so low, that developing additional industry and attracting service providers is minimal, as the overall barriers to being connected in rural areas are so high. These all lead to less workforce opportunities, less funding for social service projects and higher poverty rates.

Additionally, due to the lack of technology and broadband infrastructure, organizations like Mountaineer Food Bank struggle with collecting valuable data to continue to reach into communities to meet their needs. It is difficult to go beyond the generalized census data, when consistent avenues of learning about the populations be served are not available. Solutions to software are being developed by Feeding America, including a service insights platform that will enable food banks to be able to dive deeper into the populations they serve. Connectivity to high speed internet will likely threaten the effectiveness of this software in rural areas.

The barriers for organizations to provide services are primarily rooted in continued funding sources and staffing. For Mountaineer Food Bank, the Veterans Table is privately supported by charitable donations, meaning no state or federal funding is available for this type of work. The food



bank works with corporate sponsors and individual giving campaigns to meet the \$350,000 annual budget of the existing program. Currently, an average of 1,000 veterans receive boxes each month, which cost \$25-\$30 each delivered to a community site. In order to add the additional 900 veterans estimated by the Beckley VAMC alone, Mountaineer Food Bank would need an additional \$324,000 in funding that currently does not exist.

Closing

In closing, I greatly appreciate the committee's interest and commitment to addressing military family and veteran hunger in the United States. West Virginia's population is home to almost 95,000 veterans, with thousands of those struggling with hunger. Many of those individuals have retired, come home and are now facing health issues that challenge them and the communities they live in.

Programming to address military and veteran hunger has a tremendous impact on those participants. Through partnerships in the non-profit and governmental sectors, we are able to reach veterans that otherwise would have fell into the gaps. In order to continue these programs, collaborative partnerships and resources such as funding for food and transportation are needed to address the high need for this vulnerable population.

There needs to be continued work on the collection of data and dispersion of resources into smaller communities where many veterans live, beyond the centric primary models of access to resources. By widening our focus to include these smaller areas, we'll open the door to reaching the most fragile and struggling individuals in our country.

Again, I fully support all measures that increase food access to military families and veterans by increasing resources and removing barriers to accessing food. I am leaving you with some quotes and testimonies from veterans that have participated and volunteers that work within this program. I am happy to provide more details on the program and what we've learned through this operations.

J. Chad Morrison
Chief Executive Officer
Mountaineer Food Bank

Testimonials from the Veterans Table Program

"Many of the veterans, due to PTSD issues, have difficulty being among crowds or are often times wary of people they do not know. Having their food delivered fulfills two mission: 1) it gets food to our at risk veterans and 2) the veterans know the drivers of the vans and have already established rapport with them, so they'll accept the food from people they know." –Volunteer Driver



“Many of our live completely off grid and some are homeless. Some have mental health issue and have a difficult time distinguishing what are good food choices. Mountaineer Food Bank provides much needed food there veterans.” - Volunteer

“No transportation, no family to rely on. Also, to them, there is a difference between standing in line for food and having others watch them than having someone deliver the food to their home. It is less stressful for them and they will accept it.” – Volunteer Driver

“Your Veterans food box has helped me save precious resources since the end of my food stamps. They have fed me multiple nutritious items that have kept me moving forward in life. Thank you for providing these monthly boxes as they have helped me tremendously.” –Veteran participant

“That is what is so incredibly special about the veterans table. We can participate and get the food needed, but since it is not “income based”, they feel better about themselves. They see other veterans at the mobile pantry and see that all veterans can sign up for this program. It is viewed more as a thanks to them for what they did for our country, rather than a hand out.” – Volunteer/Participant

“I don’t know what I would do without this food. My children left their kids with me and my wife. I am 75 and she is 78. We don’t make enough on retirement to take care of us all.” – Veteran participant

Association between Food Insecurity, Mental Health, and Intentions to Leave the US Army in a Cross-Sectional Sample of US Soldiers

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ABSTRACT

Background: Previous research has demonstrated that certain groups in the United States are at a greater risk for food insecurity. However, food insecurity has not been sufficiently characterized in active duty military populations.

Objectives: The primary objective of this study was to determine the prevalence of marginal food insecurity at a large US Army installation. The secondary objective was to determine how marginal food insecurity may be associated with intentions to leave the US Army after the current service period (“intentions to leave”).

Methods: A cross-sectional, online survey was administered by the US Army Public Health Center at an Army installation in 2019 ($n = 5677$). The main predictor was the 2-item food insecurity screener (Hunger Vital Signs), and the main outcome was a 5-point Likert question, “How likely are you to leave the army after your current enlistment/service period?” that was dichotomized for this analysis. Multiple logistic regression was used to assess the association between marginal food insecurity and intentions to leave. Mental health covariates were analyzed as a potential mediator.

Results: The sample was primarily male (83%), age >25 y (49%), and White (56%). One-third of respondents were classified as marginally food insecure using the Hunger Vital Signs, and 52% had intentions to leave. There was no significant association between marginal food insecurity and intentions to leave in the composite multivariable model, but mediation analyses revealed that food insecurity was significantly and independently associated with anxiety, depression, and suicidal ideation, which was in turn associated with intentions to leave.

Conclusions: The association between marginal food insecurity and mental health showed that addressing food insecurity could improve mental health and subsequently reduce intentions to leave. Solutions to reduce military food hardship include expanding Supplemental Nutrition Assistance Program eligibility requirements, improving food resources communication, and expanding healthy food choices on-post. *J Nutr* 2021;00:1–8.

Keywords: food insecurity, military, retention, attrition, Hunger Vital Signs, food security

Introduction

Food insecurity is defined by the USDA as a “lack [of] access to enough food for an active, healthy life for all household members” (1). Households with low food security “reported multiple indications of food acquisition problems and reduced diet quality, but typically have reported few, if any, indications of reduced food intake (2).” Very low food security is classified as having “reported multiple indications of reduced food intake and disrupted eating patterns due to inadequate resources for food” (2). The USDA estimated that 10.5% of American households were food insecure, and 4.1% experienced very low food security, at any point in the 2019 calendar year (1).

Certain subgroups have higher rates of food insecurity than the national average. These groups include low-income households, households with children, single-parent households,

women and men living alone, Black and Hispanic households, and households in large cities (2). Food insecurity is associated with numerous adverse health outcomes in adults, including increased risk for diabetes (3), incomplete virologic suppression among people living with HIV (4–6), and adverse mental health outcomes (7, 8). Food insecure households are also associated with higher healthcare expenditures (9); increased risk of depression, anxiety, and sleep disorders (10); and higher mortality when compared to food secure households (11).

Numerous studies have investigated food insecurity among veteran populations in the United States. In a cross-sectional study among veterans of the US wars in Iraq and Afghanistan, 27% of veterans reported food insecurity (15% low food security and 12% very low food security) (12). In the Veterans Aging Cohort Study, similar rates of food insecurity were found, with 24% of respondents classified as food insecure

(13). In contrast, another study reported much lower rates of food insecurity in veteran households (8.4%) than nonveteran households (14.4%) (14). An analysis by the Health and Retirement Study reported similar findings, with 6.4% of male veterans classified as food insecure compared with 11.9% of male nonveterans (15).

However, active duty populations have received less attention in food insecurity research, primarily due to limited data on their food security. At the rank of private in the US Army, personnel are paid an annual salary of \$20,797.20 (16), which exceeds the federal poverty line for a single individual of \$13,300 within the 48 contiguous states (17). However, as soon as soldiers marry or have children, it is possible that their incomes do not increase at a rate that will guarantee they will remain above the poverty line, thus increasing their risk for food insecurity. In 2019 for example, 33% of households with incomes below 130% of the federal poverty line were food insecure (1).

Food-insecure soldiers are often forced to turn to food pantries and nutrition assistance programs. In 2012, Feeding America estimated that 25% of active duty, Guard, and Reserve service members used food banks to supplement meals for themselves and their families (18, 19). A 2016 Government Accountability Office report found that the US Department of Defense does not currently know the extent to which service members use food pantries due to lack of comprehensive data collection and coordination with the USDA (20). Over \$21 million in Supplemental Nutrition Assistance Program (SNAP) benefits were used by active duty service members between September 2014 and August 2015 (20). However, commissaries represent only 1 source of food, and the actual extent of food insecurity is unknown in active duty populations.

A study by Wax and Stankorb reported that nearly 1 in 7 active duty families located at Joint Base San Antonio experienced food insecurity (21). However, this study was only conducted among parents of children who were enrolled in on-base childcare and therefore the sample size was small ($n = 248$) and not representative of the entire installation. In addition, a report by the Blue Star Families organization found that 7% of military family respondents had experienced food insecurity in the past year (22). The Blue Star survey asked respondents directly about food insecurity, a term that may not have been understood by all respondents, and therefore the proportion may be an underestimate of true food insecurity.

It is also unknown if food insecurity has an impact on intent to leave the military. A previous study of attrition reported that sex, age, race, depression, and BMI (kg/m^2) are all associated with attrition (23). However, it is unclear how food insecurity may be associated with intent to leave the military. One possible explanation is that food insecurity is capturing the material wellbeing of military households. Food-insecure military households, like their civilian counterparts,

generally have experienced income shocks—through lower spousal earnings (24) or the loss of spousal employment (25) associated with military service—that make smoothing their consumption difficult. A military household may therefore be more likely to leave the military if their needs are not being met and they feel the civilian labor market offers better opportunities (26, 27). Given the substantial cost of recruiting and training US Army personnel (28), further studies on predictors for intentions to leave the military are needed.

The goal of the current analysis was to 1) characterize marginal food insecurity among a sample of active duty soldiers in the US Army and 2) determine how marginal food insecurity, controlling for demographic, financial, and mental health covariates, is associated with intentions to leave the US Army.

Methods

In 2019, Behavioral and Social Health Outcomes Program personnel of the US Army Public Health Center (APHC) were contacted by the commanding officer of a US Army installation to investigate a perceived increase in suicidal behavior and preventable deaths. A mixed-methods approach was used with qualitative data from focus groups informing the development of a quantitative survey. The investigative team provided the commander with a URL for the survey. The commander then distributed the survey through the chain of command to soldiers for completion within a period of 40 d via their smartphone, computer, or other web-enabled device. Installation leadership encouraged soldiers to complete the survey in a timely manner either during or after duty hours. No incentive was provided for survey participation.

Informed consent was obtained at the beginning of the survey, and respondents were informed that they could exit the survey at any time. Following acknowledgement of informed consent, a screening question was asked to ensure appropriate participation. Respondents were allowed to complete the survey if they indicated that they were military personnel, and all soldiers at the US Army installation surveyed were eligible to participate. Respondents who answered that they were either contractors or civilian employees were directed to the end of the survey. The US Army installation where the survey took place is located in the United States, and the installation has a population size of <10,000 soldiers. All other details of the installation are omitted in this manuscript to protect the anonymity of respondents.

Respondents were asked questions on demographic and military characteristics, nutrition and food insecurity, sleep behavior, mental health, substance use, leadership, social support, and access to installation resources. Demographic and military characteristics included sex, race/ethnicity, military rank, financial insecurity, marital status, and number of children.

The primary purpose of the survey was to assess factors associated with preventable death and suicidal behavior at the installation, not food insecurity. Food insecurity was mentioned as a concern in focus groups and therefore was added to the quantitative survey after the main survey was drafted. Because this was the first APHC survey to ask about food insecurity, the survey design team selected a short, validated food-insecurity screening tool to minimize overall survey fatigue. Marginal food insecurity was measured with a 2-item food insecurity screener (29) derived from the USDA's 18-item Household Food Security Survey Module (HFSSM), commonly referred to as the Hunger Vital Sign (30). Marginal food insecurity is a broader measure of food insecurity that captures individuals who report any indications of compromised economic access to food among themselves and their families, which are classified as having marginal, low, or very low food security according to the USDA's food security status classification system. Among a sample of 30,098 families across 7 urban medical centers, Hager et al. reported that 2 items from the HFSSM were most frequently endorsed among families experiencing food insecurity. The question "Within the past 12 months, we worried whether our food would run out before we got money to buy more," was endorsed by 92.5% of families experiencing

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Supplemental Tables 1-4 are available from the "Supplementary data" link in the online posting of the article and from the same link in the online table of contents at <https://academic.oup.com/jn>.

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Abbreviations used: APHC, US Army Public Health Center; BAH, basic allowance for housing; BAS, basic allowance for subsistence; CPS-FSS, Current Population Survey Food Security Supplement; HFSSM, Household Food Security Survey Module; OHP, Office of Human Protections; REF, reference; SNAP, Supplemental Nutrition Assistance Program; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children

food insecurity. The question “Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more,” was endorsed by 81.9% of families experiencing food insecurity. The authors reported in their study that an affirmative answer to either of these questions had a sensitivity of 97% and a specificity of 83% for food insecurity compared with the original HFSSM. For the purposes of the current analysis, respondents who answered either “Often true” or “Sometimes true” to either of these 2 questions were classified as marginally food insecure.

The main outcome of interest was intentions to leave the military after the current service period. Specifically, respondents were asked “How likely are you to leave the army after your current enlistment/service period?” The potential responses were on a 5-point Likert scale with a decline to answer option. Respondents who answered “very likely” or “somewhat likely” were coded as “likely to leave the military.” Respondents who answered, “neither likely nor unlikely,” “somewhat unlikely,” or “very unlikely,” were coded as “neutral” or “unlikely to leave the military.” Respondents who declined to answer were coded as “missing.”

Statistical analysis

Bivariate associations were evaluated with chi-square tests to determine if there were significant differences between observed and expected proportions of demographic, food security, financial, and mental health predictors with the outcome of interest (intentions to leave the US Army after the current service period). Multivariable logistic regression analysis was used to examine associations between soldier-classified marginal food insecurity and soldier-reported intentions to leave the US Army after the current service period, controlling for demographic, financial, and mental health covariates.

In addition to the first model with all predictors, we ran a mediation analysis to determine associations between food insecurity, mental health (mediator), and intentions to leave. Specifically, we analyzed the association between demographic, food insecurity, and financial security predictors with mental health outcomes: anxiety (model 2), depression (model 3), and suicidal ideation (model 4). Last, the fifth model looked at the association between mental health predictors (anxiety, depression, and suicidal ideation) with intentions to leave after the current service period.

An α level <0.05 was used as a threshold to determine statistical significance of all tests. All statistical analyses were performed using Statistical Analysis Software (SAS®) version 9.4.

Ethical review

The APHC Human Protections Administrator determined this activity to be public health practice under OHP number 19-734. The APHC Public Health Review Board concurred with the public health practice determination.

Results

There were 5677 unique respondents, resulting in a response rate of approximately 85%. Respondents were primarily male (83%), <25 y of age (49%), junior enlisted in rank (private through corporal) (44%), White (56%), either married or in a relationship (48%), and reported no children (62%) (Table 1). Approximately 33% of respondents were classified as marginally food insecure. A little over half of the respondents (52%) reported they were likely to leave the Army after their current service period, 42% reported they were either neutral or unlikely to leave the Army after their current service period, and 6% had missing data.

In bivariate analyses, soldiers who reported that they were likely to leave the Army after the current service period were more likely to report marginal food insecurity (46%) when compared with soldiers who were neutral or unlikely to leave

TABLE 1 Demographic variables at a US Army installation, 2019 ($n = 5677$)

Demographic variable	Values
Sex, <i>n</i>	
Male	4717 (83.1)
Female	613 (10.8)
Missing	347 (6.1)
Age group, <i>y</i>	
<25	2801 (49.3)
25–29	1288 (22.7)
30–34	566 (10.0)
35–39	349 (6.1)
≥ 40	213 (3.8)
Missing	460 (8.1)
Rank group	
Private to corporal (E1–E4)	2480 (43.7)
Sergeant to staff sergeant (E5–E6)	979 (17.2)
Sergeant first class to sergeant major (E7–E9)	194 (3.4)
Second lieutenant to captain (O1–O3)	355 (6.3)
Major or above (O4 or above)	62 (1.1)
Warrant officer 1 to chief warrant officer 5 (W1–W5)	79 (1.4)
Missing	1528 (26.9)
Race/ethnicity	
White only	3195 (56.3)
Black only	689 (12.1)
Hispanic only	753 (13.3)
Other	976 (17.2)
Missing	64 (1.1)
Financial security	
Very comfortable and secure	1704 (30.0)
Able to make ends meet without much difficulty	1633 (28.8)
Occasionally have some difficulty making ends meet	984 (17.3)
Tough to make ends meet but keeping your head above water	376 (6.6)
In over your head	180 (3.2)
Missing	800 (14.1)
Marital status	
Married/relationship	2740 (48.3)
Separated/divorced/widowed	280 (4.9)
Single	1885 (33.2)
Missing	772 (13.6)
Children, <i>n</i>	
0	3543 (62.4)
1	708 (12.5)
2	584 (10.3)
≥ 3	561 (9.9)
Missing	281 (4.9)
Likelihood to leave the Army after current service period	
Likely	2933 (51.7)
Neutral or unlikely	2380 (41.9)
Missing	364 (6.4)
Food insecurity ²	
Food insecure	1862 (32.8)
Food secure	2637 (46.5)
Missing	1178 (20.8)
Total	5677 (100.0)

¹Values are presented as number (percentage) of study participants unless otherwise indicated. E, enlisted; O, officer; W, warrant officer.

²Individuals who answered “sometimes true” or “often true” for either “Within the past 12 months, we worried whether our food would run out before we got money to buy more,” or “Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more” were coded as food insecure.

TABLE 2 Chi-square tests of intentions to leave the US Army after the current service period by food security, demographic, and mental health variables at a US Army installation, 2019¹

	Likely to leave the Army after current service period (<i>n</i> = 2933)	Neutral or unlikely to leave the Army after current service period (<i>n</i> = 2380)	<i>P</i> value
Food security concerns, <i>n</i>			<0.0001
0	1332 (54.3)	1277 (63.9)	
1	211 (8.6)	171 (8.6)	
2	908 (37.0)	551 (27.6)	
Sex			0.36
Male	2494 (88.1)	2053 (89.0)	
Female	336 (11.9)	255 (11.0)	
Age group, y			<0.0001
<25	1,639 (59.1)	1,068 (47.1)	
25–29	655 (23.6)	591 (26.0)	
30–34	227 (8.2)	319 (14.1)	
35–39	159 (5.7)	179 (7.9)	
≥40	91 (3.3)	112 (4.9)	
Rank group			<0.0001
Private to corporal (E1–E4)	1509 (66.3)	944 (51.8)	
Sergeant to staff sergeant (E5–E6)	458 (20.1)	503 (27.6)	
Sergeant first class to sergeant major (E7–E9)	87 (3.8)	105 (5.8)	
Second lieutenant to captain (O1–O3)	160 (7.0)	194 (10.6)	
Major or above (O4 or above)	19 (0.8)	42 (2.3)	
Warrant officer 1 to chief warrant officer 5 (W1–W5)	43 (1.9)	36 (2.0)	
Race/ethnicity			0.04
White only	1739 (59.8)	1349 (57.2)	
Black only	331 (11.4)	328 (13.9)	
Hispanic only	400 (13.8)	319 (13.5)	
Other	439 (15.1)	362 (15.4)	
Financial security			<0.0001
Very comfortable and secure	850 (32.0)	834 (38.5)	
Able to make ends meet without much difficulty	867 (32.6)	755 (34.8)	
Occasionally have some difficulty making ends meet	570 (21.4)	402 (18.5)	
Tough to make ends meet but keeping your head above water	250 (9.4)	122 (5.6)	
In over your head	121 (4.6)	55 (2.5)	
Marital status			0.001
Married/relationship	1434 (53.6)	1275 (58.5)	
Separated/divorced/widowed	150 (5.6)	127 (5.8)	
Single	1091 (40.8)	777 (35.7)	
Children, <i>n</i>			<0.0001
0	1977 (69.0)	1438 (61.2)	
1	359 (12.5)	331 (14.1)	
2	286 (10.0)	282 (12.0)	
≥3	244 (8.5)	297 (12.6)	
Suicidal ideation			<0.0001
No	2221 (84.2)	2004 (93.3)	
Yes	416 (15.8)	143 (6.7)	
Probable anxiety			<0.0001
No	2257 (79.8)	2074 (91.0)	
Yes	570 (20.2)	205 (9.0)	
Probable depression			<0.0001
No	582 (20.6)	2076 (91.5)	
Yes	2239 (79.4)	192 (8.5)	

¹ Values are presented as number (percentage) of study participants unless otherwise indicated. E, enlisted; O, officer; W, warrant officer.

the Army after the current service period (36%) (Table 2). In addition, soldiers who reported that they were likely to leave the Army after the current service period significantly differed at the bivariate level from soldiers who were neutral or unlikely to leave by age group, rank group, race/ethnicity, financial security,

marital status, children, suicidal ideation, probable anxiety, and probable depression.

In the multivariable model, there was not a significant association between food insecurity and intentions to leave the US Army after the current service period (adjusted odds ratio:

TABLE 3 Multivariable model of demographic, food security, financial, and mental health predictors on likelihood to leave the Army after the current service period at a US Army installation, 2019¹

Predictor	Estimate	SE	P value	OR (95% CI)	P value
Food insecure (REF = food secure)	0.14	0.09	0.1318	1.15 (0.96–1.37)	
Sex (REF = male)	0.17	0.13	0.1795	1.18 (0.93–1.51)	
Rank group (REF = O4 or above)					<0.0001
Private to corporal (E1–E4)	1.14	0.33	0.0006	3.14 (1.64–6.03)	
Sergeant to staff sergeant (E5–E6)	0.71	0.33	0.0313	2.04 (1.07–3.89)	
Sergeant first class to sergeant major (E7–E9)	0.83	0.36	0.0222	2.30 (1.13–4.69)	
Second lieutenant to captain (O1–O3)	0.55	0.34	0.1064	1.74 (0.89–3.42)	
Warrant officer 1 to chief warrant officer 5 (W1–W5)	1.24	0.41	0.0024	3.47 (1.55–7.73)	
Race/ethnicity (REF = white only)					0.003
Black only	−0.39	0.12	0.0015	0.68 (0.54–0.86)	
Hispanic only	0.08	0.12	0.4797	1.09 (0.86–1.37)	
Other	−0.20	0.11	0.0739	0.82 (0.66–1.02)	
Financial security (REF = very comfortable and secure)					0.017
Able to make ends meet without much difficulty	0.14	0.09	0.1454	1.15 (0.95–1.37)	
Occasionally have some difficulty making ends meet	0.01	0.12	0.9025	1.01 (0.81–1.28)	
Tough to make ends meet but keeping your head above water	0.31	0.17	0.0673	1.37 (0.98–1.91)	
In over your head	0.36	0.25	0.1468	1.43 (0.88–2.32)	
Marital status (REF = married/relationship)					0.9
Separated/divorced/widowed	−0.04	0.17	0.8013	0.96 (0.69–1.34)	
Single	0.03	0.09	0.7248	1.03 (0.86–1.25)	
Children, <i>n</i> (REF = 0)					0.0002
1	−0.21	0.12	0.0852	0.81 (0.63–1.03)	
2	0.02	0.14	0.9114	1.02 (0.77–1.34)	
≥3	−0.63	0.16	<.0001	0.53 (0.39–0.72)	
Probable anxiety (REF = no probable anxiety)	0.60	0.14	<.0001	1.82 (1.39–2.39)	
Probable depression (REF = no probable depression)	0.58	0.15	<.0001	1.78 (1.34–2.37)	
Suicidal ideation (REF = no suicidal ideation)	0.58	0.14	<.0001	1.78 (1.35–2.35)	

¹E, enlisted; O, officer; REF, reference value; W, warrant officer.

1.15; 95% confidence interval: 0.96–1.37) (Table 3). However, soldiers who screened positive for anxiety ($P < 0.0001$), depression ($P < 0.0001$), and suicidal ideation outcomes (model 4; $P < 0.0001$) were all more likely to report intentions to leave the US Army. There was no observed relation between birth sex ($P = 0.18$), marital status ($P = 0.90$), or financial condition ($P = 0.17$) and intentions to leave the Army after the current service period.

The mediation analyses showed that food insecurity was related independently to anxiety (model 2; $P < 0.0001$), depression (model 3; $P < 0.0001$), and suicidal ideation outcomes (model 4; $P = 0.02$), controlling for demographic and financial security variables (Supplementary Tables 1–3). In addition, anxiety ($P < 0.0001$), depression ($P < 0.0001$), and suicidal ideation ($P < 0.0001$) were all significantly related to intentions to leave after the current service period (model 5) (Supplementary Table 4).

Discussion

The primary objective of this study was to analyze the relation between marginal food insecurity and intentions to leave after the current service period, controlling for demographic, financial security, and mental health variables. Although there was not a significant relationship in the composite model, the mediation analyses showed that marginal food insecurity was significantly related to mental health outcomes (anxiety, depression, and suicidal ideation) which were related to intentions to leave after the current service period (full mediation). These

results indicate that by addressing food insecurity, there will be subsequent positive effects for mental health and for reductions in intentions to leave the Army after the current service period.

The USDA estimated that 10.5% of all US households experienced food insecurity in 2019 (31), which is in stark contrast to 33% marginal food insecurity within this sample of soldiers. However, a more comparable estimate of food insecurity would be marginal food insecurity among all US households. In the USDA 2019 Current Population Survey Food Security Supplement (CPS-FSS), 17.9% of all US households were marginally food insecure in 2019. While this does reduce the discrepancy between these 2 estimates, differences remain that must be considered since it appears that soldiers are more likely than the general population to be marginally food insecure.

The increased likelihood of marginal food insecurity among soldiers relative to the general population can be explained by considering several relevant factors. First, the population of soldiers is likely younger on average than the general working-age population. According to the Bureau of Labor Statistics, 9% of full-time workers in the United States are 16 to 24 y old (32). In comparison, 49% of the subjects in this analysis were <25 y old. Since food insecurity generally declines with age, we might expect that the age of the population in the present study may be a significant reason for the differences in food insecurity. Moreover, we find that the marginal food insecurity rate increases to 25.2% for US households with adults aged ≤25 y based on the USDA 2019 CPS-FSS, demonstrating food insecurity is higher among households with younger members.

TABLE 4 Comparison in demographics between the study sample and the entire active duty population in the Army¹

	Sample (<i>n</i> = 5677)	Entire Army ² (<i>n</i> = 472,047)
Sex		
Male	83.1	85.1
Female	10.8	14.9
Missing	6.1	0
Rank group		
Private to corporal (E1–E4)	43.7	45
Sergeant to staff sergeant (E5–E6)	17.2	25.3
Sergeant first class to sergeant major (E7–E9)	3.4	10.2
Second lieutenant to captain (O1–O3)	6.3	10.4
Major or above (O4 or above)	1.1	6
Warrant officer 1 to chief warrant officer 5 (W1–W5)	1.4	3
Missing	26.9	0
Marital status		
Married/relationship	48.3	55.5
Separated/divorced/widowed	4.9	5
Single	33.2	39.4
Missing	13.6	0.1

¹Values are percentages of *n* for each group. E, enlisted; O, officer; W, warrant officer.

²The most recent data for the entire Army are from the 2017 calendar year.

Second, disparities in financial management skills could also explain why food insecurity is higher among the soldiers in our sample than the general population. According to the Board of Governors of the Federal Reserve System, 77% of adults in the general population were at least doing okay financially (i.e., these adults reported they were very comfortable and secure or able to make ends meet without much difficulty) in July 2019, while only 58.8% of the soldiers in our sample reported this level of financial wellbeing (33).

Third, soldiers move on average every 3–4 y for a permanent change of station, which carries a significant financial cost. Although certain aspects of the move are subsidized by the military, military.com estimates that service members spend on average \$1725 in nonreimbursable costs for each move (34). In addition, a RAND report published in 2016 found that spouses experience an average decrement in pay of \$2100, or 14% of annual income, during the year of a move (35). The out of pocket cost for moves and decrement in spousal pay may introduce financial stress, which increases the probability for food insecurity. Fourth, whereas civilians may be able to take on a second job if they desire, soldiers are required to get an off-duty agreement with the soldier's commander for a second job. Fifth, soldiers have access to lower-cost food from commissaries, but 70% of soldiers live off-post (36), which can be a challenge if soldiers and their families live far away from the installation.

Although we believe that the reasons outlined above justify higher rates of marginal food insecurity among soldiers, we also allow for the possibility that our estimate of the prevalence of marginal food insecurity among active duty soldiers may be overestimated due to the composition of our sample. The demographic composition of our sample demonstrates that our sample reasonably approximates the population of active duty soldiers (Table 4); however, we do observe senior enlisted and commissioned officers at a lower rate in our sample than that found in the overall Army population. Since the educational attainment and earnings of senior enlisted soldiers and commissioned officers are greater than those of junior

enlisted soldiers, we believe this finding implies that we are overestimating the prevalence of food insecurity among active-duty soldiers.

Therefore, our findings should be treated as an estimate for the upper bound of the probability of marginal food insecurity among soldiers. Yet given the lack of information on food insecurity among this population, this study provides important insights on food insecurity among active duty soldiers.

There are both civilian and military policy solutions for reducing food insecurity. The civilian SNAP, (formerly the Food Stamp Program) was designed to assist families in poverty with food insecurity. SNAP eligibility is determined by household income, assets, family size, and citizenship status. An analysis of the 2008–2012 data from the American Community Survey reported that 2.2% of active duty service members participated in SNAP, a proportion that is lower than participation for both veterans as well as national guard/reserve members (37). However, there may be a wide disparity between need and participation within the active duty soldier population. This gap is partially explained by the fact that Basic Allowance for Housing (BAH) is considered income in assessing SNAP eligibility for active duty personnel. If the BAH were excluded from this assessment, many more military families would be eligible for SNAP assistance (38). As recently as December 2020, there was legislation under consideration called the Military Family Basic Needs Allowance which proposed removing basic housing allowance when considering SNAP benefits, but this provision has not been approved as of this writing. In addition, SNAP eligibility criteria are determined by each state. Soldiers who qualify at one duty station may no longer qualify after moving to their new duty station in a different state. Lastly, military families may also be eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provided they have a dependent child <5 y old.

Military policy solutions for food insecurity include educating leaders and commanders about food insecurity, increasing the awareness of those who might be at risk for

food insecurity, and offering education and resources. Many service members are not familiar with SNAP or WIC. Local installations should partner with Army Community Services, Family and Morale and Welfare and Recreation Programs, and Commanders Ready and Resiliency Councils to promote local services and educational programs. Local dietitians can also partner with commissaries to promote nutrition education programs, including Commissary Tours and educational programs.

The current investigation's findings must be interpreted in light of numerous limitations. First, the primary purpose of the evaluation was not to assess food insecurity. To reduce survey fatigue, an abbreviated 2-item food insecurity screener was used. A previous study reported a sensitivity of 97% and a specificity of 83% for the abbreviated food insecurity screener when compared with the original Household Food Security Survey instrument (30). Second, there was a high degree of missing responses for different survey questions (e.g., 27% for military rank). The missing responses for these questions could have been due to social desirability bias, survey fatigue, confidentiality concerns, or other unknown factors. The study team reiterated throughout the survey that all responses were anonymous to reduce social desirability bias, used abbreviated screeners to reduce survey fatigue, and collapsed key demographic response categories to reduce confidentiality concerns (e.g., private through corporal as opposed to separate options for each rank). Third, the survey did not collect data on either the location of housing (e.g., barracks or off-post) or Basic Allowance for Subsistence (BAS). For example, soldiers who live in the barracks, thus not receiving BAS, are entitled to eat all of their meals in the on-post dining facilities free of charge. Soldiers who do not live in the barracks often receive BAS (about \$370/mo) which they can use to purchase food either on or off post. Since food security may differ by either type of housing or BAS, future analyses of Army populations should incorporate these variables. Fourth, the survey was available to all soldiers at the installation and participation was high, with 85% of soldiers taking the survey among those invited. However, the demographics of the 15% of nonrespondents were not available, and we were unable to determine if those who participated systematically differed from the respondents. Last, the US Army installation where the survey took place is not necessarily representative of the Army as a whole and therefore may not be generalizable. The large proportion of missing responses to key demographic predictors precludes an accurate comparison of the study sample to the entire US Army population (Table 4).

To gain a better understanding of the current military climate, more research is needed to understand food insecurity in the military. Research is needed to assess use of available resources and potential use of community and government programs to improve access to adequate food and nutrition programs including SNAP, WIC, the National School Lunch Program and National School Breakfast Program, food bank/food shelf programs, or any other programs intended to offset the cost of food. Other questions of interest could include community programs, such as budgeting classes, cooking classes, community gardens, and local food pantries.

As opined by Mark Milley, chairman of the Joint Chiefs of Staff, and Secretary of Defense Mark Esper, "The army's greatest strength is our people—the intelligent, adaptable, and professional soldiers, civilians, and families who sacrifice for our nation" (39). By creating and implementing policies that reduce food insecurity among soldiers, army commanders can optimize

the mental health of the force while taking care of the force's greatest strength.

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**BLUE STAR
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**MILITARY
FAMILY
LIFESTYLE
SURVEY**

2020 Military Family Lifestyle Survey Comprehensive Report Recommendations

In collaboration with

S Syracuse University

**Institute for Veterans
& Military Families**

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MILITARY LEADERS

Conduct routine exit interviews to understand service members' motivations for leaving the military; assess this data to determine reasons for leaving among underrepresented communities. [Finding 1]

Discrimination at the unit and installation level negatively impacts the military's readiness, recruitment, and retention. As reported in Finding 1, experiences of discrimination and harassment weigh more heavily on active-duty service member respondents from underrepresented groups, as they consider leaving active-duty service due to:

Gender-based discrimination:

- Female active-duty service member respondents reported they experienced gender-based discrimination in their unit or command (48%), in military-connected training opportunities (26%), and in promotion or advancement opportunities (37%).*
- Other than military retirement or medical/administrative discharge, 12% of female active-duty service member respondents indicated gender discrimination was one of the primary reasons why they would leave the military (compared to 1% of their male peers), and 8% indicated sexual harassment/assault was a reason (compared to 1% of their male peers).
- Excluding those who left due to retirement, 1 in 10 female veteran respondents (10%) reported leaving military service due to gender-based discrimination (compared to fewer than 1% of their male peers).

Racial discrimination:

- Active-duty service member respondents of color reported they have experienced racial discrimination in their unit/command (26%), on the base/installation (19%), and in promotion/career advancement opportunities (21%).
- Other than military retirement or medical/administrative discharge, 10% of all active-duty service member respondents of color would consider "racial discrimination" as one of the primary reasons for choosing to leave military service.*



*Statistic not reported in Finding 1 documentation

- Excluding those who left due to retirement, 8% of veteran respondents from communities of color cited racial discrimination as a reason they left the service; the number rises to nearly one in five (18%) for Black veteran respondents.

Sexual orientation-based discrimination:

- While only 4% of active-duty service member respondents in this sample identified as LGBTQ+, more than one-third (37%) of all active-duty service member respondents agreed there is sexual orientation-based discrimination against LGBTQ+ people in the military.

The DoD Board on Diversity and Inclusion “believe[s] [that] diversity is the key to innovation,” and that “inclusion is imperative for cohesive teamwork.”¹ Moreover, its report argues it is critical “that the military across all grades reflects and is inclusive of the American people it has sworn to protect and defend.”² For these reasons, the departure of service members from underrepresented communities due to discrimination/harassment undermines DoD’s strategic efforts to increase diversity and inclusion within the ranks. By conducting routine exit interviews, the services can gain a better understanding of the extent to which racism, sexism, and discrimination influence service members’ decision to leave service and take Department-wide action to prevent it.

Expand broadening assignment opportunities to include increased civilian leadership training for a larger percentage of mid-career service members. [Finding 2]

The DoD defines career broadening as “the purposeful expansion of an individual’s capabilities and understanding provided through planned opportunities internal and external to the Department of Defense throughout their career.”³ According to the U.S. Army:

Broadening is accomplished across an officer’s full career through experiences and/or education in different organizational cultures and environments. The intent for broadening is to develop an officer’s capability to see, work, learn and contribute outside each one’s own perspective or individual level of understanding for the betterment of both the individual officer and the institution.⁴

Data from this year’s survey indicates that service members who reported good communication, leadership, and flexibility in their unit also reported a greater sense of belonging to their unit or command, which, in turn, could impact military recruitment, readiness, and retention. Yet, as reported in Finding 2, fewer than half (46%) of active-duty service member respondents agreed that they felt a

sense of belonging to their unit/command. In contrast, 92% of civilian adults felt they belong within their current workplace.⁵ Providing mid-career service members with broadening assignments targeted towards civilian leadership training might prove to be an effective strategy for improving command communication, leadership, and flexibility.



The military has experimented with broadening assignments in the civilian workforce as part of its Training with Industry (TWI) program (DOD Instruction 1322.06). TWI is a one-year work experience training program designed to take mid-level officers and non-commissioned officers from specific military occupational specialties (predominantly acquisition and logistics fields) out of the military environment and expose them to the latest commercial business practices, organizational structures and cultures, technology development processes, and corporate management techniques.⁶ Dozens of companies partner with the services as part of the TWI program, including Amazon, Raytheon, FedEx, Honeywell, Microsoft, Deloitte, IBM, and Samsung.⁷ Each branch of the military, with the exception of the United States Marine Corps (USMC), participates in the TWI program; however, the number of annual participants, types of assignments, and training requirements vary by service.⁸

An evaluation of the Navy's TWI program in 2017 by Melissa Flynn and Amphay Souksavatdy at the Naval Postgraduate School found the return on investment (ROI) of the Navy's program (net benefit of the program divided by the program costs) was 88%. According to the authors: "Additional intangible benefits obtained include meeting capability gaps, meeting Naval Supply Systems Command's objectives, and increasing the professional value of the Supply Corps officers."⁹ Given the apparent success of the TWI program across the services, Blue Star Families recommends that similar broadening assignments be made available to mid-level officers and non-commissioned officers in all services and military occupational specialties.

Diversify the methods of communication that commands use when connecting with the families in their unit. [Finding 3]

Communication from the military unit was also an important issue for military-connected family respondents who experienced deployment or activation from March to October 2020, or who anticipated an upcoming deployment within nine months. Indeed, communication was one of the top reported needs among active-duty spouse respondents – with 79% saying the ability to communicate with a spouse is a top need, and 72% saying emergency contact information for their command/unit is a top need. Moreover, while more than a third (37%) of active-duty spouse respondents indicated their service member’s unit or command “communicates well,” only 33% agreed their command “communicates well during deployment.”

Effective communication requires not only the ability to routinely, succinctly, and clearly convey information, but also an understanding of the most effective vehicle for sharing that information. In this year’s survey, 81% of active-duty spouse respondents shared they prefer receiving information via email, 45% prefer social media, and 41% prefer a phone call or text message.

Unit/command leadership should be cognizant of these media preferences and diversify how they communicate with family members, particularly during deployment.

Empower active-duty families to make informed decisions about their voter registration by providing clear and consistent information about voter registration requirements. [Finding 4]

In 49 states, an eligible citizen must be registered to vote.¹⁰ However, voter registration requirements and deadlines vary by state. In some states, you can register to vote online; in others, you must do so via mail or at an authorized voter registration center. A few states provide automatic voter registration – wherein individuals are automatically registered to vote at their state DMV unless they “opt-out.”¹¹ Some states permit voters to register up to and on Election Day, while others have voter registration deadlines weeks ahead of an election. Finally, some states prohibit individuals with a felony conviction from voting, while others do not.

As reported in Finding 4, active-duty family respondents' voter registration decisions were influenced by a number of factors – the most common being state residency rules and requirements (42%), and the ease or convenience of registering (23%). While the current level of voter registration among military families is high, approximately one in 10 (9%) active-duty family member respondents reported not being registered to vote at the time of the survey. Of those who were not registered, one of the most common reasons involved a lack of knowledge regarding the voter registration process: 12% of active-duty family respondents who were not registered to vote at the time of the survey reported not knowing where to register, and 12% reported not knowing how to complete the voter registration process. Therefore, Blue Star Families recommend that military leaders provide clear and easy access to registration materials and timely voting information for all service members and their families. Examples might include adding voter registration materials to welcome packets, incorporating links to local registration instructions on websites and social media platforms, and sending out reminders regarding upcoming deadlines.



Standardize and expand the Career Intermission Program (CIP), while simplifying and expediting the CIP application process, for service members who are unable to implement their family care plans due to an unexpected extended emergency (such as virtual schooling during a pandemic). [Finding 6]

The Career Intermission Program (CIP) allows service members the ability to transfer out of the active component and into the Individual Ready Reserve for up to three years while retaining full health care coverage and base privileges. Currently, the services require members to apply for CIP six to 12 months in advance of their projected rotation date (PRD) or “soft” end of active obligated service.¹² This lengthy application timeline makes CIP an unworkable option for service members who might otherwise wish to use the program to take a temporary sabbatical in order to tend to their dependents' care during the pandemic or in response to a family emergency. Furthermore, CIP application timelines and accessibility vary by service. The Army, for example, limits the program to 20 officers and 20 enlisted members per calendar year.¹³ No such CIP quotas exist in other services.

Pandemic-related social distancing requirements, travel restrictions, and exposure concerns for extended family members rendered many service members' family care plans inoperable.¹⁴ According to a COVID-19 Military Support Initiative (CMSI) Pain Points Poll, 6% of active-duty family respondents with child care needs reported they were unable to implement their command-approved family care plan.¹⁵ This figure is

worrisome, because, according to Section 4(c) of Department of Defense Instruction Number 1342.19, "service members who fail to produce a family care plan may be subject to disciplinary or administrative action that may result in separation from the Service."¹⁶

The lack of available dependent care seems to be disproportionately impacting female service members, 20% of whom are in a dual military marriage.¹⁷ According to a CMSI Pain Points Poll, while a small proportion of female service member respondents reported their work had not been impacted by the pandemic, a greater proportion reported



the following: They had reduced work hours because of school closures or a lack of child care; their work quality had declined because they were caring for children while working; and they had shifted work hours later or earlier in the day due to a lack of child care.¹⁸ Moreover, in this year's MFLS a higher proportion of female veteran respondents (27%) compared to male veteran respondents (16%) selected a cluster of reasons for leaving the military related to challenges in balancing family life with a military career, such as "concerns about the impact of military service on my family." Similarly, a third (33%) of female service member respondents in this year's survey reported lack of child care is a top concern in military life – compared to only 15% of their male colleagues.

The lack of dependent care might influence female service members' decision to leave the service. Prior to the pandemic, the Government Accountability Office (GAO) reported women were 28% more likely to separate from service than men – often for issues related to dependent care.¹⁹ This year's survey found that two in 10 (19%) female active-duty service member respondents said that one of the reasons they would leave the military, other than medical or administrative discharge, would be because "being in a dual-military family is too difficult," compared to only 3% of male active-duty service member respondents who reported the same. Therefore, Blue Star Families recommend that the CIP application process be standardized, expedited, simplified, and expanded for service members who are unable to implement their family care plans due to an unexpected extended emergency. Service members might then choose to enroll in CIP rather than leave the service all together. Such action might thereby reinforce service member retention, especially among female service members. Participation in CIP, however, must not negatively impact a service member's opportunity for promotion, and any additional certifications or work conducted while on intermission should be considered professional development.



CONGRESS

Commission a report on the civilian employment ramifications of activation for National Guard and Reserve members. The report should include an assessment of the extent to which arbitration clauses in employee contracts undercut USERRA protections. [Finding 5]

Under section 4311(a) of the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1984, it is unlawful for an employer to deny a person initial employment, reemployment, retention in employment, promotion, or any benefit of employment on the basis of that person's membership in a uniformed service or performance of their obligated service.²⁰ Yet, as reported in Finding 5, nearly a quarter (23%) of National Guard and one-third (34%) of Reserve service member respondents to this year's survey reported they had faced negative consequences with their civilian employer after returning from an activation. Examples of negative consequences included the loss of a job, promotion, or training opportunities, as well as involuntary reduced hours and/or pay. Therefore, Blue Star Families recommends that Congress commissions a report on civilian employment retaliation/discrimination against National Guard and Reserve members as a consequence of their activation.

It is possible that employers are not being held accountable for USERRA violations because National Guard and Reserve members are failing to report such violations; failure to report might indicate a lack of knowledge on the part of the National Guard and Reserve members regarding their rights under USERRA, and future research should explore this possibility. Alternatively, it is possible that mandatory arbitration clauses in employee contracts are undercutting USERRA protections. An arbitration clause in an employment contract can force National Guard and Reserve members to forgo their right to prosecute a USERRA violation in court in favor of an arbitration. While arbitrators are supposed to adjudicate cases impartially, there is no remedy if an arbitrator misapplies USERRA, because their decisions can only be appealed in a very narrow set of circumstances.²¹ Unfortunately, mandatory arbitration clauses have become all too common in modern-day employment contracts.²² As such, these binding arbitration agreements might be undercutting USERRA protections.



Ensure that military dependents are not unfairly penalized (relative to their civilian peers) for utilizing mental health care, if and when they choose to join the military. [Finding 7]

A primary barrier to seeking mental health care for military families is concern over the confidentiality of treatment.²³ It was the second most commonly-cited barrier by active-duty service member respondents who would like mental health care but don't currently receive it, as reported in Finding 7. Yet, military children's mental health records, for those who sought mental health care in military treatment facilities, are available to the Army, Navy, and Air Force if those individuals choose to join the service as adults.²⁴

In 2018, *Military Times* reported that a number of military dependents were being dismissed from basic training because of various notations in their minor dependent records.²⁵ Under existing service policies, military children's pre-existing "military dependent" medical records are merged with their nascent "military service" medical records.²⁶ Therefore, it is possible the merging of dependent and military service medical records could deter military families from seeking mental health care for their dependents if the dependent has expressed interest in future military service.

As a result, Blue Star Families recommends that Congress takes proactive steps to prevent military dependents who seek to join the service from being penalized for utilizing mental health care (e.g., by instructing commanders to give liberal consideration to children raised in military families when deciding whether or not to grant waivers allowing them to join the military despite prior mental health conditions).²⁷

Commission a longitudinal study on the effects of the COVID-19 pandemic and virtual schooling military children's education and military spouse employment – comparing long-term outcomes of military-connected family members to those of their civilian peers. [Finding 9]

COVID-19 has had a ubiquitous effect on children's education and employment outcomes throughout the United States. However, it is likely to have longer-lasting effects on military families, who were already experiencing routine disruptions to their children's education and their civilian spouse's employment pre-pandemic.

The average military child moves three times as often as their civilian peers,²⁸ and dependent children's education was one of the top five issues for active-duty military families pre-pandemic.²⁹ Multiple

moves have been associated with educational consequences, such as gaps in learning and difficulty transferring credits and meeting graduation requirements – which might entail repeating classes. The COVID-19 pandemic has exacerbated these transition-related challenges by forcing schools to switch to virtual learning. As reported in Finding 9, virtual education delivery among active-duty families more

than tripled from the 2019/2020 school year to the 2020/2021 school year – from just 15% to more than half (51%) of active-duty family respondents with at least one school-aged child. Some are concerned that the rapid shift to virtual learning has produced emergent learning gaps.³⁰

Homeschooling was a popular practice among active-duty families pre-pandemic, as it enabled them to offset some of the challenges endemic to the military lifestyle, e.g., relocation and gaps in child(ren)'s education. As reported in Finding 9, the COVID-19 pandemic seems to have sparked new families to shift to this education style; 7%



of active-duty family respondents whose oldest child was in public or private school moved their child to homeschooling for the 2020-2021 school year. While a quarter of currently homeschooling active-duty family respondents (26%) indicated they intended to homeschool their children until they graduate, most (63%) intended to transition to traditional school at some point. The Interstate Compact on Educational Opportunity for Military Children, which aims to support military families as they negotiate school transition challenges, does not include guidance for schools supporting military families transitioning from homeschooling to public school. As such, it is possible that military children who are currently being homeschooled, but who plan to return to traditional schooling, might suffer from adverse educational impacts. Therefore, Blue Star Families recommends that Congress commissions a longitudinal study to evaluate the effects of the pandemic on the long-term educational outcomes of military children, relative to their civilian peers.

COVID-19 has also severely impacted active-duty spouse respondents' ability to work and retain employment. Since March 2020, 42% of military spouse respondents who had been working prior to the pandemic reported they had stopped working at some point during it, with layoffs and furloughs as the top reported cause. Most (68%) of those who stopped working remained unemployed as of survey fielding (September–October 2020). As stated in Finding 13, the unemployment rate of military spouse respondents is nearly seven times the rate of similar civilian peers (20% vs. 3%).³¹ For that reason, it is critical that any longitudinal study of the impacts of the COVID-19 pandemic on military families includes an evaluation of military spouse employment outcomes, relative to the civilian workforce.

Restore BAH to 100% of local area rent. [Finding 10]

Starting in 2015, the Basic Allowance for Housing (BAH) was incrementally reduced to 95% of local area rent,³² making it a matter of policy for military families to pay out-of-pocket for quality housing, though they rarely have full control over where they are stationed or when they move. As reported in Finding 10, 83% of active-duty family respondents who live off-installation reported varying levels of out-of-pocket monthly housing costs. Of those who reported out-of-pocket costs, more than three-fourths (77%) reported the costs exceeded the DoD’s anticipated range for out-of-pocket costs (\$70 to \$158 per month).³³ By contrast, only 17% of respondents reported all of their monthly housing costs are covered by their BAH. It is worth noting that of those families who listed “desirable school for children” as one of the important factors in their housing choice, 76% reported paying more than \$200 per month in out-of-pocket housing expenses. This figure is in line with research findings that desirable school districts often come with higher housing costs³⁴ due to zoning restrictions that ban rentals, multifamily housing, and smaller homes like those used to determine BAH rates.³⁵

In Blue Star Families’ 2019 Military Family Lifestyle Survey, 63% of active-duty family respondents reported they had “some stress” or “a great deal of stress” about their financial situation, and of those financially stressed families, the second most commonly reported contributor to financial stress was out-of-pocket housing costs. In this year’s survey, active-duty family respondents reported financial stress more often as their out-of-pocket housing costs increased. As Rep. Susan Davis (D-CA-53) once said: “The military pay system is not designed for junior enlisted members with families in high-cost areas.”³⁶ Therefore, Blue Star Families recommends that Congress restores BAH to 100% of local area rent.



Commission a report on the demand for various child care options among military families and assess the pros/cons of requiring families to first seek care at their local child development center (CDC) before being authorized to use Military Child Care in Your Neighborhood (MCCYN) fee assistance. [Finding 11]

According to the DoD, 37.8% of military children are five years old or younger.³⁷ The DoD recognizes that child care is a “workforce issue that directly impacts the efficiency, readiness, retention, and lethality of the Total Force,” which is one of the reasons it is the largest employer-sponsored child care provider in the United States.³⁸ Despite that, challenges obtaining affordable child care in a timely manner continue to have cascading impacts on the readiness, retention, and well-being of military families.



For example, the lack of affordable child care serves as a major barrier to military spouse employment. In this year’s survey, 34% of active-duty spouse respondents who are not working but need to work reported “child care is too expensive.” This finding concurs with the 2019 Survey of Active Duty Spouses, which found that the second most commonly cited reason among active-duty spouses for not seeking employment was “child care is too costly.”³⁹ While Blue Star Families’ data shows that child care affordability was a larger barrier to employment than availability before the pandemic,⁴⁰ COVID-19 exacerbated both. Reports by Child Care Aware of America,⁴¹ the National Association for the Education of Young Children (NAEYC),⁴² and the Center for American Progress (CAP)⁴³ all indicate that the national child care capacity has drastically declined; as of July 2020, 35% of child care centers remained closed.⁴⁴

DoD policies might likewise be hampering military families’ access to affordable child care. Under existing regulations, military families must first seek child care at their local on-post child development center (CDC) before being authorized to use Military Child Care in Your Neighborhood (MCCYN) fee assistance.^{45,46,47,48} However, 64% of active-duty family respondents live off-installation. Thus, this policy creates undue hardship for military families who live off-installation. Blue Star Families recommends that Congress commissions a report on the demand for various child care options among military families and assesses the pros/cons of requiring families to first seek care at their local CDC before being authorized to use MCCYN fee assistance.

Support legislation to exclude BAH as counted income for the determination of eligibility and benefits for all federal nutrition assistance programs. [Finding 12]

Our nation is facing a public health crisis with devastating financial consequences. Thousands of low-income military families are currently struggling to put food on the table. Unfortunately, this is neither an isolated problem nor a novel one. Military families are being served by food pantries and distribution programs on or near every military installation in the United States.⁴⁹

Prior to the pandemic, 7% of military family respondents to the 2018 Military Family Lifestyle Survey reported experiencing food insecurity; 9% sought emergency food assistance through a food bank, food pantry, and/or other charitable organization.⁵⁰ The actual percentage of military families experiencing food insecurity pre-pandemic was likely higher than these numbers suggest. Moreover, the COVID-19 pandemic has aggravated many of the underlying factors of military family food insecurity – including high rates of military spouse un/underemployment, out-of-pocket housing expenses, the limited availability and high costs of child care, etc. As reported in Finding 12, 14% of all enlisted and 29% of junior enlisted (E1-E4) active-duty family respondents reported low or very low food security in the 12 months preceding the 2020 MFLS fielding.

Unfortunately, many of these families are barred from qualifying for the Supplemental Nutrition Assistance Program (SNAP), despite being food insecure. Under current policy, a service member's BAH is treated as income when determining eligibility for SNAP. Meanwhile, housing vouchers for low-income civilians are not treated as income for the purposes of determining SNAP eligibility.⁵¹ Current SNAP eligibility policy (as authorized in the 2018 Farm Bill) thus establishes an unnecessary and harmful barrier to nutrition assistance for struggling military families. Blue Star Families joins other organizations recommending Congress excludes BAH as counted income for the determination of eligibility and benefits for all federal nutrition assistance programs.



Commission a report on employment discrimination against military spouses as a result of their military affiliation. [Finding 13]

Spouse employment has been identified as one of the top concerns for active-duty families since the inception of Blue Star Families' annual Military Family Lifestyle Survey (aMFLS) in 2009. In this year's survey, more than half (52%) of active-duty spouse respondents and a third (31%) of active-duty service member respondents listed military spouse employment as a top issue of concern. While nearly half of active-duty military spouse respondents are employed, either full-time (30%) or part-time (17%), two-thirds of employed active-duty spouse respondents (67%) reported they are underemployed in some way (indicating their current employment does not match their desires, education, or experience). Furthermore, 35% of active-duty spouse respondents reported they are not employed but need or want employment. Despite multiple efforts over the past decade, the unemployment rate of military spouse respondents is nearly seven times the rate of similar civilian peers (20% vs. 3%).⁵²

While the causes of military spouse employment are myriad and complex (including a lack of affordable child care and the unpredictability of service member day-to-day job demands), hiring and promotion discrimination is also a barrier to gainful spouse employment. As reported in Finding 13, more than half of active-duty spouse respondents (51%) agreed their military affiliation prevented them from receiving a promotion at some point in their career, compared to only 16% of veterans. Active-duty spouse respondents were the least likely of all surveyed groups to disclose their military affiliation in an interview: 23% of spouse respondents were "not at all likely" to disclose their affiliation, compared to only 3% of veteran respondents. In an open-ended question, half of spouse respondents who had disclosed their military affiliation in an interview reported the employer expressed concerns about their ability to stay at the position long-term.

In light of these findings, Blue Star Families recommends that Congress commissions a report on employment discrimination against military spouses in the civilian job market. The report should include an assessment of the viability of policy solutions to prevent such discrimination (e.g., expanding USERRA to cover military spouses, identifying military spouses as a protected class, etc.). Moreover, the report should explore potential differential effects across race and gender. This year's survey shows the unemployment rate for military spouse respondents of color (27%) is significantly higher than that of white, non-Hispanic respondents (17%). These trends align with DoD research, which finds that military spouses of color are unemployed at significantly higher rates than their white peers.⁵³ While Blue Star Families is unable to draw causal conclusions from this data, it is possible that military spouses of color (as well as those from other underrepresented groups) might be facing intersectional discrimination (i.e., discrimination as a result of their race, gender, *and* military affiliation).



STATE LEGISLATURES

Enable online school enrollment to enhance the “warm hand-off” between the sending and receiving districts, and to minimize disruptions in special education services.

[Finding 8]

Frequent moves can be jarring for all military children, but the effects are intensified for children with special needs. When military families move, children with special needs may experience disruptions in the special education and support services they receive at their current duty station. Under federal law, schools must provide free appropriate public education (FAPE) through an individualized education plan (IEP) to children with special needs.⁵⁴ Many states, however, have additional special education laws that establish variant criteria around eligibility for special education services.⁵⁵ As such, when a military family moves across state lines their child’s new school must decide if they qualify for special education services under state law. If the child is found eligible, the school will develop a new IEP. Unfortunately, this process is often time-consuming and can cause lengthy disruptions in the child’s special education services.

Despite the Interstate Compact on Educational Opportunity for Military Children having been signed by all 50 states and the District of Columbia, which states “the receiving State shall initially provide comparable services to a student with disabilities based on his/her current Individualized Education Program (IEP),” half of active-duty family respondents with a child enrolled in special education who PCSed since March 2020 reported they had trouble transferring their child(ren)’s IEP (51%) or 504 Plan (48%) to their new school. To minimize these disruptions, Blue Star Families echoes Partners in PROMISE and the Military Children’s Education Coalition (MCEC) in recommending that school districts enable military families to enroll their special needs child(ren) online (without requiring a physical presence).⁵⁶ Enrolling military students online could start the transfer process before the family arrives, allowing the family and the school to begin the special education needs assessment process earlier and potentially reducing the wait time to re-establish services.⁵⁷ According to Michelle Norman, Executive Director and Co-Founder of Partners in PROMISE, “the idea of allowing the military family to advance enroll with a set of military orders would ensure that the receiving school district would have those supports in place on Day 1. [...] With advance notice of a student’s arrival with their current Individualized Education Program (IEP), the new school district can reach out to the family and the previous school district’s teachers and ensure that they are ready to implement the IEP. It is a win-win for both military families and school districts.”

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Pulse Check

FUNDING MADE POSSIBLE BY



Military and Veteran Families' Financial Needs

March 2021

4,411

RESPONDENTS

Poll conducted March 1-16, 2021

Blue Star Families' Pulse Checks on a specific topical issue provide a brief snapshot of the perspectives of currently-serving and veteran families, as well as their civilian neighbors.

Military Affiliation

Veteran Family	44%
Active-Duty Family	41%
Other Military Affiliation	16%
National Guard Family	10%
Reserve Family	4%
Gold Star Spouse or Family Member	2%
Civilian	2%

Race/Ethnicity

White	77%
Hispanic or Latinx	12%
Black/African-American	8%
Asian	5%
American Indian/Alaska Native	3%
Other	3%
Native Hawaiian or Other Pacific Islander	1%

Rank

Junior Enlisted (E1-E4)	9%
Mid-Level and Senior Enlisted (E5-E9)	53%
Warrant Officer*	3%
Commissioned Officer	34%



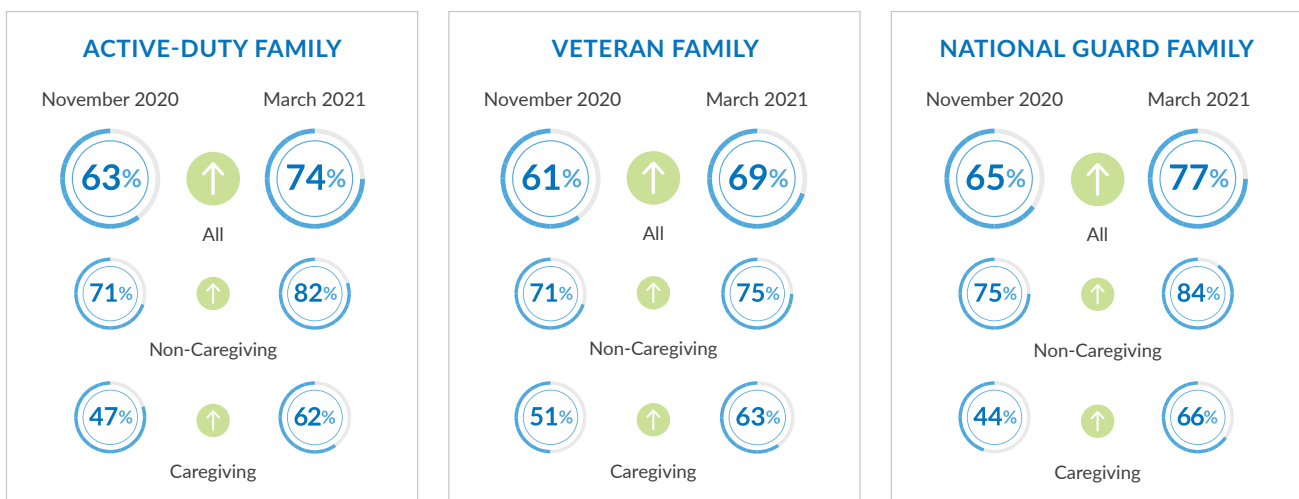
The military lifestyle, in conjunction with the ongoing COVID-19 pandemic, has left some families unable to cover their financial needs. This poll, the second in a series of financial Pulse Checks, sought to further quantify the immediate needs of military-connected families facing financial hardship one year after the onset of the pandemic. More than half of military-connected family respondents to Blue Star Families' 2020 Military Family Lifestyle Survey (60%) experienced "some stress" or "a great deal of stress" as a result of their current financial situation.ⁱ While it is true that active-duty military families may have been partially insulated from the financial effects of the pandemic due to relative stability of pay for service members, root causes of military family financial instability (especially high levels of spouse unemployment and underemployment) pre-date the pandemic and have been exacerbated by it.ⁱⁱ National Guard families, many of whom were activated during 2020,ⁱⁱⁱ often face different financial challenges than their active-duty and veteran counterparts.^{iv} The COVID-19 pandemic has placed an additional burden on caregiving families, and 1,327 respondents identify as unpaid caregivers in this poll's sample.^{v,vi}

Despite indications of overall financial improvement, those requiring immediate financial assistance report needs across a greater number of areas

Although there is no way to discern whether the same individuals took the two polls, there are indications that the level of financial need was lower in March 2021 than in November 2020, perhaps as a consequence of recent federal stimulus funding.^{vii} The proportion of respondents reporting no need for immediate financial assistance increased for all groups. However, for respondents who reported at least one immediate financial need, subtle differences exist across respondent groups based on their current military affiliation. While active-duty (35%) and veteran (33%) family respondents requiring immediate financial assistance for at least one item continue to report consumer debt as the top item for which they require immediate financial assistance, National Guard families most frequently reported student loans/higher education costs (31%). National Guard family respondents also identified a greater number of critical needs (e.g., mortgage/rent, key essentials, utilities, etc.) within their top five, compared to other groups. Differences between caregiving and non-caregiving families within each subgroup continue to follow the trends seen in the November poll: respondents who identified as caregivers more frequently reported at least one immediate financial need than non-caregiving respondents.

Immediate Financial Needs

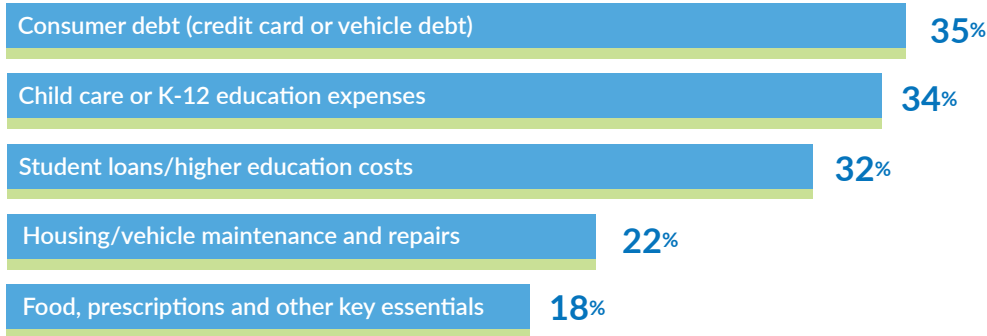
No Immediate Need: Respondents who selected “none of the above”



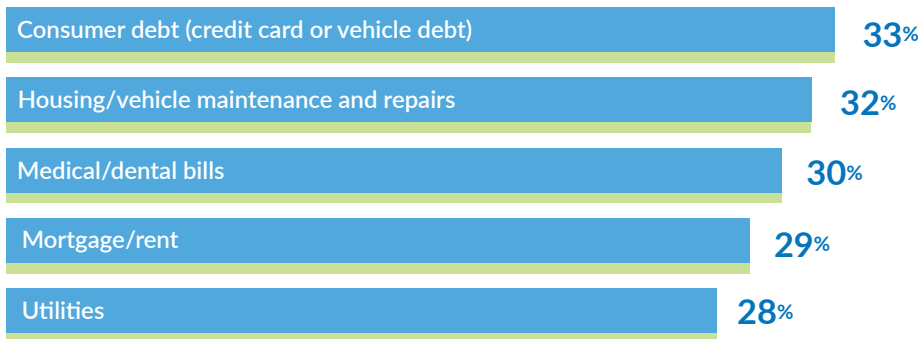
Immediate Needs By Respondent Group

Respondents reporting at least one financial need

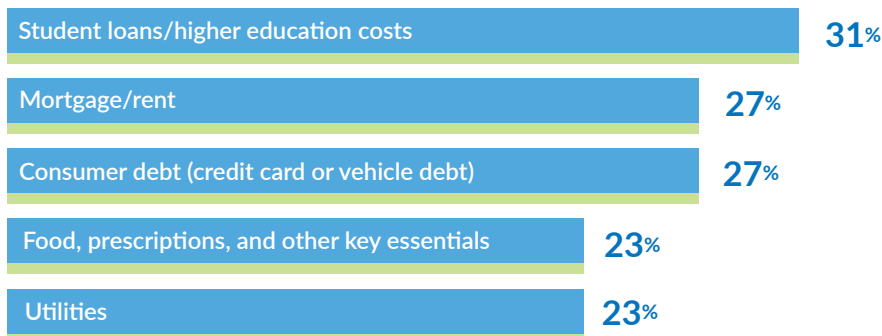
ACTIVE-DUTY FAMILY



VETERAN FAMILY



NATIONAL GUARD FAMILY



However, there are also indications of more nuanced and complicated stories for those families who do require immediate financial assistance. Consistent with the November findings, a smaller proportion of currently-serving junior enlisted respondents (E1-E4) report not requiring any immediate financial assistance than their higher ranking enlisted colleagues (E5+) (58% vs. 70%). Furthermore, while the percentage of currently-serving respondents having at least one financial need may be lower than the previous Pulse Check, at least 10% of respondents reported a greater variety of areas across which they require assistance, suggesting a deepening financial hole for those families experiencing challenges. Moreover, the level of need among mid-level/senior enlisted active-duty family respondents surpassed that of junior enlisted in several categories, including consumer debt, student loans, and child care. Nevertheless, while the majority of all respondents are using liquid assets to cover these costs, higher ranking family respondents are doing so at higher levels than their lower ranking colleagues; 73% of mid-level/senior enlisted family respondents and 70% of commissioned officer family respondents indicated they were using money from a checking or savings account to cover their current need, compared to 63% of junior enlisted family respondents.

Immediate Financial Needs By Rank Grouping

Categories of need for active-duty family respondents with at least one immediate need



	Consumer Debt	Student Loans (Higher Education Costs)	Key Essentials (Food/Prescriptions)	Child Care	Maintenance (Housing/Vehicle)	Medical/Dental Bills	Utilities	Un-reimbursed Relocation Costs	Mortgage/Rent
Junior Enlisted	34%	31%	22%	16%	31%	21%	21%	12%	19%
Mid/Senior Enlisted	37%	34%	20%	31%	21%	19%	13%	5%	16%
Commissioned Officer	29%	33%	23%	41%	20%	22%	12%	9%	14%

Spouse employment continues to support active-duty families' financial needs

A growing body of Blue Star Families research suggests that military spouse un/underemployment undermines military families' financial readiness and is a leading contributor to active-duty families' stress; these issues were exacerbated by the COVID-19 pandemic. For example, more than two-thirds of active-duty family respondents to the 2018 MFLS (69%) agreed that having two incomes was "vitally important" to their family's well-being, and yet spouse employment challenges are named as a perennial top issue for active-duty families.^{viii} "Civilian spouse's employment" was



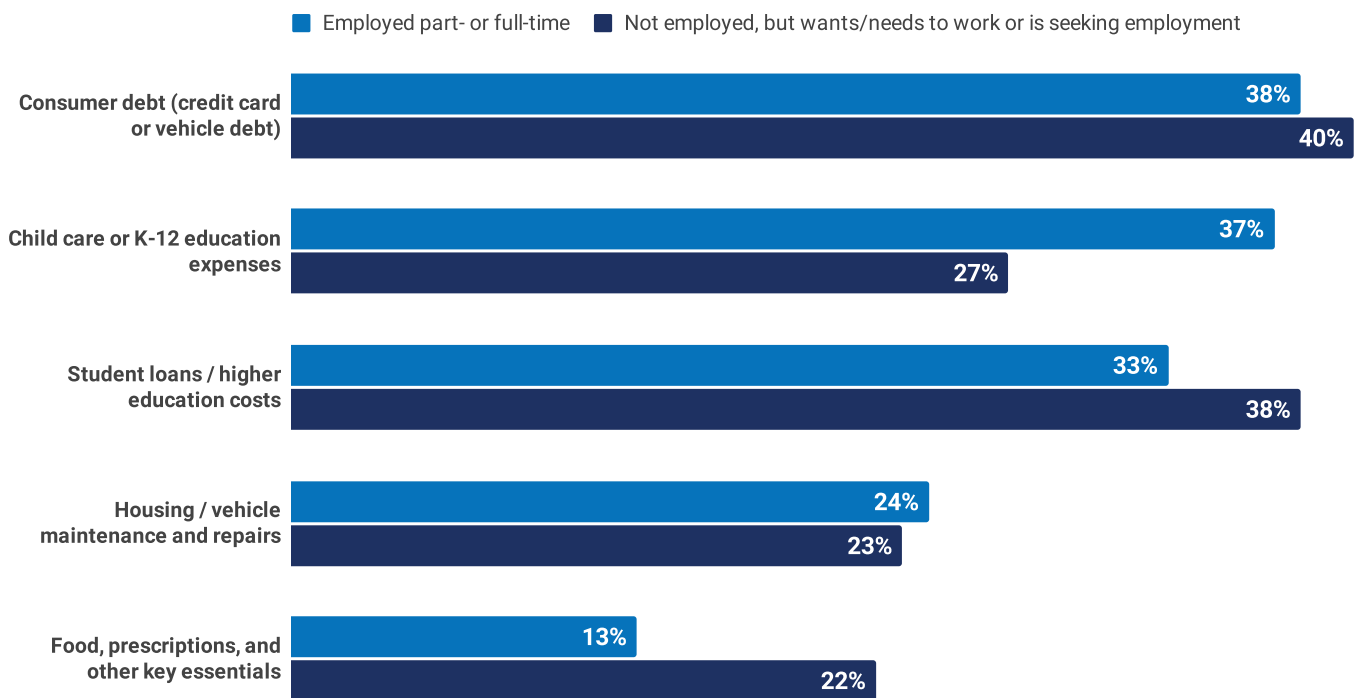
a top stressor for 44% of active-duty family respondents to the 2020 MFLS, and "financial issues/stress" was a top stressor for 39%.^{ix} The COVID-19 pandemic brought new challenges, with 42% of active-duty spouse respondents to the 2020 MFLS who were employed prior to the pandemic leaving the workforce at some point between March and September 2020.^x

Consistent with this growing body of research, a significantly^{xi} greater proportion of active-duty spouse respondents who are employed report not requiring immediate financial assistance (75%), compared to their counterparts who are not employed, but want or need to work (or are actively seeking work) (66%). Also in line with previous Blue Star Families research, which found that food insecurity levels are higher for enlisted active-duty spouse respondents who are not employed but want or need to work (20%) when compared to those with enlisted spouses who are employed full- or part-time (10%),^{xi} difficulty covering the cost of food and other key essentials is associated with employment status in this poll. One in five (22%) active-duty spouse respondents to this poll who are not working (but want or need to, or are actively seeking employment), and require immediate financial assistance for at least one item report they require immediate financial assistance to cover food, prescriptions, and other key essentials, compared to 13% of their employed counterparts.

Results from this poll also suggest that spouse employment offers a buffer to support unanticipated future expenses; a greater proportion of employed active-duty spouse respondents also report the ability to cover a future unexpected \$500 expense using existing resources that don't require incurring additional costs (money from checking or savings accounts), compared to their counterparts who are not employed, but want or need to, or are actively seeking employment (76% vs. 60%).

Areas of Immediate Need Differ by Employment Status Among Active-Duty Spouse Respondents

Active-duty spouse respondents who report requiring immediate financial assistance for at least one item



Respondents requiring immediate financial assistance report greater barriers to seeking help

The November 2020 poll asked respondents in an open-ended format what barriers, if any, would prevent them from seeking future financial assistance in the event they required it. Among those who provided a response, the greatest proportion — one-quarter (28%) of active-duty family respondents and 27% of veteran family respondents — wrote that emotional barriers, such as shame and embarrassment, would prevent them from seeking support.^{xii} In the March 2021 poll, the question was included as a multiple choice question. About the same proportion of respondents selected “pride, shame, or embarrassment” as a barrier (25% of active-duty, 23% of veteran, and 22% of National Guard family respondents); however, these emotional barriers were not the top selected answer choice for any group. Instead, active-duty, veteran, and National Guard family respondents more frequently selected “desire to avoid future debt,” “belief others have a greater need,” and “nothing would prevent me from seeking help”; veteran and National Guard family respondents also selected “lack of knowledge of available resources” more commonly than emotional barriers. Notably, 16% of active-duty and 10% of National Guard family respondents reported the “desire to avoid chain-of-command involvement” as a barrier to seeking financial relief.

Furthermore, perceptions of barriers differ between respondents with current needs for financial assistance and those without. Although a smaller proportion of those requiring immediate financial assistance reported “nothing would prevent [them] from seeking help” than those who did not report needing support on at least one item among active-duty and veteran family respondents (13% vs. 30% among active-duty family respondents; 27% vs. 38% among veteran family respondents), this was not the case for National Guard family respondents (28% vs. 29%). The most commonly-reported individual barriers were different for each group and generally more pronounced for those requiring immediate support. For example, while 33% of all active-duty family respondents report “desire to avoid future debt” as a barrier to seeking financial assistance, a greater proportion (46%) of those requiring immediate financial assistance reported this to be the case, compared to 28% of those without a need for immediate assistance. This same pattern holds true for most perceived barriers, but the difference is most prominent for “lack of knowledge of available resources” (a 21 percentage point difference for active-duty family respondents).

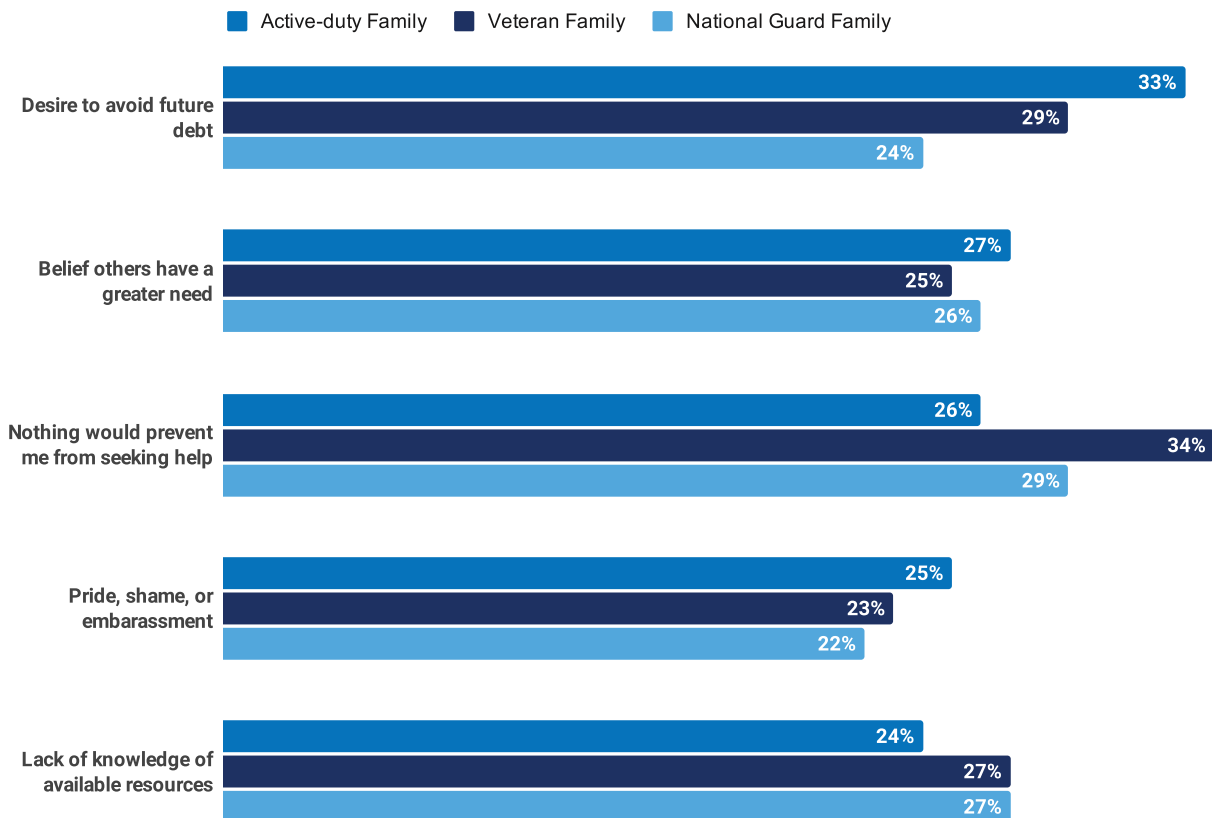
However, current behaviors complicate understanding of the perceived barriers articulated above. For example, although “desire to avoid future debt” is a highly ranked barrier among those requiring immediate financial assistance, 47% of active-duty family respondents with a need for immediate financial assistance are currently

using credit cards to cover the expense, and 6% sought a traditional loan. Furthermore, these respondents are deferring payment on other bills, which could damage their future credit and lead them to incur additional fees, further undermining their financial stability (17% are not paying other bills in full, 8% are not addressing their current financial need, and 4% are not paying their full mortgage or rent).

Meanwhile, consistent with November’s report, fewer than 5% of active-duty family respondents requiring immediate financial assistance for at least one item indicated they sought assistance from a relief society to cover their current need (4%), or they would seek assistance from a relief society to cover a future need (3%). This behavior may be a consequence of the requirement for chain-of-command approval for some relief options; 16% of all active-duty family respondents reported a desire to avoid chain-of-command involvement as a barrier, and this proportion was higher among respondents requiring immediate financial assistance for at least one item (25%), compared to those without the need for immediate support (12%).

Barriers to Seeking Assistance

Responses to "what, if anything, would prevent you from seeking financial assistance support in the event that you required it?"



Conclusions and Recommendations

Financial hardship is not a challenge unique to the military community. However, elements unique to military life — such as chronic military spouse employment and potential career implications for service members — render different needs and barriers for military-connected families. Organizations and the military services can set the conditions for preventing financial hardship, and for increasing awareness of and comfort in accessing existing resources when financial challenges emerge. Doing so requires removing identified barriers and addressing systemic causes of chronic military spouse employment.

Recommendations provided in the November 2020 report continue to be relevant:

- De-stigmatize help-seeking behavior among both those who need help and those who facilitate it
- Increase awareness of available resources, especially those offering no-interest loans or grants
- Reduce or eliminate chain of command involvement in procuring financial assistance wherever feasible

The results of this poll also indicate that while the overall financial situation may be improving for many families, for those who do have a current need for immediate financial assistance, the situation may be worsening. Spouse employment challenges continue to erode active-duty families' financial well-being, and respondents who need immediate help perceive greater barriers to obtaining it.

Recommendations stemming from this poll's findings are:

Tailor programs and communications outreach strategies to address the different needs of active-duty, National Guard, and veteran families. Different types and levels of need across these groups suggest that a one-size-fits-all approach will be less successful than one that is more targeted.

Continue to invest in programming and organizational reforms to support sustainable military spouse employment. A growing body of Blue Star Families research builds a direct link between military spouse employment and broader financial well-being; however, root causes of chronic unemployment and underemployment have been exacerbated by the COVID-19 pandemic. Upstream solutions, such as addressing child care costs, will alleviate spouse employment challenges and support families' financial readiness.

Invest in connecting with difficult to reach populations. Respondents who report the need for immediate financial assistance also report greater barriers to obtaining it across a wider variety of barriers. While removing these barriers will encourage increased usage in the long term, perceptions about their existence (or lack thereof) may take longer to reverse. For this reason, in the short term, reaching high-need populations may require more work and thus a greater investment of time and energy.

Methodology

Data Collection and Sampling

Fielding for the March 2021 Financial Pulse Check commenced on March 1 and ended on March 16 utilizing GetFeedback (www.getfeedback.com), a web-based surveying platform. Participant recruitment included direct email, social media advertising, organic social media, and distribution through various partner organizations. Participant recruitment targets were set to assess needs among National Guard and junior enlisted families, and to increase the racial and ethnic representation of the survey sample. This convenience sample



is not generalizable to the general military-connected population and over-sampled White, non-Hispanic, and female respondents. Polling occurred during tax season, followed distribution of the second round of stimulus payments (authorized December 27, 2020), and immediately prior to the authorization of the third round of COVID-19 stimulus payments (March 11, 2021), which may have influenced responses.

Data Analysis & Limitations

An assessment of the differences across variables occurred within and between subgroups, including active-duty families, veteran families, National Guard families, and caregiving families. Demographic variables include employment status, race and ethnicity, and LGBTQ+ self-identification, among others. Not all results have been included herein based on limitations presented by the sample (e.g., response rates) and/or space. Seventy-eight percent of counted respondents completed the entire poll, and all responses were included in the analysis, regardless of poll completion. For that reason, descriptive statistics reflect the frequencies and percentages of respondents who provided a response to a specific question.

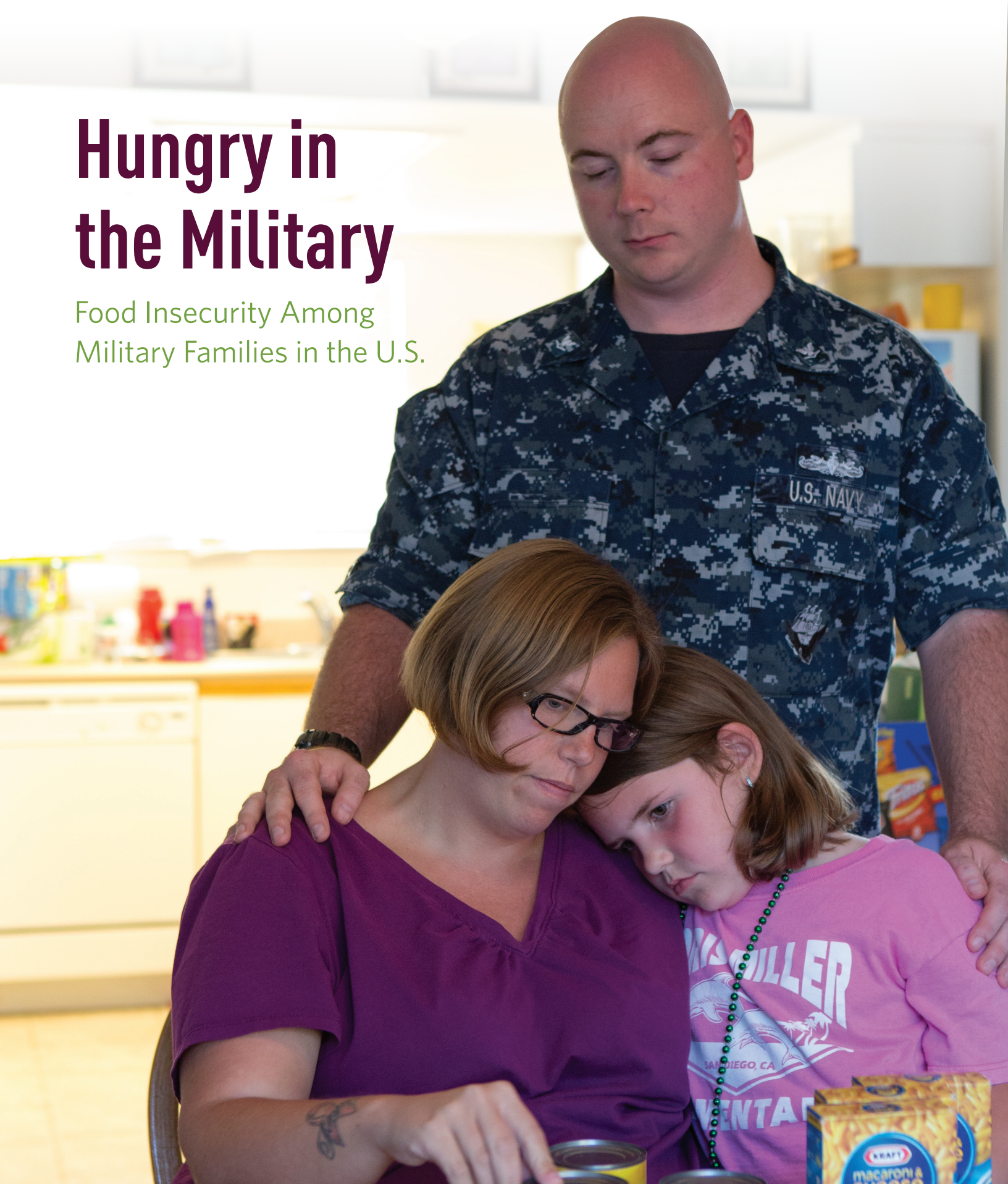
Some questions allowed for multiple response selections; therefore, some percentages may compute to greater than 100%. In cases where a respondent could only select a single response option, rounding may account for any tabulations equating to greater than 100%. Comparisons to the November 2020 poll are not exact and should be interpreted as indicators of possible changes due to differences in the composition of each poll's sample (each poll was conducted separately, and respondents are not part of a broader survey panel).

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Hungry in the Military

Food Insecurity Among
Military Families in the U.S.



By Abby J. Leibman and Josh Protas
April 2021

MAZON

A Jewish Response
To Hunger

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Cover photo credit: Barbara Grover

Dedication: For Dave Reaney whose powerful questions about military hunger inspired MAZON to seek answers, and to the brave men and women who shared their stories about food insecurity.

This report would not have been possible without the extraordinary research and writing skills of Liza Lieberman and Cara Herman.

In 2012, MAZON first became aware that there was an alarming number of currently serving military families struggling with food insecurity. Little noticed and often deliberately obfuscated, it was a persistent problem for which there were readily available solutions, but little political will to realize those solutions.

Though for many years food pantries provided emergency assistance to low-income active duty families on or near almost every single military base across the country, MAZON recognized that the failure by the charitable food sector, the media, and public officials to acknowledge and address the underlying issues contributing to food insecurity for military families perpetuated the problem.

Listening to and learning from servicemembers, military spouses, direct service providers, and organizations that prioritize the needs of military families, MAZON turned its newfound awareness into action. Analyzing existing data, anecdotal experiences, and a review of the historical response, a picture began to emerge of not only what was needed, but what was possible. When MAZON began to raise this issue with military leadership, policymakers, and other advocates, we were met with an avalanche of criticism that was unrivaled by any of our other advocacy efforts. While dismayed, we were never discouraged — it is the role of an advocate to raise the truth, no matter how uncomfortable it makes those in power — in order to secure justice for those in need.

MAZON prioritized a broad-based, flexible, and immediate response to needs that have been too long unaddressed. Securing a response proved to be complex and frustrating, but this only deepened our resolve. As we posited solutions, we were turned away by those in authority, who either disclaimed responsibility or raised specious arguments. In 2019, MAZON designed the “Military Family Basic Needs Allowance” as a simple yet powerful program that could lay the foundation for building real food security for all currently serving military families.

While the Military Family Basic Needs Allowance has also met resistance, every year since it was conceived, it has gained support from military families, military service organizational partners, anti-hunger advocates, and a growing chorus of elected officials.

As we anticipate a new path forward to enact this proposal and explore new efforts to realize our goals to end food insecurity among military families, we continue to learn from what we’ve done, when we succeeded, and when success eluded us. We will continue to lead the national effort to ensure that our policymakers address military hunger so that no family is left behind.

Sincerely,



Abby J. Leibman

PRESIDENT & CEO
MAZON: A Jewish Response to Hunger

All across America, food banks are experiencing unprecedented demand. Families struggling to put food on the table during the COVID-19 pandemic are turning to food pantries, charities, and federal benefits as they endure the painful reality of hunger. Among those seeking help are military families who don't know where their next meal will come from. Servicemembers who have enlisted to fight for their country, already sacrificing so much, are struggling to feed themselves and their families.

This is not a new problem. Sadly, even before the COVID-19 pandemic and ensuing economic crisis, military families faced food insecurity. These currently serving members of the Armed Forces — often junior-enlisted servicemembers (typically enlisted ranks E-1 through E-4) with multiple dependents — have turned in desperation to emergency assistance for years, surviving with the help of the food pantries that operate on or near every military installation in the United States. At Camp Pendelton alone, there are four pantries that serve the base community,

each of which routinely assist hundreds of military families every month. Due to the lack of transparency from the Department of Defense (DoD) in collecting data on food insecurity among servicemembers and their families, and their reluctance to publicize any information they already have access to, the true scale of this crisis is unknown. However, the data that is publicly available from both government and military interest group surveys indicate that the scope of the crisis is broad and affects military families across the country.¹ This matches anecdotal accounts reporting increases in the number of military families seeking assistance to put food on the table.

This report is based on the expertise and experience of MAZON: A Jewish Response to Hunger — a national nonprofit organization fighting to end hunger among people of all faiths and backgrounds in the United States and Israel — after nearly a decade of exploring, understanding, and developing solutions to end military hunger.

OUR KEY FINDINGS INCLUDE:

- At least part of the problem stems from an unintended barrier to assistance for struggling military families — counting a servicemember's housing allowance as revenue in determining eligibility for federal nutrition programs like SNAP (formerly food stamps).
- Junior-enlisted members are more diverse in race, ethnicity, and gender than higher military ranks. They are also supporting families at much higher rates than previous cohorts of servicemembers. The Pentagon has not adequately adjusted the base salary to reflect the reality of our modern military force.
- The circumstances that give rise to food insecurity among military families are complex, yet simplistic responses based on unfounded stereotypes are often lifted up ahead of more meaningful responses.
- In the last year, COVID-19 has exacerbated the unique financial challenges of military families such as high rates of spousal unemployment, access to affordable childcare, and frequent relocation.

TO ENSURE THAT ALL INDIVIDUALS WHO ENLIST TO SERVE HAVE ENOUGH FOOD TO FEED THEIR FAMILIES, MAZON MAKES THE FOLLOWING RECOMMENDATIONS:

- 1.** The administration must include the Military Family Basic Needs Allowance in President Biden's Fiscal Year 2022 (FY22) Budget Request, and Congress must prioritize this provision in its FY22 National Defense Authorization Act (NDAA).
- 2.** The administration must take executive action to ensure that a servicemember's Basic Allowance for Housing (BAH) does not count as income in determining eligibility for federal nutrition safety net programs.
- 3.** Federal agencies — including DoD, the U.S. Department of Agriculture (USDA), the U.S. Department of Homeland Security (DHS), and the U.S. Department of Veterans Affairs (VA) — must collaborate to share data and resources about food insecurity among military families to find solutions.
- 4.** Congress must study and document, in collaboration with the administration, the full scope of military hunger and publish comprehensive data.
- 5.** Congress should re-examine military pay levels, acknowledging that the composition and needs of America's military have changed significantly over time.
- 6.** Anti-hunger advocates, government agencies, community organizations, and media outlets must reset the narrative around hunger and address the persistent shame and stigma that prevents so many Americans — especially members of the military and military families — from seeking the nutrition assistance they need.

For 36 years, MAZON: A Jewish Response to Hunger has been fighting to end hunger among people of all faiths and backgrounds in the United States and Israel. MAZON (which means “sustenance” in Hebrew) is a leader in the national anti-hunger field, building consensus among the emergency food system in the U.S. that structural change, and working toward that change, is critical to ending hunger.

Jewish values ground and guide MAZON’s approach. Centering the importance of *tzedek* (pursuing justice) and *b’tselem elohim* (respecting the inherent dignity of every person), we empower individuals and communities to address the unjust systems that allow hunger to persist. We educate and engage Jewish community leaders and congregations around the country, working together to fight for what we know is possible: systems built on wisdom, compassion, mutual support, and meaningful opportunity.

MAZON’s legacy of seeding, supporting, and strengthening the anti-hunger movement has uniquely positioned us to identify and explore problems that have previously been overlooked or ignored. This includes the unique challenges and barriers facing military families, as well as veterans, Native Americans, single mothers, LGBTQ older adults, and Americans in Puerto Rico.

Nearly ten years ago, our partners in the charitable food network shared concerns about the uptick in the number of military families turning to them for food assistance. Across the country, servicemembers were — and still are — showing up at food pantries, sometimes in uniform, seeking help to feed their families. While many food pantries and other direct service providers have responded by developing specific and innovative programs to assist military families, most of these organizations are strapped by increasing demands for services in general and have limited capacity to specifically address the needs of military families; they are not focused on long-term solutions but rather provide short-term limited relief.

Clearly, we were alarmed, and we immediately committed to investigate the problem. We conducted an exhaustive search for accurate data from federal agencies including DoD, USDA, and VA, as well as Congress and direct service providers. We found that the hunger among military families is incredibly complex. Although often hidden, it is so prevalent that food pantries operate on or near every military installation in the United States. We also determined that an outdated and confusing federal law actually denies military families access to safety net programs that could help them put food on the table.

“Food pantries operate on or near every military installation in the United States.”

In the last decade, MAZON has prioritized solutions to address military hunger for Congress and the executive branch. Our policy experts have written bills that were introduced in both chambers of Congress, sought administrative action, testified before multiple congressional committees, cultivated media attention, and hosted summits to educate and empower partners from military service organizations and anti-hunger organizations. We have moved the needle. However, the problem persists, and sadly it has only gotten worse as the number of Americans experiencing hunger — including those in the military — has skyrocketed in the wake of the COVID-19 pandemic.

Today, MAZON remains as committed as ever to pursuing viable solutions to military hunger. Those who serve to defend our great nation and fight for our freedom deserve better. Even one hungry military family is too many.

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“I will not stand by and watch as our military is permitted to erode to the breaking point due to the President’s lack of foresight and the Congress’ lack of compassion. These military men and women on food stamps — our soldiers, sailors, airmen, and Marines — are the very same Americans that the President and Congress have sent into harm’s way in recent years in Somalia, Bosnia, Haiti, Kosovo, and East Timor. They deserve our continuing respect, our unwavering support, and a living wage.”

— Senator John McCain, speaking on the Senate floor in April 2000

Historical Context

The context for today’s scope of military hunger goes back decades.

In the 1990s, news outlets reported several stories about military families participating in the food stamp program. Military and elected officials were very concerned about the optics of these news stories. However, some leaders chose to address the surface-level optics instead of addressing the root of the problem.

The late Senator John McCain, then the senior Senator from Arizona, spoke often about “ending the food stamp army,” even introducing a bill called the “Remove Service Members from Food Stamps Act of 2000.” In a campaign event that year, McCain declared it “unconscionable that the men and women who are willing to sacrifice their lives for their country have to rely on food stamps to make ends meet.”²

In 2000, Senator McCain played a vital role in creating the Family Subsistence Supplemental Allowance (FSSA), which had the express purpose of transitioning military families off food stamps (in 2008, the food stamp program became the Supplemental Nutrition Assistance Program, or SNAP). Unfortunately, the structure of FSSA was flawed from the start. The program failed to exclude the BAH as counted income

for determining eligibility. Furthermore, to apply for FSSA benefits, a servicemember had to go through the base chain of command, which deterred them from seeking the support they needed out of fear of telling a commander that their family was struggling financially. Such an admission could not only result in negative treatment and performance reviews. It could jeopardize security clearance and damage career prospects as such members were viewed as somehow vulnerable. This exacerbated the stigma and shame that often exists around seeking assistance from federal safety net programs, and FSSA participation numbers were very low.

As part of the FY 2013 NDAA, Congress created a Military Compensation and Retirement Modernization Commission (MCRMC), which later recommended that Congress sunset the FSSA program and instead direct military families toward SNAP. MAZON was the only anti-hunger organization to weigh in directly with MCRMC, urging that Congress instead adopt structural reforms to FSSA because we felt that with improvement, it could be more readily accessed by, and responsive to, military families.³ In 2015, MAZON submitted testimony and sent letters imploring DoD Secretary Ashton Carter to reform FSSA in several meaningful ways, including moving the application process out of the base chain of command, excluding the BAH as counted income for determining eligibility,

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“I’m shocked that so many military families are standing in line at the food pantry because they really need help. Many of us struggle for months before finding out that there are services for us, and then it’s pretty much word of mouth.”

— Ashley, a military spouse whose family is stationed in San Diego, California

and increasing the income threshold. However, Congress and the Obama administration chose to allow the program to sunset domestically in 2016.⁴

In the five years following 2016, neither Congress nor the Obama, Trump, or Biden administrations have taken additional action to provide assistance to military families facing food insecurity. MAZON has repeatedly recommended proposals that would help these families, as outlined later in this report, but federal officials have repeatedly turned their backs on these proposals.

At MAZON’s request, Members of Congress sought a 2016 report by the Government Accountability Office (GAO) entitled “Military Personnel: DOD Needs More Complete Data on Active-Duty Servicemembers’ Use of Food Assistance Programs.”⁵ The report detailed military hunger, outlining specific recommendations for Congress and the Pentagon. Following a comprehensive review, the nonpartisan government researchers noted that DoD does not collect data about servicemembers who participate in federal nutrition assistance programs or are at risk of food insecurity, nor do they coordinate with USDA to prevent military families from going hungry.

In the five years since the GAO report was published, the Pentagon has taken no action to thoughtfully

understand nor address this problem. GAO explicitly recommended that DoD “coordinate with USDA to leverage its access to data on active-duty servicemembers and their families who use its programs and services and consider outreaching to other organizations that have data on servicemembers’ use of food assistance.”⁶ To date, there has been no official public response.

Meanwhile, the situation has grown more dire. In the past year, servicemembers have stepped up to help deliver food to those newly facing hunger in the wake of COVID-19, even as many of their own families are also struggling.

Military Families Face Unique Challenges

The face of America’s military has changed. In recent decades, the demographic make-up of the military’s enlisted personnel has shifted from predominantly single, 18-year-old men to much more diverse troops. Today’s military is comprised of men and women representing a wide array of socioeconomic, racial, and ethnic backgrounds,⁷ including individuals who support families.⁸ However, military compensation policy has not adequately kept pace with the changing needs of enlisted servicemembers or the cost of living. Our country’s military pay structure was not designed

“Every gun that is made, every warship launched, every rocket fired signifies, in the final sense, a theft from those who hunger and are not fed, those who are cold and are not clothed. This world in arms is not spending money alone.”

— President Dwight D. Eisenhower, April 1953

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to support junior-enlisted servicemembers and their families, particularly not those living in high-cost areas. Compensation levels for junior-enlisted ranks are no longer consistent with the household structure and needs of military families. Furthermore, military lifestyles impose unique costs and challenges, which are often exacerbated for these junior-enlisted, low-ranking, and low-paid servicemembers with families.

Like many Americans, military families often rely on two incomes. However, the unemployment rate among military spouses has been exceptionally high for many years, even before the pandemic, due to specific demands placed on military families. This year, as national unemployment rates skyrocketed during the COVID-19 crisis, the toll hit military families particularly hard. Military spouses, who faced a 24% unemployment rate and even higher rates of underemployment before the pandemic, now report desperate levels of income loss. Surveys conducted during the pandemic estimate that military spousal unemployment rates exceed 30%.⁹ One survey found that 18% of military spouses who were working prior to the COVID-19 crisis have lost their job or are unable to work as a result of the pandemic.¹⁰ And yet, these rates do not take into account significant rates of underemployment and employment in jobs or positions below a military spouse's professional training and/or experience.

Military spouses who do work tend to be unable to accrue seniority in the workplace due to frequent moves between stations, and they are often among the first let go and the last to be rehired in a weak economy. Careers that require licensure can delay or stymie their earning capacity, given that state licenses often vary and they have little control over when or where their family will be stationed.

The cost of relocation often falls heavily on military families as well. These families go where they are ordered, often every two to three years, which may mean moving to a location with higher cost of living, limited access to affordable childcare, and/or away

“Being in a military family is challenging in ways most people can never imagine. You make so many sacrifices: missed time with loved ones, not having a constant place to call home, job security for dependents, and so much more. I don’t want another military family to worry about food the way we did.”

— Erika, a former military spouse, during testimony before the House Agriculture Committee in January 2016

from networks of community and family support. DoD will reimburse the families for some relocation-related expenses, but not all of them, which can drain military families of savings and leave them with little financial cushion. Additionally, military spouses will often have to find new employment opportunities upon relocation, which contributes to the high unemployment rates.

Built-in Barriers to Nutrition Assistance

Currently, every servicemember who lives in off-base or privatized military housing is entitled to a BAH to pay for housing that is managed by a private company or in the surrounding community. If a servicemember and their family lives in military base housing, the money is automatically deducted from the servicemember's paycheck. For those who live off base or in privatized housing, the BAH must go toward housing and utilities, and it covers an estimated 95% of housing costs. Military families are often left with little to no money to spend on other necessities of living, like food.

Although servicemembers may never see it in their bank accounts, BAH is considered income for

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determining SNAP eligibility, which prevents many struggling military families from accessing this critically important — and often life-saving — federal benefit. By contrast, federal housing subsidies for civilians are not counted as income for determining SNAP eligibility, and servicemembers who receive in-kind housing on base do not have the value of that housing counted as income for determining SNAP eligibility. The IRS also does not treat BAH as income and it is not calculated as a part of a servicemember's Adjusted Gross Income, nor is it treated as income for determining eligibility for most federal assistance programs.

Given the remarkably low incomes for low-level enlistees, it is perfectly understandable that a servicemember with a spouse and two kids would need assistance from SNAP in order to afford enough

food. This is particularly true for those living in areas where housing costs are high, but their family requires more space than offered on base for junior-enlisted servicemembers. Living off-base or in privatized (on-base) housing is increasingly common, especially for those with families. However, two servicemembers with the same base pay and family composition could have different SNAP eligibility status because of where they live — only the one who lives on base will be eligible for SNAP.

BAH is an allowance, not income, as it is specifically intended to provide adequate and safe housing for military families. Although it is an addition to a servicemember's base pay, BAH is tax-exempt and it is not included on the servicemembers W-2 as income. If the BAH is not considered as income for tax purposes, it should not be considered as income for SNAP purposes.

“I’m doing all I can and serving my country, and I have to worry about how I’m going to buy food? Recently when we applied for food stamps we were denied because our BAH counts as income. The only reason we are even getting by is because our neighbor told us about the food distributions. I don’t think the government protects military families enough because so many of us need to go to food distributions run by outside groups. We are in the only job where we have to give up our lives to protect the Constitution of the United States, so shouldn’t the government make sure we can properly feed our families?”

— Gabriel, a Marine whose family is stationed in southern California

Responding to Common Pushback

When MAZON first started exploring the scope of military hunger, one large hurdle became abundantly clear: While government officials seem to accept that food insecurity can be a problem for some military families, without public data showing the pervasiveness of military hunger, most believe that the problem affects an insignificant number of servicemembers. The Pentagon has countered MAZON's concerns and proposals, saying that “military members receive appropriate compensation already” compared to counterparts in the private sector.¹¹ But the fact that we have food pantries that serve military families across the country says otherwise.

Some policymakers claim that food insecurity among military families is a matter of personal financial management. A common notion suggests that if a military family faces hunger, they must spend money irresponsibly and not budget well. Sometimes critics share stories of young servicemembers who excitedly spend their first paycheck on a new car, evoking

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“The Department of Defense’s response to military hunger has been to put it politely, lacking. Their description of this problem as minimal and their suggestion that these members take financial literacy training is not only insulting and condescending, it also does nothing to help the problem. If anything, their response helps to exacerbate this problem by keeping the barriers of shame and stigma to assistance intact. Our Nation’s servicemembers are willing to fight and die for our country and we should be providing them with the funds and resources necessary to ensure that they can feed their families.”

— Congressman Don Young of Alaska, in a July 2019 statement

offensive myths and tropes of a modern-day “welfare queen.” However, such a dismissal rooted in harmful stereotypes and stigmas about poverty masks the struggles military families face.

In a private meeting between MAZON and congressional staff members, senior-level staff of the Senate Armed Services Committee claimed that servicemembers equate food pantries to discount grocery stores and utilize both simply as a matter of maximizing purchasing power. Let’s be clear: those who face food insecurity and turn in desperation to food pantries are not bargain hunting — they are trying to survive. Servicemembers and military spouses regularly say that although they were reluctant to visit a food pantry, they had no other option. Particularly for military families, there is a deep and persistent sense of shame and embarrassment in needing help, but they do what is necessary to feed their families.

Lack of data also enables policymakers to downplay and downright ignore the shameful problem of military hunger. Food pantries and other direct service providers do not inquire about the circumstances of those who use their services and they rarely differentiate between active duty servicemembers, veterans, National Guard, and members of the Reserves. Despite being called upon formally by GAO five years ago, and through

“When I reluctantly applied for SNAP, I was incredibly embarrassed that I was even having to apply and then when they told me that I didn’t qualify because they were counting our housing allowance as part of earned income, all I remember next was just sobbing. I don’t even remember leaving the office because I had been turned down from something that I felt I didn’t even want to be asking for in the first place. It was the very last ditch effort for us even asking for it.”

— Erika, a former military spouse, whose family was stationed in Bremerton, Washington

report language included in several previous NDAA bills, the Pentagon has neither collected nor provided adequate data about how many servicemembers and their families are at risk of food insecurity, including how many are impacted by the BAH barrier to nutrition assistance.

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However, even in the absence of formal data, anecdotal evidence suggests widespread hunger among military families:

- Pentagon records obtained by NBC News through a Freedom of Information Act request give just a hint of the problem. The data shows that during the 2018-19 school year, one third of children at DoD-run schools on military bases in the United States — more than 6,500 children — were eligible for free or reduced-price lunches. At one base — Georgia’s Fort Stewart — 65% were eligible.¹²
- According to the Blue Star Families 2018 Military Families’ Lifestyle Survey, 7% of military family respondents indicated that someone in their household faced food insecurity in the past year, and 9% of military family respondents indicated that someone in their household had sought emergency food assistance.¹³
- Authors of the 2016 GAO report obtained data from DoD Education Activity (DODEA), which operates schools on military installations across the country, and found that 26% of students in military families were eligible for free meals and 25% were eligible for reduced-price meals.¹⁴

The Cost of Inaction

Policy reforms are necessary to solve the challenges and respond to the needs of military families facing hunger. Military suicide rates are on the rise,¹⁵ and there is a clear correlation between food insecurity and suicide.¹⁶ In addition to being the right thing to do, addressing military hunger is a matter of readiness, retention, and recruitment.

Every day that goes by without a solution to military hunger is dangerous for our country. Troops cannot be fully present if they are worried about their children’s next meal and servicemembers cannot focus on the mission at hand if they are concerned about

“Addressing military hunger is a matter of readiness, retention, and recruitment.”

providing the basic needs for their family. Ensuring that servicemembers can provide the basic needs for their family members eliminates unnecessary stress and anxiety and contributes to optimal mission readiness.

Furthermore, servicemembers cannot stay in the military if doing so means they are unable to afford food for their family. By not adequately serving those who serve our country, our government risks losing excellent talent in our military ranks. This is particularly a concern for servicemembers of color, who are disproportionately represented in the junior-enlisted ranks and underrepresented among military officers and leadership. The Pentagon is “dedicated to honoring the women and men who serve this country by ensuring them the same promotion and developmental opportunities regardless of race, color, religion, sex, or national origin.”¹⁷ To advance this shared goal of increasing diversity in military leadership, it is essential that we adequately support junior-enlisted servicemembers and enable them to fully meet their family’s basic needs so that they don’t look outside of the military for career options with greater economic stability.

Lastly, ensuring basic needs for military families — including for household food purchases — will lead to better nutrition and improved health outcomes, reducing the likelihood of chronic diet-related health conditions. Positive health outcomes for children in military families — who are more likely to serve in the military than children in non-military families — means that more future enlistees will be physically fit to serve.

As a leader in developing solutions that seek to address the scope and complexity of military hunger, MAZON called on USDA in 2012 to issue an administrative action explicitly to exclude BAH from income calculations for SNAP eligibility. However, USDA demurred, opining that this could not be done because it would require statutory change through federal legislation.

Although MAZON pressed USDA to initiate a statutory change, USDA continued to deny it had the authority to act. In response, MAZON partnered with California Congresswoman Susan Davis to craft the “Military Hunger Prevention Act,” aiming to remove BAH from a servicemember’s income for purposes of SNAP eligibility. The proposal garnered bipartisan support in both the House and Senate. In testimony supporting the legislation before the House Agriculture Committee’s Nutrition Subcommittee in January 2016, Abby J. Leibman, MAZON’s President & CEO, argued: “Those who make great personal sacrifices in service to our country should not have to struggle to provide regular, nutritious meals to their families.”

Congressman Mike Conaway, then Chair of the House Agriculture Committee, agreed to address the issue in the 2018 Farm Bill, but he did not seek advice nor

“Of all the sacrifices our military families make, the ability to put food on the table just should not be one of them. For a servicemember who was deployed overseas, the last thing they need to be worrying about is whether their loved ones are going hungry. We should be able to meet the basic needs of our military families.”

— Congresswoman Susan Davis, during a briefing in October 2020

counsel from leaders like MAZON about how to craft the provision. Conaway’s deeply partisan Farm Bill legislation rejected MAZON’s bipartisan solution in favor of a confusing provision to exclude only the first \$500 of a servicemember’s BAH from counting as income when determining SNAP eligibility. This arbitrary proposal would have only added an additional layer of complication, falling far short of solving the real problem. In the end, the provision was stripped from the final Farm Bill that was enacted into law, resulting in no congressional action to address military hunger.

In 2019, MAZON created a new proposal to address military hunger through the NDAA process. The past two NDAA bills passed by the House included MAZON’s proposed provision to establish a new allowance program for certain servicemembers called the “Military Family Basic Needs Allowance.”

In many ways, this new program will resemble FSSA, but with three critical differences:

- 1. Military personnel will be automatically notified of eligibility based on determined compensation levels.**

Servicemembers will receive notification of potential eligibility for this allowance in a streamlined and efficient manner, eliminating barriers to participation we have seen in the past like shame, stigma, and fear of retribution. Defense Finance and Accounting Services (DFAS) will automatically notify all servicemembers whose base pay is at or below a certain threshold — ideally 200% of the Federal Poverty Level, which is the upper gross income eligibility limit for SNAP.

The servicemember will have to provide evidence of any additional income that might place them above the threshold of eligibility. The servicemember will also have the right to opt-out of receiving the added allowance. If they do qualify and choose to participate, the servicemember will begin receiving the allowance automatically, and

the process will be reviewed again annually if not more regularly.

2. BAH will not be counted as income in determining eligibility and benefit amounts for this allowance.

Including the BAH as “income” clearly treats our troops differently than the civilian population and their counterparts who live on base. For civilians, the value of housing assistance subsidies and benefits are not counted as income in determining SNAP eligibility. Current SNAP policy presents a harmful and dangerous barrier that must be avoided in the new allowance program.

3. Servicemembers will proactively receive information about budgeting and additional federal assistance programs.

When a servicemember is notified by DFAS that they might be eligible for this allowance, they will receive materials and resources about financial management as well as other federal assistance programs for which they may also be eligible. These resources will help military families navigate the stresses, stigmas, and challenges of living on a tight budget.

Importantly, due to the anomaly of how Coast Guard operations are authorized, a separate provision must be enacted through DHS to ensure inclusion of these families.

MAZON is confident that creating this common-sense allowance will provide strategic and meaningful support to military families facing food insecurity, while also accounting for the unique challenges and expenses associated with military service. Given that servicemembers of color are overrepresented among low-income junior-enlisted ranks (and underrepresented among officers and military leadership), the Military Family Basic Needs Allowance is a step toward correcting long standing injustice and inequity by providing assistance to struggling military families, who are disproportionately people of color.

The Congressional Budget Office estimates that the average allowance for a junior-enlisted servicemember would be about \$400 per month — a reasonable amount to ensure the nutrition and wellness of our troops and their families, particularly within the context of the Pentagon’s total budget.

“Despite consistent pay increases in recent years, some military families are still struggling to make ends meet, and even report food insecurity, lack of quality child care, and poor financial health. That is totally unacceptable. Military servicemembers and their families risk everything for our country — they have earned a guaranteed living wage. As president, I will work aggressively to update the federal workforce compensation framework for servicemembers, so that the government leads the way in ensuring that hard-working families can attain a middle class life, and I will support legislation that will, in the meantime, provide an additional allowance for military families living below the poverty line.”

— President Joe Biden, during the 2020 Presidential campaign¹⁸

HOUSEHOLD EXAMPLES OF MILITARY FAMILY BASIC NEEDS ALLOWANCE BENEFITS, BASED ON CURRENT MILITARY PAY SCALE¹⁹ AND FEDERAL POVERTY GUIDELINES (FPG)²⁰



EXAMPLE 1

E4 / 4 Years of Service - Household of 4 (3 dependents)

Base pay = \$2,634.60 / month - \$31,615.20 / annual

130% FPG for household of 4 = \$34,060

Difference between 130% FPG and annual base pay = \$2,444.80

Monthly difference / benefit amount = \$203.73



EXAMPLE 2

E6 / 6 Years of Service - Household of 6 (5 Dependents)

Difference Base pay = \$3,354.90 / month - \$40,258.80 annual

130% FPG for household of 6 = \$45,708.00

Difference between 130% FPG and annual base pay = \$5,449.20

Monthly difference / benefit amount = \$451.10



EXAMPLE 3

E2 / Less Than 2 Years of Service - Household of 4 (3 Dependents)

Base pay = \$1,942.50 / month - \$23,310 / annual

130% FPG for household of 4 = \$34,060.00

Difference between 130% FPG and annual base pay = \$10,750

Monthly difference / benefit amount = \$895.83

1. The administration must prioritize the Military Family Basic Needs Allowance in President Biden's FY22 Budget Request, and Congress must prioritize this provision in its FY22 National Defense Authorization Act.

President Biden must support the Military Family Basic Needs Allowance and include funding for it in his FY22 Budget Request, and the House and Senate Armed Service Committees must include it in both chambers' versions of the FY22 NDAA. Leaders of those committees must prioritize this measure in the final bill. Additionally, support for a similar provision to support low-income Coast Guard families must be included through the Homeland Security Appropriations process. It is clear that this targeted and temporary assistance program will be structured in a streamlined and efficient manner to eliminate common barriers to nutrition assistance including shame, stigma, and fear of retribution.

To effectively implement and administer the Military Family Basic Needs Allowance, there must be a permanent single point of contact at DoD to coordinate with other agencies, Congress, and civil society partners like Mazon. The executive branch and Congress must continue to emphasize that permanent solutions to military hunger are an urgent national priority and fundamentally influence recruitment, retention, and morale among the Armed Services.

2. The administration must take executive action to ensure that a servicemember's BAH does not count as income in determining eligibility for federal nutrition safety net programs.

President Biden and USDA Secretary Vilsack must take administrative action to exclude the BAH as income for all federal nutrition programs including SNAP, WIC, and free and reduced-price school meals. This would ensure that military families are not prevented from qualifying for assistance. Now more than ever, struggling military families must be able to access these programs so that they do not have to turn in desperation to food pantries simply because they cannot get the government assistance they need.

3. Federal agencies including DoD, USDA, DHS, and VA must work collaboratively to share data and resources about food insecurity among military families and work together to proactively find solutions.

Federal agencies including DoD, USDA, DHS, and VA must work together to proactively inform those transitioning from military service about the availability of nutrition assistance. In particular, the VA should integrate information about federal nutrition programs like SNAP as part of the Transition Assistance Program and other veteran outreach efforts.

4. Congress must study and document, in collaboration with the administration, the full scope of military hunger and publicly publish comprehensive data.

Despite strong anecdotal evidence, food insecurity among military families is not adequately documented or monitored by government agencies, and the problem has long been obscured and ignored. Data are often withheld from the public or are excessively difficult to obtain. Available data are often contradictory, out of date or simply incomprehensible.

While the recently released 13th Quadrennial Review of Military Compensation (QRMC) documented SNAP usage,²¹ DoD asked the wrong question. Rather than how many servicemembers are accessing SNAP, we must explore how many families are struggling without the assistance of federal safety net programs, quietly visiting food pantries on our near military bases.

5. Congress must re-examine military pay levels, acknowledging that the composition and needs of America's military have changed significantly over time.

Policymakers must consider raising the base pay rates for junior enlisted servicemembers, to acknowledge that the composition of our military has changed significantly in recent decades, and that personnel with families face unique financial challenges.

6. Anti-hunger advocates, government agencies, community organizations, and media outlets must reset the narrative around hunger and address the persistent shame and stigma that prevent so many Americans — especially members of the military and their families — from seeking the nutrition assistance they need.

Collectively, we must acknowledge that there is often an unspoken stigma associated with accepting government benefits, particularly among military ranks. Some servicemembers are understandably resistant to ask for help because of the shame of their situation and the fear of retribution. This attitude can persist as a servicemember transitions into civilian life, clearly contributing to the related barriers to assistance among America's veterans.

The broader anti-hunger community must work together to prioritize a justice-centered approach to ending military hunger that appropriately centers systemic changes and policy priorities. Leaders in government, as well as the press, can play an important role in moving the public's focus away from charities straining to meet the needs of people facing hunger. This will allow us to ensure that public assistance programs will appropriately fulfill our collective responsibility to care for the vulnerable, support people in times of need, and expand opportunities so that all Americans can reach their full potential.

It is unconscionable that salaries earned by enlisted personnel in this country are not sufficient to meet their families' needs. Those who make significant sacrifices for our country should never go hungry.

We must fulfill our collective responsibility to care for the most vulnerable, support them in times of need, and expand opportunities so that all can reach their full potential. To do so, implementing the recommendations in this report will make a true difference. However, we know we must continue to strive for systemic change that addresses the structural problems that allow hunger to continue, especially among military families.

"In 1962, I took a leave from my teaching job in Pomona, CA to join my husband who was drafted. At that time, military personnel were not eligible for food stamps. I was 6 months pregnant, and we didn't have enough income to buy food for the whole month. I then resigned from my teaching position so that I could access all of the money from my pension account. A few months later, my full-term daughter was born with a low birthweight of 4 lb 12 oz and spent the first week of her life in an incubator. So thank you for all of your advocacy on behalf of food insecurity. In this land of plenty, there is no excuse for anyone to go hungry for even one day."

— Barbara Sarkany, in a note to MAZON in January 2021

The definition of key terms used in this report are listed below.

BAH: The U.S. government provides a Basic Allowance for Housing for active duty servicemembers to pay for housing on base or in the surrounding community. Previously called the Basic Allowance for Quarters, today the BAH amount is based on geography, pay grade, and number of dependents.

DoD: The U.S. Department of Defense — commonly referred to as “the Pentagon” — coordinates all agencies and functions of the government related to national security, including the military.

FSSA: The Family Subsistence Supplemental Allowance was created by Congress in 2000, with the express purpose of moving military families off food stamps.

GAO: The U.S. Government Accountability Office provides fact-based, nonpartisan reports to Congress on a regular basis.

MCRMC: The Military Compensation and Retirement Modernization Commission was created by Congress in 2012 to assess military compensation policies and issue budget recommendations.

QRMC: The Pentagon’s Quadrennial Review of Military Compensation, which most recently came out in December 2020.

SNAP: Supplemental Nutrition Assistance Program, formerly known as food stamps, is our country’s most important anti-hunger program, providing cash assistance specifically for food purchases to anyone who qualifies.

USDA: The U.S. Department of Agriculture oversees all government laws related to farming, forestry, rural economic development, and food, including federal nutrition programs like SNAP.

VA: U.S. Department of Veterans Affairs oversees all government functions related to America’s veterans, including healthcare, disability, education, and other benefits.

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Inspired by Jewish values and ideals, MAZON is a national advocacy organization working to end hunger among people of all faiths and backgrounds in the United States and Israel.

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Food Insecurity Among Veterans: Resources to Screen and Intervene

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A screener was created in the VA electronic health record clinical reminder system to facilitate an interdisciplinary approach to identifying and addressing food insecurity.

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Nearly 1 in 8 households—and 1 in 6 households with children—experienced food insecurity in 2017, defined as limited or uncertain availability of nutritionally adequate and safe foods.¹ Food insecurity is often even more pronounced among households with individuals with acute or chronic medical conditions.²⁻⁶ Moreover, food insecurity is independently associated with a range of adverse health outcomes, including poorer control of diabetes mellitus, hypertension, depression and other major psychiatric disorders, HIV, and chronic lung and kidney disease, as well as poorer overall health status.⁷⁻¹⁴ Food insecurity also has been associated with increased health care costs and acute care utilization as well as increased probability of delayed or missed care.¹⁵⁻¹⁹

The relationship between food insecurity and poor health outcomes is a complex and often cyclic phenomenon (Figure 1). Poor nutritional status is fueled by limited access to healthful foods as well as increased reliance on calorie-dense and nutrient-poor “junk” foods, which are less expensive and often more readily available in low-income neighborhoods.^{5,20-24} These compensatory dietary patterns place individuals at higher risk for developing cardiometabolic conditions and for poor control of these conditions.^{5,8,9,12,25,26} Additionally, the physiological and psychological stressors of food insecurity may precipitate depression and anxiety or worsen existing mental health conditions, resulting in feelings of overwhelm and decreased self-management capacity.^{5,8,27-31} Food insecurity has further been associated with poor sleep, declines in cognitive function, and increased falls, particularly among the frail and elderly.³²⁻³⁴

Individuals experiencing food insecurity often report having to make trade-offs between food and other necessities, such as paying rent or utilities. Additional strategies to stretch limited resources include cost-related underuse of medication and delays in needed medical care.^{4,17,31,35} In a nationally representative survey among adults with at least 1 chronic medical condition, 1 in 3 reported having to choose between food and medicine; 11% were unable to afford either.³ Furthermore, the inability to reliably adhere to medication regimens that need to be taken with food can result in potentially life-threatening hypoglycemia (as can lack of food regardless of medication use).^{5,26,36} In addition to the more obvious risks of glucose-lowering medications, such as insulin and long-acting sulfonylureas in patients experiencing food insecurity, many drugs commonly used among nondiabetic adults such as ACE-inhibitors, β blockers, quinolones, and salicylates can also precipitate hypoglycemia, and food insecurity has been associated with experiences of hypoglycemia even among individuals without diabetes mellitus.^{32,37} In one study the risk for hospital admissions for hypoglycemia among low-income populations increased by 27% at the end of the month when food budgets were more likely to be exhausted.³⁸ Worsening health status and increased emergency department visits and hospitalizations may then result in lost wages and mounting medical bills, contributing to further financial strain and worsening food insecurity.

Prevalence and Importance of Food Insecurity Among US Veterans

Nearly 1.5 million veterans in the US are living below the federal poverty level (FPL).³⁹

An additional 2.4 million veterans are living paycheck to paycheck at < 200% of the FPL.⁴⁰ Veterans living in poverty are at even higher risk than nonveterans for food insecurity, homelessness, and other material hardship.⁴¹

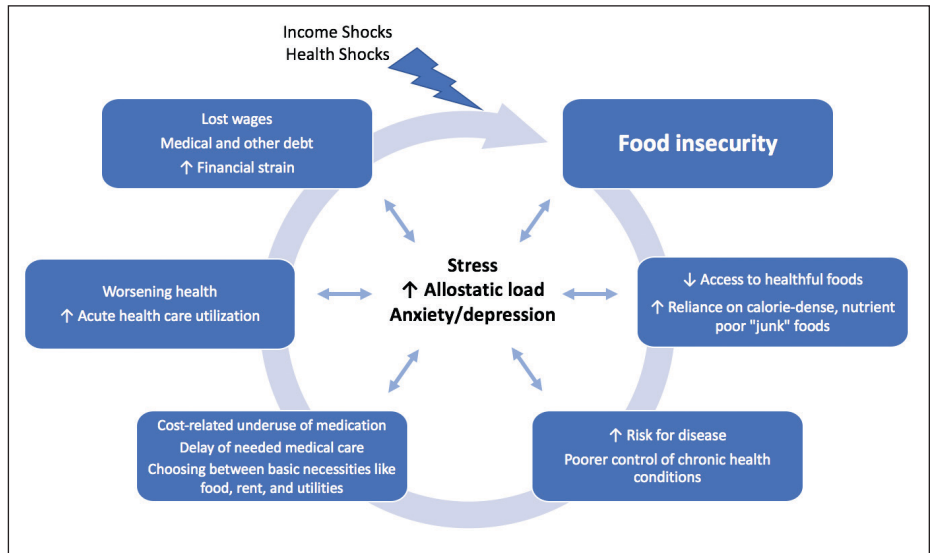
Estimates of food insecurity among veterans vary widely, ranging from 6% to 24%—nearly twice that of the general US population.^{8,42-45} Higher rates of food insecurity have been reported among certain high-risk subgroups, including veterans who served in Iraq and Afghanistan (27%), female veterans (28%), homeless and formerly homeless veterans (49%), and veterans with serious mental illness (35%).^{6,32,43,46} Additional risk factors for food insecurity specific to veteran populations include younger age, having recently left active-duty military service, and lower final military paygrade.^{42,45-47} As in the general population, veteran food insecurity is associated with a range of adverse health outcomes, including poorer overall health status as well as increased probability of delayed or missed care.^{6,8,32,42-44,46}

Even among veterans enrolled in federal food assistance programs, many still struggle to afford nutritionally adequate foods. As one example, in a study of mostly male homeless and formerly homeless veterans, O’Toole and colleagues found that nearly half of those reporting food insecurity were already receiving federal food assistance benefits, and 22% relied on emergency food resources.³² Of households served by Feeding America food pantries and meal programs, 20% have a member who has served in the US military.⁴⁸

FEDERAL PROGRAMS TO ADDRESS FOOD INSECURITY

There are several important federal food assistance programs designed to help alleviate food insecurity. The Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp program) is the largest federal food assistance program and provides low-income Americans with cash benefits to purchase food. SNAP has been shown to

FIGURE 1 Cycle of Food Insecurity and Poor Health^{5,15,19,31}



substantially reduce food insecurity.^{7,49} The program also is associated with significant decreases in cost-related medication nonadherence as well as reductions in health care costs and both acute care and nursing home utilization.^{16,50-54} Although nearly 1.4 million veterans live in SNAP-enrolled households, 59% of eligible veterans are not enrolled.^{43,55} Closing this SNAP eligibility-enrollment gap, has been a focus of recent efforts to improve long-term food security among veterans. There also are several federal food assistance programs for households with children, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and school meals programs. Among federal nutrition programs for seniors, the Older American’s Act contains designated funding to support nutrition services for older adults, including congregate meal programs in community settings like senior centers, places of worship, and housing communities, and home-delivered meals through programs like Meals on Wheels.⁵⁶

VHA Response to Food Insecurity

The Veterans Health Administration (VHA) is the country’s largest integrated, federally funded health care system.⁵⁷ In November 2015, congressional briefings on veteran food insecurity organized by the national non-profit organization MAZON: A Jewish Response to Hunger and hosted with bipartisan support were provided to the US House

TABLE 1 Role of the Interdisciplinary Care Team in Addressing a Positive Food Insecurity Screen^{32,70}

Specialties	Suggested Roles
Medical assistants	If performing initial screening during intake, alert clinician to positive screen, as well as desired referrals, if applicable; and Offer relevant handouts or resource guides if available.
Clinicians	Screen for signs/symptoms of hypoglycemia; Review medication list, adjust when appropriate (eg, assess medication affordability/adherence, as well as medications requiring specific food availability or refrigeration; prioritize medications with lower hypoglycemia risk; consider prescribing glucose tabs); Assess for additional risk factors and comorbidities associated with food insecurity, including functional limitations, cognitive decline, depression/anxiety, obesity, poor appetite, unintentional weight loss, social isolation; Provide patient/caregiver education regarding hypoglycemia avoidance and treatment; Code for food insecurity (Z59.4: Lack of adequate food and safe drinking water); Consider adding food insecurity to the problem list; and Refer to other care team members as appropriate.
Dietitians	Conduct comprehensive assessment of nutritional status, needs, and barriers to obtaining/preparing nutritionally appropriate foods; Provide context-appropriate counseling and education regarding food intake and cost-sensitive meal strategies; Refer to relevant emergency and/or longer-term food resources, (eg, food pantries, soup kitchens, home-delivered meals, congregate meal programs); and Identify veterans requiring ongoing follow-up for nutritional needs.
Social workers	Assess short- and long-term food access needs as well as any additional social risk factors impacting food access (eg, transportation/housing/utility insecurity, social isolation, lack of cooking equipment); Assess veteran eligibility for potential additional VA benefits or services; Provide assistance and/or refer to relevant organizations that can provide assistance applying for SNAP benefits and other government assistance programs (eg, WIC, utility/ housing assistance, TANF, SSI, EITC, Medicaid) as applicable; Identify relevant patient assistance programs and/or Veteran Service Organizations; Refer to relevant emergency and/or longer term food resources (eg, food pantries, soup kitchens, home-delivered meals, congregate meal programs); and Identify veterans requiring continued follow-up to assess for ongoing resource need.
Registered nurse care managers	Discuss risk mitigation interventions with veterans who have experienced recurrent hypoglycemia; and Identify veterans requiring longitudinal case management to assess for ongoing needs and reinforce prevention/intervention strategies.
Pharmacists	Review medication list for prescriptions with high risk for hypoglycemia, medications requiring specific food availability or refrigeration, and/or prescriptions with high cost-share for which there is a less expensive therapeutic equivalent; and Adjust medications/discuss alternatives with prescribing clinician as indicated.
Occupational and/or physical therapists	Evaluate any functional limitations impacting a veteran’s ability to obtain/prepare food or feed themselves.

Abbreviations: EITC, earned income tax credit; SNAP, Supplemental Nutrition Assistance Program; SSI, Social Security income; TANF, Temporary Assistance for Needy Families; VA, US Department of Veterans Affairs; WIC, Supplemental Nutrition Assistance for Women, Infants and Children.

and Senate. As a result of these briefings, VHA chartered the national Ensuring Veteran Food Security Workgroup with a mandate to partner with governmental and nonprofit agencies to “focus on the issue of food insecurity, the identification of veterans at risk, the needed training of VHA staff and the coordination of resources and initiatives to support the veterans for whom we care.” Building off a pilot in US Department of Veterans Affairs (VA) Homeless Patient Aligned Care Teams (H-PACTs),³² VHA subsequently integrated a single-item food insecurity screening tool into the VA electronic health record (EHR) clinical reminder system (Figure 2). The clinical reminder, which was rolled out

across VA medical centers nationally in October 2017, provides an alert to screen all non-institutionalized veterans for food insecurity. To date, nearly 5 million veterans have been screened. When a veteran endorses food insecurity based on the initial screening question, a prompt appears to offer the veteran a referral to a social worker and/or dietitian. Positive screening results also should be communicated to the patient’s primary care provider. Depending on site-specific clinical flow, the reminders are typically completed in the outpatient setting either by nurses or medical assistants during intake or by providers as part of the clinical visit. However, any member of the health care team can complete the

clinical reminder at any time. As of September 2019, approximately 74,000 veterans have been identified as food insecure.⁵⁸

Addressing Food Insecurity

VHA has been a recognized leader in addressing homelessness and other social determinants of health through its integrated care and PACT delivery models.⁵⁹⁻⁶¹ The food insecurity clinical reminder was designed to facilitate a tailored, interdisciplinary approach to identify and address food insecurity. Interdisciplinary care team members—including medical assistants, clinicians, social workers, registered dietitians, nurse care managers, occupational or physical therapists, and pharmacists—are uniquely positioned to identify veterans impacted by food insecurity, assess for associated clinical and/or social risk factors, and offer appropriate medical and nutrition interventions and resource referrals.

This interdisciplinary team-based model is essential given the range of potential drivers underlying veteran experiences of food insecurity and subsequent health outcomes. It is critically important for clinicians to review the medication list with veterans screening positive for food insecurity to assess for risk of hypoglycemia and/or cost-related nonadherence, make any necessary adjustments to therapeutic regimens, and assess for additional risk factors associated with food insecurity. Examples of tailored nutrition counseling that clinical dietitians may provide include meal preparation strategies for veterans who only have access to a microwave or hotplate, or recommendations for how veterans on medically restricted diets can best navigate food selection at soup kitchens or food pantries. Resource referrals provided by social workers or other care team members may include both emergency food resources to address immediate shortages (eg, food pantries, soup kitchens, or vouchers for free lunch) as well as resources focused on improving longer term food security (eg, federal food assistance programs or home delivered meal programs). Importantly, although providing a list of food resources may be helpful for some patients, such lists are often insufficient.^{62,63} Many patients require active assistance with program enrollment either onsite

FIGURE 2 VA Electronic Health Record Food Insecurity Clinical Reminder

the day of their clinic visit or through connection with a partnering community-based organization that can, in turn, identify appropriate resources and facilitate program enrollment.^{63,64} Planned follow-up is also crucial to determine whether referrals are successful and to assess for ongoing need. Proposed roles for interdisciplinary care team members in addressing a positive food insecurity screen are outlined in Table 1.

VHA-COMMUNITY PARTNERSHIPS

In addition to services offered within VA, public and private sector partnerships can greatly enhance the range of resources available to food insecure veterans. Several VA facilities have developed formal community partnerships, such as the Veterans Pantry Pilot (VPP) program, a national partnership between Feeding America food banks and VA medical centers to establish onsite or mobile food pantries. There are currently 17 active Feeding America VPP sites, with a number of additional sites under development. Several of the VPP sites also include other “wrap-around services,” such as SNAP application assistance.^{65,66}

State Veterans Affairs offices⁶⁷ and Veterans Service Organizations (VSOs)⁶⁸ also can serve as valuable partners for connecting veterans with needed resources. VSOs offer a range of services, including assistance with benefit claims, employment and housing assistance, emergency food

TABLE 2 Selected Food Referral Resources for Veterans and Their Families^a

Programs	Description	More Information
Supplemental Nutrition Assistance Program (SNAP)	Monthly benefits for low-income households to purchase food at authorized grocery stores, farmers markets, and food retail outlets	www.fns.usda.gov/snap Local enrollment assistance resources, varies by area
SNAP Healthy Food Incentive Programs	Matches SNAP benefits spent on fruits and vegetables at participating locations	Varies by region
The Emergency Food Assistance Program (TEFAP)	Food distributed monthly via pantries, senior centers, and faith-based groups	www.fns.usda.gov/tefap/emergency-food-assistanceprogram-tefap
Veterans Service Organizations	Range of services, including assistance with benefit claims and emergency food assistance	www.va.gov/vso
Food pantries/food boxes	Free food and grocery items at specified locations, including certain VA medical centers through Veterans Pantry Pilot program	www.feedingamerica.org/find-your-local-foodbank
Soup kitchens	Free hot meals	Databases for local resources: www.211.org www.networks.whyhunger.org www.mealsonwheelsamerica.org/find-meals
Mobile produce vans	Provide access to free and reduced-cost produce at specified mobile van route locations	
Faith-based food programs	Free hot meals and/or food boxes	
Resources for low-income households with children		
Supplemental Nutrition Program of Women, Infants, and Children (WIC)	Money for supplemental foods for pregnant, postpartum, or breastfeeding women and children under age 5 y	www.fns.usda.gov/wic
School/summer meal programs	Free/reduced price meals for students	www.fns.usda.gov/school-meals/child-nutrition-programs
Resources for adults aged ≥ 60 y		
Congregate meal program	Group meals at participating sites, including senior centers, places of worship, and housing communities ^b	www.eldercare.acl.gov/Public/Index.aspx www.mealsonwheelsamerica.org/find-meals
Home-delivered meal program	Meals delivered to frail and home-bound older adults ^b	
Senior Farmers' Market Nutrition Program (SFMNP)	Vouchers for low-income seniors for farmers markets, farm stands, and community supported agriculture programs	www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program
Commodity Supplemental Food Program (CSFP)	Monthly food box for low-income seniors	www.fns.usda.gov/csfp/commodity-supplemental-food-program
Child and Adult Care Food Program (CACFP)	Free and reduced-price meals at adult day care centers	www.fns.usda.gov/cacfp/child-and-adult-care-food-program

^aResources for all ages (eligibility criteria vary).

^bSome congregate meal and home-delivered meal programs may charge for meals if they do not have funding through the Older Americans Act or other local funding.

assistance, and transportation to medical appointments. Some VSOs also have established local affiliations with Meals on Wheels focused on veteran outreach and providing hot meals for low-income, homebound, and disabled veterans.

Additional Resources

Although resources vary by regional setting,

several key governmental and community-based food assistance programs are summarized in Table 2. Local community partners and online/phone-based directories, such as United Way's 2-1-1 can help identify additional local resources. For older adults and individuals with disabilities, local Aging and Disability Resources Centers can provide information and assistance connecting to

TABLE 3 Food Insecurity Resources for Practice

Clinical screening and referral algorithms	Nutrition and Obesity Policy Research and Evaluation Network clinical screening and referral algorithms for general adults and patients with diabetes mellitus: nopren.org/resource/download-food-insecurity-screening
Screening and referral toolkits	Food Insecurity and Health: A Tool Kit for Physician and Health Care Organizations https://hungerandhealth.feedingamerica.org/wp-content/uploads/2017/11/Food-Insecurity-Toolkit.pdf Implementing Food Security Screening and Referral for Older Patients in Primary Care: https://www.aarp.org/content/dam/aarp/aarp_foundation/2016-pdfs/FoodSecurityScreening.pdf
General information and resources	Feeding America's Hunger and Health: hungerandhealth.feedingamerica.org/ Food Research and Action Center, Hunger & Poverty section: frac.org/hunger-poverty-america MAZON: A Jewish Response to Hunger, Veterans section: www.mazon.org/veterans Screen and Intervene: Addressing Food Insecurity Among Older Adults, continuing medical education: www.seniorhealthandhunger.org Social Interventions and Research Evaluation Network, Evidence & Resource Library section: sirenetwork.ucsf.edu/tools/evidence-library

needed resources.⁶⁹ Finally, there are a number of online resources available for clinicians interested in learning more about the impact of food insecurity on health and tools to use in the clinical setting (Table 3).

CONCLUSION

The VA has recognized food insecurity as a critical concern for the well-being of our nation's veterans. Use of the EHR clinical reminder represents a crucial first step toward increasing provider awareness about veteran food insecurity and improving clinical efforts to address food insecurity once identified. Through the reminder, health care teams can connect veterans to needed resources and create both the individual and population-level data necessary to inform VHA and community efforts to address veteran food insecurity. Clinical reminder data are currently being used for local quality improvement efforts and have established the need nationally for formalized partnerships between VHA Social Work Services and Nutrition and Food Services to connect veterans with food and provide them with strategies to best use available food resources.

Moving forward, the Ensuring Veteran Food Security Workgroup continues to work with agencies and organizations across the country to improve food insecure veterans' access to needed services. In addition to existing VA partnerships with Feeding America for the VPP, memorandums of understanding are currently underway to formalize partnerships with both the Food Research and Action Center (FRAC) and MAZON. Additional research is needed both to formally validate the current food insecurity clinical

reminder screening question and to identify best practices and potential models for how to most effectively use VHA-community partnerships to address the unique needs of the veteran population.

Ensuring the food security of our nation's veterans is essential to VA's commitment to providing integrated, veteran-centered, whole person care. Toward that goal, VA health care teams are urged to use the clinical reminder and help connect food insecure veterans with relevant resources both within and outside of the VA health care system.

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Disclaimer

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Food Insecurity among Military and Veteran Families

Colleen Heflin

Food insecurity, which is defined by the United States Department of Agriculture as a “lack of access to enough food for an active, healthy life for all household members”¹ was present in 10.5% of American households in 2019, before the COVID-19 pandemic.¹ By late March and early April 2020, food insecurity rose to 21.9%, an 11.4 percentage point increase and the highest level ever recorded in the 25-year history of the measure.² In the general population, food insecurity tends to be higher among non-white households, those with lower levels of income and education, households with children, people living alone, and single-headed households with children. The risk of food insecurity also varies by geography: Rates of food insecurity are higher in urban cities and in rural areas, and food insecurity varies significantly across states from a low in New Hampshire (6.6%) to a high in Mississippi (15.7%).¹ Although our country spends billions of dollars annually to create the best military force in the world, food insecurity is prevalent among our active-duty military personnel and families and persists among our veterans, especially our disabled veterans.

KEY TAKEAWAYS

- By early April 2020, food insecurity rose to 21.9% among U.S. households - the highest rate ever recorded.
- Before COVID-19, about 1 in 7 military families experienced food insecurity.
- Data collected since COVID-19 hit the U.S. in early-2020 suggest that between 1 in 5 and 1 in 3 military families have experienced food insecurity in the last year.
- Food insecurity risk is also high among veterans, particularly disabled veterans.
- Food insecurity among soldiers is associated with lower likelihood of re-enlisting.
- Eligibility standards prevent many military families from accessing SNAP benefits.
- Several policy revisions are needed, including a change to SNAP eligibility guidelines for veterans and provision of transitional SNAP benefits to those leaving the military.

Food Insecurity is Prevalent Among Military Families

While the Department of Defense does not collect systematic data on the level of food insecurity among military families, several different estimates suggest that around 1 in 7 military families experienced food insecurity before COVID-19.^{3,4,5} Estimates collected during the COVID-19 era from one Army installation indicated that 1 in 3 military families experienced marginal food insecurity in Summer 2020⁶ and estimates collected in Winter 2021 by the Military Family Advisory Network indicated that 1 in 5 military families were food insecure.⁵ In addition, Feeding America estimates that 20% of all families served by their national network of food banks contained a household

member currently or formerly connected to the military.⁷ Currently, food pantries operate in or near every military installation in the country.

The Supplemental Nutrition Assistance Program (SNAP), which is the cornerstone of federal food and nutrition assistance programs, has eligibility standards that specifically prevent military families from accessing benefits. Military families that live off base receive a Basic Housing Allowance (BAH) which is based on the geographic duty station, pay grade, and dependency status and is designed to cover the cost of housing and utilities.⁸ However, this benefit, which resembles housing assistance for civilian households, is treated as income during the SNAP determination process and many military families stationed in high-cost housing areas are rendered ineligible for SNAP benefits. **SNAP eligibility guidelines should be revised to treat the BAH as it does other forms of federal housing assistance.**

The Transition from Military to Civilian Life is Often Accompanied by Hardship

Food insecurity likely causes retention problems for the military. Among soldiers who indicated in 2019 that they were likely to leave the military after their current service period, 46% were marginally food insecure (compared to 36% for those who were neutral or unlikely to leave the military). Additionally, food insecurity among active-duty members is associated with poor mental health outcomes (depression, anxiety and suicidal ideation) and poor mental health is associated with an intention to leave military service.⁹ Unfortunately, the transition from military to civilian life is often a point of increased hardship, especially for those separating at younger ages with fewer job skills that easily transition to the civilian economy.¹⁰ Unemployment is a significant problem among what are known as Gulf War-era II (post 9/11 wars) veterans, particularly those aged 25 to 34 (IVMF 2021).¹¹ Military service members who transition to civilian life face multiple new challenges with regards to their nutrition. Individuals who transition no longer have access to free or subsidized meals in military mess halls and cafeterias or lower-cost and tax-free groceries at military commissaries. To the extent that these benefits are not replaced immediately with civilian labor market earnings or family and network support, military members may experience food insecurity during the transition period. In my own research with Andrew London (Syracuse University), I have documented that SNAP participation is about 10% higher during the first year after leaving military service than it is for all veterans (7.1% versus 6.5%).¹² However, given the social stigma associated with SNAP participation as well as fears about ineligibility, this level of participation likely underestimates the share of recently transitioned veterans who are eligible for SNAP benefits but do not apply.

The U.S. government could demonstrate the value of our service members **by providing an automatic transitional SNAP benefit to all families leaving military service at the E4 level and below.** If half of the separating service members qualify for the benefit (or about 100,000 per year) and received the FY2019 average household benefit level of \$258 per month, this would cost the federal government approximately \$154 million annually (a very low percentage of the total federal SNAP benefits of \$55.6 billion in FY2019).¹³

Disabled Veterans Are at a High Risk of Food Insecurity

While military service members are selected for their good health, veterans are more likely to be disabled than civilians due to the unique risks of injury and exposure to circumstances such as combat, interpersonal violence, substance use and stress-related mental health issues that are associated with disability.^{14,15} Having a disability is a significant risk factor for being food insecure or having other forms of material hardship.^{16,17,18,19,20} According to a 2020 analysis by Alisha Coleman-Jensen at the US Department of Agriculture, U.S. households with an adult who is unable to work because of a disability face levels of food insecurity that are 3 times that of the general population (31.6 versus 10.5% in 2019).^{21,22,23} According to analysis by She and Livermore (2007), individuals with a disability make-up over half of the population identified with food insecurity.²⁴

In research with Andrew London and Janet Wilmoth (Syracuse University), I have found that among adults aged 25-65, being a veteran is associated with a reduction in the probability that a household experiences poverty, food

insecurity or other forms of material hardship. However, being a disabled veteran removes this protective effect of veteran status.²⁵ While veterans tend to be in better health around retirement age, they tend to experience steeper age-related declines in health.²⁶ When examining older adults (those aged 65 and above), we found that, while food insufficiency (a measure that is similar to the most severe form of food insecurity, very low food security) was lower generally among older adults than younger adults, disabled veterans had a higher risk of food insufficiency than disabled non-veterans.²⁷

Veterans with a disability should have a substantial economic advantage relative to their civilian counterparts. They should have the ability to receive disability compensation through the Veterans Affairs in addition to the civilian Social Security Disability Program. However, in previous work using the Survey of Income and Program Participation, (with Wilmoth and London), I found that joint participation in both programs is quite rare. In 2008, about 13% of veterans received support from the VA's Disability Compensation Program, 7% received support from Social Security's Disability Insurance Program, but only 4% receipt support from both programs.²⁸ While eligibility for the two disability programs does differ significantly, the low levels of joint participation likely reflects some level of stigma and lack of information that disabled veterans face when considering civilian disability benefits. Perhaps because of these barriers, previous research has shown that disabled veterans have lower incomes than non-veterans who report the same number of disabilities.²⁹

Improved coordination of services between the Veterans Affairs Disability Compensation Program and the Social Security Administration's Disability Insurance Program is needed to improve access to these programs, such as creating categorical eligibility under certain circumstances, raise household income for disabled veterans and reduce food insecurity. More generally, the concentration of food insecurity within households dealing with disabilities is an area that deserves further policy attention.

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Study Aims to Show Why Some Veterans Go Hungry

Peaches sit, waiting to be picked up before the start of the first Farmers' Market on Travis Air Force Base, California. (U.S. Air Force/Senior Airman Nicole Leidholm)

30 May 2019

Military.com | By [Patricia Kime](#)

A new study seeks to understand why some veterans experience food insecurity, having little access to healthy food, skipping meals or using money budgeted for groceries to pay other bills.

With previous research showing that roughly a quarter of post-9/11 veterans have experienced hunger or food insecurity at some point after their service, Nipa Kamdar, a postdoctoral fellow at the University of Houston's Department of Health and Human Performance, sought to determine what barriers keep veterans from obtaining and eating quality food.

Using a unique approach to qualitative research called photo elicitation, she let the veterans explain their challenges through photographs of objects or situations they felt hindered or helped their access to food.

"This is a problem in this community, but it's not being fully recognized," Kamdar said during an interview with Military.com. "I really wanted to understand what was happening in the veteran household and really get the story, rather than just the numbers."

Kamdar gave cameras to 18 low-income veterans who had at least one child between the ages of 5 and 11. Later, she met with them to share pictures and allow them to explain their reasons for choosing their subject matter.

Kamdar said the photographs provide insight into families facing hardships that data or simple interviews don't convey.

"Veterans may have physical or mental health disabilities and limited social support that further restrict their access to food," she said. "There is limited knowledge about the barriers to accessing food within this community."

Study participant Alisha Strife, a former [Army](#) soldier injured in a [Humvee](#) accident in Iraq in 2005, said her barriers included being unable to work while recovering from her injuries and, later, monthly health care premiums that totaled \$1,700 -- more than half her [Department of Veterans Affairs](#) disability compensation.

As part of the research, she took pictures of her gas gauge on empty and her VA prescription bottles.

"A lot of it is ... just making sure those things were taken care of. Then, there is the amount of time it takes to attend medical appointments and take care of kids, along with the high divorce rate, or being single parents that typically veterans may be," Strife said.

Kamdar said another veteran also took photos of his medication. The former service member explained that, [with post-traumatic stress disorder](#), he has bad days when he cannot cook for his family.

"It's on the other members of the family, which includes the kids for that day, to fend for themselves," Kamdar said.

While the results have yet to be analyzed or published, Kamdar said she has learned lessons she is now sharing with community food banks and non-profits in the Houston area, where she did most of the research.

For example, she said student veterans with jobs and families who also are studying in college can't get to food banks, which normally are open during the workday.

She went to a central food distribution center this week to discuss this finding, she said.

"They didn't know about how the hours of operation of some of these pantries make it difficult for veterans to make it there," she said.

Kamdar also found that veterans are most at risk for food insecurity in the first three months of their transition from military service, when they are trying to find a job, establish a home and fend for themselves.

She'd like to see legislation to shorten the time period for veterans to qualify for the Supplemental Nutrition Assistance Program, or SNAP. It can take 30 days or more to be approved for SNAP but, since an applicant has to show income history to qualify, they must prove they are no longer receiving active-duty pay.

"If we could get them to access it sooner if they qualify ... it would increase access," Kamdar said.

The research was funded by the William T. Grant Foundation, a nonprofit focused on reducing inequality among children and youth. The group was interested in the research, Kamdar said, because food insecurity puts children at increased risk for mental health and physical disorders, impaired learning and decreased productivity in school.

What struck her most, she said, was that the children of these families were rarely affected by the food insecurity because the veterans simply went without eating themselves to ensure that their kids were fed.

"They make do with what they have and make sure the kids get what they need. It is just taken for granted that they would skip a meal, wouldn't eat or eat just once a day," Kamdar said. "They consider this normal."

Kamdar hopes to analyze the information and publish it but also bring the information to organizations that help veterans and those experiencing hunger.

"I don't know when I would do a gallery-type exhibit, but if that opportunity came to get these photos out there, [I'd do it]. Me telling you in words is not as impactful as the photos with their captions," she said.

Strife said she participated to call attention to a little-known problem for some veterans.

"Veterans don't typically ask for help," she said, "and I don't think the VA recognizes this is a major issue. My main reason for participating is to make sure that we get veterans connected to the available resources."

-- *Patricia Kime can be reached at Patricia.Kime@Military.com. Follow her on Twitter at [@patriciakime](https://twitter.com/patriciakime).*

Related Topics: [Military Headlines](#) [Veteran Benefits](#) [Military Transition](#) [Post Traumatic Stress Disorder - PTSD](#) [Department of Veterans Affairs - VA](#)

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U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON RULES
EST. 1789 | JAMES P. McGOVERN (MA-2), CHAIRMAN

U.S. HOUSE OF REPRESENTATIVES
Committee on Rules

ROUNDTABLE: “Ending Hunger in America: Examining Hunger Among Seniors and Multigenerational Families”

June 9, 2021

Hello, My name is Linda Edge I reside in Quincy Massachusetts. I am a mother of four adult children, one who is 19 and about to graduate high school. I am a grandmother to four granddaughters. I recently got custody of my granddaughter who is 15.

I am a student at Springfield College in Boston pursuing my BA degree in Human Services. I also participate in a program called One Family Scholars, which is helping me make it through college successfully.

In addition to my studies, I am very involved in the community. I am a volunteer at United South End Settlement where I distribute food to families in need. I am also a volunteer at Urban Edge, where I help people file their tax returns.

I work as a Personal Care Attendant for a relative who has been in the hospital since January. Due to his hospitalization, I have not been able to work, and I am now receiving unemployment.

This past year has been difficult for me to provide a healthy nutritious meal for my family. When I was working, my income was too high to qualify for SNAP. Now that I am unemployed, I have applied for SNAP benefits. My income now still puts me over the income guideline to qualify for SNAP benefits.

It would mean a lot if I did not have to worry about feeding myself or my family. When you have two picky eaters it is difficult to get food they will eat and that is health for them.

I would like the members of congress and policymakers to know that there are families like me who work hard to provide for their family but because our income is over the guidelines that makes us ineligible for SNAP benefits. It would be helpful to increase the SNAP income guideline so that families like mine could qualify for SNAP benefits. I would also like members of Congress to know that people who need help feeding their families are not lazy, they are just fellow human beings who need help.

**Written Testimony of Donna M. Butts
Executive Director, Generations United
Washington, DC**

**To the Committee on Rules
U.S. House of Representatives**

June 9, 2021

I am pleased to have the opportunity to submit testimony to the Rules Committee on behalf of Generations United, an organization dedicated to improving the lives of children, youth, and older adults through intergenerational strategies. We applaud Chairman McGovern, Ranking Member Cole, and members of the Committee for your leadership in holding this roundtable examining *Hunger Among Seniors and Multigenerational Families*. The testimony focuses on hunger and food insecurity facing multigenerational families and grandfamilies and highlights intergenerational solutions to address those issues. Multigenerational families are families where three or more generations reside in the same household. “Grandfamilies” are families where children are being raised by grandparents, other relatives, or close family friends (also known as kinship families) usually without parents present.

ABOUT GENERATIONS UNITED

Generations United’s mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies and programs for the enduring benefit of all. Founded over 35 years ago, we are a catalyst for policies and practices stimulating cooperation and collaboration among generations, evoking the vibrancy, energy, and sheer productivity that result when people of all ages come together. We believe that we can only be successful in the face of our complex future if generational diversity is regarded as a national asset and fully leveraged.

Multigenerational families and grandfamilies epitomize the value of intergenerational interdependence, the backbone that build our country and continues to strengthen our communities. Generations United is one of the few groups that advocates on their behalf but more importantly, engages the families in identifying their strengths, challenges, and needs.

In 2011 in the wake of the Great Recession, we researched and released *Family Matters: Multigenerational Living in a Volatile Economy*. While the families were often shamed in the media at the time and held up as a sad example of what had become of our country’s “rugged individualism,” the families we surveyed said their multigenerational households helped individual family members and strengthened family bonds.

Ten years later, as we grapple with the global COVID-19 pandemic, we once again undertook a survey to see how multigenerational families were faring. In *Family Matters: Multigenerational Living is on the Rise and Here to Stay* we reported that while not for everyone, multigenerational living has helped many families to pool resources and care for one another. Living under one

roof is no longer an emerging trend but a permanent family configuration with most of the families reporting they intend to continue living together long after the pandemic subsides.

Even before we advocated for multigenerational families, Generations United worked with and on behalf of grandfamilies. Over 20 years ago, we established the National Center on Grandfamilies to improve policies, supports, and services for the millions of grandfamilies around the country who keep children connected to their siblings, kin, and culture. The Center conducts federal advocacy, provides technical assistance and training to state policy makers and advocates, develops guides, fact sheets and other resource materials including an annual *State of Grandfamilies Report*, and raises awareness about the strengths and needs of the families through events, media outreach, and weekly communications. The Center's work is guided by our GRAND Voices network of grandfamily caregivers representing 45 states, the District of Columbia, and 11 tribes. Through the Center, Generations United has successfully advocated for an array of laws and policies to help grandfamilies gain access to affordable food and nutrition supports, financial assistance, housing, counseling, respite care, and other supportive resources. More information about our work and resources are available at www.gu.org and www.grandfamilies.org.

BACKGROUND ON MULTIGENERATIONAL FAMILIES AND GRANDFAMILIES

Multigenerational Families

Multigenerational living is on the rise and here to stay. The number of households consisting of three or more generations has increased from a low of 15 percent in 1980 to 20 percent in 2018. In 2011, in the wake of the Great Recession, Generations United conducted a survey to learn more about multigenerational households and found 7 percent of Americans reported living in a multigenerational household. In 2021, we conducted a new survey and found the number had quadrupled to 26 percent which is a 271 percent increase. Six in ten families said they started or continued to live together because of the COVID-19 pandemic. Sixty-six percent said the current economic climate was a factor in their family becoming a multigenerational household with 16 percent saying it was the only reasons. Other factors can be traced to the pandemic as well with an equal 34 percent saying their household formed because of eldercare or childcare/education needs and 30 percent saying it was because of job loss, change in job status, or underemployment. "Since COVID hit, I don't have a job," said Katie Stewart who lives with her 6-year-old son, mother, stepfather, and two stepbrothers. She was working for a ticket company when the pandemic started, and concert venues shut down. "Until we get approved to open up for the concert venues again, I don't have work."

While the families may have come together by need, they are staying together by choice. In fact, 72 percent of the families said they intended to continue living in a multigenerational household long term. It is not surprising given 98 percent said their multigenerational household functioned successfully. Still 77 percent feel there should be more government programs and policies that are supportive of multigenerational households like theirs. Most frequently cited were help with caregiving, mental health services, support groups, mortgage or rent assistance as well as paid

family leave, flexible work environments, and increased access to home- and community-based services and supports.

Several benefits surfaced from the survey. Seventy-nine percent responded that it made it easier to provide for the care needs of one or more family members. The same percentage said it enhanced family bonds or relationships while 76 percent said it improved finances and mental or physical health. Living together made it possible for at least one family member to continue school or enroll in job training. Food plays an important role. Forty percent said sharing family meals with all household members present is a factor that contributed to their household's success.

The Center on Budget and Policy Priorities found “Millions of people report that their household didn't get enough to eat, isn't caught up on rent, or struggled to cover usual expenses.” The COVID-19 pandemic caused unemployment to reach an all-time high and families have hunkered down at home together by necessity or by choice to provide care, lower expenses, stretch food dollars, pass on family traditions and culture and avoid isolation. Multigenerational families may be one of the most positive changes to come out of the pandemic. Given 7 in 10 multigenerational families say they plan to continue doing so long-term, we must prepare for a multigenerational future examining our age segregated policies and approaches to better serve today's families.

Grandfamilies

More than 2.3 million grandparents are responsible for raising grandchildren across the U.S. Approximately 2.7 million children are being raised by grandparents or other relatives with neither parent in the home. When children cannot remain with their parents, the comfort of a grandparent, aunt, or godparent eases the trauma of separation. Compared to children in non-relative care, children being raised by relatives have more stability, higher levels of permanency, and decreased behavioral problems. They are more likely to maintain connections with brothers and sisters and to preserve their cultural heritage. Yet, for every child being raised by relatives inside the formal foster care system, 19 children are raised by relatives outside of the system. Grandfamilies raising children outside the foster care system are often left disconnected from basic benefits and supports like food and nutrition programs, respite care, counseling for children and caregiver training.

Grandfamilies face unique strengths and challenges. Unlike parents, grandfamily caregivers do not have inherent legal rights and responsibilities with respect to these children. They often take informal responsibility for children suddenly and have no planning time to meet their financial, housing, or other needs.

The COVID-19 pandemic hit grandfamilies especially hard. Demographic data point to the greater risk COVID-19 poses to grandfamilies than other families. Almost half of all grandparent caregivers are age 60 and older, and grandparent caregivers are much more likely to have a disability than parents of children age 18 and younger. Adults age 60 and older and those with disabilities, such as compromised immune systems, are at higher risk for getting COVID-19 and are told to heed warnings to distance themselves from young people and others. That becomes

impossible, for example, when one is the sole caregiver to a young child. Grandfamilies are also more likely to have Black or Native members than white members. Nationwide, Black Americans are dying from COVID-19 at 2.5 times the rate of white Americans, and Native and Latinx Americans are dying at about 1.5 times the rate, according to data collected by the COVID Tracking Project. Many states do not report data for American Indian or Alaska Native people and instead report them under the “other” category. The impact on American Indian and Alaska Native people is likely much greater. With this pandemic and its resulting deaths, COVID-19 is not only heightening challenges for existing grandfamilies, but creating new ones.

Access to adequate food and nutrition supports ranks highly among the challenges that grandfamilies face during the pandemic according to a survey of more than 600 grandfamily caregivers from all 50 states conducted by the Grandfamilies Outcomes Workgroup, Generations United, and Collaborative Solutions. Approximately 43 percent reported that they were fearful of leaving the house to get food because of exposure to COVID-19, 47 percent reported waiting in long lines to access food assistance, and 32 percent reported that food at pick up sites ran out when they arrived. More information about the impact of COVID-19 on the families is available in Generations United’s State of Grandfamilies Report: [*Facing a Pandemic: Grandfamilies Living Together During COVID-19 and Thriving Beyond.*](#)

Despite the important role that millions of grandparents and other relatives play in caring for children both inside and outside of the formal foster care system, the vast majority of available supportive policies and services are targeted at supporting only those kinship families where the children are part of the formal foster care system. Even those kinship families who are caring for children inside the foster care system often do not receive foster care maintenance payments to provide for the needs of the child.

Grandfamilies are often left out of aging services as well because of lack of familiarity with serving these unique families and because of age restrictions in programs such as the National Family Caregiver Support Program (NFCSP). It provides funding to Area Agencies on Aging which may be used to serve grandfamilies but is limited to those where the grandparent or other relative caregiver is age 55 and older.

The following recommendations address ways food and nutrition programs, income supports, aging services, and child welfare funding streams can better support multigenerational families, engage grandfamilies as resources to each other, and reduce barriers for these grandfamilies to allow the caregivers to access services and resources necessary to meet the needs of the caregivers and provide for the children for whom they care.

RECOMMENDATIONS

“If we didn’t get SNAP, we couldn’t make it through the month to eat.”

-Linda, Grandparent Raising Grandchildren in Oklahoma

Promote Joint Meal Programs and Fund Multigenerational Demonstration Projects in the Older Americans Act

During the pandemic grandfamilies reported challenges accessing food and nutrition assistance including being required to travel to separate locations to secure food for themselves and for the children. The Older Americans Act reauthorization also authorize congregate nutrition programs designed to provide healthy meals that present opportunities for social engagement, information on healthy aging, and meaningful volunteer roles. The Act encourages multigenerational nutrition and meal service programs where possible. It recommends that states working with area agencies on aging reduce the administrative burden on these programs and help direct limited resources to where services are needed most. The Act also promotes the creation of intergenerational shared site programs that offer adult and childcare at the same location which are ideal for many multigenerational families juggling competing caregiving needs. These programs help meet the food and nutrition needs of younger and older family members. These approaches will help more effectively serve multigenerational families and grandfamilies by providing a single location for the family to access free and reduced-priced meals.

As Congress considers appropriations for Fiscal Year (FY) 2022, we urge you to recognize the importance of the newly authorized Older Americans Act Grant Program for Multigenerational Collaboration. This grant program was created with strong bipartisan, bicameral support. We recommend allocating \$2.5 million in FY2022 funding for the OAA Grant Program for Multigenerational Collaboration, which will allow state and local organizations to create or enhance a variety of intergenerational programs serving children, youth, and older adults including those that could help with food and nutrition assistance.

Support Access to Food and Nutrition Services for Multigenerational Families

Ensure families who choose to live in multigenerational households are not punished by losing eligibility to food and nutrition programs due to having multiple incomes in the household, yet not enough food to go around. Food assistance programs provide access to food and nutrition services for those in greatest need. Because these programs are based on income, it is important that families that chose to live in multigenerational households are not punished by losing eligibility to these programs and are instead supported through these programs. Means-tested government programs were created as supports for families to thrive and should therefore be viewed as a support for multigenerational households alike, not an opportunity to disqualify individuals for finding a lifestyle that has positive impacts on those individuals and society.

Strengthen Outreach, Access and Benefit Adequacy in the Supplemental Nutrition Assistance Program (SNAP) for Grandfamilies and Multigenerational Families.

Despite need, grandfamilies and multigenerational families often experience challenges accessing SNAP benefits. Many families are unaware of what benefits they may qualify for and have difficulty navigating paperwork. A [2020 GAO report](#) found that some kin caregivers' household incomes may be too high to qualify for assistance from means-tested programs, like SNAP. Yet, the unexpected addition of a child can be a financial strain, especially to households where the caregiver is living on a fixed income which is the case for many older and retired

grandfamily caregivers. According to the [Annie E. Casey Foundation in 2012](#), less than half of low-income grandfamilies receive SNAP, even though most report food insecurity. Although we lack newer data, anecdotally we know things have not improved. Given available data during the pandemic, results have likely gotten worse for grandfamilies. Congress should examine ways to improve access to SNAP for grandfamilies and multigenerational families by considering approaches that consider only the child's income and by improving outreach and coordination with programs that serve grandfamilies.

Moreover, even when households do access SNAP, as [FRAC \(The Food Research and Action Center\) as documented](#), their benefits fall short of amounts needed to afford an adequate healthy meal plan. Without federal action, households will suffer cuts in SNAP benefit amounts in coming months, as the 15% boost in effect since January 2021 is due to sunset September 30, 2021, and SNAP Emergency Allotments will sunset upon termination of federal and state pandemic declarations.

Congress should examine ways to improve access to SNAP for grandfamilies and multigenerational families by considering approaches that consider only the child's income and by improving outreach and coordination with programs that serve grandfamilies. In particular, [as Unidos US and FRAC have recommended](#), the federal government and states should do more to support community-based outreach and application assistance to help connect families with benefits. Finally, [Congress should act now](#) to ensure that SNAP benefit amounts are adequate, not only until sufficient economic recovery has taken hold, but beyond.

Improve Outreach to Grandfamilies for the Supplemental Nutrition Program for Woman, Infants and Children (WIC)

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a critical source of nutrition support for grandfamilies. It is one of the few programs that will only consider the income of the child and not the family or their assets. WIC helps grandfamilies provide nutritious foods for the children they are raising without having to sacrifice hard earned retirement savings or other basic critical assets. Yet many grandfamilies are unaware that they may qualify for the program because outreach is not typically geared toward these families. Improved outreach strategies and educational programs that inform them of their benefits could help reach more grandfamilies.

Improve Access to School Meals for Grandfamilies

Access to free and reduced-price school meals for children in the care of relatives can be a critical source of income support for grandfamilies and provides essential nutrition to help children in the families thrive. Yet, many of the families face challenges accessing these supports due to eligibility restrictions and complex application processes. Generations United urges Congress to pass the CARE for Kids Act to help support children who are being raised by grandparents or relatives other than their parents by addressing barriers to access free school meals.

Improve Access and Adequacy of TANF for Grandfamilies

Typically, the only source of ongoing financial assistance to most grandfamilies is Temporary Assistance for Needy Families (TANF) child-only grants, which is based on the income of the child and to help meet the needs of the child. The TANF and SNAP application process are often linked, and if a grandfamily is unable to access TANF, they are also unlikely to access SNAP. If the grandfamilies are only able to access TANF child-only based on the income of the child, this critical funding source can make it possible to get food on the table for the children as their fixed incomes may not allow them to access other food and nutrition benefits.

About twenty-five years ago, Congress enacted TANF to replace Aid to Families with Dependent Children (AFDC). Since 1996, one of the four primary purposes of TANF has been to keep children in their own homes or in the homes of relatives. Despite this declaration, most children in grandfamilies do not receive any TANF support or any other type of ongoing financial assistance.

Congress can do a number of things to improve access to this important assistance. Most fundamentally, Congress should increase its block grant funding, and encourage states, tribes, and localities to mirror their child-only TANF grant amounts on their foster care maintenance payment rates, which similarly are designed to meet the needs of children whose parents cannot care for them.

Further, direct HHS to provide clear guidance on the good cause exemption for assigning child support to the agency, as existed under AFDC. Many caregivers do not pursue TANF child-only support due to the requirement to assign their right to collect child support to the agency. Many caregivers are reluctant to do this for various reasons, including fear that the parents will remove the child from their safe and loving care. Another common concern is that the parents will not be able to reunify with the children if they are pursued for these funds, which they likely need in order to stabilize housing and other essentials so they can reparent.

Require Food and Nutrition Delivery Systems to Develop Strategies to Promote Race Equity and Address Disparities Including Promoting Equitable Treatment of Grandfamilies

Levels of food insecurity rose during the COVID-19 pandemic, hitting communities of color particularly hard. During this public health emergency, [FRAC](#) (The Food Research and Action Center) noted that Black and Latinx adults age 60 and older have experienced higher levels of food insecurity than white older adults, exacerbating prior rates of disproportionate food insecurity levels. About 24 percent of Latinx older adults of any race and 23 percent of Black older adults experienced food insecurity during the pandemic, as compared to 11 percent of white older adults.

Among all Americans, Latinx Americans (45 percent) and Black Americans (33 percent) are more likely than white Americans (19 percent) to say they live in a multigenerational household. Almost half of all grandparents raising their grandchildren are age 60 and older, and disproportionate numbers of them are Black and Native American grandchildren, with 20 percent

of grandparents raising Latinx grandchildren. These grandfamily caregivers are raising children unexpectedly and need equitable solutions to access SNAP and other nutrition programs.

We urge Congress to require states to develop and implement a plan to address racism and racial disparities in the SNAP and other federally supported nutrition programs for all families, including those grandfamilies with caregivers age 60 and older experiencing dramatic increases in food insecurity. Approaches should include providing interpreter and translation services and partnerships with community-based organizations to ensure effective outreach and access to grandfamilies with caregivers who do not speak English.

Promote Authentic Engagement of Individuals with Lived Expertise in Multigenerational and Grandfamilies in All Aspects of Planning, Policy Development, Service Delivery and Evaluation

Families are best served when they are heard and have input into all aspects of planning, policy development, and delivery of services and supports designed to help them. The majority of food and nutrition supports and other services available to help multigenerational and grandfamilies were not designed with these families in mind. As a result, programs often miss connecting with these families in outreach efforts and may be ineffective at addressing the needs of all family members. Authentic engagement of members of multigenerational families and grandfamilies can improve access and effectiveness of services.

The Children's Bureau Information Memorandum [ACYF-CB-IM-19-03](#) provides an array of key principles and considerations for engaging, empowering, and utilizing family and youth voice in all aspects of child welfare to drive case planning and system improvement. Food and nutrition services, income support and aging service programs should promote the use of similar approaches adapted for those systems through requiring and incentivizing approaches like those outlined in the memo.

Invest in Community-Based Kinship Support Services and Peer to Peer Programs

Among the most valued supports to kinship families are those provided by community-based grassroots organizations often led or staffed by caregivers who have the wisdom of experience navigating fragmented and inadequate systems. These often-under-resourced programs are trusted providers of support and information and can reach and serve families who are fearful or reticent about engaging with traditional child welfare agencies or government operated services. These organizations typically do not have the capacity to compete for federal or state funding opportunities or to invest in evaluation to demonstrate their effectiveness. Yet, they are often the first place kinship families learn about assistance programs including food programs. When these programs have a peer-to-peer component, families are more likely to successfully access food and nutrition programs. Congress should explore approaches to invest, evaluate, and promote peer to peer models of support services such as caregiver to peer navigation services, caregiver mentoring, and support groups.

Ensure Kinship Navigators Programs and the Newly Funded Technical Assistance Center on Grandfamilies and Kinship Families Have Accurate and Up to Date Information about Food Assistance Programs

Congress created federally supported Kinship Navigator Programs to help connect grandfamilies to support kinship caregivers in learning about, finding and using programs and services to meet their families' needs. Congress should ensure these programs have accurate, up to date information about food assistance programs and urge them to coordinate with federal, state and local food and nutrition assistance programs to ensure grandfamilies are accesses all available resources to meet their needs. The recently funded National Technical Assistance Center on Grandfamilies and Kinship Care should provide resources and technical assistance to kinship navigators and other programs serving grandfamilies to ensure they have the nutrition related information and tools tailored toward reaching the unique families.

Encourage Provision of Services to Grandfamilies through the National Family Caregiver Support Program (NFCSP) including by Supporting Projects of National Significance

For 20 years, the NFCSP has provided supportive services such as information and referral, respite care, support groups, counseling and supplemental services to older relative caregivers of children, in addition to family caregivers of older adults. This may include emergency support such as food and nutrition assistance to help grandfamilies when children unexpectedly come into their care. Services are provided through state and local aging service agencies which have the option to serve grandfamilies. Despite strong need, according to 2020 GAO report- [*Child Welfare and Aging Programs: HHS could enhance support for grandparents and other relative caregivers*](#), only 23 states used their 2016 NFCSP funds to serve older relative caregivers of children, and only five of these states had spent anywhere close to the maximum percentage allowed when the programs were surveyed. Those that do serve grandfamilies are restricted by law to using the funds to serve older caregivers, leaving the large numbers of younger grandparent and other relative caregivers without access to these supports. State officials told the GAO that they would like more tools for how to use the program to serve the families.

Congress should fund the Projects of National Significance authorized under the Older American's Act to provide information and technical assistance to help Area Agencies on Aging better understand the unique needs of grandfamilies, multigenerational families and effective ways to serve them including partnering with child welfare, income support, and community-based organizations that serve families regardless of the caregiver's age.

Promote and Encourage Intergenerational Community Gardens Through Collecting and Sharing Best Practices and Offering Local Tax Incentives

Communities around the country are experimenting with intergenerational community gardens to supply fresh fruits, vegetables and whole grains. Such gardens are increasingly being developed on schoolyards, senior living complexes and vacant city lots. The gardens bring together community members of all ages to plant, harvest, sell, or consume the food they grow. The harvest provides food to the community while building social relationships and helping

individuals acquire entrepreneurial skills. An example of this type of program funded by the State of Nevada SNAP-Education program is Teach Me To Grow Healthy (TMTGH). It is a community-oriented, culturally sensitive program that seeks to improve the holistic care and nutritional support of Native Americans, both urban and rural, in the Reno area. Working through local churches, community centers, senior centers, schools, contacts in several tribal groups, and the State of Nevada SNAP-Education program, TMTGH is creating an intergenerational group to grow and distribute indigenous food produce to the participants' families and communities. Congress should support efforts like these and other approaches to provide produce and other healthy food options in "food deserts" by helping to make fresh fruits, vegetables and nutritious foods more broadly available including at corner stores.

Promote Coordination of Food Programs to Better Serve Families

Expand and involve national services programs such as AmeriCorps, AmeriCorps Seniors and Learn and Serve, to focus on intergenerational nutrition needs in under-served communities. Encourage states to develop comprehensive intergenerational strategies to improve delivery and coordination of nutrition and other assistance programs to better meet the needs of family members of all ages.

"It is too expensive to get enough nutritious food for the family shopping at traditional grocery stores. The only way you can eat fresh fruit that you need is through food stamps."
- Toshia, a grandmother raising five grandchildren, New York

Multigenerational and grandfamilies draw upon the strengths of multiple generations, working together to create solutions in the best interests of family members across a range of generations. The result is resilient families who get through both good and challenging times together and the outcome is a stronger, more caring nation. We must ensure policies support and not harm these important families.

Thank you for the opportunity to submit testimony on behalf of Generations United. For more information contact:

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My name is Vanessa Chambers and I am a community health worker. I work at the Rockwood CDC in Gresham OR and I am one of the founders of the program called Grandma's Hands. Our program is funded through a grant from the Oregon Department of Agriculture (USDA Specialty Crop Program). Me and my husband Willie Chambers, along with the Wallace Medical team came together to do a program for grandmothers involved with their young grandchildren. From there we started working with Mr. Chuck Smith on the idea of African American grandmothers passing down their traditions to the younger generations. Each month we come together and use specialty crops such as collard greens, beans, broccoli, asparagus, cabbage, brussel sprouts, and squash, as well as foods that are not commonly eaten by families in the area. Our group of grandmas cook for the families and have them experience different varieties of vegetables and recipes based on our family traditions.

The idea for the program was as a result of me taking care of my grandkids and teaching them how to cook. My husband would come over and see me with my grandkids; teaching them how to chop and how to cook certain things like potatoes, which is personally one of my granddaughter's favorite foods. She also really likes cabbage so that was the first meal that I created for the families for our first Grandma's Hands event. As African Americans we also wanted to make sure that our children and our grandkids know the things that we create are special to us, and we want the meals to also be special to them. When kids cook with their grandmother, they have such an enjoyable time and they will remember what their grandmother cooked for them.

Our program was designed around us purchasing food from local African American farmers and having families participate in preparing and eating a meal together at the Sunrise center. When COVID happened, we got together and we all decided that we would find a way to get meals to people like delivering the meals to the families and also having them drive by and pick up their meal. We would do that every month. This went well but it also changed the experience to a degree. It became a more joyful experience to find alternative ways of keeping the program going and also being interactive with other family members. We would have them on a Zoom call and people were very glad that we found another way to have each family participate. People would give their views about the meal and tell stories about food experiences with their families. I think that was a very exciting and joyful experience that we found another way to do something that was stagnated because of COVID.

When this program came together, we invited grandmothers to join the planning group, and each grandmother decided which particular part of their meal they would present. We began to work together in the kitchen and allow the grandmother that was featured for that particular month to take the lead and we will follow them, or we would assist them in anything that they needed. We became really close as grandmothers and we learned how to work together as African American women. We have also developed relationships not just with the grandmothers but their grandkids and other family members. That is a very special experience with these grandmothers. We were also there to help each other when things were not going right in their lives. One grandmother would step in for the other and help by preparing food or going to visit particular grandmothers see how they're doing. It has caused us to have a very close knit connection with one another.

Being affiliated with other family members that participate in the program has been great. We see the interactions between the families and within the families. We all got to see the excitement on the face of a little boy when his father pulled out a cutting board from the program materials and they started chopping vegetables together. One of our team members Marchane got her other family members in

the area involved, and now her nieces and nephews and their parents are on every Zoom call. People are excited about the program and how it builds community among African Americans to be there for one another.

Our hope is for this program to be offered in other communities in our area. We would like for people to be able to take the same kind of methods and applying them in their communities. They can make it specific for their community and different nationalities they represent. Whether it's a Hispanic family or in African Somali family or a Korean family or any other nationality we wanted them to be able to take the idea that we have done here and replicate it back within their community to help their own community. We encourage using our program or a program similar to ours that is concerned about the food and the health for their community. Actually, we would like to see the idea go nationally or possibly internationally- food, health, local farmers, and the idea of being there for their families and community.

A History of Grandma's Hands

Grandma's Hands is a platform for Black grandmothers to share family recipes and food traditions with future generations. The program provides a bag of fresh produce grown by Black farmers and brings everyone together virtually to learn how to prepare the featured recipe together.

Grandma's Hands have always been there to pick us up, lift us up, and guide us to the right path.

Our Grandma's Hands story begins with Vanessa and Willie Chambers, and how Vanessa was sharing cooking traditions and experiences with their grandchildren at home. That picture was captured in Willie's mind in 2018 when he was meeting with Katrina Ratzlaff and Lisa Cline from Wallace Medical, Lynn Ketch from the Rockwood CDC, Maureen Quinn from OSU, and others working for the health of the people of Rockwood. The conversation got around to food systems how and to promote good nutrition and health. From there, the picture of grandmothers actively passing on their cultural and family food traditions to younger generations came into focus. Willie had already seen it at home; He already knew the words penned by Gil Scott Heron and sung by Bill Withers — "Grandma's Hands"

Willie reached out to Chuck Smith and the Black Food Sovereignty Coalition to help work on developing this concept. Throughout 2019 we reflected on the transformative power of Grandma's Hands and worked on how to activate Grandma's Hands in improving our health, guiding our eating habits, strengthening our connections, and building our community.

The first Grandma's Hands project was funded in 2020 through a grant submitted by the Rockwood CDC to the Oregon Department of Agriculture to serve the Rockwood community. Black Food Sovereignty Coalition (BFSC), in partnership with the Rockwood CDC did the natural and right thing- turn to the Black Grandmas in our community to have their Hands bring this project to life. Vanessa Chambers was one of those first Grandmas to guide this program.

The Grandmas who participated in launching the first project are: Vanessa Chambers, Rhonda Combs, Mildred Braxton, Martha Lewis, Laurie Palmer, Marchane Lawson, Joyce Smith-McGee, Latasha Carter, Lisa Mathis, Mary Frison, and Shantae Johnson. We also had a few men/grandfathers contribute to the effort: Arthur Shavers, Jerry Hunter, and Robert Braxton.

BFSC has respectfully accepted the honor of being caretakers of Grandma's Hands, recognizing that Grandma's Hands have always been there holding us, sustaining us, and encouraging us.

The Grandma's Hands program today is the collective gift that Black Grandmas from our community have given us. "Grandma's hands, they keep on calling to me." - Gil Scott Heron



Grandma's Hands
"Grandma's hands, they keep on calling to me"
Passing on Black Cultural Food
Traditions to Future Generations

Grandma's Hands Year 1 Summary
June 2020 to January 2021

The Grandma's Hands program is delivered in a partnership between the Black Food Sovereignty Coalition and the Rockwood CDC through an Oregon Department of Agriculture specialty crop grant. Eight monthly on-line live events were held during year 1 (June 2020 – January 2021). Each event featured a video of a grandma demonstrating how to prepare the featured dish, a full meal, sample specialty crops for participants, and a live conversation among the community members and the grandmas from the planning team. Sample specialty crops and some meal ingredients were provided by Black Futures Farm, Mudbone Grown, Wapato Island Farm, and other local Black and Indigenous farmers.

- Total Number of People Registered- 1,135 Total Number of Families Registered- 322
- Total Number Who Received Meal Kits and Materials- 874 people; Representing 258 Families
- 487 Adults and 387 Youth served
- Total Number Participating in the On-Line Live Events- 305 people; Representing 93 Families
- 98% of participants identified as Black/African American/African
- 29% of participants live in Rockwood
- 9 cooking demonstration videos produced by Grandmas Hands team members
- 22 Black, Indigenous, and POC farmers and food producers from the Portland area were promoted during the events.
- Families were introduced to 44 different vegetables and fruits.
- Over 90% of all evaluation respondents answered in the affirmative to all evaluation feedback areas.
 - Introduced to foods that I had not eaten before
 - Intent to eat more of the foods sampled today
 - Increased knowledge of foods that I could consume
 - More likely to attend events like this
 - Made connections with others in their community
 - Met new people (would be interested in connecting with them again)
 - Increased the number of people their social network

Submitted by:

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TACKLING FOOD INSECURITY AMONG OLDER ADULTS AND MULTIGENERATIONAL FAMILIES

**Statement of
Elaine Waxman*
Senior Fellow, Urban Institute**

**at the
Ending Hunger in America Event Series
hosted by the Committee on Rules,
United States House of Representatives**

ENDING HUNGER IN AMERICA: EXAMINING HUNGER AMONG SENIORS AND MULTIGENERATIONAL FAMILIES

June 9, 2021

* The views expressed are my own and should not be attributed to the Urban Institute, its trustees, or its funders. I thank Greg Acs, Amy Peake and Craig Gundersen for helpful comments and Olivia Fiol and Michael Marazzi for help in preparing this statement.

Good afternoon Chairman McGovern, Ranking Member Cole, and other Rules Committee members and guests.

I am Elaine Waxman, a Senior Fellow in the Income and Benefits Policy Center at the Urban Institute. Thank you for the opportunity to speak with you today about food insecurity among older adults, including those who are living in multigenerational households or raising grandchildren. I appreciate the opportunity to share my insights at this event and should note that the views expressed today are my own and should not be attributed to the Urban Institute, its trustees, or its funders.

Now is a pivotal time to have this conversation: The nation is just emerging from a pandemic that has disproportionately affected our older adults and a recession that brought a second public health crisis of food insecurity, defined as the inability to consistently afford a nutritionally adequate diet because of a lack of financial resources.¹ The entire US food system has undergone significant shocks, and the ways that we acquired food from groceries, restaurants, social service programs and charitable food providers changed dramatically in 2020. These shifts affected all age groups but have had special implications for older adults, who were strongly urged to avoid public spaces because of higher risk of COVID-19 infection. We have benefited from a robust response from both federal nutrition programs and the charitable food system—these systems buffered food insecurity that could have otherwise been catastrophic. Nevertheless, we continue to grapple with shortcomings, including the inadequacy of Supplemental Nutrition Assistance Program (SNAP) benefits for many recipients, even with the much-needed temporary increase in benefit amounts.

We also need to reckon with how the pandemic has brought into sharp relief the deep, preexisting racial and ethnic inequities in food access and how these have intersected with the disproportionate impact of serious COVID-19 infections and economic dislocation in our communities of color and indigenous communities. Finally, we are facing an upcoming demographic turning point that makes the topic of senior food insecurity particularly urgent: By 2030, all baby boomers in the US will be older than 65 and, within the ensuing decade, older adults (those age 65 and older) are expected to outnumber children for the first time in US history.²

In short, there is no time like the present to ask ourselves why we continue to accept food insecurity in our country, especially among our older people, and what we have to do to change that story. Doing better means not just buffering vulnerability (although doing so is critical): it also means building resilience for the future.

As we talk today, bear in mind that the concept of an “aging population” is of limited use. As a National Academies report noted several years ago, we really have to talk about “many aging populations.”³ Older adults are a rich tapestry of backgrounds and experiences. Some are in their 50s while others are well beyond their 80s. Many are retired, but a significant number continue to be

¹ Alisha Coleman-Jensen, Christian Gregory, and Anita Singh, “Household Food Insecurity in the United States in 2019” (Washington, DC: US Department of Agriculture, Economic Research Service, 2020).

² Jonathan Vespa, Lauren Medina, and David M. Armstrong, “Demographic Turning Points for the United States: Population Projections for 2020 to 2060,” P25-1144 (Suitland-Silver Hill, MD: US Census Bureau, 2018).

³ Laura Pillsbury, Emily Ann Miller, Caitlin Boon, and Leslie Pray, eds., *Providing Healthy and Safe Foods as We Age: Workshop Summary* (Washington, DC: National Academies Press, 2010).

employed beyond age 65. Others may want to work but struggle to find employment in a labor market that favors younger workers. Our older adults vary in their level of financial security; the presence of disability or chronic health conditions; race, ethnicity, religion and culture; the availability of resources in their local communities; and level of family responsibilities and support. Each of these dimensions can influence nutritional needs and preferences and the ability to access and afford healthy foods.

Too many older adults are unable to consistently afford a nutritionally adequate diet because of a lack of financial resources. In 2018, 7.3 percent of seniors (those age 60 or older), about 5.3 million people, were food insecure, as well as 10.6 percent of adults ages 50 to 59, another 4.5 million people. It is worth noting that even in the strong economic conditions leading up to the pandemic, older adults were still experiencing food insecurity at a higher rate than before the Great Recession.⁴

Older adults from communities of color consistently experience higher levels of food insecurity, with Black and Hispanic/Latinx older adults more than twice as likely as white adults to struggle to afford an adequate diet.⁵ Native American older adults are also at higher risk of food insecurity than white adults. Unfortunately, data from national surveys rarely provide sufficient visibility to these communities. A synthesis of research from 2000 to 2010 suggests that food insecurity rates among Native Americans and Alaska Natives persisted at around one in four during that period.⁶ In 2016, poverty rates among older Native Americans, at nearly 20 percent, were twice those of their white counterparts.⁷ Although food insecurity and poverty are not the same, these data suggest significant vulnerability to material hardship among older Native Americans leading up to the COVID-19 pandemic, which hit Native American communities extremely hard.⁸

We are still working to understand how the COVID-19 pandemic affected food insecurity and nutrition among older adults and what the pandemic's longer-term consequences may be. Clearly, the pandemic shutdown and recession created a large spike in food insecurity across the country in 2020 as well as a strong mobilization of both federal nutrition and charitable food programs. Some food bank distribution sites saw lines of cars stretching for miles. Notably, some evidence suggests that early in the pandemic, seniors' use of charitable food actually *dropped*, likely because of public health advice that seniors be particularly careful about social distancing and because many neighborhood food pantries that may have been more accessible to seniors closed.

An October 2020 analysis by Dr. Jim Ziliak at University of Kentucky gives us some timely insights into older adults' reported experiences with food hardship during the pandemic. His work examines information from the Census Bureau's Household Pulse Survey, launched during the pandemic to track

⁴ James P. Ziliak and Craig Gunderson, "The State of Senior Hunger in America 2018: An Annual Report" (Chicago: Feeding America, 2020).

⁵ "Senior Food Insecurity Studies," Feeding America, accessed June 4, 2021, <https://www.feedingamerica.org/research/senior-hunger-research/senior>.

⁶ Valarie Blue Bird Jernigan, Kimberly R. Huyser, Jimmy Valdes, and Vanessa Watts Simonds, "Food Insecurity among American Indians and Alaska Natives: A National Profile Using the Current Population Survey—Food Security Supplement," *Journal of Hunger and Environmental Nutrition* 12, no. 1 (2017): 1–10.

⁷ Administration for Community Living, "Profile of American Indians and Alaska Natives Age 65 and Over" (Washington, DC: US Department of Health and Human Services, Administration for Community Living, 2017).

⁸ Talha Burki, "COVID-19 among American Indians and Alaska Natives," *Lancet Infectious Diseases* 21, no. 3 (2021): 325–26.

changes during it. Importantly, the Pulse Survey does not ask all of the questions used to determine food insecurity in the US, so its data provide an imperfect comparison between before and after the onset of the pandemic. But we can glean useful clues by using two measures of food insufficiency the survey tracks. The first asks if a household sometimes or often did not have enough food to eat. This condition increased 75 percent between 2019 and July 2020, from 2.8 to 4.9 percent of seniors. Food hardship affects a much larger number of seniors if we look at those who said they had enough to eat but were consuming a reduced variety of food: the share of seniors reporting this condition jumped from 14.5 percent in 2019 to 32.8 percent in summer 2020. Reduction in food variety can be a signal of reduced nutritional quality, which is concerning for all age groups but is particularly noteworthy among seniors who may be living with a variety of chronic health conditions.⁹ The Pulse data also reinforce what we knew before the pandemic: there is a significant racial and ethnic gap in who experiences food insufficiency, with Black seniors reporting rates two to three times those of white seniors.

Food insecurity is not just a measure of material hardship: it is an important public health indicator. Food insecurity is associated with a host of poor health outcomes across the life course, and food-insecure seniors face a variety of health challenges. Food insecurity is associated with higher risk of reduced nutrient intake, diabetes, hypertension, and depression. Research suggests that older adults struggling with food insecurity experience limitations in their daily activities that are equivalent to those of food-secure seniors who are 14 years older.¹⁰

Food insecurity is also not just about individuals: it is a household-level condition. Household members typically acquire, prepare, and share food together. About 28 percent of adults 65 and over live alone, and that share increases with age. But overall, the majority of older adults do not live alone. They often they live with a spouse or partner, and some live with an adult child. Although a relatively small share of older adults in the US live with extended family compared with other countries,¹¹ many have complex family living arrangements. In 2018, for example, more than 1.1 million adults age 60 or older were responsible for the basic needs of a grandchild living with them.¹² Further, about a quarter of the 5.8 million individuals living with intellectual and developmental disabilities were cared for by an adult age 60 or over in 2017.¹³

Older adults with caregiving responsibilities face higher risks of food insecurity, and the younger seniors are often those experiencing the most hardship. Almost a quarter of grandfamilies with adults ages 50 to 59 are food insecure compared with about one-sixth of grandfamilies with adults age 60 and older. Adults naturally shield children from food hardship, which may mean grandparents taking care of grandkids will feed kids first, leaving the grandparents with less food and at greater risk for

⁹ James P. Ziliak, "Food Hardship during the COVID-19 Pandemic and Great Recession," *Applied Economic Perspectives and Policy* 43, no. 1 (2021): 132–52.

¹⁰ Craig Gundersen and James P. Ziliak, "Food Insecurity and Health Outcomes," *Health Affairs* 34, no. 11 (2015).

¹¹ Jacob Ausubel, "Older People Are More Likely to Live Alone in the U.S. Than Elsewhere in the World," Pew Research Center, March 10, 2020.

¹² Administration for Community Living, *2019 Profile of Older Americans* (Washington, DC: US Department of Health and Human Services, Administration for Community Living, 2020).

¹³ Administration for Community Living, *2019 Profile of Older Americans*.

the negative outcomes associated with an inadequate diet. Caregiving can also intersect with disability among older adults: about a quarter of grandparents raising grandkids report a disability of their own. Households with an adult or child who is disabled are at very high risk of food insecurity: about one in three households with older adults ages 50 to 59 struggle to afford an adequate diet.¹⁴

This summary has focused on the many challenges we face in securing consistent access to a healthy diet for all older adults. Understanding this complexity is a necessary step for achieving better outcomes. But although we often talk about the vulnerabilities of older adults, this past year has also reminded us how resilient our older adults can be and how vital they are to our communities. I'd like to focus the remainder of these remarks on ways we can build food security and resilience for all older adults.

Here are five key strategies that could help us realize those goals:

1. **Strengthen the power of SNAP for older adults.** SNAP is our first line of defense against food insecurity among federal nutrition programs: we have a strong evidence base for the program's role in reducing food hardship and poverty, and evidence is growing that SNAP can help reduce health expenditures.¹⁵ Unfortunately, before the pandemic, SNAP reached fewer than half of potentially eligible older adults,¹⁶ compared with 84 percent of all eligible individuals in 2017. There are multiple barriers to program participation, including stigma, a perception that benefits are low for older adults, and administrative complexity. We need a national strategic plan to position SNAP as a vital support for the health and well-being of all eligible low-income older adults. A starting point is to build on emerging lessons from the current Elderly Simplified Application Project, which is currently being operated in 14 states and is designed to streamline the application, verification, and recertification processes for older adults.¹⁷ We also need to engage the health care sector to make SNAP enrollment a standard part of the "prescription" for taking care of one's health and for reducing health care expenditures. A higher minimum benefit for older adults may also be important for offering older adults more meaningful assistance. Although 80 percent of older adults participating in SNAP receive an average monthly benefit of \$104,¹⁸ the monthly minimum benefit for seniors of \$16 has contributed to the perception that SNAP enrollment is not worth engaging in the challenging application process. Finally, we need to address both the persistent inadequacy of the Thrifty Food Plan as the basis for the SNAP benefit amount and the program's failure to

¹⁴ Feeding America, "Hunger among Adults Age 50–59 in 2018: Executive Summary" (Washington, DC: Feeding America, 2020).

¹⁵ Seth A. Berkowitz, Hilary K. Seligman, Joseph Rigdon, James B. Meigs, and Sanjay Basu, "Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures among Low-Income Adults," *JAMA Internal Medicine* 177, no. 11 (2017): 1642–49.

¹⁶ "Trends in SNAP Participation Rates: FY 2010–2017," US Department of Agriculture, Food and Nutrition Service, last updated September 12, 2019, <https://www.fns.usda.gov/snap/trends-participation-rates-fy-2010>.

¹⁷ "Elderly Simplified Application Project," US Department of Agriculture, Food and Nutrition Service, last updated December 16, 2020, <https://www.fns.usda.gov/snap/elderly-simplified-application-project>.

¹⁸ Kathryn Cronquist, *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2019*. Report SNAP-20-CHAR (Alexandria, VA: US Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 2021).

account for the wide geographic variation in food prices across the US, which erode SNAP's purchasing power for program participants. My colleague Dr. Craig Gundersen at the University of Illinois and I are currently updating our earlier analysis of the gap between the amount of the maximum SNAP benefit per meal and the average cost of a low-income meal in every county in the US. In partnership with Feeding America, we use 2020 food price data from NielsenIQ, and we find a similar result as when we first evaluated the gap using 2015 data: SNAP does not cover the cost of a low-income meal in 96 percent of US counties. The SNAP meal cost gap, weighted for population size, averages 22 percent across all US counties. Among the 20 counties with the highest SNAP meal cost gap, the difference between the maximum per meal benefit and the cost of a low-income meal ranges from 64 percent to 213 percent. Just these top 20 counties are found in 14 different states. Even when we add 15 percent to the maximum benefit, as is currently authorized under the American Rescue Plan, 40.5 percent of counties in the US still show a gap between the cost of a low-income meal and the maximum SNAP benefit. This shortfall is significant because the maximum benefit is the amount available to households found to have zero income available for food. Before the pandemic, nearly 4 in 10 SNAP households qualified for the maximum benefit.

- 2. Help federal nutrition programs and charitable food providers meet older adults where they are.** Efforts to feed the country during the pandemic demonstrated great creativity and rapid innovation and offer important lessons about how to remove ongoing barriers to food access for older adults. Among these are mobility and transportation barriers that have always made it more difficult for some older adults to access groceries or charitable food assistance. Throughout 2020, millions of Americans turned to online shopping and curbside pick-up or home delivery of groceries to avoid exposure to COVID-19 and comply with social distancing requirements. A growing number of seniors also sought to participate, making them the fastest growing segment of online-shopping customers during 2020.¹⁹ Greater use of curbside pick-up and home-delivered grocery options are expected to persist even as the pandemic recedes, and efforts to support access to these services for low-income older adults can help reduce barriers that have long limited food access for many. The rapid expansion of SNAP online ordering during the pandemic, which is now available in 47 states and the District of Columbia, is a vital step. Access to these services can be strengthened by working with communities to overcome the potential barrier of delivery costs, which are not covered by SNAP, and by expanding the number of approved retailers who can participate.

Charitable food providers have typically had minimal involvement with home delivery of food because of concerns about cost and capacity. During the pandemic, however, many innovative partnerships have emerged to get charitable food to older adults who were reluctant to leave their homes because of the risk of COVID-19 exposure. Food providers partnered with Meals on Wheels in some communities to pair meal and grocery delivery. Mutual-aid groups stepped up to offer "last mile" delivery support. And food delivery

¹⁹ Abha Bhattarai, "Baby Boomers, to Retailers' Surprise, Are Dominating Online Shopping," *Washington Post*, January 21, 2021, <https://www.washingtonpost.com/road-to-recovery/2021/01/21/baby-boomers-online-shopping-pandemic/>.

companies made drivers available to deliver to food-bank clients. Longer-term capacity building can support maintenance of home delivery options for those older adults in need of charitable food assistance who face persistent barriers to visiting food pantries and food-bank pick-up sites.

Congregate sites serving meals to older adults also had to pivot rapidly during the pandemic, because shutdowns meant the sites needed to close in-person operations and switch to grab-and-go or delivery options. Preserving some of the flexibility provided during the pandemic to permit food to be consumed off site may help meet the needs of older adults in the future. Moreover, partnerships with restaurants for meal preparation opened new possibilities for serving more culturally appropriate food, which has been a challenge in congregate feeding sites.

Additional federal funding during the pandemic has helped boost Meals on Wheels's ability to respond to increased demand for home-delivered meals for those who are unable to cook for themselves. But before the pandemic, many Meals on Wheels organizations needed to maintain waiting lists because of funding constraints, and more robust support following the pandemic can avoid a return to gaps in access for this population.

3. **Support grandfamilies with additional resources.** Grandfamilies are providing critical support to children, and they in turn need robust supports to help them succeed. Kinship navigator programs have emerged in many states to help connect these families with a wide variety of benefits and services, including connections to food assistance, but such programs are not available in many areas. The elevated risk of food insecurity for these families is just one of many reasons why all 50 states and DC should have navigator services available for any family providing kinship care.²⁰
4. **Prioritize racial and ethnic equity in all public and private responses to food insecurity.** Absent intentional and concerted efforts, the long-standing gaps in food access and food security experienced by communities of color and indigenous communities will persist, undermining the well-being of these communities and ultimately the nation. Dismantling structural racism is a food-security strategy. Helping communities build income and assets that serve as a buffer for hard times is a food security strategy. Collaborating directly with communities most affected by food insecurity to identify needs and priorities for action is not only a respectful strategy, it is essential for building our collective resilience.
5. **Resolve to not reach 2030 in the same place we are now.** By 2030, more than one in five Americans will belong to one of the many aging populations. As a result, the health and well-being of older adults will have a profound impact on the vitality of the entire country. Food insecurity among older adults, and indeed among all persons in the US, is a solvable problem. What it will take is resolve.

²⁰ Generations United, *Facing a Pandemic: Grandfamilies Living Together During COVID-19 and Thriving Beyond* (Washington, DC: Generations United, 2020).



Eliminating Senior Hunger in Memphis, Tennessee through Meals on Wheels

Testimony before the House Committee on Rules, June 9, 2021

Chairman McGovern and distinguished members of the House Rules Committee, thank you for the opportunity to provide testimony and for convening today's hearing on food insecurity. My name is Sally Jones Heinz, and I am the president and CEO of MIFA, the Metropolitan Inter-Faith Association, in Memphis, Tennessee.

About MIFA

MIFA was founded in 1968 in an unprecedented cooperative effort uniting church and community leaders to confront the growing issues of poverty, hunger, and social division in Memphis. Created in the wake of Dr. Martin Luther King, Jr.'s assassination, MIFA began as a volunteer-driven advocacy agency and has since evolved into a professional social service nonprofit with a focused mission: MIFA supports the independence of vulnerable seniors and families in crisis through high-impact programs. Its vision is uniting the community through service.

MIFA's senior programs are designed to promote independence, health, companionship, and dignity – home-delivered Meals on Wheels allow seniors to continue living in their homes, while advocacy through the Long-Term Care Ombudsman program continues to support them when they move to care homes.

MIFA's family programs – Emergency Services, Emergency Shelter Placement, Rapid Rehousing, and the Homeless Hotline – provide basic services to stabilize families. This spectrum of personalized interventions is designed to address the vulnerabilities that could lead an individual or family to homelessness – interventions ranging from utility assistance to emergency shelter or permanent housing.

The Problem

The University of Memphis School of Social Work's *2020 Poverty Fact Sheet* reported that the poverty rate among those age 65+ in the city of Memphis is 14.1%; among non-Hispanic Black seniors (the overall population is 64% Black), the rate is 18.7%.

According to the most recent *State of Senior Hunger in America* study, Memphis has the highest senior food insecurity rate of any large metropolitan city in the United States at 15.6%. The risk factors for hunger are reflected in Shelby County and in the population our program serves: our

seniors are African-American, they are women, they are in poverty or disabled, and they live alone. We estimate that 3,500 seniors now living in Shelby County, Tennessee, are at the highest risk of food insecurity.

While MIFA currently provides home-delivered meals to 1,200 seniors, approximately 500 more are eligible for the local waiting list for meals managed by Aging Commission of the Mid-South. As more Americans live longer, that number will only grow.

The Program

MIFA began providing home-delivered meals for seniors in 1976, then expanded its services to congregate sites in 1981. Today, MIFA Meals on Wheels provides a service unique to our area: hot, nutritious lunches to nutritionally at-risk and disabled seniors in their homes and at congregate sites, at no cost to them.

The program receives support through the Older Americans Act administered locally by the Aging Commission of the Mid-South and supplemented by private donations to MIFA.

Our home-delivered meal program provides five lunches to seniors each week. Eligibility is based on nutritional and functional need, not income, though preference is given to low-income applicants. When surveyed in FY21, half of homebound clients reported monthly incomes less than \$1,000.

Meals are delivered by volunteers and staff drivers, and their interactions and safety checks are as vital to the program as the nutrition it provides. In addition to addressing food insecurity, home-delivered meal programs have a proven impact on social determinants of health, such as isolation and poverty. A recent report from the Robert Wood Johnson Foundation estimates that at least 40% of health outcomes are the result of social and economic factors, while only 20% can be attributed to medical care.

Our Meals on Wheels recipients are 64% women, 70% African-American, and 30% age 80+. Thirteen percent reported when surveyed that they skip meals because they lack funds to buy food; 31% have been told by a doctor that they aren't getting enough to eat. Many have health issues like diabetes (42%), high blood pressure (80%), or low blood pressure (56%). Half live alone, and 54% report feeling lonely or isolated at least some of the time.

But the program's impact is best illustrated in what we hear from these seniors. Surveyed seniors also reported the following: 96% eat healthier foods as a result of the program, 93% believe the program helps them feel better, and 93% believe the program helps them continue living in their own homes.

"Not long ago," one senior said, "I wasn't able to stand long enough to fry an egg. Now I have gained weight and strength. I don't know what I would have done without the MIFA meals, because my daughter has to work and raise her children." Another said, "Thank for the meals. I am in a wheelchair and was skipping meals. Now I don't have to do that anymore."

An Innovative Approach

In 2015, we led a grant-funded strategic growth initiative for Meals on Wheels in cooperation with our local food bank and our two largest hospital systems. Through this partnership, we had the invaluable opportunity to track and analyze the impact of meal delivery on a range of client health and social outcomes. Program evaluation was provided by the University of Memphis School of Public Health in cooperation with Methodist Healthcare and included tracking participant outcomes in the areas of healthcare utilization, nutritional capacity, and isolation, among other metrics. Evaluation revealed a clear connection between daily meal delivery and hospital utilization: when comparing hospital utilization at the time of program enrollment to one year later, analysts observed a 21% reduction in encounters. Isolation scores also improved from the initial assessment for 20% of clients, and nutritional capacity improved for 26%; among this very frail population, any improvement in health outcomes is considered significant.

The cost of achieving these outcomes is about \$2,000 – the cost of providing five hot meals a week to one senior for one year. In addition to improving quality of life for a senior, this relatively small investment can also result in significant healthcare savings.

Our COVID Response

One of the most beloved aspects of Meals on Wheels programs across the country is the opportunity for personal connection. The staff and volunteers who deliver meals also give hugs, shake hands, stay and visit with seniors who otherwise might spend the whole day alone. But in a pandemic, those interactions put our clients, our staff, and our volunteers – most of whom are seniors themselves – at risk.

In early March 2020, one of our first priorities was to find a delivery model that mitigated that risk but still allowed us to serve these vulnerable neighbors. We reduced hot meal deliveries to three days a week and supplemented with shelf-stable and frozen meals, which can be packed in boxes and delivered less often, stored by clients until they need them. Early in the pandemic, clients received a few extras each week, to help build a meal supply in case our service was interrupted.

When we learned that the city planned to end communal dining at congregate meal sites, where we serve meals to about 800 seniors a day, we shifted to providing a shelf-stable or frozen five-pack to those clients each week too. Seniors picked up boxes once a week at their regular congregate sites; during the pandemic, we increased our clients served at the sites and even opened a new suburban site.

The pandemic presented so many challenges. But in some ways, it just emphasized on what we already knew. For seniors across the country, social distancing was a way of life long before it was a CDC recommendation; the guidelines in place to protect seniors from the coronavirus also deepened their isolation. And evidence-based innovation was integral to Meals on Wheels programs across the country long before the pandemic. Senior hunger is not a pandemic

problem – it will persist when the pandemic ends, and so will our evolving efforts to eliminate it.

What We've Learned

MIFA has a long history of adapting and innovating. Our flexibility has allowed us to stay relevant and responsive for more than 50 years as we have served our community through the shifting challenges of poverty, housing instability, and food insecurity.

Since MIFA's founding – and especially in times of crisis – we have learned that collaboration is key. Through the goodwill of nonprofit and government partners and a generous community of supporters, we have delivered meals during a pandemic, distributed bottled water during a local boil water alert in a rare snowstorm, connected homebound seniors with COVID vaccines in their homes, and quadrupled the number of volunteers serving as phone buddies who check in on Meals on Wheels clients each week.

We have also learned that partnership with the healthcare community works. When a local hospital observed that at-risk patients who were frequent healthcare users could benefit from medically tailored meals, they approached us to provide referrals for service. For the low cost of a meal reimbursement, they can avoid high costs of readmission to the provider, to the hospital, and to the patient. We see tremendous potential for more and deeper partnerships between nutrition programs and the healthcare community to fund low-cost interventions that can result in long-term savings.

Throughout the pandemic – and long before it began – Meals on Wheels America, at the national level, has been a tremendous resource for programs like ours across the country, sharing best practices and innovative solutions and leading advocacy efforts for senior nutrition funding. For nearly 50 years, the proven and effective nationwide network of 5,000 senior nutrition programs established through the Older Americans Act has helped reduce hunger, promote socialization and improve the health and well-being of individuals 60 years of age and older. Yet, federal funding for this network has consistently fallen behind the demand brought on by our country's growing senior population and other factors, continually leaving a huge gap between those served and those needing, but not receiving, services. Time and time again, senior nutrition programs like ours have cited a lack of adequate funding as the primary factor impacting their ability to meet the existing need in their communities. In Memphis today, the waiting list for meals is only part of the picture of need.

With sufficient funding and a collaborative and holistic approach to service, senior hunger is a solvable problem. We believe in and will continue to pursue our vision of a community where no senior who is homebound is also hungry.

The State of Senior Hunger in America in 2018

EXECUTIVE SUMMARY RELEASED MAY 2020



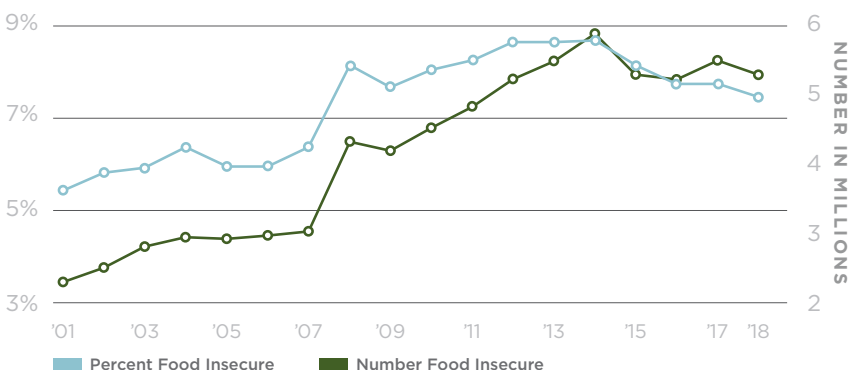
As of 2018, more than 37 million people were food insecure, which means having limited access to enough nutritious food to live a healthy lifestyle.¹ Food insecurity has negative effects for individuals across the lifespan. For seniors, these effects can be particularly problematic given the unique health, economic, and nutritional challenges that can come with aging. An estimated 7.3% of seniors age 60 and older, or 5.3 million seniors overall, were food insecure in 2018. The rate and number of food insecure seniors is essentially unchanged from 2017.

However, the current rate of food insecurity among seniors remains significantly elevated above the rate before the Great Recession (6.3% in 2007), and the current number of seniors who are food insecure is still more than double the number in 2001 (2.3 million).

In 2020, the novel coronavirus (COVID-19) pandemic threatens the lives and livelihoods of people across the country. Seniors are at higher risk for illness and may face challenges accessing food amidst closures and social distancing orders.² The long-term effects of COVID-19 on food insecurity remain to be seen, but due to the projected growth of the senior population in the coming decades, senior food insecurity is likely to remain a public health challenge for years to come.

For the fourth consecutive year, Feeding America has produced *The State of Senior Hunger in America*, an annual report series authored by Dr. James P. Ziliak and Dr. Craig Gundersen, in order to better understand food insecurity among seniors, how it varies by different geographies, and the circumstances and characteristics that may influence or be influenced by the experience of food insecurity.

TRENDS IN SENIOR FOOD INSECURITY

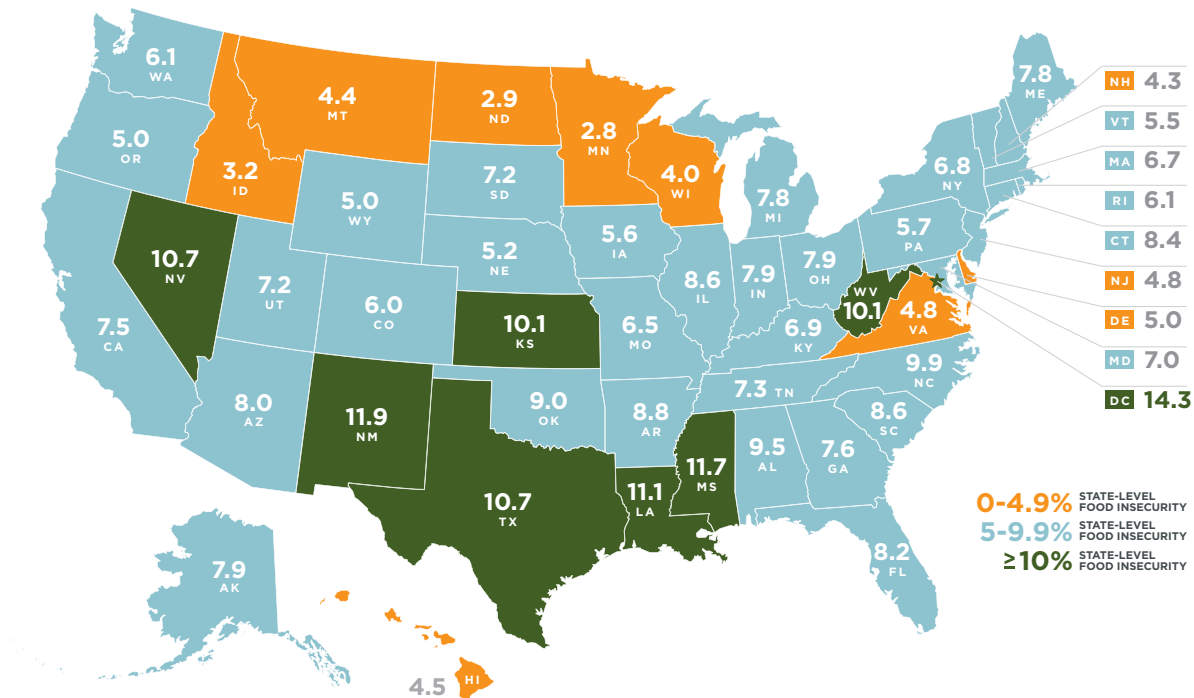


5.3 MILLION

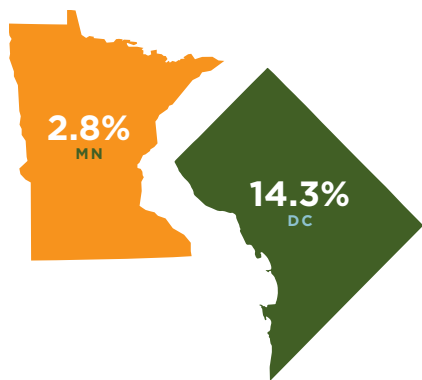
seniors are food insecure

Senior Food Insecurity Varies by Geography

STATE-LEVEL SENIOR FOOD INSECURITY RATES IN 2018

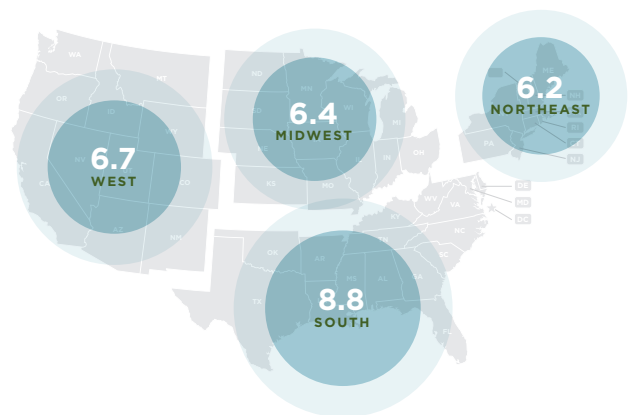


Every state is home to seniors who experience food insecurity.



LOWEST/HIGHEST STATE SENIOR FOOD INSECURITY RATES

Senior food insecurity rates at the state level range from 2.8% in Minnesota to 14.3% in Washington D.C.

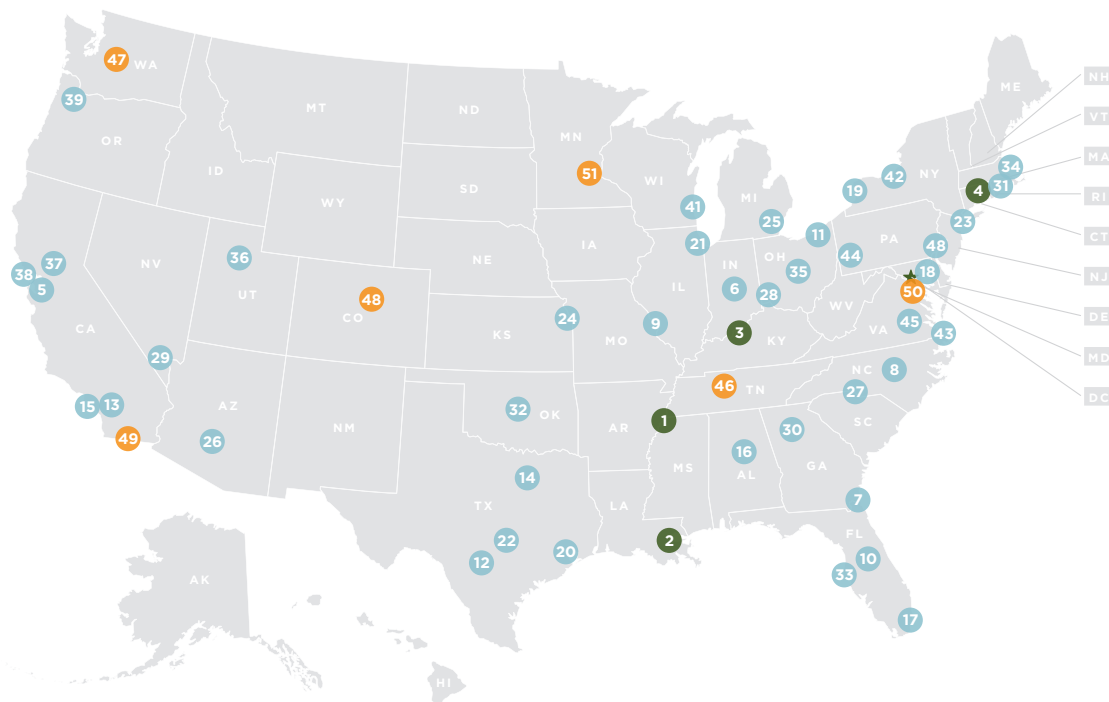


REGIONAL SENIOR FOOD INSECURITY RATES

Seniors who live in states in the southern United States are more likely to experience food insecurity: the average senior food insecurity rate in the South is 8.8%, compared to 6.7% for the next highest region, the West.

Nationally, millions of seniors face food insecurity. One way to better understand the need is through exploration of senior food insecurity rates across different geographies. To this end, *The State of Senior Hunger in America* explores senior food insecurity for all 50 states and the District of Columbia. Additionally, the report examines senior food insecurity rates for the 51 metropolitan areas that have a population of more than 1 million people.

METRO-LEVEL SENIOR FOOD INSECURITY RATES IN 2018



Every metro area is home to seniors who experience food insecurity.

≥10% METRO AREA FOOD INSECURITY

- 1 **15.6%** TN / MS / AR Memphis
- 2 **12.7%** LA New Orleans / Metairie / Kenner
- 3 **10.3%** KY / IN Louisville
- 4 **10.0%** CT Hartford / West Hartford / East Hartford

5-9.9% METRO AREA FOOD INSECURITY

- 5 **9.9%** CA San Jose / Sunnyvale / Santa Clara
- 6 **9.9%** IN Indianapolis
- 7 **9.8%** FL Jacksonville
- 8 **9.5%** NC Raleigh
- 9 **9.5%** MO / IL St Louis
- 10 **9.5%** FL Orlando
- 11 **9.5%** OH Cleveland / Elyria / Mentor
- 12 **9.4%** TX San Antonio
- 13 **9.3%** CA Riverside / San Bernardino
- 14 **9.0%** TX Dallas / Fort Worth / Arlington
- 15 **8.9%** CA Los Angeles / Long Beach / Santa Ana
- 16 **8.9%** AL Birmingham / Hoover
- 17 **8.6%** FL Miami / Fort Lauderdale-Miami Beach
- 18 **8.6%** MD Baltimore / Towson
- 19 **8.5%** NY Buffalo / Niagara Falls
- 20 **8.4%** TX Houston / Baytown / Sugar Land
- 21 **8.2%** IN / IL / WI Chicago / Naperville / Joliet
- 22 **8.0%** TX Austin / Round Rock
- 23 **7.8%** NY New York / Northern New Jersey / Long Island
- 24 **7.7%** MO / KS Kansas City
- 25 **7.7%** MI Detroit / Warren / Livonia
- 26 **7.5%** AZ Phoenix / Mesa / Scottsdale
- 27 **7.5%** NC / SC Charlotte / Gastonia / Concord
- 28 **7.4%** OH / KY / IN Cincinnati / Middletown
- 29 **7.3%** NV Las Vegas / Paradise
- 30 **7.1%** GA Atlanta / Sandy Springs / Marietta
- 31 **7.2%** MA / RI Providence / Fall River / Warwick
- 32 **7.0%** OK Oklahoma City
- 33 **6.9%** FL Tampa / St. Petersburg / Clearwater
- 34 **6.9%** MA / NH Boston / Cambridge / Quincy
- 35 **6.6%** OH Columbus
- 36 **6.4%** UT Salt Lake City
- 37 **6.4%** CA Sacramento / Arden / Arcade / Roseville
- 38 **6.1%** CA San Francisco / Oakland / Fremont
- 39 **6.1%** OR / WA Portland / Vancouver / Beaverton
- 40 **5.9%** PA / NJ / DE Philadelphia / Camden / Wilmington
- 41 **5.8%** WI Milwaukee / Waukesha / West Allis
- 42 **5.6%** NY Rochester
- 43 **5.5%** VA Virginia Beach / Norfolk / Newport News
- 44 **5.4%** PA Pittsburgh
- 45 **5.2%** VA Richmond

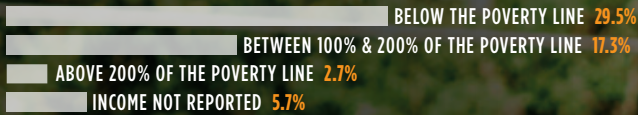
0-4.9% METRO AREA FOOD INSECURITY

- 46 **4.8%** TN Nashville / Davidson / Murfreesboro
- 47 **4.7%** WA Seattle / Tacoma / Bellevue
- 48 **4.7%** CO Denver / Aurora
- 49 **4.2%** CA San Diego / Carlsbad / San Marcos
- 50 **4.1%** DC / VA / MD Washington / Arlington / Alexandria
- 51 **2.5%** MN / WI Minneapolis / St Paul / Bloomington

FOOD INSECURITY RATES AMONG SENIORS ALSO VARY ACCORDING TO DEMOGRAPHIC AND SOCIOECONOMIC CATEGORIES.

Percentages represent senior food insecurity rates by category.

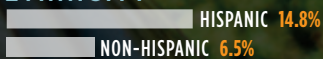
INCOME



RACE



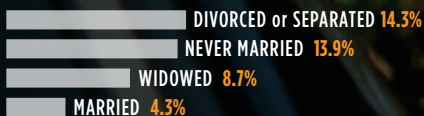
ETHNICITY



DISABILITY



MARITAL STATUS



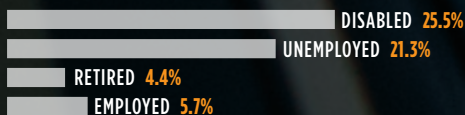
METRO LOCATION



AGE



EMPLOYMENT STATUS



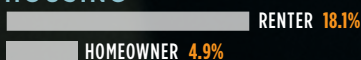
GENDER



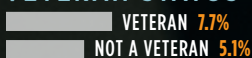
MULTI-GENERATIONAL HOUSEHOLDS



HOUSING



VETERAN STATUS



INCOME

As they age, many seniors experience decreased earnings and must rely on fixed incomes. For many seniors, this income stability can protect against food insecurity, but for others, having limited income can make it difficult to make ends meet. For instance, the average monthly Social Security benefit (\$1,461.31 for retired workers) results in an annual income (\$17,535) that is only somewhat higher than the federal poverty line (\$12,140 for a single person in 2018).^{3,4}

DISABILITY

Seniors living with disabilities face unique challenges. As seniors age, they are likely to develop health problems and disabilities which can make traveling to stores, carrying groceries, and cooking more difficult.⁵ Seniors with disabilities are more likely to be food insecure than those without disabilities due to higher medical costs,⁶ and food insecurity can cause disabilities and chronic health conditions to worsen.

HOUSING

Housing is one of many costs that can be a strain for seniors with limited financial resources. Senior renters are more likely to be cost burdened—spending more than 30% of their incomes on housing—than seniors who are homeowners.⁷ For these seniors with limited funds remaining after rent is paid, the risk for food insecurity is high—senior renters are nearly four times more likely to be food insecure than senior homeowners.

RACE/ETHNICITY

Seniors of racial or ethnic minority status tend to be at higher risk for experiencing food insecurity. Because of population size, the majority of the food-insecure senior population is White, but minority groups are disproportionately affected by food insecurity. Food insecurity among African American seniors is more than double the rate among White seniors, and food insecurity among Hispanic seniors is more than double the rate among non-Hispanic seniors.

MULTI-GENERATIONAL HOUSEHOLDS

The number of multi-generational households in the U.S. has increased in recent decades, and today one in five Americans live in a multi-generational household.⁸ While this type of household structure can yield many positive benefits, seniors who reside with a grandchild experience food insecurity at more than twice the rate of seniors in households where there is no grandchild present. Children are typically shielded from food insecurity by adults in the household, so seniors may ensure the food security of their grandchildren at the expense of their own dietary needs as they deal with the stress of caregiving responsibilities and stretch already-limited financial resources.⁹



Implications

The State of Senior Hunger in America sheds light on the extent to which food insecurity affects seniors age 60 and older in the United States, offering deeper insights into the experience of food insecurity among the aging population. After a lifetime of working and raising families, 5.3 million seniors struggle to access enough food. Food-insecure seniors live in communities across the country, including all 50 states and Washington, D.C. *The State of Senior Hunger* also finds that food insecurity disproportionately affects certain seniors, including those who have lower incomes, who are disabled, who belong to racial or ethnic minority groups, who are younger, and who live with grandchildren.

Federal nutrition assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP), serve as the first line of defense against hunger for people of all ages, including seniors. However, not every senior who is food insecure is eligible to receive these federal programs. Among seniors who do meet eligibility

requirements, participation rates are lower than the overall population, which may be due to misconceptions about eligibility, limited benefit amounts, the perceived difficulty of application or recertification, and attitudes towards government assistance.

As a result, the charitable sector is an important source of food for many individuals and families at risk of hunger across the country. Feeding America and its network of 200 food banks serve millions of seniors annually through a variety of programs that range from traditional pantry programs to specialized meal and grocery programs designed to address the unique needs of seniors. Given the scope and scale of the issue, along with the anticipated growth of the senior population in the coming decades, it is important that policymakers strengthen the existing safety net of public food programs as well as invest in public-private partnerships in order to reduce food insecurity and end hunger in America.



ABOUT THIS STUDY

The 2020 release of *The State of Senior Hunger* study includes two reports authored by Dr. James P. Ziliak and Dr. Craig Gundersen. This executive summary is based on analyses within the first report, *The State of Senior Hunger in America in 2018*, and a separate summary focuses on analyses within the second report, *Hunger Among Adults Age 50-59 in 2018*. All reports and references can be found at FeedingAmerica.org/StateOfSeniorHunger.

The following Feeding America staff contributed to the development of this report:

Hollie Baker-Lutz	Monica Hake	Morgan Smith
Bria M. Berger	Lauren Lapinski	Zuani Villarreal
Christine Feiner	Rose Saltalamacchia	
Angela Gallagher	Hanna Selekman	

Production of *The State of Senior Hunger in America* report and accompanying materials is generously underwritten by the Enterprise Rent-A-Car Foundation.

THE ESCALATING PROBLEM OF SENIOR HUNGER AND ISOLATION



UNITED STATES 2020

OUR NATION'S SENIOR POPULATION IS GROWING EXPONENTIALLY



WITH **12,000 MORE**
turning 60 each day



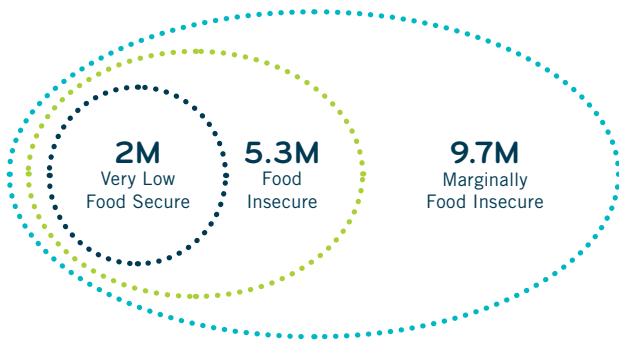
Average life
expectancy today

This population is set to reach **93M** in the next decade, with **118M** expected by **2060** – increasing the number of seniors today by more than half



LEAVING MORE AND MORE AMERICANS AT RISK OF HUNGER AND ISOLATION

BEFORE THE CORONAVIRUS PANDEMIC, NEARLY 9.7 MILLION SENIORS WERE THREATENED BY HUNGER
5.3M OF WHOM WERE FOOD INSECURE OR VERY LOW FOOD SECURE.



1 IN 4 SENIORS
LIVES ALONE



1 IN 4 FEELS LONELY

Due to COVID-19, we know that an even greater number of older adults are experiencing food insecurity, and many seniors are lonelier than before the pandemic.

AND WHILE HUNGER AND ISOLATION CAN AFFECT ANYONE WITH LIMITED MOBILITY AND DECLINING HEALTH, FINANCIAL STRAIN MAKES THEM MUCH WORSE



NEARLY 7.4 MILLION SENIORS HAVE INCOMES BELOW THE POVERTY LINE

THAT'S AN INCOME OF **\$240 A WEEK OR LESS**, which, after housing, utility and medical expenses, leaves very little for food



HALF OF SENIORS LIVING ALONE lack the financial resources to pay for **basic needs**.



Older adults living in poverty are **nearly twice as likely** as those living above poverty level to have limitations in their ability to live independently.

HUNGER AND SOCIAL ISOLATION NOT ONLY JEOPARDIZE THE HEALTH AND WELL-BEING OF OLDER ADULTS; THEY ALSO PLACE A SIGNIFICANT STRAIN ON OUR COUNTRY'S HEALTHCARE SYSTEM AND ECONOMY



The economic burden associated with malnutrition in seniors



Older adult falls cost about **\$50 BILLION** in medical costs

Among seniors, the additional Medicare expenditures associated with social isolation are estimated to cost **\$6.7 BILLION** each year



Medicare spending has more than doubled since 2005 and is disproportionately concentrated on older adults with multiple chronic conditions and/or functional limitations

5% OF MEDICARE BENEFICIARIES ACCOUNT FOR 41% OF SPENDING

FEDERALLY SUPPORTED NUTRITION PROGRAMS – LIKE MEALS ON WHEELS – ARE DESIGNED TO MEET THE NEEDS OF OLDER ADULTS, YET THESE SUCCESSFUL PUBLIC-PRIVATE PARTNERSHIPS REMAIN SIGNIFICANTLY UNDERFUNDED, EVEN AMID EFFORTS TO COMBAT COVID-19



Among older adults who have difficulties with daily activities, **2 OUT OF 3** receive limited or no home- or community-based care

BEFORE THE COVID-19 PANDEMIC, 83% OF LOW INCOME, FOOD INSECURE SENIORS WERE NOT RECEIVING THE MEALS THEY NEEDED

AND SENIORS WAITING TO RECEIVE MEALS ON WHEELS AT HOME ARE MORE LIKELY TO:

REPORT FAIR OR POOR SELF-RATED HEALTH	REPORT NOT HAVING ENOUGH MONEY TO BUY FOOD THEY NEED	REPORT RECENT FALLS OR FEAR OF FALLING THAT LIMITS ABILITY TO STAY ACTIVE	BE BLACK OR HISPANIC
SCREEN POSITIVE FOR DEPRESSION OR ANXIETY	REQUIRE ASSISTANCE WITH SHOPPING FOR GROCERIES OR PREPARING FOOD	TAKE THREE OR MORE MEDICATIONS EACH DAY	BE ENROLLED IN BOTH MEDICAID AND MEDICARE

WE NEED INCREASED FUNDING AND SUPPORT FOR OUR SENIORS NOW TO PREVENT EVEN GREATER SOCIAL AND ECONOMIC CONSEQUENCES LATER

Meals on Wheels America is the leadership organization supporting the 5,000+ community-based programs across the country that are dedicated to addressing senior isolation and hunger. This network serves virtually every community in America and, along with more than two million staff and volunteers, delivers the nutritious meals, friendly visits and safety checks that enable America's seniors to live nourished lives with independence and dignity. By providing funding, leadership, education, research and advocacy support, Meals on Wheels America empowers its local member programs to strengthen their communities, one senior at a time.



Updated May 4, 2020

Older Americans Act: Nutrition Services Program

Introduction

The Nutrition Services Program, authorized under Title III of the Older Americans Act (OAA), provides grants to states and U.S. territories to support nutrition services programs for seniors. As stipulated in the law, the purposes of the program are to (1) reduce hunger and food insecurity, (2) promote the socialization of older individuals, and (3) promote the health and well-being of older individuals by assisting them to access nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutrition or sedentary behavior. According to the U.S. Department of Agriculture (USDA), 7.5% of U.S. households with an elderly member were food insecure in 2018, which means they lacked the ability to purchase or otherwise acquire enough to eat. Households in which elderly lived alone reported a higher rate of food insecurity, at 8.9%. As the largest OAA program, the Title III Nutrition Services Program received \$937 million in FY2020, accounting for 45% of the act's total funding (\$2.1 billion). A total of \$720 million in FY2020 supplemental funding has been provided under P.L. 116-127 (\$240 million) and P.L. 116-136 (\$480 million) for nutrition programs to respond to the COVID-19 pandemic. The Supporting Older Americans Act of 2016 (P.L. 116-131) extended authorizations of appropriations through FY2024.

Administration

The Administration on Aging (AOA) in the Administration for Community Living (ACL) within the Department of Health and Human Services (HHS) administers the Nutrition Services Program, which includes

- the Congregate Nutrition Services Program,
- the Home-Delivered Nutrition Services Program, and
- Nutrition Services Incentive Program.

States that implement these programs must target nutrition services to older persons with the greatest social and economic need, with particular attention to people with low-incomes, including low-income minorities, people with limited English proficiency, people residing in rural areas, and those at risk for institutionalization. Means tests for program participation are prohibited. Older persons are encouraged to contribute to the costs of nutrition services, but may not be denied services for failure to contribute.

Congregate Nutrition Services

Congregate nutrition services provide meals and related nutrition services to older individuals in a variety of group settings, such as senior centers, community centers, schools, and adult day care centers. The program also provides seniors with opportunities for social engagement and volunteering. Individuals aged 60 or older and their spouses (regardless of age) may participate in the congregate nutrition program. The following groups may

also receive meals: persons under age 60 with disabilities who reside in housing facilities occupied primarily by the elderly, where congregate meals are served; persons with disabilities who reside with, and accompany, older persons to meals in congregate settings; and volunteers who provide services during the meal hours. In FY2018, a total of 73.6 million congregate meals were served to nearly 1.5 million meal participants.

Home-Delivered Nutrition Services

Home-delivered nutrition services (commonly referred to as “meals on wheels”) provide meals and related nutrition services to older individuals, with priority given to homebound older individuals. According to AOA, “home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for other home and community-based services.” Home-delivered meals can be an important service for many family caregivers in assisting them with their caregiving responsibilities as well as helping maintain their own health and personal well-being. Individuals aged 60 or older and their spouses (regardless of age) may participate in the home-delivered nutrition program. Services may be available to individuals under age 60 with disabilities if they reside at home with the older individual. In FY2018, a total of 147.0 million home-delivered meals were provided to over 892,000 meal participants.

Nutrition Services Incentive Program (NSIP)

NSIP provides funds to states, U.S. territories, and Indian tribal organizations to purchase food or to cover the costs of food commodities provided by the USDA for the congregate and home-delivered nutrition programs. NSIP was originally established by the OAA in 1974 as the Nutrition Program for the Elderly and administered by USDA. In 2003, Congress transferred the administration of NSIP from USDA to AOA. However, states and other entities may continue to receive all or part of their NSIP grants in the form of USDA commodities. Obligations for commodity procurement for NSIP are funded under an agreement between USDA and HHS.

Funding

The AOA awards separate grants to states and U.S. territories for the congregate nutrition services program and home-delivered nutrition services program. State Units on Aging (SUAs) administer the program at the state level, and in turn, award those funds to over 600 Area Agencies on Aging (AAAs), which oversee the program in their respective planning and service areas. The AOA also awards a separate grant to states, U.S. territories, and tribal organizations for NSIP.

Grants for congregate and home-delivered nutrition services are awarded to states and U.S. territories based on a

statutory formula that takes into account each entity's relative share of the population aged 60 and over. States are required to provide a matching share of 15% in order to receive these funds. NSIP grants are awarded to states and other entities based on each entity's share of total meals served by the nutrition services program (both congregate and home-delivered meals) in all states, U.S. territories, and tribes during the prior year. There is no matching requirement for NSIP grant awards. For FY2020 program funding, including supplemental funding in response to the COVID-19 pandemic, see Table A-1 in CRS Report R43414, *Older Americans Act: Overview and Funding*.

Service Delivery

Nutrition services providers are required to offer at least one meal per day, five or more days per week (except in rural areas, where provision can be less frequent). The meals must comply with the Dietary Guidelines for Americans published by the Secretary of HHS and the Secretary of Agriculture. Providers must serve meals that meet certain dietary requirements based on the number of meals served by the project each day. Providers that serve one meal per day must provide to each participant a minimum of one-third of the daily recommended dietary reference intakes (DRIs) established by the Food and Nutrition Board of the National Academy of Sciences, Engineering, and Medicine. Providers that serve two meals per day must provide a minimum of two-thirds of the DRIs, and those that serve three meals per day must provide 100% of the DRIs. Providers must comply with state or local laws regarding safe and sanitary handling of food, equipment, and supplies used to store, prepare, and deliver meals, and providers must carry out meal programs using the expertise of dietitians and meal participants.

Nutrition service providers may offer nutrition-related services, such as nutrition education and screening, nutrition assessment, and counseling, as appropriate. Providers are encouraged to make arrangements with schools and other facilities serving meals to children to promote intergenerational meals programs. Where feasible, states must ensure that nutrition programs encourage the use of locally grown foods in meals programs and identify potential partnerships and contracts with local producers and providers of locally grown foods.

Program Participation

A national survey of OAA participants shows that in 2018, 53% of congregate nutrition survey respondents were aged 75 and older; 50% lived alone; 11% had annual income of \$10,000 or less; and 53% reported that the congregate meals program provided one-half or more of their daily food intake. Furthermore, many congregate nutrition participants reported these meals have fostered greater socialization, with 81% saying that they saw friends more often due to meals. The same survey found that 62% of home-delivered respondents were aged 75 and older; 57% lived alone; 19% had annual income of \$10,000 or less; and 62% said that the home-delivered meals program provided at least one-half of their daily food intake. According to the survey, home-delivered meals participants tend to be particularly frail and at risk for institutionalization as participants are likely to be homebound. Over one-third of

recipients (36%) reported needing assistance with one or more activities of daily living (ADLs, such as bathing, dressing, eating, and using the toilet); 12% of these recipients needed assistance with three or more ADLs. In addition, 78% reported needing assistance with one or more instrumental activities of daily living (IADLs, such as shopping, housework, and getting around inside the home).

Program Evaluation

ACL conducted a three-part evaluation of the Nutrition Services Program: a process study, cost study, and outcome evaluation. Results from these studies were compared to the last national evaluation of the nutrition program completed in 1995, where applicable. The process study collected data from SUAs, AAAs, and local service providers (LSPs) to assess program administration and service delivery. It found that more LSPs offer home-delivered meals compared to 1995, while somewhat fewer LSPs offer congregate meals (95% to 93%). However, more congregate meals programs offer breakfast and dinner (in addition to lunch, which all sites offer) and weekend meals. Programs also offer more options for "modified" meals, which are lower in fat, sodium, or calories. More LSPs report waiting lists for home-delivered meals, but waiting lists have fewer people, on average, than in 1995.

The meal cost study estimated the average costs of meals provided and examined cost variation. The report found that, on average, home-delivered meals cost more to provide than congregate meals (\$11.06 vs. \$10.69), including costs of both purchased and donated resources. This finding was consistent with the 1995 evaluation. However, costs vary by program size, geographic region, and urban, suburban, and rural or frontier areas. Researchers found that average meal costs outpaced inflation, which they attributed to food costs increasing at a faster rate than inflation between 1995 and 2015.

The outcome evaluation assessed program effectiveness (e.g., nutrient adequacy, health outcomes). Findings show that most participants had household incomes below 100% of the federal poverty level. Compared to congregate meal participants, a larger proportion of home-delivered meal participants reported being in fair or poor health, being underweight, having difficulty eating due to dental issues, and taking multiple medications. Overall, the study found a positive effect on diet quality and prevalence of adequate nutrition intake and that the majority of participants had positive impressions of these programs. With respect to health outcomes, 75% of participants had at least one chronic condition. Home-delivered meal participants were more likely to experience a health event (e.g., primary care visit, hospital admission, emergency room visit, home health episode) compared to congregate meal participants. Compared to nonparticipant comparison groups, congregate meal participants were less likely to experience certain health events and home-delivered meal participants were more likely to experience such events, likely underscoring the vulnerability of these participants.

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Hunger is a Health Issue for Older Adults:

Food Security, Health, and the Federal Nutrition Programs

Poverty, food insecurity, and poor nutrition have harmful impacts on the health and well-being of older adults, which, in turn, can limit their ability to work (for those still capable of working), carry on daily activities, and live independently. Maintaining good health, consuming a nutritious diet, and/or managing an existing chronic disease can be especially challenging for older adults struggling with food insecurity for a variety of reasons, including limited finances and resources, the cost of healthy foods, competing priorities, functional limitations, and stress. One essential strategy to improve food security and health is connecting vulnerable older adults to the federal nutrition programs, including the Supplemental Nutrition Assistance Program (SNAP), Congregate Nutrition Program, and Home-Delivered Nutrition Program. These profoundly important programs have well-documented benefits for older adults.

This brief will review food insecurity rates and risk factors among older adults; the connections between food insecurity and health among older adults; and the effectiveness of the federal nutrition programs in alleviating food insecurity and supporting health for this population.

Food Insecurity Affects Millions of Older Adults

In 2018, more than 2.9 million food-insecure households included an adult age 65 or older.¹ This represented 7.5 percent of all households with an adult that was 65 or older. Among those within that age bracket who lived alone, more than 1.3 million (or 8.9 percent) were food insecure and 512,000 (or 3.4 percent) struggled with very low food security. Although these food insecurity rates are lower than the national average, households with older adults represent a considerable share of the food-insecure population: about 21 percent of all food-insecure households include an adult 65 or older.



Research shows that certain groups of older adults are at greater risk for food insecurity than others. Food-insecurity rates tend to be higher among older adults who are low income, less educated, Black, Hispanic, separated or divorced, never married, renters, residing in the South (e.g., Louisiana, Mississippi, North Carolina, Texas, Alabama), unemployed, living alone, living with a disability, living with grandchildren, or “younger” older adults (i.e., those 50 to 59 years of age).^{2,3}

1 in 5 food-insecure households include an older adult ≥ 65 years old



SOURCE: U.S. Department of Agriculture

Food Insecurity Has Harmful Impacts on the Health and Well-Being of Older Adults

It is well-established that a nutritious, adequate diet is critical for health and well-being across the lifespan. Poor dietary intake can cause micronutrient and macronutrient deficiencies, increase disease risk, or worsen existing diet-related conditions.⁸ As Meals on Wheels America describes it, “older adults cope with food insecurity in ways that adversely affect their nutrient intake, health, and ability to remain at home.”⁹

Older adults struggling with food insecurity consume fewer calories and nutrients and have lower overall dietary quality than those who are food secure, which can put them at nutritional risk.^{10,11,12,13} For example, one study using national data compared the nutrient intakes of food-insecure adults age 60 years and older to their food-secure counterparts.¹⁴ Those who were food insecure consumed less energy (i.e., calories), protein, vitamin A, thiamin, riboflavin, vitamin B6, vitamin C, calcium, phosphorous, magnesium, and iron.

Malnutrition Disproportionately Impacts Older Adults

Malnutrition is a separate, but related, concept to food insecurity. By definition, “malnutrition is considered a state of deficit, excess, or imbalance in protein, energy, or other nutrients that adversely impacts an individual’s own body form, function, and clinical outcomes.”¹⁵ Up to 50 percent of older adults are either at risk of becoming malnourished or are already malnourished. A number of factors can lead to malnutrition among older adults, including loss of appetite, limited ability to chew or swallow, certain medication regimes, functional or cognitive decline, and disease-related factors (e.g., increased metabolic demand, gastrointestinal problems). Food insecurity and poverty are common risk factors for malnutrition among community-dwelling older adults (i.e., those not in institutionalized care).



Chronic disease is a risk factor for, and consequence of, food insecurity among this population as well. More specifically, research shows that older adults with multiple chronic conditions are at higher risk for food insecurity.⁴ According to one study, older adults with two to four chronic conditions and five or more chronic conditions are 2.12 and 3.64 times as likely to be food insecure, respectively, than older adults with no or one chronic condition. In addition, older adults engaging in cost-related medication nonadherence (i.e., taking less medication than prescribed due to cost) are 1.9 times more likely to be food insecure than those not reporting such practices.

Chronic disease is a strong predictor of food insecurity among older adults, and so too are functional limitations.^{5,6} Low-income older adults with functional limitations have 69 percent higher odds of food insecurity and 65 percent higher odds of poor dietary quality, based on national survey data.⁷ These associations are even greater for those living alone. (Functional limitation classification was based on reports of being unable to perform or having difficulty with certain activities, such as walking without special equipment, lifting or carrying something that weighs 10 pounds, doing chores around the house, and pushing or pulling large objects.)

Poor health not only can be a risk factor for food insecurity among older adults, it also can be a consequence of food insecurity for this population.¹⁶ Older adults who are food insecure often experience negative mental and physical health conditions and outcomes, such as diabetes, fair or poor health status, depression, lower cognitive function, limitations in activities of daily living, hypertension, congestive heart failure, peripheral arterial disease, history of a heart attack, osteoporosis, gum disease, and asthma.^{17,18,19,20} The association between poor health and food insecurity is particularly strong for diet-related conditions: food-insecure older adults (compared to food-secure older adults) are 19 percent more likely to have high blood pressure, 57 percent more likely to have congestive heart failure, 65 percent more likely to be diabetic, and 66 percent more likely to have experienced a heart attack.²¹ In addition, food insecurity significantly increases the risk for falls, which are the leading cause of fatal and nonfatal injuries for older adults.²² According to one study, food-insecure Medicare Advantage members had a 1.69 times greater likelihood of experiencing a fall in the past year, compared to their food-secure peers.²³

Because of limited financial resources, adults — including older adults — who are food insecure also may use coping strategies to stretch budgets that are harmful for health. Examples of these coping strategies include engaging in cost-related medication underuse or nonadherence (e.g., skipping doses, taking less medicine, delaying to fill a prescription, not taking certain medications with food); postponing or forgoing preventive or needed medical care; purchasing a low-cost diet that relies on energy-dense, but nutrient-poor, foods; watering down food or drinks; forgoing the foods needed for special medical diets (e.g., diabetic diets); and making trade-offs between food and other basic necessities (e.g., housing, utilities, and transportation).^{24,25,26,27}



Food-Insecure Older Adults Often Resort to Cost-Related Medication Underuse

Rates of cost-related medication underuse among adults 65 and over are²⁸

- 25 percent for those experiencing marginal food security (low level of food insecurity);
- 40 percent for those experiencing low food security; and
- 56 percent for those experiencing very low food security (most severe level of food insecurity).

(Cost-related medication underuse for this study was defined as skipping medications to save money, taking less medicine than prescribed to save money, delaying filling a prescription to save money, requesting lower-cost medications to save money, and not being able to afford medicine due to cost.)

Food insecurity, along with the health-compromising coping strategies associated with food insecurity, can exacerbate existing disease. Some of these exacerbated conditions among adults include poor glycemic control for people — including older adults — with diabetes,^{29,30,31,32,33} end-stage renal disease for people with chronic kidney disease,³⁴ and low CD4 counts (a measure of immune system health) and poor antiretroviral therapy adherence among people living with HIV.^{35,36}

Not surprisingly, food insecurity is a strong predictor of greater health care utilization and increased health care costs across the lifespan.^{37,38,39} In 2014, the direct and indirect health-related costs of hunger and food insecurity in the U.S. were estimated to be a staggering \$160 billion.⁴⁰ Among older adults, those who are food insecure have more frequent hospitalizations and visits to physician offices and emergency rooms than their food-secure counterparts.^{41,42} And in terms of health care costs, one study found that “on average, food insecurity added about 11 percent to the health care costs of older adults with and without a specific chronic condition.”⁴³

The Federal Nutrition Programs Alleviate Food Insecurity and Support Health for Older Adults

The U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) administer a number of federally funded nutrition programs that support the food and nutritional needs of low-income older adults, including the Supplemental Nutrition Assistance Program (SNAP), Congregate Nutrition Program, Home-Delivered Nutrition Program, Commodity Supplemental Food Program, Senior Farmers' Market Nutrition Program, and Child and Adult Care Food Program.*

This section of the brief focuses on the importance and effectiveness of SNAP, the Congregate Nutrition Program, and Home-Delivered Nutrition Program for the older adult population. These three programs are of particular interest given their considerable reach in communities across the nation as well as the recent surge of research examining their impacts.

SNAP

Administered by USDA, SNAP is an effective anti-poverty initiative that serves as the first line of the nation's public policy defense against hunger and undernutrition. Over 36 million people participate in SNAP in a given month.⁴⁴ On average each month, SNAP serves about 5 million households with older adults 60 years or older (or 24 percent of all SNAP households).⁴⁵ Even so, only an estimated 48 percent of eligible older adults participate in SNAP, compared to 86 percent of eligible nonelderly adults.⁴⁶ The rates are even lower — 29 percent — among eligible older adults who live with others. Eligible older Americans are far less likely to participate in the program than most other demographic groups for a variety of



reasons, including barriers related to mobility, technology use, stigma, and widespread mistaken beliefs, such as how the program works, who can qualify, and benefit levels.⁴⁷

Increasing SNAP participation among older adults is critically important given the high rates of food insecurity in this population and the well-documented effectiveness of the program. First and foremost, the monthly benefits provided by SNAP enhance the food purchasing power of eligible low-income older adults. The benefits can be used only for food and are delivered through Electronic Benefit Transfer (EBT) cards, which are used like debit cards at authorized food retailers. In addition, a considerable body of evidence shows that SNAP plays a role in improving food security, economic security, health, and dietary intake throughout the lifespan.[†] The following selection of studies demonstrates the many economic and health benefits of SNAP participation for older adults.[‡]

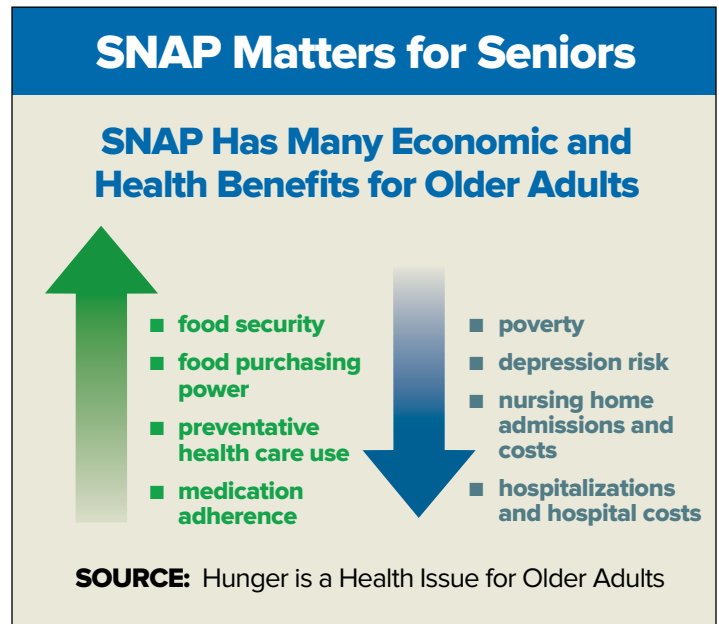
- In analyses using nationally representative data, SNAP reduced the probability of food insecurity by 18 percent for all-elderly households of low-income.⁴⁸ In this study, “elderly” was defined as 60 or older.

*These and other programs available to older adults are summarized in FRAC's *Federal Nutrition Programs and Emergency Food Referral Chart for Older Adults*, available at www.frac.org. The chart includes program descriptions and eligibility information.

† For a comprehensive review of the literature, see FRAC's *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans* at www.frac.org.

‡ Studies that examine SNAP participation among adults have considerable variations in the ages of those included in the studies' samples. For example, many studies examine SNAP participation among adults 18 and older, which would include older adults. However, for the purposes of this brief, studies focused specifically on older adults are included in the selection of SNAP studies, with age descriptions provided. Refer to FRAC's *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans* at www.frac.org for additional studies on SNAP's effectiveness among adults generally.

- Nationally, SNAP lifted 3.2 million people — including 315,000 adults 65 and older — above the poverty line in 2018, based on Census Bureau data on poverty and income in the U.S.⁴⁹ For older American households, a separate study found that SNAP participation was associated with lower intensity and inequality of time spent in poverty.⁵⁰
- Food-insecure older adults participating in SNAP were less likely to be depressed than nonparticipants in a study using longitudinal data.⁵¹ The study sample included adults over the age of 54.
- Participation in SNAP was associated with increased use of preventative health care and receipt of a flu shot, based on longitudinal data of adults at least 60 years old.⁵²
- In analyses using national survey data, older adults participating in SNAP were 4.8 percentage points less likely to engage in cost-related medication nonadherence than eligible nonparticipants.⁵³ According to the study's authors, the “findings point to a spillover ‘income effect’ as SNAP may help older adults better afford their medications, conceivably by reducing out-of-pocket food expenditures.” This study sample included adults age 60 and older.
- In another study using national survey data, adults 65 years and older with diabetes who were participating in SNAP were 5.3 percentage points less likely to engage in cost-related medication nonadherence than eligible nonparticipants.⁵⁴ The study's authors write that the “findings suggest that participation in SNAP may help



improve adherence to treatment regimens among older adults with diabetes. Connecting these individuals with SNAP may be a feasible strategy for improving health outcomes.”

- SNAP participation was associated with reduced hospitalization and, among those who were hospitalized, less costly hospital stays in a study of older adults in Maryland dually enrolled in Medicare and Medicaid. According to the study team's estimates, “expanding SNAP access to nonparticipating dual eligible older adults in Maryland could have resulted in inpatient hospital cost savings of \$19 million in 2012.”⁵⁵ A companion study also found an association between SNAP participation and reduced nursing home admissions and admission costs, with estimated cost savings of \$34 million in 2012 if SNAP had been provided to eligible nonparticipants.⁵⁶ Both studies involved adults 65 years of age and older.
- A \$10 increase in monthly SNAP benefits was associated with reduced hospitalization and, among those who were hospitalized, less costly hospital stays, based on the study of older adults in Maryland dually enrolled in Medicare and Medicaid.⁵⁷ Similar findings were observed for nursing home admissions: a \$10 increase in benefits was associated with reduced nursing home admissions and, among those who were admitted, shorter and less costly stays.⁵⁸ Both studies were among adults 65 and older.

Congregate Nutrition Program and Home-Delivered Nutrition Program

The Congregate Nutrition Program and Home-Delivered Nutrition Program are authorized by Title III-C of the Older Americans Act and administered by the Administration of Community Living's (ACL) Administration on Aging at HHS.⁵⁹ The healthy meals and nutrition services (e.g., screening for nutritional risk, nutrition education) provided by the Congregate and Home-Delivered Nutrition Programs are targeted to adults who are 60 and older and in the greatest social and economic need (e.g., low-income, minority, rural resident, limited English proficiency, high risk for institutional care). In some cases, the programs also serve caregivers, spouses, and/or persons with disabilities. Unlike SNAP, there is no means test for participation, the funding for these programs is capped, and the programs cannot reach every eligible individual. According to estimates from the U.S. Government Accountability Office, only about 10 percent of low-income older adults receive congregate or home-delivered meals and only about 17 percent of low-income older adults struggling with food insecurity do so.⁶⁰

The Congregate Nutrition Program provides group meals and related nutrition services at participating sites throughout the country (e.g., recreation centers, churches, senior housing).⁶¹ The program also fosters social engagement and offers educational and volunteer opportunities. In 2018, the program reached more than 1.5 million people and served about 71 million meals.⁶²

The Home-Delivered Nutrition Program provides in-home meals and related nutrition services to those who are frail, homebound, or isolated. The in-home visits provide an important opportunity to conduct safety checks and promote social engagement among those who are homebound. In 2018, the program reached more than 861,000 people and served about 145 million meals.⁶³ For both programs, meals are provided at no cost, although voluntary contributions are accepted.

The primary goals of the Congregate and Home-Delivered Nutrition Programs are to reduce hunger and food insecurity, promote socialization, promote health and well-being, and delay the onset of adverse health conditions among older adults.⁶⁴ A number of studies and literature reviews conclude that the programs have achieved these goals and



more,^{65,66,67,68} with one study even demonstrating health care savings from increased home-delivered program participation.⁶⁹ But perhaps most notable of all these studies is the ACL-funded comprehensive evaluation of the Congregate and Home-Delivered Nutrition Programs, which found multiple positive effects on nutrition, health, and well-being as a result of program participation.^{70,71} For instance, the majority of congregate and home-delivered meal participants reported that the programs helped them eat healthier foods, improved their health and helped them to achieve or maintain a healthy weight, and allowed them to live independently and remain in their home.

What Are the Goals of the Congregate and Home-Delivered Nutrition Programs?

- Reduce hunger and food insecurity
- Promote socialization
- Promote health and well-being
- Delay the onset of adverse health conditions

A number of studies and literature reviews conclude that the programs have achieved these goals and more.

The ACL evaluation, which was conducted by Mathematica Policy Research, also compared program participants to eligible nonparticipants on a number of outcomes. In terms of dietary intake, congregate meal participants consumed diets that were more adequate in key nutrients (phosphorus, zinc, riboflavin, niacin, vitamin B6, and vitamin B12) and higher in overall dietary quality, when compared to nonparticipants. Home-delivered meal participants consumed diets that were more adequate in key nutrients as well (zinc, vitamin A, vitamin B6, and vitamin D). Additional analyses that supplemented and expanded on the program evaluation found that congregate and home-delivered meal participants were significantly more likely to consume milk and dairy, fruit or 100% juice, and vegetables over a 24-hour period than nonparticipants.⁷²

Furthermore, the evaluation demonstrated the favorable impacts of congregate meal program participation on food security, socialization, and health care use.^{73,74} Compared to eligible nonparticipants, congregate meal participants had lower rates of household food insecurity, were less likely to screen positive for depression, and were more satisfied with their socialization opportunities. Congregate meal participants also had lower health care use: participants were less likely, in the short run, to have a hospital admission, emergency room visit that led to a hospital admission, or home health episode (among those with at least one episode), and, in the longer run, participants were less likely to have a nursing home admission.

Conclusion

Food insecurity has serious consequences for the health and well-being of older adults. Beyond the consequences for individuals and families, food insecurity also has costly implications for the health care system. Fortunately, solutions exist to tackle these challenging issues, including increased use of the federal nutrition programs. Specifically, the Supplemental Nutrition Assistance Program, the Congregate Nutrition Program, and Home-Delivered Nutrition Program are all important and effective interventions for low-income older adults. Increasing access to and strengthening these programs would further their role in improving the food security, health, and well-being of older Americans.

FRAC has numerous resources focused exclusively on older adults, including food insecurity data and maps (by state); SNAP participation data and maps (by state and county); SNAP fact sheets (by state); a primer on SNAP's importance in supporting older adults; best practices in improving SNAP access and participation; and how to identify and address food insecurity among older adults in health care settings. Learn more at www.frac.org.

This paper was prepared by FRAC's Heather Hartline-Grafton, DrPH, RD, Senior Researcher in Nutrition Policy and Community Health.

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SUBSIDIZED
SENIOR HOUSING
MARKET SNAPSHOT REPORT



SUBSIDIZED SENIOR HOUSING

SECTOR SIZE



1.7M

HUD AFFORDABLE HOUSING APARTMENTS

headed by a senior (62 or older)



800,000

LOW INCOME HOUSING TAX CREDIT APARTMENTS

headed by a senior (62 or older)



124,480

USDA RURAL HOUSING SERVICE SECTION 515

headed by a senior (62 or older)

HUD 202 SUPPORTIVE HOUSING FOR THE ELDERLY

400,000 UNITS CONSTRUCTED:

- 205,000 units with section 8 rent subsidy
- 122,000 units with project rental assistance contract subsidy

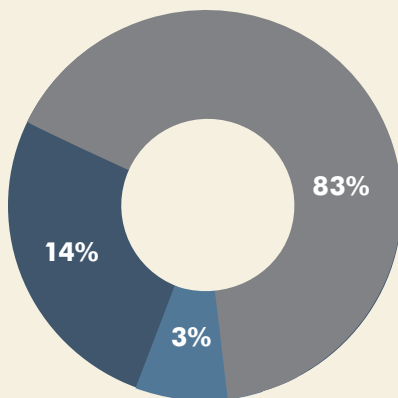
average annual household income: \$13,238

38% of residents frail or near-frail

16% units have household head 85 or older

50% of 202 communities have a service coordinator

FEDERAL FUNDING (ANNUALLY)



- HUD Funding: \$49 Billion
- Low Income Housing Tax Credit: \$8.2 Billion
- USDA Rural Housing Service: \$1.6 Billion

KEY FEATURES OF HUD ASSISTED HOUSING

INCOME TARGETED

- > Section 202 program serves households with incomes below **50%** of area median income.

AFFORDABLE

- > Households pay **30%** of their adjusted household income for rent. The average Section 202 household pays **\$297** a month for rent.

STABLE

- > Households can remain in their HUD apartments for as long as necessary. The average age at which elderly households leave assisted housing is the highest for Section 202 residents compared to other housing programs.

SUBSIDIZED SENIOR HOUSING

DEMOGRAPHICS AND HOUSING DEMAND

from the Joint Center for Housing Studies of Harvard University

FAST FACTS

- Currently, only **36%** of those who qualify receive housing assistance benefits (roughly 1.4 out of 4 million households).
- The number of older households will increase from **29.9 million** in 2015 to **49.6 million** in 2035.
- In 2015, 15 million older adults earned less than **80%** of their area median income. By 2035, this group will reach 27 million.
- Between 2015 and 2035, the number of households headed by a person aged 70 and over will grow by **90%**.
- The number of single-person and married couple households headed by someone aged **65 or over** will more than double by 2035.
- By 2025, the number of older households with a disability will increase by **76%** to reach 31.2 million households.
- Today, only **1%** of the housing stock offers zero-step entrances, single-floor living, wide halls and doorways, electrical controls reachable from wheelchairs, and lever-style handles on faucets and doors.
- Of the projected **31.2 million** older adult households with a disability in 2035, **17 million** will have at least one person with a mobility disability.

LINKAGES

Health Services

- Housing is a key social determinant of health.
- The availability of an on-site service coordinator reduced the odds of having a hospital admission among residents by 18%.
- Residents with a social worker and a registered nurse who coordinates and additional health services are less likely to visit the emergency room and move to a nursing home.

Health care savings

- Having an enhanced service coordinator and a wellness nurse on-site slows Medicare growth by \$1500 per year, per resident participating in the program for more than three years.
- Medicaid Home and Community Based Services waiver programs produced savings of \$43,947 per participant for the year studied compared to institutional care.

Americans with Disabilities Act

- Affordable housing allows states to comply with the ADA and the Supreme Court's *Olmstead* decision, which requires favoring community-based and

integrated settings over institutional settings for older adults with disabilities.

- Without the availability of housing affordable to them, older adults do not have a place to receive community-based services.

Life's Necessities

- According to Harvard's Joint Center for Housing Studies, housing cost burdens among older adults can put considerable strain on households' budgets.
- Older adult renter households with the lowest incomes who also spent more than half of their incomes for housing spend 51% on health care, 37% less on food, and 67% less on transportation than their non-housing cost burdened peers.
- Older adult owner households with the lowest incomes are similarly left with less for other life necessities, spending 67% less on health care, 34% less on food, and 49% less on transportation compared to their non-housing cost burdened peers.

Sources: HUD Office of Policy Development and Research. *Picture of Subsidized Households*, 2016; Novogradac & Company. *Low-Income Housing Tax Credit Showcase*, 2016; HUD's Office of Policy Development and Research. *Understanding Whom the LIHTC Program Serves: Tenants in LIHTC Units as of December 31, 2012*. December 2014; Housing Assistance Council. *Section 515 Rural Rental Housing Program, FY 1963- FY2015*, 2016; USDA's *Housing and Community Facilities Program. Multi-Family Housing Occupancy: Statics Report as of September 2015*, January 22, 2016; *Housing for Urban Development. Housing for the Elderly (Section 202): 2017 Summary Statement and Initiatives*; United States Government Accountability Office. *Elderly Housing – HUD Should Do More to Oversee Efforts to Link Residents to Services*. September 2016. Vermont's Support & Services at Home (SASH)

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Healthy Aging—Nutrition Matters: Start Early and Screen Often

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ABSTRACT

The amount of time spent in poor health at the end of life is increasing. This narrative review summarizes consistent evidence indicating that healthy dietary patterns and maintenance of a healthy weight in the years leading to old age are associated with broad prevention of all the archetypal diseases and impairments associated with aging including: noncommunicable diseases, sarcopenia, cognitive decline and dementia, osteoporosis, age-related macular degeneration, diabetic retinopathy, hearing loss, obstructive sleep apnea, urinary incontinence, and constipation. In addition, randomized clinical trials show that disease-specific nutrition interventions can attenuate progression—and in some cases effectively treat—many established aging-associated conditions. However, middle-aged and older adults are vulnerable to unhealthy dietary patterns, and typically consume diets with inadequate servings of healthy food groups and essential nutrients, along with an abundance of energy-dense but nutrient-weak foods that contribute to obesity. However, based on menu examples, diets that are nutrient-dense, plant-based, and with a moderately low glycemic load are better equipped to meet the nutritional needs of many older adults than current recommendations in US Dietary Guidelines. These summary findings indicate that healthy nutrition is more important for healthy aging than generally recognized. Improved public health messaging about nutrition and aging, combined with routine screening and medical referrals for age-related conditions that can be treated with a nutrition prescription, should form core components of a national nutrition roadmap to reduce the epidemic of unhealthy aging. *Adv Nutr* 2021;00:1–11.

Keywords: aging, nutrition, noncommunicable diseases, sarcopenia, cognition, age-related macular degeneration, diabetic retinopathy, obstructive sleep apnea, urinary incontinence, constipation

Background: Living Longer Compared with Living Healthier

Leading a long and healthy life is a goal that is embraced worldwide (1), and fear of death has long been proposed to be a defining characteristic of humans (2, 3). From these perspectives, the 30-y increase in life expectancy during the 20th century is a transformational advance. Furthermore, life expectancy continues to increase for adults aged >65 y (4), and adults >85 y are the fastest growing demographic (5). However, a little-recognized corollary of the recent trends is that older adults are now living in an ill and disabled state for longer: the mean duration of disability at the end of life was just 5.3 y in the 1960s (6), whereas more recent calculations indicate that the duration of poor health and functional impairments has increased from 8.9 to 10.2 y between 1990 and 2017 (7). This extension of unhealthy life is unprecedented in human history, and presents major personal and public health burdens. This is particularly

evident during the current coronavirus disease-19 (COVID-19) pandemic, because the association of COVID-19 severity and age is substantially weakened when comorbidities are taken into account (8), and highlights the need to identify ways to support healthy aging (9). This review summarizes current knowledge of the underrecognized role of diet in prevention and treatment of diseases and functional losses that become increasingly prevalent during aging, with a focus on data available from research conducted in North America and Europe.

There is no single definition of “healthy aging” or the related term “healthspan” (1, 10, 11), but it is generally taken to mean the absence of the archetypal diseases and functional impairments associated with old age. The specific diseases and functional losses associated with aging have been defined as those conditions where there is a quadratic relation between disease prevalence and chronological age (12). These include: sarcopenia [loss of skeletal muscle (13)],

wasting, and osteoporosis (14, 15), which are linked to frailty and falls (16); impaired cognitive function and increased risk of dementia (17, 18); impaired vision via age-related macular degeneration, cataracts, and diabetic retinopathy (19); hearing loss (20); noncommunicable diseases (NCDs) such as type 2 diabetes, cardiovascular disease, and cancer (12); obstructive sleep apnea (21, 22) and poor sleep quality (22, 23); and urinary incontinence (24) and chronic constipation (25, 26). The prevalence of these problems is often > 50% in adults aged > 85 y, especially in racial and ethnic minorities (26–28). The proposed underlying mechanisms of the aging-associated pathologies include inflammation, oxidative stress, and limited capacity for removal of damaged proteins and DNA repair (29–34). Because these changes affect all organ systems, aging with multiple comorbidities is the norm (35, 36).

Current Status of Knowledge

Unhealthy nutrition throughout life, but especially in old age

American adults of all ages typically eat a broadly unhealthy diet relative to national recommendations (37). **Figure 1A** illustrates the percentage of adults in different age groups who consume less than the estimated average requirements (EARs) of micronutrients (38). Mean intakes of choline, vitamin B-6, zinc, magnesium, and calcium are increasingly inadequate as adults age. In addition, 21% of women and 13% of men aged > 70 y consume less than the RDA for protein (39), which is an important concern because emerging evidence suggests that protein levels higher than the RDA (1.0–1.2 g/kg) can be optimal for older adults to prevent muscle wasting (40) due to factors such as decreased muscle uptake of dietary amino acids and reduced anabolic signaling for protein synthesis (41). These findings of broadly low intakes of essential nutrients throughout adult life and especially in older adults are based on self-reported diet, but are consistent with nationally representative biochemical data showing that 30–36% of older adults have ≥ 1 micronutrients in the deficient range (42). Low micronutrient intakes have also been documented in older adults living in other countries

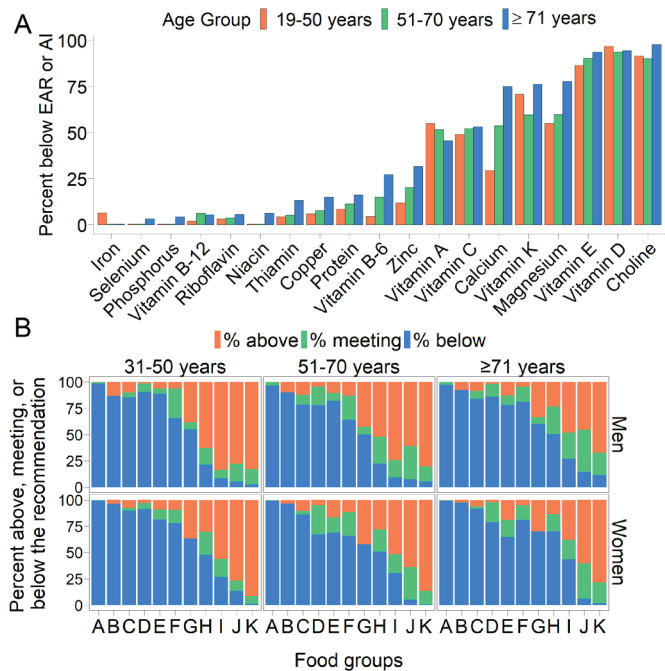


FIGURE 1 Dietary adequacy in different age-groups. (A) Percentage of adults consuming below the estimated average requirement (EAR), or at or below the adequate intake (AI) when EAR values are not available, based on reported usual intakes in the NHANES 2009–2012. Includes nonconsumers of supplements examined in NHANES 2009–2012. Figure adapted from published information (39, 43). (B) Percentage of adults consuming above, below, or at the recommended intakes for food groups in the 2020–2025 Dietary Guidelines (44) by sex and age group, based on dietary data obtained from the 2007–2010 NHANES. A: Whole grains, B: Dairy, C: Seafood, D: Vegetables, E: Fruit, F: Oils, G: Nuts, seeds, soy, H: Protein, I: Meat, poultry, eggs, J: Refined grains, K: SoFAS. Note: Total vegetables includes beans and peas. Protein excludes beans and peas (45). SoFAS, solid fats and added sugars.

(46), indicating this is likely a global, rather than a specifically US, phenomenon.

The dietary patterns of older adults are also broadly inadequate compared with food-based recommendations. **Figure 1B** shows that adults of all ages typically consume less than the 2020–2025 Dietary Guidelines recommended portions of most healthy food groups including whole grains, dairy, seafood, vegetables, fruits, nuts, seeds, and legumes (44). The figure also shows consumption of excess amounts of meats, saturated fats, and added sugars compared with the recommendations. Using currently available nutritional benchmarks, the majority of adults aged > 50 y consume diets that fall far short of recommendations (37, 39, 43). Some groups are especially vulnerable, including low-income and minority populations (37), those participating in the national supplemental nutrition assistance program (47), and older adults with obesity (41% of adults > 60 y) (48, 49).

In relation to these observations, it should be noted that current dietary recommendations for older adults are largely based on requirements measured in young adults. Thus,

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Supplemental Tables 1 and 2 and Supplemental Information on Menu Calculations are available from the “Supplementary data” link in the online posting of the article and from the same link in the online table of contents at <https://academic.oup.com/advances/>.

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Abbreviations used: COVID-19, coronavirus disease-19; DASH, Dietary Approaches to Stop Hypertension Trial; EAR, Estimated Average Requirement; NCD, noncommunicable disease.

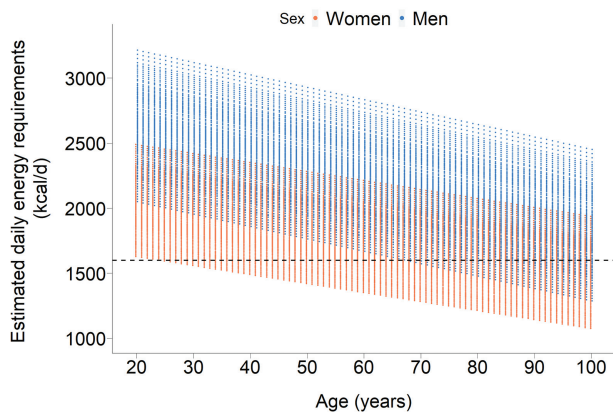


FIGURE 2 Energy requirements for individuals in the healthy weight range at different ages. Data are based on the Institute of Medicine's equations for predicting energy requirements of individuals with typical heights (for men: 1.58–1.9 m; for women: 1.45–1.78 m), a BMI in the healthy range of 18.5–25 kg/m², and sedentary or light activity levels (38). The dotted line represents the lowest energy menu examples in the US Dietary Guidelines.

further research is needed to refine essential nutrient and food group recommendations for healthy aging (50). Nevertheless, empirical considerations suggest that mean requirements for protein and several micronutrients can increase during aging, with only a few energy-related vitamins (such as thiamin) decreasing (51–53).

Low energy requirements contribute to unhealthy nutrition in older adults

An important yet underrecognized factor in unhealthy dietary patterns in old age is that there is a large decrease in typical energy requirements as individuals age (54). **Figure 2** shows the Institute of Medicine's estimated energy requirements of men and women of different ages and heights for the healthy weight range (BMI = 18.5–25.0 kg/m²), which were based on measurements of energy expenditure using the gold-standard doubly labeled water method (38). The equations used to generate the figure are given in **Supplemental Table 1**. As shown, the decrease in energy requirements to maintain healthy weight during adult life is substantial, with a typical reduction of ≥500–700 kcal/d between early adulthood and late life in healthy women and men. This creates the challenge that to meet the same or increased absolute intakes of protein and micronutrients in a diet containing a diminishing level of energy, the proportion of nutrient-dense foods in the diet has to keep increasing over time, with a parallel decrease of greater magnitude in the quantity of low-nutrient foods. In other words, a healthier diet is needed in older age to counterbalance decreasing energy requirements. **Supplemental Table 2** shows EARs for protein and micronutrients as a percentage of 1000 kcal of typical energy requirements, illustrating that the density of most micronutrients needs to increase in older adults by 50%, and by nearly 100% for nutrients that are required in greater absolute amounts.

US Dietary Guidelines for 2020–2025 (44) give examples of healthy dietary patterns designed for all Americans, and include portion guidelines for adults with requirements of ≥1600 kcal/d (lower-calorie menus are illustrated for children, who have different nutritional needs). However, as illustrated in **Figure 2**, many older individuals, particularly women, require <1600 kcal/d to maintain a healthy weight, and some frail older adults will need as little as 1000 kcal/d to maintain a healthy weight depending on their age, weight, and height and health status. Thus, current Dietary Guidelines do not provide adequate guidance on healthful dietary patterns for the increasing population of older adults.

Functional losses are contributors to unhealthy nutrition in older adults

There is a negative cycle between functional losses and inadequate nutrition in older adults that accelerates unhealthy aging. Sarcopenia, the age-associated loss in skeletal muscle mass and function, is a key underlying cause of decreases in movement, physiological capacity, and functional performance, and increased disability and mortality observed with advancing age (55, 56). The causes of sarcopenia are multifactorial but include inadequate nutrition, low physical activity, inflammation, and multiple NCDs and other comorbidities (57, 58). Sarcopenia also has a profoundly negative impact on nutritional status in older adults, because decreased muscle mass contributes to reduced energy requirements, and can also limit the ability to shop for food and prepare meals (58).

As summarized below, poor vision in old age also limits the capability to purchase, prepare, and consume healthy food. For example, many older adults cannot see clearly the food on their plate. Similarly, reduced dental health, taste, smell, and hunger are associated with aging and also reduce the drive to eat (54, 59–62). Older adults are also more likely to take medications that impact food intake (63) and have digestive problems including gastric atrophy, chronic constipation, and/or malabsorption (64, 65) that negatively impact appetite and nutrient absorption. Older adults additionally have changes in homeostatic mechanisms regulating thirst sensation and renal water absorption, resulting in a higher risk of dehydration, (66, 67), which can be exacerbated by the use of common diuretics and fear of incontinence due to limited mobility (68).

Socioeconomic factors are contributors to unhealthy nutrition in older adults

In addition to physiological and genetic factors influencing nutritional status during aging, there are widely recognized demographic and social factors that increase the risk of consuming an unhealthy diet as adults grow older. These include poverty and food insecurity, which make it harder to purchase the nutrient-rich foods that are both more necessary and more expensive (69, 70). Older adults are also more likely to live alone and be socially isolated, factors that limit food preparation and predict unhealthy dietary intake (61, 62).

TABLE 1 Consistent evidence for nutrition parameters and prevention and treatment of common aging-associated diseases and functional losses¹

	Prevention(derived from expert consensus reports, or umbrella/systematic reviews, or meta analyses)	Reduced disease progression and or remission(derived from expert consensus reports, or powered randomized trials)
Musculoskeletal		
Frailty/sarcopenia, risk falls	<ul style="list-style-type: none"> ● Healthy BMI (18.5–25 kg/m²) (71) ● Dietary patterns: “Prudent” (72), Mediterranean (73) ● Specific nutrients: Recommended protein (77), high total antioxidants (40, 78) 	<ul style="list-style-type: none"> ● Specific nutrients: High protein: 1.3–1.5 g/kg protein alone or combined with exercise (74–76) ● For sarcopenic obesity: high-protein and weight loss with or without exercise (79)
Osteoarthritis	<ul style="list-style-type: none"> ● Healthy BMI (80) 	<ul style="list-style-type: none"> ● Weight loss (81)
Osteoporosis	<ul style="list-style-type: none"> ● Specific nutrients: Adequate intakes of calcium (82), protein (83), vitamin D (84) 	<ul style="list-style-type: none"> ● Specific nutrients: 1200 mg Ca + 800 IU vitamin D + weight-bearing exercise (85, 86)
Cognition		
Cognitive decline	<ul style="list-style-type: none"> ● Healthy BMI (87) ● Dietary patterns: Mediterranean diet (89, 90), HEI, WHO’s Healthy Diet Indicator (91) 	<ul style="list-style-type: none"> ● Weight loss (88)
Dementia/Alzheimer disease	<ul style="list-style-type: none"> ● Healthy BMI (87) ● Dietary patterns: Mediterranean diet (90, 92) ● Specific nutrients: Low saturated fat (92, 93) 	
Sense-organ diseases		
Age-related macular degeneration	<ul style="list-style-type: none"> ● Healthy BMI (7, 94) ● Dietary patterns: Mediterranean diet, oriental diet, low-glycemic-index diet (95) 	<ul style="list-style-type: none"> ● Nutrients: High vitamins C + E, lutein, zeaxanthin, zinc, copper (96)
Cataracts	<ul style="list-style-type: none"> ● Healthy BMI (97), healthy glycemic control in type 2 diabetes (98) ● Specific nutrients: Multivitamin-mineral supplement (99, 100) 	
Hearing loss	<ul style="list-style-type: none"> ● Healthy BMI (101) ● Dietary patterns: HEI, low-glycemic-index carbohydrates (102, 103) 	<ul style="list-style-type: none"> ● Nutrients: Folic acid in individuals with high homocysteine (104)
Noncommunicable diseases		
Type 2 diabetes	<ul style="list-style-type: none"> ● Healthy BMI (105, 106) ● Dietary patterns: Mediterranean (107, 108), DASH, and HEI (109), plant-based (110), low glycemic index, and low glycemic load (111) 	<ul style="list-style-type: none"> ● Lifestyle intervention with weight loss, healthy diet, and exercise (105, 112, 113) ● Dietary patterns: Mediterranean, plant based (114, 115), low-carbohydrate (116, 117)
Cardiovascular disease	<ul style="list-style-type: none"> ● Healthy BMI, weight loss if obesity (105, 106) ● Dietary patterns: Mediterranean (107, 119, 120), DASH, and HEI (121, 119, 109), plant-based (119) [not low-carbohydrate (122)] 	<ul style="list-style-type: none"> ● Weight loss with healthy diet, exercise (105, 118) ● Dietary patterns: Mediterranean (123), DASH (124)
Cancers	<ul style="list-style-type: none"> ● Healthy BMI (125, 126) ● Dietary patterns: Mediterranean (107, 127–129, 120), DASH/HEI (109), plant-based diet (130, 131) 	
Sleep		
Obstructive sleep apnea	<ul style="list-style-type: none"> ● Healthy BMI (21) 	<ul style="list-style-type: none"> ● Weight loss (132)
Gastrointestinal		
Chronic constipation	<ul style="list-style-type: none"> ● Specific nutrients: Recommended fiber intake, including coarse wheat bran fiber (133–135) 	<ul style="list-style-type: none"> ● Specific nutrients: Coarse wheat bran fiber, adequate fluid (133)
Urinary incontinence	<ul style="list-style-type: none"> ● Healthy BMI (136) 	<ul style="list-style-type: none"> ● Weight loss (24)

¹DASH, Dietary Approaches to Stop Hypertension Trial; HEI, Healthy Eating Index.

Dietary patterns, nutrients, and weight management for prevention and treatment of aging-associated diseases and conditions

Dietary patterns and nutrients.

Table 1 summarizes the evidence from recent consensus reports, umbrella and systematic reviews, and meta-analyses for the associations of specific dietary patterns, nutrients, and

BMI with prevention of age-related diseases and functional impairments. **Table 1** also summarizes data from randomized controlled trials of nutritional treatments for specific conditions.

A variety of dietary patterns and indices have been evaluated for their association with age-associated diseases and conditions, including Mediterranean-style diets (137),

US Dietary Guidelines and the related Healthy Eating Index (138, 139), the WHO's Healthy Diet Indicator (140), Dietary Inflammatory Index (29), the MIND diet (141), and low glycemic index carbohydrate and high-fiber diets (142). These dietary profiles are associated with prevention of a broad range of age-associated diseases and conditions including: frailty and risk of falls, osteoporosis, cognitive decline, dementia, age-related macular degeneration, cataracts, hearing loss, NCDs (including type 2 diabetes, cardiovascular disease, and many cancers), and chronic constipation (72, 73, 89–92, 95, 102, 103, 107, 108, 121, 119, 109, 127–129, 120, 130, 131). In some cases, these associations are confirmed with randomized trials (143, 123). In addition Table 1 highlights specific nutrients associated with preventing unhealthy aging including: dietary protein at least equal to current RDAs for preventing sarcopenia, frailty, and falls in combination with exercise (77); adequate calcium and vitamin D intake with recommended protein for preventing osteoporosis (82–84); and whole grains and dietary fiber (in particular, coarse wheat bran fiber) for preventing type 2 diabetes and chronic constipation (133, 134).

There is also evidence that healthy aging is fostered by the cumulative effects of healthy nutrition earlier in life. For example, for prevention of osteoporosis late in life, attaining a high peak bone mineral density by age 30 is required (after which bone mineral density falls) and this requires consuming recommended levels of calcium throughout childhood and young adulthood (144). Similarly, high dietary flavanol intakes over 2 decades are associated with a reduced risk of Alzheimer disease and related dementias (145), and greater adherence to a Mediterranean diet for >5 y is associated with a 1–3-fold reduction in risk of frailty (146, 147), a 30% reduction in risk of a major cardiovascular event (123), and a 41% reduced risk of incident advanced age-related macular degeneration (148).

In addition there are a number of age-related diseases and conditions that randomized trials indicate can be treated to attenuate progression (and in some cases support remission) with a nutrition regimen (Table 1). These include sarcopenia, osteoporosis and fractures, age-related macular degeneration, type 2 diabetes, and chronic constipation (133, 74–76, 85, 86, 96). However, not all age-related diseases and conditions that are apparently prevented by healthy nutrition can also be treated after their diagnosis. For example, randomized trials have indicated no significant effect of omega-3 fatty acids, B vitamins, vitamin D, or soy protein on recurrence of various cancers (149, 150).

Although food-based nutrition is the focus of this report, a strong case can be made for targeted supplementation with specific nutrients that are hard to achieve in old age through a healthy diet. In particular, the mean intake of vitamin D in US women aged 51–70 is only about one-fourth of the RDA, and lower intakes are reported for ages ≥ 71 y (151). Similarly, mean calcium intake is less than one-third of the RDA in older adults (151). Some older adults can also benefit from supplemental vitamin B-12 because they are at increased risk

of deficiency due to chronic atrophic gastritis [present in 30–50% of older adults (152)] and the widespread use of gastric acid-blocking drugs that inhibit digestion of food-based vitamin B-12 to an absorbable form (153).

Weight management.

BMI values above the healthy range (>25.0) are strongly associated with increased risk of a wide range of age-associated diseases (Table 1). Older adults with obesity [41% of adults >60 y (154)] are at higher risk of frailty and osteoarthritis, and consequently have more functional limitations than those who are not obese (155). Obesity also increases the risk of all the major NCDs, cognitive decline and dementia, obstructive sleep apnea, sensory impairments (age-related macular degeneration, cataracts, diabetic retinopathy, and hearing loss), and urinary incontinence (7, 21, 156, 105, 106, 136, 71, 80, 87, 94). It should also be noted that unhealthy dietary patterns with high intakes of sugar-sweetened beverages, processed snack foods, and red meat, and low intakes of vegetables, whole grains, fruits, and nuts are associated with weight gain (157), which emphasizes the key link between diet, BMI, and health. As observed with dietary patterns, the risks of obesity for unhealthy aging increase over time, and there is a progressive increase in the risks of type 2 diabetes (158), cardiovascular disease (159), and cancer (160) with every year that obesity is maintained. Conversely, reduced energy intake promotes healthy aging, with data from studies of nonhuman primates (161) and a 2-y trial of calorie restriction in nonobese humans (162, 163) indicating that low energy intake promotes favorable changes in a broad range of age-related biomarkers of healthspan (162, 164).

Weight loss is also an effective first-line therapy for treatment of several age-related diseases and conditions in individuals with obesity, including urinary incontinence and sleep apnea (24, 132). Furthermore, a mean weight loss of 10% has been reported to achieve remission of type 2 diabetes in 50% of cases when implemented within 7 y of onset, providing a remarkable example of the potential for nutrition to impact age-related disease more effectively than current medication regimens (112).

It is also important to note that recommendations for maintaining physical activity into old age can play a valuable role in supporting nutritional health in old age, not only by preserving musculoskeletal health (165, 166) but also by attenuating the decline in energy requirements with aging. These findings are consistent with a recent federal report noting the lack of specificity in nutrition assistance programs to support healthy aging in current government programs (50).

Are All Generally Healthy Dietary Patterns Equivalent for Achieving Nutritional Health in Old Age?

There is currently insufficient information to categorically differentiate the effects of consuming the different broadly healthy dietary patterns discussed above. This is because they

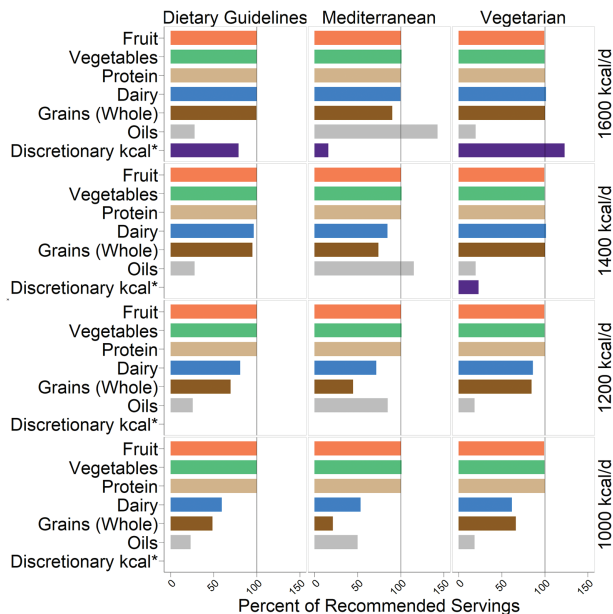


FIGURE 3 Illustration of the adequacy of healthy food group servings that can be achieved with different dietary patterns at lower levels of energy requirements in older adults. Typical menu examples were used to calculate the number of servings per day of foods in key healthy food groups (fruit, vegetables, proteins, dairy, grains, and oils) for 3 healthy dietary patterns (US Dietary Guidelines, Mediterranean, and Vegetarian) implemented at 4 energy levels (1600, 1400, 1200, and 1000 kcal/d). Suggested servings reflect a mean of 3 different menus that adhere to the respective dietary pattern and are shown relative to the serving size recommendations outlined in the Dietary Guidelines for Americans for each dietary pattern at 1600 kcal/d intakes. The vertical black line represents 100% of the recommended servings for the specified dietary patterns, and for discretionary calories * (all calories not included in healthy food group servings) represents 200 kcal/d. Note: Legumes are included in the protein category not vegetables, and oils do not reflect oils included in food items (e.g., avocado, nuts). Discretionary calories reflect calories that remain for other uses after meeting recommended servings of fruit, vegetables, protein, dairy, and grains.

share multiple common features including an emphasis on regular consumption of vegetables and fruits, whole grains, legumes, nuts and seeds, seafood, and liquid oils such as olive and canola, and with low intakes of saturated fat and nutrient-weak foods such as sugar-sweetened beverages. However, different dietary patterns can differ in the extent to which adequate portion sizes of healthy foods can be achieved despite the decreased energy requirements associated with aging. We therefore created typical example menus for 3 healthy dietary patterns (Dietary Guidelines MyPlate, a Mediterranean-style diet, and a Vegetarian diet) and analyzed them for their ability to support nutritional sufficiency for older adults at different levels of energy requirements.

A summary of the results is provided in **Figure 3**, with descriptions of the menu items given in the **Supplemental Information on Menu Calculations**. As shown, for dietary

energy ≥ 1600 kcal/d, all of the healthy dietary patterns could provide recommended portions of different recommended food groups, and also provide a calorie allowance for other “discretionary” foods of 32 (Mediterranean-style) to 246 (Vegetarian) kcal/d. However, for the lower dietary energy requirements observed in many older adults, the menus increasingly did not provide recommended portions of all healthy foods without exceeding total energy requirements, even when discretionary calories were reduced to zero (which is unrealistic). The Vegetarian menu was the one that best met portion recommendations for all food groups and protein at lower energy levels (including possibly higher protein needs than current US RDAs), and is consistent with the United Nations’ calls for greater reliance on plant-based foods (167). Among MyPlate and Mediterranean menus, reducing dairy and grain servings (selectively removing refined grains to preserve whole grain intake) resulted in moderately low carbohydrate options that did allow proteins, fruits, and vegetable servings to be as recommended at the lower calorie levels. These calculations suggest that lower-carbohydrate Dietary Guidelines menus provide another practical approach to meeting healthy nutrition guidelines for older adults at lower levels of energy intake.

Opportunities for a National Nutrition Strategy to Reduce Unhealthy Aging

The United States currently ranks only #55 in a global assessment of years of age-related disease burden at the end of life (#1 being best-ranked) (12) despite health care expenditures that are approximately twice those of other affluent nations (168). This striking public health failure has occurred despite acknowledgement of the general importance of nutrition across the lifespan (11, 169–171). The breadth of healthy aging benefits achievable with healthy nutrition described herein clarifies the broad and important role that nutrition can play to keep older adults healthy, and supports the development of a national nutrition strategy with clinical involvement for healthy aging.

One important element of a successful nutrition strategy for healthy aging would be increasing investment in federal nutrition research directed to this goal (172), with coordination among stakeholders to maximize research efficiency. This would recognize a strong role for nutrition in supporting healthy aging (as summarized here), the relative shortage of data from conventional randomized trials of specific interventions, and the need for fresh approaches to conduct rapid, rigorous testing of different dietary interventions in diverse populations. Stakeholders in a national nutrition strategy for healthy aging would include consumers, government agencies, food producers, the food industry, health professionals, and community organizations. Health professionals would play a pivotal role by leading the development of consensus recommendations (e.g., within societies for nutrition, geriatric medicine, primary care, nursing, physician assistant, occupational therapy) that would aid diagnosis and evidence-based treatments based

on existing knowledge and identify priorities for next-generation research. This work could also be a springboard for developing training modules and continuing education for health care professionals.

Another important key to healthy aging would be the development of routine nutrition screening, implemented years before age-related diseases become prevalent, combined with research initiatives to develop and refine lifestyle interventions supporting aging-focused healthy behavior changes in different population groups. Direct nutrition screening is currently not performed in primary care and current indirect measures, such as BMI and lipid panels, do not provide adequate information to understand the specific nutritional vulnerabilities of individuals. Ideally, the development and use of broad nutrition screening panels to support healthy aging would allow for identification of at-risk individuals within primary care and either treatment within primary care or referral to specialized services (11, 70, 169, 173). In addition, artificial intelligence could be used to add nutrition screening data in real time, for rapid identification of time-sensitive nutritional risks, and such information could also be used as the basis for artificial intelligence-enabled personalized interventions. As well as evaluating dietary intake, screening assessments could include BMI and weight change. This inclusion would recognize both that obesity is a major risk factor for unhealthy aging (105), and that weight loss and protein-energy malnutrition with a low BMI are increasingly prevalent as adults age (174) and are similarly linked to reduced independence and greater risk of poor health. The apparent paradox that both obesity and weight loss with low BMI are risk factors emphasizes the importance of screening to allow for personalized nutrition support for healthy aging. There is currently no validated screening tool for the range of dietary intakes, BMI, and weight change seen in community-dwelling adults beginning in midlife on, but scales used in hospitalized patients (175) have potential for adaptation to standardized instruments for primary care.

Conclusions

Maintenance of functional independence and quality of life are of primary importance to older adults. Although aging is clearly programmed and progressive, a cohesive body of research finds that a healthy diet and weight management are able to not only reliably delay the onset of most typical diseases and functional losses in aging, but also arrest progression and severity, and even support remission for some conditions. Public health measures to facilitate healthy aging are currently lacking, but can be developed based on existing research to reduce the growing burden of poor health in old age.

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November 2019

NUTRITION ASSISTANCE PROGRAMS

Agencies Could Do More to Help Address the Nutritional Needs of Older Adults

GAO Highlights

Highlights of [GAO-20-18](#), a report to congressional requesters

Why GAO Did This Study

The U.S. population is aging and, by 2030, the U.S. Census Bureau projects that one in five Americans will be 65 or older. Recognizing that adequate nutrition is critical to health, physical ability, and quality of life, the federal government funds various programs to provide nutrition assistance to older adults through meals, food packages, or assistance to purchase food.

This report examines (1) the relationship of older adults' nutrition to health outcomes and the extent to which federal nutrition guidelines address older adults' nutritional needs, (2) nutrition requirements in federal nutrition assistance programs serving older adults and how these requirements are overseen, and (3) challenges program providers face in meeting older adults' nutritional needs. GAO reviewed relevant federal laws, regulations, and guidance and conducted a comprehensive literature search; visited a nongeneralizable group of four states—Arizona, Louisiana, Michigan, and Vermont—and 25 meal and food distribution sites, selected for a high percentage of adults 60 or older, and variations in urban and rural locations, and poverty level; and interviewed officials from HHS, USDA, states, national organizations, and local providers.

What GAO Recommends

GAO is making five recommendations, including that HHS develop a plan to include nutrition guidelines for older adults in a future update, and that HHS and USDA improve oversight of meal programs and provide additional information to meal providers to help them meet older adults' nutritional needs. HHS and USDA generally concurred with our recommendations.

View [GAO-20-18](#). For more information, contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov.

November 2019

NUTRITION ASSISTANCE PROGRAMS

Agencies Could Do More to Help Address the Nutritional Needs of Older Adults

What GAO Found

Research shows that nutrition can affect the health outcomes of older adults. Federal nutrition guidelines provide broad guidance for healthy populations, but do not focus on the varying nutritional needs of older adults. Department of Health and Human Services (HHS) data show that the majority of older adults have chronic conditions, such as diabetes or heart disease. Research shows that such individuals may have different nutritional needs. As older adults age, they may also face barriers, such as a reduced appetite, impairing their ability to meet their nutritional needs. HHS plans to focus on older adults in a future update to the guidelines, but has not documented a plan for doing so. Documenting such a plan could help ensure guidelines better address the needs of the population.

Of the six federal nutrition assistance programs serving older adults, four have requirements for food that states and localities provide directly to participants, and federal agencies oversee states' monitoring of these requirements. In HHS's and U.S. Department of Agriculture's (USDA) meal programs, states must ensure meals meet requirements. Yet, HHS does not gather information from states, such as approved menus, to confirm this, and localities in two of the four selected states said state monitoring of menus was not occurring. Further, USDA regional officials told GAO they lack information on how meal programs operate at adult day care centers as they primarily focus on other sites for their on-site reviews. Additional monitoring could help HHS and USDA ensure meal programs meet nutritional requirements and help providers meet older adults' varying needs.

Examples of Lunches Served to Older Adults through Nutrition Programs in Selected States



Source: GAO. | GAO-20-18

In the states GAO selected, meal and food providers of the four nutrition programs with nutrition requirements reported various challenges, such as an increased demand for services. Providers in three of the four states reported having waiting lists for services. Providers of HHS and USDA meal programs in all four states also reported challenges tailoring meals to meet certain dietary needs, such as for diabetic or pureed meals. HHS and USDA have provided some information to help address these needs. However, providers and state officials across the four states reported that more information would be useful and could help them better address the varying nutritional needs of older adults.

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Abbreviations

ACL	Administration for Community Living
CACFP	Child and Adult Care Food Program
CSFP	Commodity Supplemental Food Program
DRIs	Dietary Reference Intakes
FNS	Food and Nutrition Service
HHS	United States Department of Health and Human Services
SFMNP	Senior Farmers' Market Nutrition Program
SNAP	Supplemental Nutrition Assistance Program
USDA	United States Department of Agriculture

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November 21, 2019

The Honorable Robert Casey
Ranking Member
Special Committee on Aging
United States Senate

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The U.S. population is aging and, with life expectancy increasing, the older adult population is expected to continue growing. By 2030, the U.S. Census Bureau projects that one in five Americans will be 65 or older.¹ According to the U.S. Department of Health and Human Services' (HHS) Administration on Aging, adequate nutrition is critical to good health, physical ability, and quality of life, and it is an important component of home and community-based services for older adults. Various federal programs provide nutrition assistance to older adults in the form of meals, food packages, and assistance to purchase food. These include programs overseen by the U.S. Department of Agriculture (USDA), as well as programs overseen by HHS that are authorized under the Older Americans Act of 1965, as amended (Older Americans Act). State agencies and local nutrition program providers, including state government entities and private nonprofit organizations, are generally responsible for administering these programs and providing nutrition assistance to older adults.

In the last decade, attention has been given to federal nutrition assistance programs serving children, with a focus on improving the nutritional benefits of foods provided, but the extent to which this focus has been

¹U.S. Department of Commerce, Census Bureau, *Demographic Turning Points for the United States: Population Projections for 2020 to 2060* (March 2018).

incorporated into programs serving older adults is unclear.² This report examines (1) the relationship of older adults' nutrition to health outcomes and the extent to which federal nutrition guidelines address older adults' nutritional needs; (2) the extent to which federal nutrition assistance programs serving older adults have nutrition-related requirements and how these requirements are overseen; and (3) challenges program providers face in meeting the nutritional needs of older adults.

We relied on several methodologies to inform our objectives. At the federal level, we reviewed relevant federal laws, regulations, guidance, and program oversight documents, and interviewed relevant officials from HHS's Administration for Community Living and USDA's Food and Nutrition Service. Specifically, we interviewed officials from the departments' national offices and all of their regional offices. To understand challenges state agencies and local providers faced implementing federal nutrition assistance programs with nutrition-related requirements, as well as how these programs are overseen by states, we visited a nongeneralizable group of four selected states—Arizona, Louisiana, Michigan, and Vermont—between December 2018 and March 2019. We selected states and local sites within those states with a high percentage of adults 60 or older, and to ensure variation across the sites in geographic location, urban and rural location, percentage of older adults in poverty, and program provider and site type. In the four states, we interviewed relevant state agency officials, and representatives from 20 local provider organizations and visited 25 meal and food distribution sites in the selected local areas.³ Because we relied on a nongeneralizable sample of sites and states, the views of the entities we interviewed do not represent the views of all providers of federal nutrition assistance programs providing meals and food packages to older adults

²For example, the nutrition standards for meals served to students in USDA's National School Lunch Program were updated under the Healthy, Hunger-Free Kids Act of 2010 to more closely match with federal Dietary Guidelines for Americans. See Pub. L. No. 111-296, § 441, 124 Stat. 3183, 3261. The act also included updates to nutrition requirements for meals served in the Child and Adult Care Food Program, which includes adult day care centers that participate in the program and serve older adults. For the purposes of our review, we defined "older adults" as those 60 or older.

³Throughout this report, references to "local providers" are those responsible for the provision of meal services or food in the various federal nutrition assistance programs that we included in this review. Of the 20 local providers we interviewed, 14 were HHS congregate and home-delivered meal program providers, 3 were Commodity Supplemental Food Program providers, and 3 were Child and Adult Care Food Program providers.

or participants in those programs. To obtain additional information on program implementation challenges, we interviewed representatives from a range of national-level organizations involved in research, service provision, or advocacy related to nutrition assistance for older adults.

In addition, to address our first objective on older adults' nutritional needs and our second objective on nutrition assistance programs with nutrition-related requirements, we reviewed relevant research. Such research included relevant peer reviewed studies on the relationship between nutritional needs and health outcomes of older adults, the two federally supported guidance documents that detail the nutrition requirements for Americans—the 2015-2020 Dietary Guidelines for Americans and the Dietary Reference Intakes—and the evaluations of scientific evidence undertaken to support these guidance documents. In addition, we reviewed relevant studies evaluating the impact of HHS's nutrition assistance programs on older adults' nutrition.⁴

We assessed efforts by HHS and USDA to ensure federal guidelines reflect older adults' nutritional needs, to oversee the nutrition-related requirements of nutrition assistance programs serving older adults, and to assist providers of these programs, against Standards for Internal Control in the Federal Government and other relevant criteria.⁵ For more information on our scope and methodology, see appendix I.

We conducted this work from June 2018 through November 2019 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁴B. Carlson, R. Cohen, M. Hu, J. Mabli, E. Panzarella, N. Redel, *Process Evaluation of Older American's Act Title III-C Nutrition Services Program*, a report prepared at the request of the Department of Health and Human Services' Administration on Community Living (Cambridge, MA: Mathematica Policy Research, September 30, 2015). J. Mabli, E. Gearnan, R. Cohen, K. Niland, N. Redel, E. Panzarella, B. Carlson. *Evaluation of the Effect of the Older Americans Act Title-III C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality* (Cambridge, MA: Mathematica Policy Research, April 21, 2017).

⁵GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 2014).

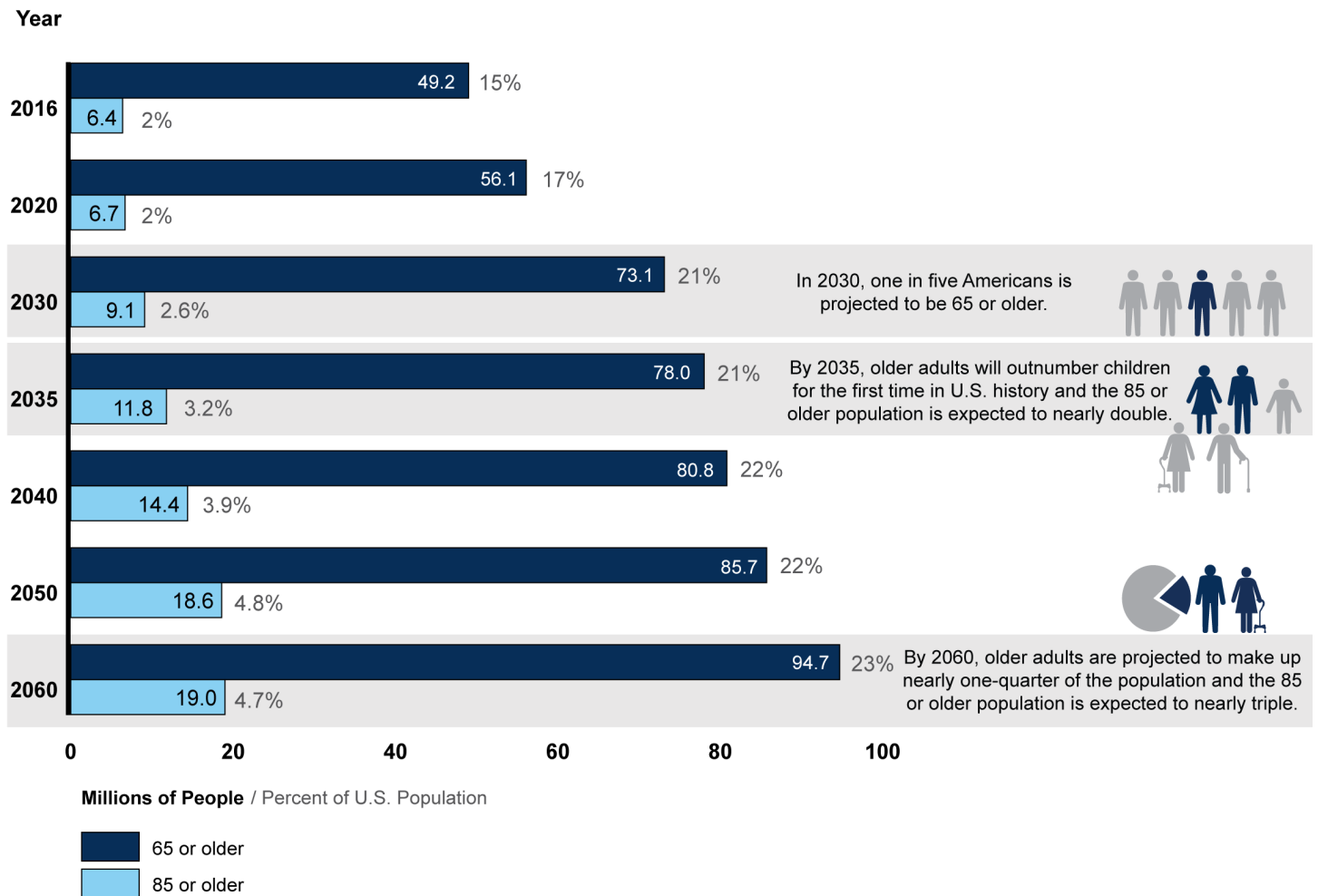
Background

Older Adult Population Growth

The U.S. older adult population is growing and is projected to steadily increase in the coming decades. By 2060, the U.S. Census Bureau projects that adults 65 or older will make up nearly one-quarter of the total U.S. population.⁶ In addition to the overall growth in this population, the number of adults 85 or older is expected to nearly triple, from 6.4 million in 2016 to 19 million in 2060 (see fig. 1).

⁶The U.S. Census Bureau reports population projections for older adults 65 or older.

Figure 1: Population Growth Projections for U.S. Adults 65 or Older, 2016-2060



Source: GAO analysis of U.S. Census Bureau data. | GAO-20-18

Federal Nutrition Assistance Programs Serving Older Adults

Several federal nutrition assistance programs serve older adults, which are overseen by HHS’s Administration for Community Living (ACL) and USDA’s Food and Nutrition Service (FNS).⁷ The characteristics of older

⁷In this report, we identified six key federal programs that provide nutrition assistance to older adults that are overseen by HHS and USDA. These federal nutrition assistance programs may also serve broader populations, including individuals younger than 60. For the purposes of this report, we focused on those individuals 60 or older that are served by these programs.

adults served by these programs vary, as do the types of assistance provided, the numbers of participants, and the amounts of federal expenditures (see table 1).

Table 1: Key Characteristics of Federal Nutrition Assistance Programs Serving Older Adults, by Agency

Dollars in Millions

Program	Eligible population	Type of assistance	Federal expenditures on older adults	Number of older adult participants
HHS Administration for Community Living				
Home-Delivered Nutrition Program	Adults 60 years or older	Prepared meals delivered to homebound participants	307.5 ^a	850,880 ^a
Congregate Nutrition Program	Adults 60 years or older	Prepared meals provided in congregate settings, such as senior centers	294.3 ^a	1,520,507 ^a
USDA Food and Nutrition Service				
Supplemental Nutrition Assistance Program (SNAP)	Households, including those with older adults, with low incomes ^b	Benefits to purchase food in participating retail stores	\$6,580.0 ^c	5,447,000 ^a
Commodity Supplemental Food Program (CSFP)	Adults 60 years or older with low incomes ^{b, d}	A monthly supplemental package of shelf-stable foods and refrigerated cheese	230.2 ^{e, f}	675,926 ^e
Child and Adult Care Food Program (CACFP)	Adults who are physically or mentally impaired or adults 60 years or older enrolled in an adult day care program ^g	Prepared meals provided in nonresidential adult day care centers	161.6 ^e	134,694 ^{e, h}
Senior Farmers' Market Nutrition Program (SFMNP)	Households of adults 60 years or older with low incomes ^b	Benefits to purchase locally grown fruits, vegetables, honey, and herbs from farmers' markets, roadside stands, and community supported agriculture programs	19.1 ⁱ	834,875 ^e

Source: GAO analysis of HHS and USDA information and data on these programs. | GAO-20-18

^aData reflect fiscal year 2017, the most recent year available as of July 2019 for congregate and home-delivered programs and April 2019 for SNAP.

^bFederal statute or regulations define specific income eligibility criteria.

^cThis figure represents estimated total benefits paid to older adult SNAP recipients in fiscal year 2017. According to USDA officials, USDA does not collect program expenditures by recipient type, but this estimate may be used as a proxy for federal expenditures on older adult SNAP recipients. Elderly individuals represented 13 percent of all SNAP recipients and received about 11 percent of total SNAP benefits in fiscal year 2017, according to USDA data.

^dCSFP also helps state and local agencies meet the nutritional needs of women, infants, and children who were certified and receiving CSFP benefits as of February 6, 2014 and continue to meet the eligibility requirements as of that date. Beginning February 7, 2014, CSFP eligibility was limited to adults 60 years and older. See Agricultural Act of 2014, Pub. L. No. 113-79, § 4102, 128 Stat. 649, 819-21.

^eData reflect fiscal year 2018, the most recent year available as of June 2019.

^fThis figure includes the cost of food and expenses related to administering the program.

^gIn addition to serving meals and snacks to adults enrolled at adult day care centers, the CACFP also provides meals and snacks to children enrolled at child care centers, day care homes, and afterschool care programs. This table focuses on meals and snacks served to adults enrolled at adult day care centers.

^hThe number of participants represents average daily attendance of adults enrolled at adult day care centers, which may include adults under age 60. USDA officials told us they do not collect national level CACFP data on the ages of participants.

ⁱThis figure represents total federal outlays for the SFMNP, which include the total costs of the vouchers that were redeemed at farmers' markets in fiscal year 2018.

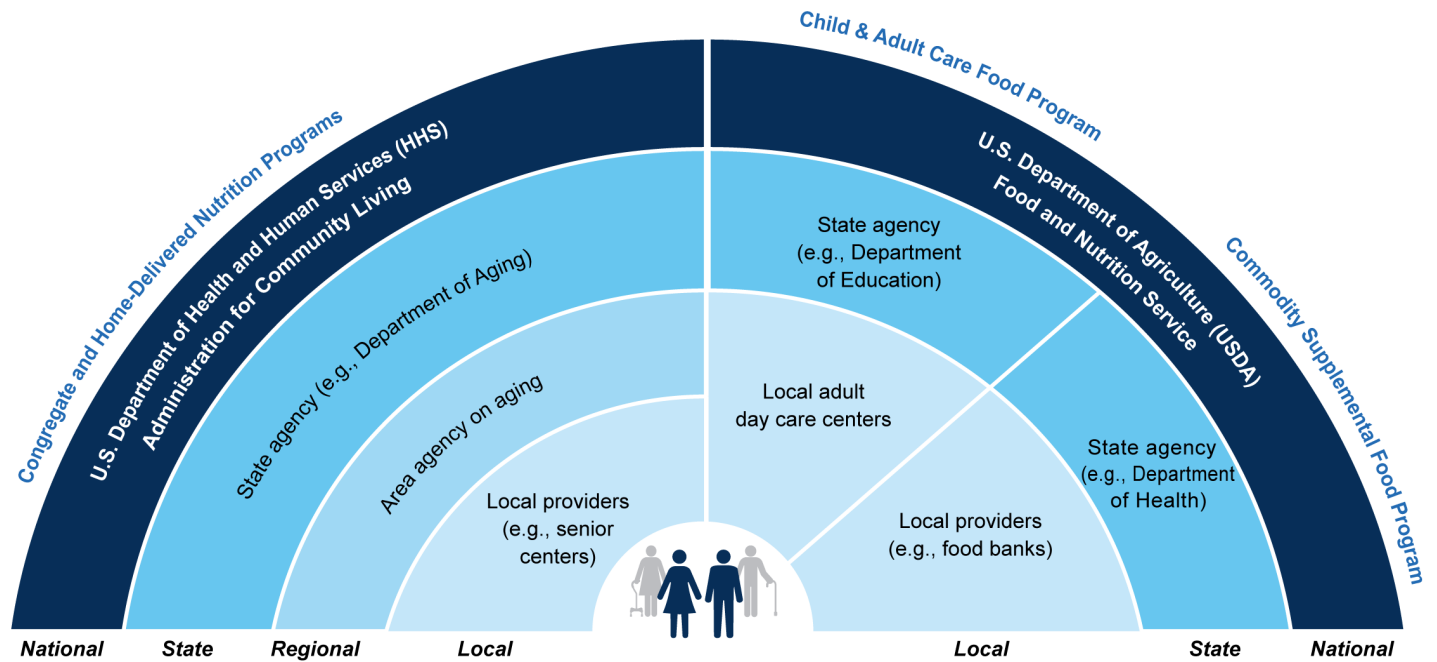
Program Administration

The nutrition assistance programs serving older adults are overseen by ACL and FNS's national and regional offices and are generally administered by state and local entities. The ACL and FNS national offices allocate funding and develop program regulations and guidance, and their respective regional offices provide support, such as technical assistance and training, to state agencies. State agencies implement the programs directly or through local entities. In the four programs that provide meals and monthly food packages to participants, state agencies work with regional and local agencies, such as government entities or private nonprofit organizations, to provide nutrition assistance to participants (see fig. 2). Specifically, in FNS's two programs, state agencies work directly with local providers, while in ACL's two programs, states work with regional level area agencies on aging, which generally contract with local providers.⁸ Area agencies on aging are public or private nonprofit entities that are responsible for planning and delivering services to older adults within their geographic service area.⁹

⁸Area agencies on aging generally provide services through contracts with local providers, but in certain circumstances may provide services directly. States that are geographically small or sparsely populated may administer services at the state level, rather than through area agencies on aging.

⁹Service areas are determined by states and can consist of a single county or multiple counties.

Figure 2: Stakeholders Involved in Administering Selected Nutrition Assistance Programs That Directly Provide Meals and Food to Older Adults



Source: GAO analysis of HHS and USDA program information and interviews with HHS and USDA officials. | GAO-20-18

Note: Area agencies on aging are public or private nonprofit entities that are responsible for planning and delivering the congregate and home-delivered nutrition programs, as well as other services, to older adults within their geographic service area. Service areas are determined by states and consist of a single county or multiple counties. Area agencies on aging generally provide services through contracts with local providers but may provide services directly. States that are geographically small or sparsely populated may administer services at the state level, rather than through area agencies on aging.

Federally-Supported Nutrition Guidelines

The Dietary Guidelines for Americans and the Dietary Reference Intakes (DRIs) are the two federally supported scientific bodies of work that provide broad information and guidance on the nutritional needs of healthy populations to help individuals maintain health and prevent nutrition-related chronic diseases.¹⁰ The dietary guidelines are developed

¹⁰According to HHS’s Centers for Medicare and Medicaid Services (CMS), chronic conditions are defined as conditions that last a year or more and require ongoing medical attention or limit daily activities or both. The U.S. Centers for Disease Control and Prevention uses a similar definition to define chronic diseases. For the purposes of this report, we use the term “chronic condition.” We refer to the Dietary Guidelines for Americans as the “dietary guidelines” throughout this report.

by HHS and USDA and summarized in a federal policy document that focuses on providing practical nutritional and dietary information and guidance for Americans ages 2 and older.¹¹ Overall, the 2015-2020 Dietary Guidelines recommend the consumption of a variety of vegetables, fruits, grains (at least half of which are whole grains), and protein, as well as fat-free or low-fat dairy and oils—sources of essential fatty acids and vitamin E. They also recommend foods and beverages that limit saturated and trans fats, as well as added sugars and sodium. Developed by the National Academies of Sciences, Engineering, and Medicine, the DRIs are a set of values used to plan and assess diets and nutrient intakes in both the United States and Canada, and the DRIs also provide scientific support for the development of the dietary guidelines.¹² Specifically, the DRIs provide nutrient intake recommendations at levels considered safe for consumption of a wide range of nutrients, including vitamins, such as vitamins A and C; minerals, such as sodium and iron; and macronutrients, such as fiber and fat.

¹¹HHS and USDA are required to jointly publish a new edition of the dietary guidelines every 5 years. See National Nutrition Monitoring and Related Research Act of 1990, Pub. L. No. 101-445, § 301, 104 Stat. 1034, 1043-44 (codified as amended at 7 U.S.C. § 5341). HHS and USDA appoint an external advisory committee of nutrition, health and medicine experts to review scientific evidence on nutrition and health that builds off the previous edition of the dietary guidelines. The advisory committee's work culminates in a scientific report, which HHS and USDA use, among other things, to update the dietary guidelines. Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015). U.S. Department of Health and Human Services and U.S. Department of Agriculture *2015-2020 Dietary Guidelines for Americans 8th Edition* (December 2015), available at <http://health.gov/dietaryguidelines/2015/guidelines/>.

¹²Based on systematic reviews of evidence, the DRIs are developed by committees of nutrition, health, and medicine experts under the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine with funding from the U.S. and Canadian governments. National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* (Washington, D.C.: The National Academies Press, 2006). National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes for Calcium and Vitamin D* (Washington, D.C.: The National Academies Press, 2011). National Academies of Sciences, Engineering, and Medicine, *Guiding Principles for Developing Dietary Reference Intakes Based on Chronic Disease* (Washington, D.C.: The National Academies Press, 2017). National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes for Sodium and Potassium* (Washington, D.C.: The National Academies Press, 2019). The 2006 report summarizes the findings of all DRIs reports published prior to 2006 on individual nutrients, such as fiber, magnesium and other essential nutrients. Since 2006, the DRIs have been updated for four nutrients: calcium and vitamin D in 2011 and sodium and potassium in 2019.

Evidence Shows Nutrition Is Associated with Older Adults' Health Outcomes, but Federal Nutrition Guidelines Do Not Address Their Varying Needs

The Majority of Older Adults Have Chronic Conditions and Evidence Shows Older Adults' Nutrition Is Associated with Their Health Outcomes

The majority of older adults in the U.S. have chronic conditions, and evidence shows that nutrition is associated with the development of such conditions.¹³ Older adults are the fastest growing segment of the population, and they also have the greatest prevalence of chronic conditions. For example, according to the most recent data available from the Centers for Disease Control and Prevention (CDC), 62 percent of older adults 65 and older had more than one chronic condition in 2016, such as diabetes or heart disease, compared to 18 percent of adults ages 18 to 64.¹⁴ Although the risk of developing chronic conditions increases with age, research has shown that poor nutrition is a contributor to

¹³According to HHS's U.S. Centers for Medicare and Medicaid Services (CMS), chronic conditions are defined as conditions that last a year or more and require ongoing medical attention or limit daily activities or both. The U.S. Centers for Disease Control and Prevention uses the same definition to define chronic diseases. For the purposes of this report, we use the term "chronic condition."

¹⁴This analysis reflects adults with more than one of the following 10 chronic conditions: hypertension, coronary heart disease, stroke, diabetes, cancer, arthritis, hepatitis, weak or failing kidneys, chronic obstructive pulmonary disease, or current asthma. CDC National Center for Health Statistics, National Health Interview Survey, family core and sample adult questionnaires, table 39, accessed July 22, 2019, <https://www.cdc.gov/nchs/data/hus/2017/039.pdf>.

negative health outcomes, including many chronic conditions.¹⁵ For example, research shows that over- and under-consumption of certain nutrients, in addition to physical inactivity, is associated with the development of chronic conditions, including certain cancers, obesity, heart disease, and diabetes.¹⁶ The CDC reported that, in 2016, nutrition-related chronic conditions, including heart disease and stroke, were among the leading causes of death for older adults 65 and older in the United States, with heart disease accounting for 25 percent of deaths among this population.

At the same time, research shows that nutrients and diet can prevent, delay, or assist in managing many chronic conditions, and individuals with certain chronic conditions may have different nutritional needs compared to healthy individuals. For example, according to research reviewed during development of the dietary guidelines and DRIs:¹⁷

- diets low in sodium that also replace some carbohydrates with protein or unsaturated fats lower blood pressure and cholesterol levels, both reducing the risk of developing heart disease and helping to manage it;

¹⁵Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015). National Academies of Sciences, Engineering, and Medicine, *Guiding Principles for Developing Dietary Reference Intakes Based on Chronic Disease* (Washington, D.C.: The National Academies Press, 2017). Academy of Nutrition and Dietetics, "Position of the Academy of Nutrition and Dietetics: Food and Nutrition for Older Adults: Promoting Health and Wellness," *Journal of the Academy of Nutrition and Dietetics*, vol. 112, no. 8 (2012): pp. 1255-1277.

¹⁶For example, inadequate consumption of potassium or over-consumption of sodium is associated with high blood pressure, also known as hypertension, which is a risk factor for heart disease or stroke. National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* (Washington, D.C.: The National Academies Press, 2006). The relationship between nutrition and the development of chronic conditions, such as hypertension, is of particular concern for older adults who, according to the CDC, already have an increased risk for heart disease and stroke due to age. Department of Health and Human Services, CDC, *The State of Aging and Health in America 2013* (Atlanta, GA: 2013).

¹⁷Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015). National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* (Washington, D.C.: The National Academies Press, 2006).

-
- consumption of certain types of dietary fats, such as omega-3 fatty acids found in fish and flaxseed, for example, may help prevent or manage heart disease;
 - increased consumption of fiber reduces total blood cholesterol, and high cholesterol is both a chronic condition as well as an increased risk for developing other chronic conditions, such as heart disease and stroke; and
 - decreased consumption of foods high in added sugars, saturated fats, and sodium helps reduce the risk of diabetes, stroke, or heart attack.

Barriers to Older Adults' Meeting Nutritional Needs May Negatively Affect Their Health Outcomes

Research has shown that certain age-related changes may impair older adults' ability to meet their nutritional needs, potentially resulting in negative health outcomes. According to a study conducted by the Academy of Nutrition and Dietetics, physiological changes that occur with age, such as decreased metabolism and reductions in muscle mass and nutrient absorption, may make it difficult for older adults to meet their nutritional needs.¹⁸ Research reviewed to develop the dietary guidelines also indicates that older adults experience a decline in calorie or energy needs as they age, due in part to decreased physical activity. As a result of reduced energy needs, older adults exhibit less hunger and also experience changes in taste sensation and sense of smell, all of which may lead to decreased food consumption, according to the Academy of Nutrition and Dietetics study.¹⁹ Inadequate consumption of certain nutrients, such as potassium, may lead to increased risk of negative health outcomes, including the development of chronic conditions, as noted earlier.

Age-related physical or mental impairments also may impact older adults' ability to meet their nutritional needs, potentially resulting in negative health outcomes. The Older Americans Act defines disability to include a physical or mental impairment, or combination of the two, that results in substantial functional limitations to certain major life activities, including

¹⁸Academy of Nutrition and Dietetics, "Position of the Academy of Nutrition and Dietetics: Food and Nutrition for Older Adults: Promoting Health and Wellness," *Journal of the Academy of Nutrition and Dietetics*, vol. 112, no. 8 (2012): pp. 1255-1277.

¹⁹Because a reduced appetite can result in limited total nutrient intake, older adults should eat nutrient dense foods, such as those high in fiber, to meet their nutritional needs, as nutrient needs often remain constant or may even increase with age, according to the Academy of Nutrition and Dietetics study.

self-care and mobility, among other things.²⁰ An HHS official we spoke with noted that some older adults' inability to perform daily activities—which can include eating, walking, or leaving the home to obtain groceries or meals, because of a physical or mental impairment—can contribute to inadequate nutrition. According to the CDC, age-related declines in cognitive functioning, such as the ability to reason and remember, may affect some older adults' ability to leave their homes and shop for food, hindering their ability to meet their nutritional needs.²¹

Further, HHS reported that older adults with age-related physical impairments, such as impaired mobility and vision, may have difficulty opening, reading, and using food packaging, limiting their ability to prepare food.²² According to an Academy of Nutrition and Dietetics study, older adults with a physical impairment, such as an inability to chew or swallow food, may have reduced ability to consume nutrients, which, as previously noted, may increase their risk of negative health outcomes.

Older adults may also require the use of medication, which may impact their ability to absorb or consume nutrients and meet their nutritional needs. For example, according to the National Institute on Aging, common side effects of certain medications can include reduced appetite and dry mouth, which may make it difficult to chew and swallow. In addition, some medications require older adults to limit their consumption of certain foods, such as citrus fruit, as consumption of these foods may change the effectiveness of the medications or cause other negative

²⁰See 42 U.S.C. § 3002(13).

²¹Department of Health and Human Services, CDC, *The State of Aging and Health in America 2013* (Atlanta, GA: 2013).

²²Department of Health and Human Services, Administration for Community Living, Center for Policy and Evaluation, *Opportunities to Improve Nutrition for Older Adults and Reduce Risk of Poor Health Outcomes* (March 2017). Further, according to an Academy of Nutrition and Dietetics study, individuals who have difficulty preparing meals may rely on processed, ready-to-eat meals that are often high in sodium. As previously noted, overconsumption of sodium is associated with hypertension. Academy of Nutrition and Dietetics, "Position of the Academy of Nutrition and Dietetics: Food and Nutrition for Older Adults: Promoting Health and Wellness," *Journal of the Academy of Nutrition and Dietetics* (2012).

health outcomes.²³ However, such restrictions may impact older adults' ability to obtain the nutrients commonly found in those foods.

Further, some older adults experience food insecurity, and therefore have limited access to adequate food and nutrients, which research has shown may lead to negative health outcomes.²⁴ According to research reviewed to develop the dietary guidelines, food insecurity is a leading nutrition-related public health issue that compromises nutrient intake, potentially resulting in an increased risk of developing a chronic condition, as well as difficulty managing chronic conditions.²⁵ USDA reported that 8 percent of U.S. households with an older adult and 9 percent of U.S. households in which an older adult lived alone experienced food insecurity in 2017—the most recent year for which data are available.²⁶ According to HHS, food insecure older adults are more likely to experience negative health outcomes than their food secure counterparts.²⁷ For example, research has shown that older adults who are food insecure consume lower amounts of essential nutrients and are more likely to experience negative health outcomes, like diabetes or physical or mental impairments.²⁸

²³For example, according to HHS's Food and Drug Administration, grapefruit—a source of vitamin C, potassium, and fiber—interferes with medications taken to address high cholesterol by allowing too much of the medication to stay in the body longer, increasing the risk factors for kidney failure.

²⁴Food insecurity is associated with reduced food intake or hunger due to a lack of money and other resources for food. U.S. Department of Agriculture, Economic Research Service, *Household Food Security in the United States in 2017*, Economic Research Report 256 (September 2018).

²⁵Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015).

²⁶U.S. Department of Agriculture, Economic Research Service, *Household Food Security in the United States in 2017*, Economic Research Report 256 (September 2018). In comparison, USDA reported that 12 percent of all U.S. households were food insecure in 2017.

²⁷Department of Health and Human Services, Administration for Community Living, *Older Americans Benefit from Older Americans Act Nutrition Programs*, Research Brief 8 (September 2015).

²⁸C. Gundersen and C. Ziliak, *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES*, report submitted to Feeding America and the National Foundation to End Senior Hunger (August 16, 2017).

Federal Nutrition Guidelines Do Not Address the Varying Nutritional Needs of Older Adults

The federal nutrition guidelines—the dietary guidelines and Dietary Reference Intakes (DRIs)—provide broad nutrition guidance for healthy populations. However, the guidelines do not address the nutritional needs of older adults, including the majority of older adults in the United States who have multiple chronic conditions.²⁹ Specifically, the guidelines focus on the foods and nutrients healthy individuals need to maintain health and prevent nutrition-related chronic conditions, which limit their applicability to older adults who already have chronic conditions. According to the scientific report for the 2015-2020 Dietary Guidelines, the guidelines are expected to evolve to address public health concerns and the nutritional needs of specific populations.³⁰ Further, a report from a DRI working group indicates that the growth of the older adult population and the prevalence of chronic conditions in this group highlight the importance of understanding how nutrition can help to address chronic conditions.³¹ Although DRI researchers recently took steps to examine research on the relationship between nutrition and chronic conditions, they noted in a March 2019 report that current research on this issue is somewhat limited.³²

At the same time, the federal nutrition guidelines do not address the varying nutritional needs of older adults of different ages and instead focus on guidelines for broad age groups. Specifically, the dietary guidelines provide information by gender on the nutrient needs of all

²⁹Developed by committees of experts, the dietary guidelines and DRI values focus on the nutritional needs of healthy populations to help individuals maintain health and prevent nutrition-related chronic conditions.

³⁰The advisory committee's 15 members, appointed by HHS and USDA, are researchers in the fields of nutrition, health, and medicine. As part of its assessment of evidence on diet and health, the advisory committee also provides recommendations for future research.

³¹E.A. Yetley, A. J. MacFarlane, L. S. Greene-Finestone, C. Garza, J. D. Ard, S. A. Atkinson, D. M. Bier, A. L. Carriquiry, W. R. Harlan, D. Hattis, J. C. King, D. Krewski, D. L. O'Connor, R. L. Prentice, J. V. Rodricks, and G. A. Wells, "Options for basing Dietary Reference Intakes (DRIs) on chronic disease endpoints: Report from a joint US-/Canadian-sponsored working group," *The American Journal of Clinical Nutrition*, vol. 105, no. 1 (2017): pp. 249S-285S.

³²Researchers recently expanded the methodology used to develop the DRIs to include an examination of the relationship between nutrient intakes and the risk of chronic conditions. However, a DRIs report issued in March 2019, which sought to use the updated methodology, found that evidence examining this relationship for certain nutrients was often insufficient and the report highlighted the need for additional research on the effects of nutrients on chronic condition outcomes. National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes for Sodium and Potassium* (2019).

adults 51 or older, and the DRIs provide this information by gender for older adults 51 through 70 and 71 or older. However, research has shown that these broad age categories do not account for how needs change with age among older adults, particularly for those 71 or older. For instance, according to the Academy of Nutrition and Dietetics study, the nutrient needs of older adults can be wide-ranging given the various changes that may occur with aging, such as those associated with reduced energy needs.³³ Further, according to a summary report on the DRIs, physiological functioning, such as nutrient absorption, varies greatly after age 70.³⁴ HHS officials similarly noted that nutritional needs change with each stage in life, and the needs of older adults who are in their 60s and those who are in their 90s or older may be substantially different.

Additionally, researchers note that information on the varying nutritional needs of the different age groups of older adults is limited. For instance, the advisory committee that developed the 2015-2020 Dietary Guidelines noted that more data are needed on older adults' diets, particularly for those 71 or older, and the degree to which age-related changes affect older adults' ability to establish and maintain proper nutrition. Similarly, researchers at the Jean Mayer USDA Human Nutrition Research Center on Aging—one of the largest research centers studying nutrition and aging in the United States—told us that research on different age groups has been hindered in part by limitations in national nutrition and health data on older adults, and adults 85 or older, in particular, despite the projected growth of this age group.

HHS officials said they intend to include a focus on nutritional guidance for older adults in the 2025-2030 Dietary Guidelines update, but they have not yet documented their plans to do so. Broadly, HHS and USDA officials told us they intend to address the nutritional needs of individuals across the entire lifespan in future updates to the dietary guidelines.³⁵ USDA is leading the 2020-2025 Dietary Guidelines update, which will

³³Academy of Nutrition and Dietetics, "Food and nutrition for older adults," p.1258.

³⁴National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* (2006).

³⁵HHS and USDA collaborate on updates to the dietary guidelines every 5 years with one agency—either HHS or USDA—leading the update.

include guidance for those individuals in the earliest stages of life.³⁶ HHS officials said that when they lead the 2025-2030 Dietary Guidelines update, they intend to include a focus on nutritional guidance for older adults. However, HHS has not yet documented this intention, such as through a formal plan.³⁷ As noted, older adults' nutritional needs can vary with age and many face certain challenges that additional nutrition guidance could help address, such as the management of chronic conditions or age-related changes, yet guidance currently falls short in part because of limited research evaluating older adults' nutritional needs. In its Strategic Plan for fiscal years 2018-2022, HHS notes that one of the department's objectives is to prevent, treat, and control communicable diseases and chronic conditions. As previously noted, the dietary guidelines are also expected to evolve to address public health concerns and the nutritional needs of specific populations. A plan for incorporating a focus on older adults in a future dietary guidelines update, such as one that addresses their various needs based on available research on this population and identifies existing information gaps, could help ensure federal nutrition guidelines better address the nutritional needs of this population.

³⁶Specifically, USDA is including nutrition guidance for pregnant women, infants, and toddlers up to 24 months old in the 2020-2025 Dietary Guidelines update. Historically, the dietary guidelines have focused on nutrition guidance for Americans ages 2 and older. According to USDA, proper nutrition during the earliest stages of life is critical to support healthy growth and development throughout childhood and prevent chronic condition in adulthood. As of June 2019, USDA officials reported that the 2020-2025 update is under way.

³⁷In 2018, for the first time, HHS and USDA sought public comments on a set of priority topics and scientific questions, according to the life stage, to guide the development of the 2020-2025 dietary guidelines update. HHS officials told us that the questions will help to clarify the needs of older adults. In addition to ACL, several other offices within HHS are involved in the updates to the dietary guidelines.

Several Nutrition Assistance Programs Serving Older Adults Include Nutrition-Related Requirements, and Federal Oversight of Requirements in Some Programs Is Limited

Four of the Six Federal Nutrition Assistance Programs Serving Older Adults Include Nutrition Requirements

The four federal nutrition assistance programs that we reviewed and that provide meals and food directly to older adults have federal nutrition requirements, while two other programs we reviewed that provide older adults with benefits to purchase food do not. Specifically, HHS's congregate and home-delivered meal programs and USDA's Child and Adult Care Food Program (CACFP) have nutrition requirements for older adults' meals, and the Commodity Supplemental Food Program (CSFP) has nutrition requirements for the monthly food package provided to older adults.³⁸ Two other federal programs—USDA's Supplemental Nutrition Assistance Program (SNAP) and Senior Farmers' Market Nutrition Program—provide older adults with benefits to purchase food, and neither

³⁸Congregate and home-delivered nutrition services include the provision of meals, as well as other nutrition services, such as nutrition education and counseling. In this report, we often refer these programs as the "congregate meal" and "home-delivered meal" programs.

program has specific nutritional requirements that must be met when purchasing food.³⁹

The four programs with nutrition requirements used the federal nutrition guidelines—the Dietary Guidelines for Americans—as the basis for their nutrition requirements. These guidelines are also the basis for nutrition requirements in other federal nutrition assistance programs, such as those that serve children.⁴⁰ As discussed earlier, the current guidelines provide broad guidance on nutrition for healthy populations and therefore serve a role in health promotion for all individuals.⁴¹

Congregate and Home-Delivered Meal Programs

All meals provided under HHS’s congregate and home-delivered programs must include components—such as fruits, vegetables, grains and protein—and portion sizes consistent with the dietary guidelines.⁴² Further, programs providing participants with one meal a day must include a minimum of 33.3 percent of the Dietary Reference Intakes.⁴³

³⁹The Senior Farmers’ Market Nutrition Program only offers participants fresh, nutritious, unprepared, locally grown fruits, vegetables, honey, and herbs. In our previous work on federal nutrition assistance programs, several officials and providers told us that the variety of nutrition assistance programs can help eligible households address the specific needs of individual members, which may include older adults. As such, an older adult who participates in a nutrition assistance program that has nutrition requirements, such as the Commodity Supplemental Food Program, may also benefit from participating in SNAP, which allows the purchase of food items that may meet the older adult’s specific needs. GAO, *Domestic Food Assistance: Complex System Benefits Millions, but Additional Efforts Could Address Potential Inefficiency and Overlap among Smaller Programs*, [GAO-10-346](#) (Washington, D.C.: April 15, 2010).

⁴⁰For example, meals served to children in the National School Lunch Program or School Breakfast Program must be aligned with the most recent Dietary Guidelines for Americans.

⁴¹Although as noted earlier the dietary guidelines do not address the specific needs of certain subpopulations of older adults, programs whose nutritional requirements are based on the dietary guidelines provide some assurance of meeting the broad nutritional needs of healthy adults.

⁴²For example, as part of a 2,000 calorie-level diet, the dietary guidelines recommend that a person consume 2.5 cups of vegetables, 2 cups of fruit, 6 ounces of grains, 5.5 ounces of protein, 3 cups of fat-free or low-fat dairy, and 5 teaspoons of oils each day. States administering congregate and home-delivered meal programs may implement the nutrition requirements to best meet the needs of the older adults they serve, such as using funds to provide meals that help to address statewide chronic conditions or health issues affecting the older adults in their state. Officials from state agencies in the four selected states told us they did not impose additional nutrition requirements beyond those required at the federal level.

⁴³In programs serving two or three meals per day, 66.6 or 100 percent of the DRIs must be provided, respectively.

Program providers must also be given flexibility to design meals that appeal to older adults. See figure 3 for examples of congregate and home-delivered meals served in selected states.

Figure 3: Examples of Meals Served in the Congregate and Home-Delivered Meal Programs in Selected States



Home-delivered frozen meal of chicken, peas, and mixed vegetables



Home-delivered meal of fish, mashed potatoes, and green beans



Congregate lunch of beef stew over egg noodles, carrots, corn with brown butter sauce, braised red cabbage with apples, mashed acorn squash, thyme buttermilk biscuit, and milk



Congregate lunch of beef lasagna, roasted zucchini, sweet potatoes, garlic toast, and fruit gelatin

Source: GAO. | GAO-20-18

Note: Additional items were served with these meals are not all included in the photos, such as milk, tea, or lemonade.

Child and Adult Care Food Program (CACFP)

Adult Meal Pattern for Breakfast, Lunch, Supper, and Snacks Served in the USDA's Child and Adult Care Food Program (CACFP)

Breakfast

Select all three components for a reimbursable meal:

- Fluid milk (8 fl. oz. or 1 cup)
- Vegetables or fruits or both (1/2 cup)
- Grains (2 ounce equivalents)

Lunch

- Fluid milk (8 fl. oz. or 1 cup)
- Meat or meat alternate (2 oz.)
- Vegetables (1/2 cup)
- Fruits (1/2 cup)
- Grains (2 ounce equivalents)

Supper

Must contain the food components and servings listed for lunch, except that it does not require a serving of fluid milk.

Snacks

Must contain two of the following five components for a reimbursable meal:

- Fluid milk (8 fl. oz.)
- Meat or meat alternate (1 oz.)
- Vegetables (1/2 cup)
- Fruit (1/2 cup)
- Grains (1 ounce equivalent)

Source: Summary of adult day care meal pattern requirements in USDA's CACFP. | GAO-20-18

Meals and snacks provided to older adults at day care centers as part of USDA's CACFP must follow specified meal patterns that are consistent with the federal dietary guidelines. In 2016, USDA revised the adult meal pattern for each meal service based on the most recent dietary guidelines to include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat.⁴⁴ See sidebar for the current meal patterns for adult meals and snacks served at adult day care centers.⁴⁵ Figure 4 provides examples of meals served at adult day care centers in selected states.

⁴⁴The revised meal patterns were required to be implemented by October 1, 2017.

⁴⁵Several related CACFP requirements or options are not shown in the sidebar. For example, unflavored low-fat, unflavored fat-free, or flavored fat free milk must be served to adult participants. However, non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to adults with medical or special dietary needs. In addition, yogurt may be served in place of milk once per day. For more information, see USDA's memorandum entitled, "Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers" (July, 14, 2016), available at https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP17_2016os.pdf.

Figure 4: Examples of Meals Served at Adult Day Care Centers through the Child and Adult Care Food Program in Selected States



Lunch of meat loaf with red sauce, mashed potatoes and gravy, steamed string beans and carrots, fruit cup, and whole wheat bread roll with butter



Lunch of red beans and sausage on brown rice, corn bread, salad and grapes



Lunch of roasted seasoned chicken on the bone, mashed potatoes, steamed vegetables, two white bread rolls

Source: GAO. | GAO-20-18

Note: Additional items were served with these meals that may not be included in the photos, such as milk, water, orange juice, iced tea, coffee, or steamed vegetables.

As part of the federal requirements for CACFP, adult day care centers must keep on file and follow a plan of care for functionally impaired program participants, which may include information on a participant's special dietary needs, such as the need for a diabetic, heart-healthy, or

pureed diet.⁴⁶ Plans of care may be followed over CACFP meal pattern requirements as long as there is a written statement from certain medical authorities supporting the need for substitutions or modifications.

Commodity Supplemental Food Program (CSFP)

Foods that are distributed to participants monthly through USDA's CSFP must include certain quantities of dairy, fruits, vegetables, grains, and proteins in each package, consistent with the dietary guidelines.⁴⁷ In February 2019, USDA issued new requirements for the food packages after a workgroup assessed the nutritional and operational aspects of the food package as it relates to the needs of older adult participants and recommended changes. According to USDA, the new requirements include more whole grains and canned fruits and vegetables. Officials in three regions said that although states have until November 2019 to implement the new requirements, states have provided early positive feedback on the additional variety in the food package.

Several Programs Also Require the Provision of Services to Help Older Adults Meet Nutritional Needs

Nutrition Education

Several of the nutrition assistance programs that have nutrition requirements for meals or food served to older adults also require other services to help ensure older adults' nutritional needs are met. These services include nutrition education, screenings and assessments, and the use of nutrition professionals.

Three of the four selected nutrition assistance programs serving older adults that have nutrition requirements also require nutrition education to support efforts to meet older adults' nutritional needs. These programs are HHS's congregate and home-delivered meal programs and USDA's

⁴⁶Each participant enrolled in the adult day care portion of the Child and Adult Care Food Program is evaluated to determine their health and emotional needs. Once needs have been established, an individual plan of care is developed to meet the physical, emotional, and social needs of the participant. Adult day care centers are not required to have an individual plan of care for participating adults 60 or older who are not impaired, but must have a plan for each impaired adult.

⁴⁷As noted above, the dietary guidelines do not address the needs of certain subpopulations, but programs whose nutritional requirements are based on the dietary guidelines provide some assurance of meeting the broad nutritional needs of healthy adults.

CSFP, which provides monthly food packages.⁴⁸ See figure 5 for examples of nutrition education materials from selected states.

Figure 5: Examples of Nutrition Education Information Provided in Congregate Settings and the Commodity Supplemental Food Program

The figure displays three examples of nutrition education materials. The first is a '10 tips Nutrition Education Series' titled 'Got your dairy today?' from the USDA, based on the Dietary Guidelines for Americans. It lists ten tips for dairy consumption, such as 'skim' the fat, boost potassium and vitamin D, and top off your meals. The second is another '10 tips Nutrition Education Series' titled 'Make half your grains whole grains', also from the USDA, based on the Dietary Guidelines for Americans. It lists ten tips for incorporating whole grains, such as 'make simple shifts', 'whole grains can be healthy snacks', and 'be a good role model for children'. The third is a 'Food Safety' poster titled 'For People with Diabetes', featuring a purple and white design with images of food preparation and a child. It includes the text 'A need-to-know guide for those who have been diagnosed with diabetes' and is published by the U.S. Department of Agriculture Food and Drug Administration.

Source: Nutrition education documents collected during visits with program providers in selected states. | GAO-20-18

To help promote health and delay adverse health conditions among older adults, area agencies on aging, either directly or through their local providers, are required to provide nutrition education to congregate and

⁴⁸Although USDA's CACFP does not require adult day care centers to provide nutrition education to program participants, USDA oversees multiple nutrition education efforts that local entities implement in various settings. For example, the SNAP-Ed program provides states with nutrition education funding for older adults who are SNAP participants or who have limited financial resources. States can then offer SNAP-Ed programming in a variety of settings, such as CSFP distribution sites, adult day care settings, senior farmers' market programs, and congregate meal sites. For more information on these efforts, see GAO, *Nutrition Education: USDA Actions Needed to Assess Effectiveness, Coordinate Programs, and Leverage Expertise*, GAO-19-572 (Washington, D.C.: July 25, 2019).

home-delivered meal participants.⁴⁹ According to HHS regional officials we spoke with, there are no requirements for the frequency or type of nutrition education that must be provided, though as officials in one region noted, programs are encouraged to provide education that is science-based. According to the nationwide evaluation of the congregate and home-delivered meal programs, almost half of state agencies surveyed in 2014 required area agencies on aging, either directly or through their local providers, to provide nutrition education at least quarterly, and about one-quarter of state agencies require it to be provided semi-annually or annually.⁵⁰ Officials from two of the four state agencies told us local providers educate participants in a variety of ways, including by directly sharing nutrition-related information about specific menu items or meals offered to participants or by partnering with other entities, such as universities, to help educate older adults on nutritional well-being.

State agencies overseeing CSFP food packages must also establish a nutrition education plan and ensure that local providers provide nutrition education to program participants.⁵¹ For example, providers must include information about the nutritional value and use of the foods provided in the food package and should account for specific ethnic and cultural characteristics of program participants.⁵² USDA regional officials and state agency officials overseeing CSFP in three of the four states told us that providers generally use USDA's household foods fact sheets—which includes food product descriptions, general food storage information, recipes, and nutritional information—to provide nutrition education to

⁴⁹Local providers have primary responsibility for providing services to adults in the congregate and home-delivered nutrition programs. However, area agencies on aging also contribute to the provision of nutrition and supportive services to older adults, through their role in planning and coordinating services within their service area.

⁵⁰Further, the evaluation estimated that 98 percent of area agencies on aging and 77 percent of local providers offered nutrition education to participants. B. Carlson, R. Cohen, M. Hu, J. Mabli, E. Panzarella, N. Redel, *Process Evaluation of Older American's Act Title III-C Nutrition Services Program*, a report prepared at the request of the Department of Health and Human Services' Administration on Community Living (Cambridge, MA: Mathematica Policy Research, September 30, 2015).

⁵¹See 7 C.F.R. §§ 247.4(c)(1), 247.5(b)(9), and 247.18.

⁵²See 7 C.F.R. § 247.18(b)(1)-(3). In addition to the nutritional value of foods in the food package, nutrition education should include information on the relationship of the food in the food package to the overall dietary needs of the population served and information on how to meet special nutritional needs of participants using the foods provided, among other requirements.

CSFP participants.⁵³ State officials in our selected states also noted other methods CSFP providers used to support nutrition education. For example, officials in one of the states told us one of their distribution sites provides nutrition education materials in 17 languages to accommodate the different cultural backgrounds of the population it serves. Officials in another state we visited told us some of their provider sites partner with universities, inviting staff from the university's nutrition program to the provider site to share and discuss nutrition information with participants.⁵⁴

Screening and Assessments

Both of HHS's congregate and home-delivered meal programs require states to ensure area agencies or local providers conduct nutrition screenings and assessments of participants to help identify health risks.⁵⁵

⁵³Food fact sheets are included on USDA's "What's Cooking" website, accessed July 25, 2019, <https://whatscooking.fns.usda.gov/fdd/household-material-fact-sheets>.

⁵⁴According to an official from this state, this effort is part of USDA's Supplemental Nutrition Assistance Program Education (SNAP-Ed), one of USDA's largest nutrition education programs.

⁵⁵USDA's CACFP and CSFP do not require local providers to conduct nutrition-related screenings and assessments of program participants, although the evaluation of the nutrition education provided under CSFP must be directed by a nutritionist or other qualified professional. Research has shown that individuals with low-incomes have a greater likelihood of food insecurity, and both of these programs provide nutrition assistance to participants who generally have low-incomes with a focus on reducing their food insecurity.

Federal Nutrition Screening Tool

The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

DETERMINE YOUR NUTRITIONAL HEALTH

Total Your Nutritional Score. If it's –

0-2 **Good!** Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.** Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. For the page to learn more about the Warning Signs of poor nutritional health.

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:

- AMERICAN ACADEMY OF FAMILY PHYSICIANS
- THE AMERICAN DIETETIC ASSOCIATION
- THE NATIONAL COUNCIL ON THE AGING, INC.

The Nutrition Screening Initiative • 1018 Wisconsin Avenue, NW • Suite 809 • Washington, DC 20007
The Nutrition Screening Initiative is funded in part by a grant from Aging Products Division of Johnson Laboratories, Inc.

Source: HHS's Nutrition Screening Initiative. | GAO-20-18

According to HHS data for fiscal year 2016, the most recent year for which data are available, just over one-fifth (347,002) of the 1.6 million congregate meal participants served and more than one-half (496,729) of the 868,382 home-delivered meal participants served were deemed at high nutrition risk.⁵⁶ HHS officials stated that there is no federal policy or requirement on how assessments are conducted or their frequency, and states have the flexibility to determine their own process for assessing the nutritional needs of participants. However, HHS provides a tool that states may use for these assessments.⁵⁷ See sidebar for the Federal Nutrition Screening tool used to determine a person's nutrition risk. According to the nationwide evaluation of the congregate and home-delivered meal programs, over half of area agencies on aging and local providers of congregate and home-delivered meal programs had a formal process for assessing nutritional needs.⁵⁸ Further, HHS regional officials we spoke with suggested that these assessments generally occur annually. Across the four selected states we visited, the majority of area agencies on aging conducted nutrition screenings and assessments, with the frequency varying from every 6 months to every few years.⁵⁹ The Older Americans Act requires states to prioritize certain groups with high social and economic needs, such as those who are low-income, minorities, or isolated, and two area agencies on aging told us they use nutrition risk screenings and assessments to address malnutrition and identify those individuals who fall in these categories.

Nutrition Professionals

HHS's congregate and home-delivered meal programs require the use of nutrition professionals, such as registered dietitians, to help local providers meet the nutritional needs of older adults—primarily through

⁵⁶Those deemed at high nutrition risk have an increased likelihood of poor nutrition or malnutrition.

⁵⁷In the 1990s, ACL partnered with other organizations to develop a nutrition risk screening tool based on the warning signs of malnutrition to help determine a person's nutritional risk and worked with states to adopt this tool into state standards. The nutrition screening tool was a result of the Nutrition Screening Initiative, a project of the American Academy of Family Physicians, The American Dietetic Association, and the National Council on the Aging, Inc.

⁵⁸Specifically, the evaluation estimated that 83 percent of area agencies on aging and 65 percent of local providers had a formal process for assessing nutrition needs. *Process Evaluation of Older American's Act Title III-C Nutrition Services Program* (Cambridge, MA: Mathematica Policy Research, September 30, 2015).

⁵⁹Officials from an area agency on aging in one of the selected states told us their local providers conduct screenings and assessments and then share the information with their agency.

menu reviews to verify that each menu is following federal nutrition requirements, according to HHS officials.⁶⁰ According to the nationwide evaluation of the congregate and home-delivered meal programs, at least one-half of the state agencies, area agencies on aging, and local providers used the services of a nutrition professional to help meet the nutritional needs of older adults.⁶¹ In the four selected states, three state agencies had a nutrition professional on staff or contracted with a nutrition professional who worked with area agencies on aging to review menus, and in the other state, a nutrition professional was on staff or contracted for by area agencies on aging or local provider sites. In addition to menu reviews, nutrition professionals in the four selected states were also involved in activities such as training meal providers or providing nutrition education and counseling to participants.

Federal Oversight of Meal Programs Provides Limited Information on the Extent to Which Programs Are Adhering to Nutritional Requirements and Addressing Challenges

As part of HHS's oversight of the congregate and home-delivered meal programs, regional officials meet with state staff and review state plans and other program information, but these efforts do not require states to provide documentation that meals served to participants comply with the programs' nutrition requirements. State agencies are responsible for monitoring area agencies on aging' implementation of these programs and ensuring that meals are consistent with the programs' nutritional requirements. HHS regional offices, in turn, conduct oversight of the nutrition programs through its reviews of states. HHS's guidance directs regional staff to collect information from states on the use of nutrition professionals in these programs. However, HHS's guidance does not direct regional staff to systematically review or collect any other information from states, such as approved menus, to confirm that meals served to participants are consistent with the programs' nutrition requirements.

⁶⁰USDA's CACFP and CSFP do not require providers to use a nutritional professional to help them meet the nutritional needs of older adults. As discussed earlier, CSFP distributes to participants monthly food packages which include prescribed foods, such as cereal, dairy, and vegetables, and quantities per federal requirements. In addition, CACFP has federally-prescribed meal pattern requirements, which define the meal components and quantities of each that must be served in meals to adult day care participants. Although not required, officials in one state we visited told us some adult day care centers participating in CACFP contract with a dietician who reviews the menus and provides suggestions.

⁶¹Some HHS regional officials we spoke with also explained that an area agency on aging may rely on staff with nutrition expertise from another area agency or state agency within their state in areas where there are a lack of nutrition professionals, such as in rural areas.

A recent national evaluation of meals provided through the congregate and home-delivered meal programs, however, indicates that state oversight of meals' consistency with program nutrition requirements may have limitations. According to the 2017 evaluation, while program meals generally contributed positively to participants' diets, the meals were higher in sodium and saturated fat than the recommended limits.⁶² For example, the diets of the majority of congregate and home-delivered meal participants included adequate amounts of a range of vitamins and minerals, with the exception of magnesium and calcium.⁶³ However, a majority of participants had intakes of sodium and saturated fat from these meals that exceeded the dietary guidelines' recommended limits.⁶⁴ Specifically, 94 percent of congregate meal participants and 69 percent of home-delivered meal participants had sodium intakes from program meals that exceeded the dietary guidelines' recommended limit.⁶⁵ Likewise, 89 percent of congregate meal participants and 72 percent of home-delivered meal participants had saturated fat intakes from program meals that exceeded the recommended limit, despite the role state agencies play in monitoring programs to ensure meals meet federal

⁶²B. Carlson, R. Cohen, E. Gearan, J. Mabli, K. Niland, E. Panzarella, N. Redel, *Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality*, a report prepared at the request of the Department of Health and Human Services' Administration on Community Living (Cambridge, MA: Mathematica Policy Research, April 21, 2017).

⁶³Specifically, the diets of the majority of congregate and home-delivered meal participants included adequate amounts of vitamin B12, niacin, riboflavin, iron, phosphorus, thiamin vitamin B6, folate, zinc, vitamin A, and vitamin C. However, less than half of congregate and home-delivered meal participants had adequate intakes of magnesium and calcium.

⁶⁴The evaluation assessed the nutritional quality of congregate and home-delivered meals offered through the Nutrition Services Program under the Older Americans Act and examined how well the meals conformed to federal nutrition guidelines in effect at the time of the evaluation. M.K. Fox, E. Gearan, K. Niland, Issue Brief: *Nutritional Quality of Congregate and Home-Delivered Meals Offered in the Title III-C Nutrition Services Program: An Examination Utilizing the Healthy Eating Index Tool* (October 2017).

⁶⁵In addition, nearly half of the daily sodium consumed by participants came from program meals (46 to 47 percent, respectively for congregate and home-delivered meal participants). Foods that contributed substantial amounts of sodium included processed meats, such as ham and sausage, and mixed dishes such as chicken teriyaki, beef stroganoff, chili, and gumbo.

nutrition requirements.⁶⁶ According to the evaluation, overconsumption of sodium and saturated fat may pose a public health concern.⁶⁷

Information obtained from the selected states we visited also suggests that state oversight of congregate and home-delivered meals' consistency with program nutritional requirements may have limitations. Specifically, some selected states did not utilize a nutrition professional at the state level to help ensure meals served through the programs met federal nutrition requirements. For example, in one state, the state-level nutrition professional position was vacant and, officials from an area agency on aging we spoke with confirmed that state-level monitoring of menus for compliance with nutrition requirements had not occurred due to the vacancy. Area agency on aging officials added that the vacancy has also meant that state staff are not available to train or provide guidance to area agencies on the programs' nutrition requirements. In the other state, officials from an area agency on aging told us the state agency has not focused on oversight of providers' menus. HHS is responsible for overseeing its federal nutrition assistance programs to ensure compliance with the programs' nutrition requirements. More complete information on state efforts to assess meal consistency with federal nutrition requirements could help HHS assure that meals served to program participants are meeting those requirements.

In USDA's CACFP, which provides meals to older adults at adult day care centers, USDA regional offices review states' monitoring of local providers for consistency with federal meal pattern requirements. States are required to review each entity involved in the CACFP at least once every 3 years.⁶⁸ During these reviews, state staff must assess provider compliance with federal requirements, which includes a review of a sample of the provider's menus to ensure they comply with federal meal

⁶⁶In addition, on average, a program meal contributed to 39 to 41 percent of congregate and home-delivered meal participants' daily intake of saturated fat.

⁶⁷HHS officials told us that following the release of this evaluation, HHS held webinars that presented these findings and made available resources through its National Resource Center on Nutrition and Aging on topics such as ways to reduce sodium and identify sources of sodium and saturated fat. In addition, HHS regional officials told us they hold regular calls with state nutritionists and one-on-one technical assistance that includes topics such as planning meals that meet the dietary guidelines.

⁶⁸Specifically, state agencies must review independent centers, including adult day care centers, and sponsoring organizations of 1 to 100 facilities at least once every 3 years, according to federal regulations. See 7 C.F.R. § 226.6(m)(4)(i).

pattern requirements. Through federal management evaluations, USDA regional staff review states' monitoring of the program, including their reviews of menus to ensure compliance with meal pattern requirements, and conduct onsite reviews at both the state agency and local provider level.⁶⁹ Regional staff told us they review all states at least once every 3 years.⁷⁰

However, USDA regional officials told us they lack information on how the program is working at adult day care centers, in part because its onsite reviews of adult day care providers are generally limited, unlike on the child care side of the program. According to USDA officials, the majority of state agencies oversee both child care and adult day care CACFP providers,⁷¹ and USDA's criteria for selecting providers for onsite reviews focus on those providers receiving the highest reimbursement amounts.⁷² According to regional officials, because CACFP serves a significantly greater number of meals to children than to adults, providers receiving the highest reimbursement amounts are those serving meals in child care sites in the majority of states.⁷³ Thus, federal onsite reviews of providers serving meals to older adults in adult day care centers generally have been limited.⁷⁴

USDA's regional officials told us that because they have not done onsite reviews at most adult day care centers recently, they lack information on how the program is working in those centers. USDA officials in four of the seven regional offices told us they receive few questions or requests for

⁶⁹During management evaluations, USDA regional staff also review technical assistance requests that states receive from providers and trainings that states offer to providers on the program's meal pattern.

⁷⁰Officials from USDA's national office told us that while there is no requirement in regulation on the frequency of CACFP management evaluations, the frequency of these reviews may reflect an agency practice.

⁷¹The exception is in two states, Florida and Illinois, in which different state agencies oversee CACFP in child care and adult day care settings, according to these officials.

⁷²USDA, Food and Nutrition Service guidance "*Management Evaluation of State Agency Operations, Child and Adult Care Food Program, Fiscal Year 2019.*"

⁷³For example, in fiscal year 2018, CACFP served nearly 2 billion meals in child care settings compared to over 79 million meals in adult day care centers.

⁷⁴In addition, at the state level, across the four selected states, state agencies reported that they have few staff responsible for overseeing the program or a small number of staff focused on the adult day care side of the program.

technical assistance from state agencies or providers operating the program in adult day care centers. However, our discussions with providers in the four selected states suggest that they face challenges operating the program in these centers and addressing the varying needs of participants they serve, such as those with physical and mental impairments, and may benefit from additional information or assistance. USDA is statutorily required to review state agency and provider compliance with regulations governing program administration and operation of certain nutrition assistance programs, including CACFP. Further, USDA guidance notes that its management evaluations are critical for monitoring state agency program compliance and improving program operations by providing a basis for assessing the administration of the CACFP and developing solutions to challenges in program operations. Without taking action to ensure on-site reviews of adult day care centers participating in CACFP are conducted more consistently, USDA may be missing an opportunity to identify and help address challenges adult day care centers face in operating the program, such as challenges meeting varied needs of participants. Such efforts could help them better assess the extent to which centers are meeting the nutritional needs of the older adults they serve and to better target technical assistance.

For USDA's CSFP, which provides monthly food packages to older adults, USDA regional office oversight includes reviews of state agencies' monitoring of local providers and visits to local providers, covering all states at least once every 3-5 years. Regional staff indicated that they review monthly participation data, food inventory reports, and state plans as part of their oversight of the program. As part of their visits with local providers, regional officials told us they open and review food packages at local sites to ensure packages include the required food components and assess the types of nutrition education provided to participants, such as recipes or cooking classes.

Providers Face Challenges, Such as Increased Demand for Nutrition Programs and Meal Accommodations, and Some Lack Information to Address Them

Providers Reported Challenges Meeting Increased Demand for Nutrition Programs, with Some Leveraging Additional Resources to Meet Needs

The growth in the older adult population has led to an increased demand for nutrition programs to serve them, and some providers told us they faced challenges meeting the nutritional needs of this population. From 2009 through 2018, the population of adults 60 or older grew by 31 percent.⁷⁵ Federal funding for certain nutrition assistance programs serving older adults has not increased at the same rate as the population.⁷⁶ Specifically, during that same time period, federal funding for HHS's congregate and home delivered meal programs grew by 13 percent.⁷⁷ HHS officials told us that with the increased demand for these programs and relatively flat federal funding, some providers have been unable to maintain the same level and quality of service that they have historically provided.

According to state officials and providers in three of the four selected states we visited, the increased demand for older adult nutrition programs has resulted in waiting lists, in particular for the home-delivered meal

⁷⁵The older adult population growth is based on the U.S. Census Bureau's National Population Estimates from July 1, 2009 to July 1, 2018.

⁷⁶HHS reports that states supplement the federal funding provided for the congregate and home-delivered meal programs with other funding sources, such as state and local government funding, fundraising, and direct payments for meals.

⁷⁷HHS provides grant funds to states to provide services under the congregate and home-delivered meal programs; however, these programs are also funded at the state and local levels as well as through voluntary contributions by program participants. The 13 percent increase in federal funding is between fiscal years 2009 and 2018. However, most of that increase occurred after 2017.

program.⁷⁸ For example, state officials in one selected state we visited told us they have large waiting lists in their state for the home-delivered meal programs due to a higher demand for services. They indicated that, in the absence of other changes, they will only be able to serve new people through attrition of current program participants. One provider in the same state said they have a waiting list of more than 12,000 older adults for their home-delivered meal program. Another provider told us they are currently serving about 10 percent of the older adult population in their area, although the need for these services is greater, and they have continually had a waiting list for their home-delivered meal program.⁷⁹

Some providers have leveraged additional funding sources to decrease waiting lists and expand the reach of their congregate and home-delivered meal programs. Specifically, in two of the four states we visited, some providers said they have received additional funding to support nutrition and other services for older adults through a local property tax—called a millage tax.⁸⁰ In one of these states, a local provider told us that the local millage tax provided \$9.8 million for older adult services in 2018. Officials noted that these funds allowed providers to add new meal routes and decrease waiting lists for home-delivered meals, as well expand the capacity of senior centers to serve more older adults through nutrition and other programs.

In three of the four selected states, some providers reported partnering with various entities, including grocery stores, local farmers, and others to obtain food at low or no cost or serve more older adults, which helped them to meet the increased demand for the congregate and home-delivered meal programs. For example, in one state, the area agency on aging that directly provides meals joined a larger consortium of organizations to purchase food at a lower cost from a food vendor. In another state we visited, a provider we spoke with reported that the majority of its food for older adults' meals came from food donations

⁷⁸According to a nationwide evaluation of the congregate and home-delivered meal programs, about one-half (51 percent) of local providers that arrange or provide home-delivered meals reported having a waiting list for potential participants as of 2015. *Process Evaluation of Older Americans Act Title III-C Nutrition Services Program* (Cambridge, MA: Mathematica Policy Research, September 30, 2015).

⁷⁹In order to serve some of the people who were on the waiting list, the provider reduced the number of meals served to participants from 7 to 5 meals per week.

⁸⁰According to area agency on aging officials in one selected state, the local millage tax was approved for a specific time period, and is not guaranteed to continue after that time.

provided by local grocery stores and food banks and through a program in which local farmers dedicate some of their produce for donation. This provider indicated that food donations saved them \$140,000 in food costs in 2018 (see fig.6).

Figure 6: Examples of Food Donations at Congregate and Home-Delivered Meal Program Sites in Selected States



Source: GAO. | GAO-20-18

Note: Food donations to congregate and home-delivered meal programs may consist of fresh fruits and vegetables, such as bananas, oranges, beets, tomatoes, avocados, and other items.

Providers Face Challenges Meeting Needs for Certain Meal Accommodations and Some Lack Information to Help Address These Needs.

Providers we spoke with in the four selected states reported challenges meeting older adults' needs for certain meal accommodations, and both providers and state officials that administer the congregate and home-delivered meal programs as well as the CACFP meal program across the four states reported a need for additional information from the federal agencies overseeing these programs. As previously noted, the majority of older adults in the United States now have more than one chronic condition and older adults may have physical or mental impairments—all factors that may necessitate certain accommodations to ensure meals meet their nutritional needs. Although some providers we spoke with have taken steps to mitigate challenges meeting these needs, some reported

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that they continue to face challenges, such as the lack of skilled chefs and other resources, to make such accommodations.

Providers of HHS's congregate and home-delivered meal programs in three of the four states said they faced challenges making meal accommodations to meet the dietary needs of older adult participants with chronic health conditions. As previously noted, 62 percent of older adults 65 and older had more than one chronic health condition in 2016—the most recent year for which data are available. Eight of the 14 congregate and home-delivered meal providers across the selected states we visited said they do not tailor meals to meet participants' special dietary needs—for example, due in part to limited resources and capacity. For example, four providers told us it is cost prohibitive to tailor meals. At one site we visited that does tailor meals, local officials told us that their vendor charges more for tailored meals because of the additional work involved to customize meals to meet the needs of participants with specific health conditions. Another provider said that some chefs lack the skills needed to prepare such meals. For example, the provider said that although some older adults need mechanically soft or pureed meals because of oral health issues, staff may lack the skills to produce those meals. Federal restrictions on reimbursing liquid meals may make providing such meals cost-prohibitive, according to officials in selected states. For example, state and local officials and a provider in two selected states said that program participants who are unable to chew, swallow, or digest solid foods due to various health conditions, may need such meals, yet these meals do not qualify for federal meal reimbursement. According to HHS officials, while a liquid meal does not qualify for meal replacement, states may use federal funds dedicated to providing nutrition education, counseling, and other aging services to purchase these meals.

Some of these program providers in the selected states used additional funding sources to help them make meal accommodations for program participants with special dietary needs, and HHS also funds awards that can be used for this purpose. For example, an area agency in one selected state we visited received a grant from a local foundation to provide some of their home-delivered meal participants with special dietary meals, including for those with renal conditions and diabetes for up to 3 months. Similarly, another provider used a grant to provide liquid

meals to home-delivered meal participants who needed them.⁸¹ Since 2017, HHS has also awarded grants to support innovative projects that enhance the quality, effectiveness, and outcomes of the congregate and home-delivered meal programs, and some of the projects have focused on providing meal accommodations for certain program participants. For example, a grantee in one state used these grant funds to develop and deliver modified meals appropriate for home-delivered meal participants with reduced dental function. Another state grantee created new medically-tailored meals for program participants transitioning from hospital to home.

According to HHS officials, the department has seen positive preliminary results from the innovation grants, but does not currently have a centralized location that compiles information for congregate and home-delivered meals providers on promising approaches for making meal accommodations for participants with special dietary needs. HHS officials said they have shared some information on the projects through webinars and conferences and provided links to webinar materials on the National Resource Center on Nutrition and Aging website—funded by HHS.⁸² Further, HHS officials noted that they posted additional relevant materials, such as a toolkit focused on lowering sodium in meals, on the Center’s website. However, these materials are not compiled in one location on the Center’s website, which may hinder meal providers’ ability to locate all of the relevant information HHS has compiled. State officials and providers across the four selected states said that federal guidance on accommodating the special dietary needs of older adult program participants is limited and additional support would be helpful. HHS is responsible for collecting and disseminating information on older adults. Providing information on promising practices and available opportunities may help support providers’ efforts to accommodate the special dietary needs of some older adults participating in these programs.

⁸¹State officials in one state told us that donations of liquid meals have assisted their efforts to provide these meals to program participants, and one provider noted they have helped meet the need for liquid meals by offering them at a low cost for participants to purchase.

⁸²For example, the Center’s website includes materials related to a two-part webinar held in October 2018 in which preliminary information about grantee projects was shared. For link to website see: <https://nutritionandaging.org>. Additionally, according to HHS officials, the Center held a webinar on promising practices for tailoring meals in August 2019.

Child and Adult Care Food Program (CACFP)

State and local entities administering USDA's CACFP in adult day care centers in the four selected states reported that they face challenges providing meal accommodations to meet the nutritional needs of program participants. Officials in three selected states said they believe the federally-required meal patterns do not fully address older adults' nutritional needs, including those with special dietary needs.⁸³ For example, milk is a federally-required component of breakfasts and lunches served through the program, though officials from three selected states said that milk can be problematic for older adults because many are lactose-intolerant or do not like drinking milk.⁸⁴ Further, officials in one state said that the meal pattern includes a significant amount of carbohydrates, which is inconsistent with the needs of older adults who have diabetes. Although CACFP requires adult day care centers to serve meals consistent with federal meal pattern requirements or a participant's plan of care, which may include medically-prescribed meal accommodations, state officials reported some older adults face barriers to obtaining medical documentation of meal accommodation needs. Specifically, officials from two selected states said that some participants may not have access to medical providers, and officials from one of those states explained that a visit to a medical provider is sometimes cost-prohibitive for those with limited incomes.⁸⁵

⁸³According to USDA officials, providers of meals served to older adults participating in the CACFP can modify meal pattern requirements to accommodate the specific nutritional needs of older adults. For more information, see CACFP-17-2016, available at https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP14-2017_SFSP10-2017os.pdf.

⁸⁴According to USDA officials, the Healthy, Hunger-Free Kids Act of 2010 provided the flexibility to substitute fluid milk with non-dairy beverages that are nutritionally equivalent to fluid milk to children or adults with special dietary needs, without the need for medical documentation. For more information, see USDA's memorandum, "Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers" (July 14, 2016), available at https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP17_2016os.pdf. Under the updated adult day care meal patterns, which were required to be implemented as of October 1, 2017, a serving of milk is not required in a supper served to an adult, though it is required in both breakfast and lunch. Six ounces or ¾ cup of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day.

⁸⁵The CACFP reimburses meals and snacks served to adults enrolled at adult day care centers based upon their eligibility for free, reduced price, or paid meals. For example, participants from households with incomes at or below 130 percent of the federal poverty guidelines are eligible for free meals while participants from households with incomes between 130 and 185 percent of the federal poverty guidelines are eligible for reduced-price meals.

Officials in two of the four selected states said adult day care meal providers have used available federal options that allow older adults to tailor their own meals to meet their nutritional needs, though officials also noted that these options have limitations. For example:

- State officials in one selected state said they encourage adult day care centers to implement the federal “offer versus serve” option. This option allows adult participants, including older adults, to decline, for example, up to two of the five meal components required with a lunch—milk, fruits or vegetables, grains, and meat or meat alternate. According to USDA guidance, this option may reduce waste and give adults more choices.⁸⁶ However, officials in this state noted that making choices is sometimes difficult and time-consuming for program participants with cognitive impairments, such as Alzheimer’s disease or dementia.⁸⁷
- State officials in another state said that the federal family-style meal service option, which allows older adults to serve themselves from communal platters of food with assistance from supervising adults, if needed, also provides older adults with the ability to tailor meals to meet their needs. However, state officials in this state noted this meal service approach also creates challenges with feeding certain older adults appropriately. For example, this approach makes it harder to meet the needs of those with particular dietary or functional requirements, such as those who have specific nutritional needs due to chronic conditions or those with swallowing or chewing issues.

State officials and adult day care providers across all four selected states said that federal guidance for providing meals to older adults in adult day care centers is limited, and providers in two of the states said they lack information on ways to address some of the challenges associated with providing meals that meet the nutritional needs of older adults in these centers. For example, providers noted that information on promising practices for serving the differing needs of older adults in these centers, including those with special dietary needs and those with functional

⁸⁶See “*Offer Versus Serve in the Child and Adult Care Food Program*”, FNS-659 (February 2018), available at <https://fns-prod.azureedge.net/sites/default/files/tn/CACFPOfferVersusServe.pdf>, accessed on August 27, 2019.

⁸⁷USDA guidance indicates that it is the adult’s choice to select or decline a food component under the offer versus serve option, and adult day care centers may not specify what food components a child or adult must select.

limitations, would assist their efforts to meet participants' nutritional needs. State officials or providers in all four selected states said that FNS's efforts to provide guidance and trainings are more focused on the child care component of the CACFP than the adult day care component. USDA officials confirmed their efforts to provide guidance to meal providers have been primarily focused on the child care side of the program in light of the larger number of participants served.

Although USDA provides some guidance and information to address the adult component of the CACFP, some CACFP entities serving older adults may not be aware of these resources, and information on promising practices or other resources to help providers meet the varying needs of older adults is more limited. USDA officials said CACFP guidance and trainings address the implementation of adult meal pattern requirements and existing flexibilities with these requirements, such as allowable substitutions for milk.⁸⁸ USDA also produced a handbook specifically for adult day care centers in 2014 to help assist providers in these centers.⁸⁹ However, USDA officials said that awareness of existing guidance and trainings available may be lacking, in part, because turnover for CACFP providers is high and new providers may not be aware of existing resources. Some providers also said that more information on how to address the special dietary needs and functional limitations of some participants would be helpful, as USDA's existing guidance and trainings focus on standard adult meal pattern requirements. For example, while the 2014 handbook includes information on meal patterns and different serving methods to provide meals, it does not include information specific to meeting the differing needs of older adults in these centers. In October 2019, USDA officials told us that they are in the process of updating this handbook to reflect

⁸⁸For example, some of USDA's materials include meal pattern implementation posters, training slide decks, a Food Buying Guide, a Crediting Handbook for the CACFP, standardized recipes with meal pattern crediting information, and training webinars related to meal pattern implementation, which can be accessed for free at <https://www.fns.usda.gov/tn>, according to USDA officials. These officials added that USDA maintains a cooperative agreement with the Institute of Child Nutrition, which currently offers the CACFP Meal Pattern Requirements Training resources such as face-to-face trainings and online courses that include guidance for older adults and are available at <https://theicn.org/>. In addition, USDA officials said that sponsoring organizations and others participating in the CACFP can sign up to be part of a Team Nutrition Network for CACFP Organizations, where they will have access to new nutrition education and training materials and the opportunity to collaborate with other CACFP organizations.

⁸⁹USDA, FNS, *Adult Day Care: A Child and Adult Day Care Food Program Handbook* (January 2014).

new policies, guidance, and promising practices for addressing the needs of older adults. USDA officials also stated that they are in the process of reviewing a promising practice to address meal accommodations for older adults with varying needs. USDA is responsible for providing training and technical assistance to states in order to assist state agencies with program management and facilitate effective operation of the program. Without awareness of existing resources and additional guidance and information to help adult day care providers address the challenges they face meeting the nutritional needs of the older adults they serve, providers may continue to be limited in their ability to do so.

Commodity Supplemental Food Program (CSFP)

USDA, state, and local officials administering the CSFP said that the federal requirements for foods provided in each monthly food package limit the extent to which providers can tailor or alter the foods provided to accommodate individual participants' nutritional needs; though some approaches and recent changes help address this challenge. For example, two food package providers we spoke with said they use other methods of food delivery along with the food package such as a pantry or grocery store-style model, which allows participants to come to a site and choose from a variety of foods that meet the requirements (see fig. 7). USDA also recently issued updated federal requirements for the type and quantity of foods provided in the food package, which department officials said provide more variety to be more useful to older adults. As previously noted, some regional USDA officials told us that early feedback from states on the changes has been positive, though states have until November 2019 to implement the new requirements. For example, USDA officials in one regional office said states provided positive feedback on the introduction of new food items, such as lentils.

Figure 7: Example of a Grocery Store-style Shopping Model Used by a Commodity Supplemental Food Program Provider in One Selected State



Source: GAO. | GAO-20-18

Providers Also Reported Other Challenges That Hinder Efforts to Meet Older Adults' Nutritional Needs, Though Some Have Taken Actions to Help Address Them

Providers reported ongoing program administration challenges, such as staffing constraints, which to some extent challenge their efforts to meet the nutritional needs of older adults. For example, state and local officials and providers of the congregate and home-delivered meal programs across three of the four selected states said they face challenges finding and retaining a sufficient number of staff for program operations, which could include preparing and serving meals, and delivering meals. Four of the 14 providers of these programs reported that they struggle to offer competitive wages and benefits, which hinders their ability to hire and retain staff.

To help overcome staffing constraints, some providers partnered with various entities. For example, in all four selected states, providers of the congregate and home-delivered meal programs established partnerships with entities such as colleges and local businesses to solicit volunteers to help with program operations. In one state, a provider partnered with a local college's nursing program and students volunteered to assist with assessments for home-delivered meal participants. In another state, staff from a local police department volunteer and deliver meals to home-delivered meal participants in one area. One meal provider said that the efforts of volunteers, who donate their time and cover expenses for gas and vehicle insurance to help provide home-delivered meals to participants, are worth \$100,000 in annual support to their program. This provider noted that they would be unable to operate the program without volunteers. See figure 8 for pictures of volunteers helping to prepare food in selected states.

Figure 8: Volunteers Helping to Prepare Food for Nutrition Assistance Programs Serving Older Adults in Selected States



Source: GAO. | GAO-20-18

Providers of the CSFP food packages and congregate and home-delivered meal programs in three selected states we visited also reported challenges obtaining transportation to bring older adults to meal and food distribution sites and deliver meals and food packages to older adults, though some have found ways to mitigate these challenges. For example, providers in three selected states said a lack of transportation options prevents some older adults from visiting congregate meal sites as well as food package distribution sites, as public transportation is not always available and many older adult participants do not drive. According to local officials in one state, transportation is also a challenge for the home-delivered meal program, particularly in rural areas, because the distance between participants' homes affects the cost of delivering meals. Similarly, officials at one local agency on aging said providers in its area would like to serve more people, but are unable to add additional routes because of transportation costs.

To help mitigate transportation challenges and manage associated costs, some providers in the selected states have adjusted meal services and found alternative ways to transport clients to meal service sites. For example, to help control transportation costs, three providers in two selected states changed from delivering one hot meal daily to delivering

multiple frozen meals once a week to home-delivered meal participants.⁹⁰ In addition, one provider partnered with a local meal delivery service that used FedEx to deliver 10 home-delivered meals every 2 weeks to program participants. To help alleviate transportation challenges that older adults face getting to meal sites, three providers in two states partnered with private companies to provide participants with rides to and from meal sites for a minimal fee. Another provider used grant funds they received from their state to purchase vans they then used to provide older adults with transportation to and from the meal sites.

Some providers also reported challenges accommodating the varied dietary preferences of different groups of older adults, as preferences sometimes vary by age and cultural or ethnic background, and being responsive to these preferences can increase the likelihood that meals will help older adults meet their nutritional needs. For example, HHS officials, as well as local providers in three out of the four selected states said the dietary preferences of adults in their 60s sometimes vary greatly from the preferences of adults in their 90s. Local officials in two states said that providers of congregate and home-delivered meal programs in their states noted that “older old” adults may prefer meals that include meat and potatoes, while “younger old” adults may prefer lighter meals, such as those consisting of soups and salads. In addition, providers in three selected states we visited told us they serve many older adults from diverse cultural or ethnic backgrounds, or with dietary preferences, such as a vegetarian diet, or who do not eat certain foods because of their religious beliefs.

To meet the varied dietary preferences of the older adults they serve, and increase the likelihood that meals will help participants meet their nutritional needs, some providers reported taking various approaches. For example, one congregate meal site we visited offered a lunch entree choice of either meat and potatoes or a sandwich wrap with vegetables. Another congregate meal site offered a hot lunch, plus a soup and salad bar, in a restaurant-like setting. Providers also tried to incorporate certain foods on their menus that reflect the cultural or ethnic preferences of

⁹⁰In our recently issued report on home and community-based services for older adults in rural areas, transportation was also cited as a common challenge for home-delivered meal programs. Selected localities reported delivering frozen or shelf-stable meals to rural older adults, usually once a week or every 2 weeks, to help mitigate this challenge. GAO, *Older Americans Act: HHS Could Help Rural Service Providers by Centralizing Information on Promising Practices*, [GAO-19-330](#) (Washington, D.C.: May 23, 2019).

participants. For example, the adult day care provider and the congregate and home-delivered meal providers we visited in one selected state in the South all noted that their menus aim to include certain foods associated with their regional culture, such as red beans and rice.

Conclusions

By 2060, older adults are expected to make up nearly one-quarter of the total U.S. population. HHS and USDA play important roles in promoting the health of this growing population both through administration and oversight of federal nutrition assistance programs that serve older adults and efforts to update federal nutrition guidelines, which serves as the basis for nutrition requirements in these programs. While federal nutrition guidelines provides broad guidance on nutrition for healthy populations, they do not address the varying nutritional needs of older adults, such as those who have common chronic conditions or face age-related changes. The 2025-2030 Dietary Guidelines update is expected to include a focus on nutritional guidance for older adults, but no formal plan to include this focus has been developed. A plan to incorporate the varied needs of older adults into the dietary guidelines could assist older adults with making their own dietary decisions and help providers of nutrition assistance programs better meet older adults' nutritional needs.

Further, HHS and USDA administration and oversight of the nutrition assistance programs is not fully addressing some of the challenges states and local providers indicated hinder their efforts to meet older adults' nutritional needs. For example, providers we spoke with faced challenges meeting older adults' needs for certain meal accommodations, and information from HHS and USDA regarding promising approaches to meeting those needs is limited or not sufficiently disseminated. Further, both HHS and USDA's efforts to oversee older adult meal programs have limitations that affect information available at the federal level needed to ensure programs are meeting older adults' nutritional needs.

Recommendations for Executive Action

We are making the following five recommendations.

The Administrator of ACL should work with other relevant HHS officials to document the department's plan to focus on the specific nutritional needs of older adults in the 2025-2030 update of the Dietary Guidelines for Americans, which would include, in part, plans to identify existing information gaps on older adults' specific nutritional needs.

(Recommendation 1)

The Administrator of ACL should direct regional offices to take steps to ensure states are monitoring providers to ensure meal consistency with federal nutrition requirements for meals served in the congregate and home-delivered meal programs. (Recommendation 2)

The Administrator of FNS should take steps to improve its oversight of CACFP meals provided in adult day care centers. For example, FNS could amend its approach for determining federal onsite reviews of CACFP meal providers to more consistently include adult day care centers. (Recommendation 3)

The Administrator of ACL should centralize information on promising approaches for making meal accommodations to meet the nutritional needs of older adult participants in the congregate and home-delivered meal programs, for example in one location on its National Resource Center on Nutrition and Aging website, to assist providers' efforts. (Recommendation 4)

The Administrator of FNS should take steps to better disseminate existing information that could help state and local entities involved in providing CACFP meals meet the varying nutritional needs of older adult participants, as well as continue to identify additional promising practices or other information on meal accommodations to share with CACFP entities. (Recommendation 5)

Agency Comments and Our Evaluation

We provided a draft of this report to HHS and USDA for review and comment. In its written comments, HHS agreed with our three recommendations to ACL (Recommendations 1, 2, and 4). In response to our first recommendation, HHS stated that ACL plans to work with the Office of Disease Prevention and Health Promotion and other relevant HHS officials and agencies to document HHS's plans to emphasize the specific and varying nutritional needs of older adults in the 2025-2030 update. HHS also stated that ACL plans to acquire the services of a registered dietician with specialized expertise in older adults' nutritional needs. In response to our second recommendation, HHS stated that ACL's program and evaluation offices will collaborate on the development of plans to ensure state compliance with federal requirements. In response to our recommendation that ACL centralize information on promising practices, HHS stated that ACL will award a contract in fiscal year 2020 for a new National Resource Center on Nutrition and Aging to, among other things, centralize information on promising approaches so

nutrition services providers can access it easily. HHS's comments are reproduced in appendix II.

In oral comments, USDA officials, including the Directors of the FNS Child Nutrition Program Monitoring and Operational Support Division and the Child Nutrition Program Nutrition Education, Training, and Technical Assistance Division generally agreed with our two recommendations to FNS (Recommendations 3 and 5). In response to our recommendation to improve CACFP oversight, FNS officials agreed with the intent of improving oversight of CACFP meals provided in adult care centers. These officials also noted that activities and changes in this area must be consistent with statutory and regulatory requirements, balanced with current priorities given the size of the program, and mindful of resources available to perform additional oversight. While we recognize that the CACFP serves fewer adults than children and that FNS oversight resources are limited, we believe that FNS is in a position to identify the best way to improve its oversight of CACFP meals provided in adult day care centers while taking into consideration the availability of its resources. In response to our recommendation to share additional information with state and local CACFP entities, FNS officials stated that there is existing guidance and information on the adult component of the CACFP, which it communicates through multiple channels. These officials said that some states and localities may be unaware of these resources, in part, because of high turnover among staff who administer these programs. FNS officials acknowledged that they could do more to increase awareness of existing resources, as well as continue to identify and share new practices to help entities providing CACFP meals in adult day care centers address challenges associated with providing meals that meet nutritional needs of older adults. USDA also provided technical comments, which we incorporated as appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the Secretaries of HHS and USDA and interested congressional committees. The report will also be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or larink@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.



Kathryn A. Larin, Director
Education, Workforce, and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

Our report examines (1) the relationship of older adults' nutrition to health outcomes and the extent to which federal nutrition guidelines address older adults' nutritional needs; (2) the extent to which federal nutrition assistance programs serving older adults have nutrition-related requirements and how these requirements are overseen; and (3) challenges program providers face in meeting the nutritional needs of older adults. In addition to the methods discussed below, to address all three research objectives we reviewed relevant federal laws, regulations and guidance.

Federal Data

To provide context for all three research objectives, we examined federal projections of growth in the older adult population covering the time period of 2016 through 2060. We relied on the U.S. Census Bureau's projections of the U.S. population by various demographic traits including age, sex, race, Hispanic origin, and nativity.¹ We assessed the reliability of these data by reviewing technical documentation describing the methodology, assumptions, and inputs used to produce the 2017 National Population Projections, upon which the 2020-2060 estimates are based. We determined these data to be sufficiently reliable for the purposes of our report.

To provide context on the federal nutrition assistance programs serving older adults, we examined federal data on expenditures and participation in these programs for the most recent fiscal year available.² For the congregate and home-delivered meal programs, we relied on State Program Report data from fiscal year 2017, the most recent data available at the time of our review, from the U.S. Department of Health and Human Services' (HHS) AGing Integrated Database. These data are submitted on an annual basis by states to HHS's Administration for

¹Jonathan Vespa, David M. Armstrong, and Lauren Medina, "Demographic Turning Points for the United States: Population Projections for 2020 to 2060," Current Population Reports, P25-1144 (Washington, D.C.: U.S. Census Bureau, 2018). The projections in the report are the third series of national population projections based on the 2010 Census.

²In this report, we identified six key federal programs that provide nutrition assistance to older adults that are overseen by the Department of Health and Human Services and the Department of Agriculture. Those programs include the congregate and home-delivered meal programs, Child and Adult Care Food Program, Commodity Supplemental Food Program, Senior Farmers' Market Nutrition Program, and Supplemental Nutrition Assistance Program. Additionally, the target population for each of these programs generally includes those adults 60 or older. For the purposes of this report, we define older adults as those 60 or older.

Community Living (ACL). For program expenditure and participation data for the Child and Adult Care Food Program, Commodity Supplemental Food Program, Senior Farmers' Market Nutrition Program, and Supplemental Nutrition Assistance Program (SNAP), we relied on fiscal year 2018 data from the U.S. Department of Agriculture's (USDA) National Data Bank and submitted through USDA's Food and Nutrition Service (FNS) grantee reports. We also relied on fiscal year 2017 data from USDA's Characteristics of SNAP Households report on the number of older adult participants in SNAP, the most recent year for which these data were available.³ To assess the reliability of these data, we interviewed FNS officials and reviewed relevant technical documentation. We determined that these data were sufficiently reliable for the purposes of our report.

Literature Search

To address our first objective on what is known about the relationship between older adults' nutrition and health outcomes, we conducted a literature search to identify relevant peer-reviewed studies on the relationship between nutritional needs and health outcomes of older adults covering the time period of 2013 through 2018. We searched research databases, such as ProQuest, Scopus, and Ebsco (AgeLine, EconLit, and CINAHL), using search terms such as nutrition and aging and dietary guidelines for seniors. We reviewed the results of the search to identify publications that (1) included a literature review and synthesis of studies on the connection between nutrition and health outcomes for older adults, including the factors that may affect older adults' nutritional needs, such as age-related changes and (2) emphasized the general diet-health relationship among broad populations of older adults. Because these broader studies were most relevant to our objective, we excluded studies that (1) focused on the relationship between a specific food or nutrient and a single health outcome (e.g., salt and cardiovascular disease) or (2) studied a narrow group of older adults (e.g., residents of a single U.S. state or region). We conducted detailed reviews of these studies to assess the soundness of the reported methods and the credibility and reliability of the conclusions drawn by the authors, and deemed them to be sufficiently credible, reliable, and methodologically sound for the purposes of our report.

³U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2017* (Alexandria, VA: 2019).

Site Visits

To help inform all of our research objectives and gather information about nutrition assistance programs that provide meals and food packages to older adults at the local level, we conducted visits to 25 local meal and food distribution sites in four states: Arizona (5 sites), Louisiana (10 sites), Michigan (6 sites), and Vermont (4 sites) between December 2018 and March 2019. We interviewed officials from a variety of entities involved in administering these programs in each of the states, including 20 state and area agencies on aging and 20 local providers; observed meal services and food distribution;⁴ and held conversations with older adult program participants.⁵

We selected states and local sites within those states based on a high percentage of adults 60 or older, and to ensure variation across the sites in geographic location, urban and rural location, percentage of older adults in poverty, and program provider and site type.⁶ We visited a wide variety of site locations including, but not limited to, senior centers, community centers, adult day care centers, and senior housing. Because we relied on a nongeneralizable sample of sites and states, the views of the entities we interviewed do not represent the views of all providers of federal nutrition assistance programs providing meals and food packages to older adults or participants in those programs.

Prior to each selected state visit, we gathered information from state and area agencies on aging responsible for administering these programs using semi-structured interview questions. We collected information on state and area agency on aging roles in administering nutrition assistance programs for older adults, federal nutrition requirements in these programs, oversight and monitoring of programs, partnerships to help meet the nutritional needs of older adults, outreach efforts, assistance

⁴During our visits to selected states, we did not assess programs, meals served, or food provided for compliance with federal nutrition requirements.

⁵Throughout this report, references to “local providers” are those responsible for the provision of meal services or food in the various federal nutrition assistance programs that we included in this review. Of the 20 local providers we interviewed, 14 were HHS congregate and home-delivered meal program providers, 3 were Commodity Supplemental Food Program providers, and 3 were Child and Adult Care Food Program providers. The information we collected from those participating at the sites included their perspectives on the food, ease of travel to the site, and access to other sites, where applicable.

⁶In this review, the federal nutrition assistance programs serving older adults are targeted specifically to older people with the greatest economic or social need, with particular attention to low-income adults.

from federal agencies, and challenges in administering the programs and meeting the nutritional needs of the older adult populations served.

At each site, we gathered information from local providers and participants using semi-structured interview questions. We collected information on program provider operations; characteristics of the population served; efforts to meet the nutritional needs of the population served, other nutrition-related services; challenges with meeting the nutritional needs of the population and efforts to address them; outreach efforts; and assistance received from regional, state, and federal agencies. We also collected perspectives on food received and program impacts on health outcomes from those participating at sites. In addition, at each site we observed food and meal delivery and the approximate number of participants and staff operating the site.

Interviews and Reviews of Relevant Documents

To inform all three research objectives, we interviewed officials from HHS's Administration for Community Living and USDA's Food and Nutrition Service in their national office and all of their regional offices. We also interviewed a broad range of national groups, including advocacy, research, and service provider organizations involved in nutrition assistance programs serving older adults. These included AARP, Feeding America, Food Research and Action Center, Jean Mayer USDA Human Nutrition Research Center on Aging, Mathematica Policy Research, Meals on Wheels America, National Academies, National Association of Area Agencies on Aging, National Association of Nutrition and Aging Services Programs, National Association of States United for Aging and Disabilities, National Commodity Supplemental Food Program Association, and National Council on Aging.

To inform our first objective on the extent to which federal nutrition guidelines address older adults' nutritional needs, we reviewed the federal guidance reports that detail the nutrition requirements for Americans, including those reports supporting the 2015-2020 Dietary

Guidelines for Americans and the body of work on the Dietary Reference Intakes.⁷

To obtain information specific to our second objective on how nutrition assistance programs serving older adults are overseen, we reviewed relevant federal program documents on monitoring and oversight of these programs. In addition, we reviewed relevant studies conducted on behalf of HHS that evaluated the impact of its nutrition assistance programs on older adults' nutrition. These studies evaluated program participants' diet quality and nutrient intake, as well as program administration, among other things.⁸ We assessed the reliability of results in these evaluations by interviewing officials responsible for conducting these evaluations.

⁷U.S. Department of Health and Human Services and U.S. Department of Agriculture, *2015-2020 Dietary Guidelines for Americans*, 8th Edition (December 2015), available at <http://health.gov/dietaryguidelines/2015/guidelines/>. Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015). J.J. Otten, J. Pizzi Hellwig, L.D. Meyers, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements*, Institute of Medicine of the National Academies, National Academies of Sciences, Engineering, and Medicine (Washington, D.C.: The National Academies Press, 2006). *Guiding Principles for Developing Dietary Reference Intakes Based on Chronic Disease* (Washington, D.C.: The National Academies Press, 2017), available at <https://doi.org/10.17226/24828>. National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes for Sodium and Potassium* (Washington, D.C.: The National Academies Press, 2019), available at <https://doi.org/10.17226/25353>.

⁸B. Carlson, R. Cohen, M. Hu, J. Mabli, E. Panzarella, N. Redel, *Process Evaluation of Older American's Act Title III-C Nutrition Services Program*, a report prepared at the request of the Department of Health and Human Services' Administration on Community Living (Cambridge, MA: Mathematica Policy Research, September 30, 2015). J. Mabli, E. Gearnan, R. Cohen, K. Niland, N. Redel, E. Panzarella, B. Carlson, *Evaluation of the Effect of the Older Americans Act Title-III C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality* (Cambridge, MA: Mathematica Policy Research, April 21, 2017).

Appendix II: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

Kathryn A. Larin
Director, Education, Workforce,
and Income Security Issues
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Larin:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults*" (GAO-20-18).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sarah Arbes".

Sarah Arbes
Acting Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — NUTRITION ASSISTANCE PROGRAMS: AGENCIES COULD DO MORE TO HELP ADDRESS THE NUTRITIONAL NEEDS OF OLDER ADULTS (GAO-20-18)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report. The nutrition programs for older adults administered by HHS are a key component of the comprehensive and coordinated system of home- and community-based services that enable many older adults to live in their homes and communities as they age.

The report highlights a critical issue – demand for nutrition services often outpaces the ability of states to meet it. The number of older adults is increasing at an unprecedented rate, and each year states are challenged to meet the needs of a growing, and increasingly diverse, population. At the same time, data that illustrate the direct correlation between adequate nutrition and healthy aging continue to mount. Innovation, efficiency, and evidence-based approaches to meeting the nutritional needs of older adults have never been more important, and HHS is committed to providing technical assistance and program oversight to support states in ensuring the federally-funded nutrition programs meet the varying needs of the older adults they serve to the greatest extent possible.

HHS will take the following actions in response to each GAO recommendation below

Recommendation 1

The Administrator of ACL should work with other relevant HHS officials to document the department's plan to focus on the specific nutritional needs of older adults in the 2025-2030 update of the Dietary Guidelines for Americans, which would include, in part, plans to identify existing information gaps on older adults' specific nutritional needs. (Recommendation 1)

HHS Response

HHS concurs with GAO's recommendation.

Within the Department of Health and Human Services, the process for updating the Dietary Guidelines for Americans is led by the Office of Disease Prevention and Health Promotion (ODPHP). The Administration for Community Living will work with ODPHP and other relevant HHS officials and agencies, to document HHS plans to emphasize the specific, and varying, nutritional needs of older adults in the 2025-2030 update. In addition, ACL is acquiring the services of a registered dietician with specialized expertise in older adults' nutritional needs.

Recommendation 2

The Administrator of ACL should direct regional offices to take steps to ensure states are monitoring providers to ensure meal consistency with federal nutrition requirements for meals served in the congregate and home-delivered meal programs. (Recommendation 2)

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED - MEDICARE LABORATORY TESTS: IMPLEMENTATION OF NEW RATES MAY LEAD TO BILLIONS IN EXCESS PAYMENTS (GAO-19-67)

HHS Response

HHS concurs with GAO's recommendation.

In 2019, the Administration for Community Living was reorganized to more closely integrate the program oversight and technical assistance roles of the regional offices and central offices. As a result, the central and regional offices of ACL – including both program and evaluation offices – will collaborate on the development of plans to ensure state compliance with federal requirements.

Recommendation 3

The Administrator of ACL should centralize information on promising approaches for making meal accommodations to meet the nutritional needs of older adult participants in the congregate and home-delivered meal programs, for example in one location on its National Resource Center on Nutrition and Aging website, to assist providers' efforts. (Recommendation 4)

HHS Response

HHS concurs with GAO's recommendation.

In FY 2020, ACL will award a contract for a new National Resource Center on Nutrition and Aging. Centralizing information on promising approaches so nutrition services providers can access it easily will be one of several enhancements to the provision of technical assistance required by the contract.

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Kathryn A. Larin, 202-512-7215, larink@gao.gov

Staff Acknowledgments

In addition to the contact above, Rachel Frisk and Theresa Lo (Assistant Directors), Claudine Pauselli (Analyst-in-Charge), Jessica Ard, and Vernetta G. Shaw made key contributions to this report. Also contributing to this report were Priyanka Sethi Bansal, Tim Bushfield, Daniel Concepcion, Kathleen van Gelder, Sarah Gilliland, Isabella Guyott, Serena Lo, Stacy Ouellette, Amber Sinclair, Joy Solmonson, Almeta Spencer, Curtia Taylor, Adam Wendel, and Sirin Yaemsiri.

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LGBT AGING 2025:

Strategies for Achieving a
Healthy and Thriving LGBT
Older Adult Community
in Massachusetts



Executive Summary/Introduction

Massachusetts has been a leader on issues of LGBTQ+ equality. We have led the nation in political and legal advocacy, in services for LGBTQ+ people and for people living with or at risk for HIV, and in research.¹ This project, “LGBT Aging 2025: Strategies for Achieving a Healthy and Thriving LGBT Older Adult Community in Massachusetts,” is a visioning project, funded by the Equality Fund at the Boston Foundation, that seeks to answer this question:

If we want to have a thriving, happy and healthy LGBT older adult community in Massachusetts in 2025, what changes in services, health care, and policy should we make now?

We² seek to answer this question through two approaches. First, we conducted a series of nine listening sessions across the Commonwealth, five in-person and then four virtual sessions in response to the COVID-19 pandemic. Some coincided with listening sessions convened by the Massachusetts Special Legislative Commission on Lesbian, Gay, Bisexual and Transgender Aging and the LGBT Aging Project. Others were held at monthly or quarterly congregate meal programs for LGBT³ older adults and their friends, and several of the virtual sessions were LGBT older adult support groups that went virtual after the onset of the novel coronavirus pandemic.

Second, we also looked at data from the 2016, 2017 and 2018 Behavioral Risk Factor Surveillance System survey, generously analyzed and provided to us by colleagues at the Massachusetts Department of Public Health. In addition, we reviewed elder services client data from 2017 to 2019 provided by the Executive Office of Elder Affairs. (We acknowledge these colleagues and others who helped with this research project at the end of this report.)

-
1. Cahill S, Geffen S, Vance A, Wang T, Barrera J (2018, May). Equality and equity: Advancing the LGBT community in Massachusetts. Boston: The Boston Foundation (Boston Indicators Project) and The Fenway Institute. Pages 6-7. <https://www.bostonindicators.org/reports/report-website-pages/lgbt-report>
 2. Sean Cahill, Tim Wang, and Lisa Krinsky worked on this project. Sean Cahill wrote this report.
 3. Many LGBT older adults prefer the acronym LGBT, and do not like the term “queer,” which they associate with experiences of discrimination and prejudice. When describing LGBT older adults we use the term LGBT.

Key themes that came up in the listening sessions were:

- Strong anti-LGBT prejudice in rural Massachusetts, and from age peers across the Commonwealth
- Social isolation and lack of connection
- Mental health needs specific to social isolation during the COVID-19 pandemic
- The need for ongoing services and mental health care for LGBT widows and widowers, especially those on the Cape and in other rural areas
- The need for social activities that create a sense of community and belonging
- Transportation needs, especially in rural Massachusetts
- Anti-LGBT discrimination in assisted living
- Gender-based sexual harassment (deliberate, repeated misgendering of cisgender lesbian women) in businesses and health care facilities in the Berkshires
- The centrality of trauma in people's lives
- The need to address racism within the LGBT community
- A dearth of LGBT-competent and -affirming health care in rural Massachusetts
- Struggling to pay for health care
- Economic hardship in general
- The need for help with insurance options when you reach age 65
- HIV-specific concerns
- The need for LGBT-friendly elder housing
- The need for targeted support groups and services
- The need for assistance with end-of-life planning
- The need for help navigating the health care system
- The need for hardware (computers, tablets), internet access, and technical assistance to isolated, low-income LGBT elders so that they can access virtual support groups and other services during the COVID-19 pandemic

"The senior population is very prejudiced against gay people."

Key findings from the BRFSS data include the following statistically significant differences between LGBT people 50-75 and straight, cisgender people 50-75:

- LGBT elders reported higher rates of fair/poor overall health, and
- Were nearly twice as likely to report ever having been diagnosed with a depressive disorder,
- Were about as likely to be a veteran and to have children in the household, and were
- More likely to have four or more years of college education
- More likely to rent and less likely to own their home
- More likely to report difficulty paying for housing or food in past year
- More likely to report serious difficulty concentrating, remembering or making decisions
- Were nearly twice as likely to fall and be injured in past year
- Reported four times the rate of suicidal thoughts in past year
- Reported three times the rate of lifetime sexual violence victimization

Also, lesbian and bisexual women were more likely to be obese and less likely to be of normal weight than heterosexual women in Massachusetts.

Some 4.5% of adults age 55 to 64 in Massachusetts identified as LGB or “other” sexual orientation, or transgender (LGBT), as did 3.0% of 65-74 year olds and 2.7% of those age 75 and older. There were relatively higher reported concentrations of LGBT people living in Hampshire, Hampden, Middlesex, Suffolk, and Barnstable Counties. Still, it is important to note that LGBT people live in all parts of the Commonwealth, including in rural and suburban areas as well as cities and towns.

Three percent of 65-74 year olds in Massachusetts, and 2.7% of those 75 and older, identified as LGBT.

The Executive Office of Elder Affairs shared data on the sexual orientation and gender identity (SOGI) of older adults accessing elder services from mid-2017 to mid-2019. EOEAs asks SOGI questions when collecting two kinds of data: Information and Referral Assessment Data (I&R), and Complete Data Set Assessment Data (CDS). The I&R data are collected at initial point of contact, most often from a referring party (social worker, health care provider, family member). A referring party may or may not know the sexual orientation or gender identity of the older adult, or may know the individual’s SOGI but not know if the older adult would want that information reported. The CDS data are based on the face to face assessment interview with the older adult herself, himself, or themselves. That older adult may or may not feel safe honestly answering the sexual orientation and gender identity questions at a first meeting.

EOEA’s CDS data indicate that 0.8% of elder service clients identify as LGB, and 0.1% identify as transgender. This combined 0.9% who identify as LGBT is far less than the 2.7% of Massachusetts residents age 75 or older who identify as LGBT, according to the 2016-2018 Behavioral Risk Factor Surveillance System survey (BRFSS).

Recommendations

Recommendations address a number of key concerns raised in the listening sessions and by the Mass. DPH and EOEA data:

- Prevent anti-LGBT discrimination and harassment and enforce state and federal laws
- Provide ongoing clinical support for LGBT widows and widowers to address unmet mental health needs
- Expand support for trauma-informed approaches to care for LGBT older adults
- Fund programming to reduce social isolation and provide accessible socialization opportunities to LGBT older adults
- Creatively address unmet transportation needs
- Address structural racism, including racism within the LGBT community
- Reduce the dearth of LGBT competent health care in rural Massachusetts
- Provide assistance navigating Medicare insurance options and the health care system
- Address income challenges, including food and rent insecurity, and promote home ownership among LGBT people
- Create more LGBT-friendly senior housing across the Commonwealth
- Allow HIV-positive individuals younger than 60 to access home care services
- Assist with end-of-life planning and increase research on end-of-life issues among LGBT older adults
- Provide hardware, internet access, and TA to help LGBT older adults access telehealth and online support services
- Target fall prevention efforts at LGBT older adults
- Implement obesity prevention and treatment interventions with older sexual minority women
- Collect and report sexual orientation and gender identity (SOGI) data in the COVID-19 pandemic
- Improve EOEA SOGI data collection by addressing concerns LGBT older adults have of disclosing their SOGI and being “out” as an LGBT elder receiving elder services



Methodology

First, we conducted in-person listening sessions, many of them in partnership with the statewide LGBT Aging Commission, in five locations across the Commonwealth from June 2019 to February 2020: Barnstable, Pittsfield, Boston, Worcester, and Salem. When the novel coronavirus pandemic hit, we shifted to virtual listening sessions, which we held through online meetings with groups of LGBT elders in Boston, Framingham, Greenfield, and the group LGBT Elders of Color, based in Boston but including individuals from across eastern Massachusetts.

In addition, colleagues at the Massachusetts Department of Public Health provided data from the 2016-2018 Behavioral Risk Factor Surveillance System survey comparing LGBT people age 50 to 75 to heterosexual, cisgender people in the same age cohort. We also analyzed data from SOGI questions provided by the Executive Office of Elder Affairs, which are a component of the agency's Information and Referral assessment and from its Comprehensive Data Set assessment.

Fenway Institute researchers presented preliminary qualitative and quantitative data from the listening sessions and the BRFSS data and received preliminary feedback at a Boston Foundation site visit to Ethos in Jamaica Plain in February 2020, and to two LGBT Aging Commission meetings in March and June 2020, one in-person and one virtual. We incorporated some of this feedback into the recommendations. The recommendations are those of the author and not of the Boston Foundation or the Massachusetts Special Legislative Commission on LGBT Aging.

Key themes from nine community listening sessions held across Massachusetts

Issues raised at the listening sessions are described and synthesized here. We do not identify the speakers, although we may mention if they were an LGBT older adult or a service provider to this population.

Strong anti-LGBT prejudice in rural Massachusetts, and from age peers across the Commonwealth

The senior population is very prejudiced against gay people. You hear straight elderly people using disparaging words

“People think of the Cape and they think of Provincetown,” said a man at the Barnstable listening session. “But the rest of the Cape is not like that. You never see a rainbow flag around here. I love living here, and it’s beautiful, but it still feels a little underground.” Barnstable listening session participants described most of Cape Cod as rural and socially conservative. They also noted that the Cape’s population was disproportionately elderly compared to the rest of Massachusetts.

A similar sentiment was expressed by a Pittsfield participant:

We moved here three years ago and were shocked at the amount of homophobia and transphobia in the Berkshires...the social conservatism of the Berkshires is frightening actually. It’s not a good feeling being dependent on hostile services. Berkshire Medical Center is passively homophobic. They say that there is not enough of a population for them to have an endocrinologist. There are passive homophobes on the [Pittsfield] City Council who struggled last year to affirm transgender equality. It’s puzzling because without the LGBT community the cultural offerings wouldn’t be happening, whether it’s Tanglewood or Jacob’s Pillow.

A gay man who is a Vietnam Veteran told the Pittsfield listening session, “The Commonwealth has two parts, the eastern seaboard and the ‘nether lands’ of the west.”

“The term ‘microaggression’ doesn’t begin to describe what we live with on a daily basis,” said another Pittsfield participant. “There’s no enforcement. There are not a lot of options here. We have to survive in a small community. We can’t make too much of a fuss. We’re defenseless basically and we have nowhere to hide. That’s an extreme picture but that’s what we are up against.”

A Salem listening session participant said, “The senior population is very prejudiced against gay people. You hear straight elderly people using disparaging words about gay people.”

One gay man at the Salem listening session lives in senior housing in Newburyport. He made the mistake of telling someone his sexual orientation (he has a male partner). “I get insults like you wouldn’t believe: ‘What are you doing, queer?’ ‘Cocksucker!’ Younger people [with disabilities] are coming into the senior housing and the insults are getting worse. I tried to talk to the manager about it, but she’s always busy.”

During the Rainbow Elders online listening session from north central and western Massachusetts, one participant said, “In the Berkshires some of the senior centers in the small hill towns will not post information on LGBT senior activities. There’s still a lot of homophobia and social conservatism,” he said. “We give them a flyer and then it disappears.”

One participant in the LGBT Elders of Color virtual listening session said that “there’s a lot of cliques in senior centers, and it can be intimidating to mix with others who may not be very accepting.”

Prejudice exists within the gay community as well. A transgender man at the Salem listening session said that there was “a need for outreach to the LGB community about trans people. Even gay people think we’re scary...We are not aliens. We have human DNA!” he said.

Social isolation and lack of connection

“The more ‘out’ we got and the more free we got the less community we have, which is weird... There’s no central hub.”

LGBT older adults on Cape Cod and in north central and western Massachusetts described a strong sense of social isolation. “We are dispersed” on the Cape, said one woman, “There are pockets of us everywhere.”

An elder service provider on Cape Cod recommended “a friendly visitor program for isolated LGBT seniors on the Cape.” Another participant recommended training real estate brokers in how to serve LGBT clients, including being honest with them about the climate in their area and local LGBT-friendly services.

Listening session participants who are living with HIV noted a high degree of social isolation: “In some ways we’re more disconnected now than we were at the beginning of the AIDS epidemic because then we would see posters,” said one Boston participant.

“I came here [to Worcester] after my partner died hoping to find women friends to hang out with,” said one woman, “but I couldn’t find anyone. Instead now I go to Rhode Island for that.”

Another Worcester participant said:

There’s a ton of gay people, but there’s no community anymore. The one gay bar we have caters more to the younger crowd. There used to be a coffee shop that we used to go to, but he got forced out because of rising rent. I belong to a couple of [gay/LGBT] online grief groups, and people say this is happening around the world. The more ‘out’ we got and the more free we got the less community we have, which is weird...There’s no central hub. You used to have bookstores.

“There are people who don’t have their own car and they are very isolated,” said another Worcester participant.

“I live in a 55+ community. As far as I know I’m the only gay person,” said a Worcester listening session participant. “If there are others it’s unbeknownst to me.”

There was no LGBT-friendly congregate meal program in Berkshire County at the time of the Pittsfield listening session (September 2019). “Rainbow Seniors in Williamstown has a potluck,” said one participant.

“We need a friendly visitor program to visit shut-ins,” said one Salem listening session participant. “A phone call to make the person know you care about them. When you live in high rise buildings, why don’t people knock on the door and check on their neighbors?”

Once the COVID-19 pandemic hit, many LGBT elders felt even more isolated. One woman participating in the Pathways Virtual Coffee Hour said, “The isolation has been tough. I live alone. I’m a widow. She passed around 5 years ago. It’s been hard but it’s even harder at this time.”

One participant in the Rainbow Elders online support group from north central Massachusetts described the dearth of LGBT supportive services and health care in that region: “We need more Rainbow Elders groups throughout Massachusetts. Where I live it’s one and a half hours to Greenfield or one hour to Worcester...It’s 45 minutes to the nearest health center or hospital. By the time I get there, I’m dead.”

Mental health needs specific to social isolation during the COVID-19 pandemic

Participants in the LGBT Aging Project's Online Drop-In Group highlighted "mental health issues" as an acute need. "People are starting to get really depressed" said one participant. The listening session was held May 11, 2020, about two months into the COVID-19 pandemic. Participants spoke of the need to have routines and structure in one's day, especially for those who are retired. "It's important to have some kind of a schedule in your life...," said one man. "Go to bed and wake up at the same time...When you wake up in the morning make your bed."

This man spoke of the need for a daily check-in. He referred to daily phone calls from friends and daily emails from the Somerville Council on Aging that had emotional and exercise tips. "I find that very helpful," he said.

One participant in the LGBT Elders of Color virtual listening session said that older adults need help "dealing with fear." She described tools and resources that she uses to help people deal with fear. "Talking to someone else can help. Reading books."

The need for ongoing services and mental health care for LGBT widows and widowers, especially those on the Cape and in other rural areas

An important unmet need for LGBT older adults on Cape Cod and elsewhere is grief care, or bereavement groups. "People who are left need care," said one widow. "Not just support groups. People need more. They need help with anxiety, depression, PTSD. This is a hidden epidemic. For every three who show up to a group there are 30 more out there [not accessing services]. The people left behind don't know what to do. They don't know what hit them." This woman described experiencing medical and financial challenges after losing her wife, and changes in her sense of identity.

"They need grief care support groups with people who went through this years ago. They need them on Cape Cod on an ongoing basis, so people know when they are going to be held," she said. "A tsunami of grief is coming."



“We need money for bereavement and caregiver groups, and funding to pay for a therapist to run the groups,” said one Cape Cod elder service provider.

One problem is that some grief counseling groups are religious, and can be unwelcoming to LGBT people. “We need secular grief counseling,” said the widow.

Worcester participants agreed: “We should have some kind of [LGBT-friendly] grief group, but there’s none anywhere. People say you can just go to any grief group, but it’s not the same. So I just go to a therapist once a week.”

The need for social activities that create a sense of community and belonging

“There’s a real need for housing and socialization for LGBT older adults,” said a participant in the Boston listening session. “As I get older, the community is farther and farther away from me. There’s a big gap in the older queer community...Elders are looking for things to do and places to be.”

Another Boston participant said, “I wish there were a program for the gay community to be more welcoming. It’s hostile, it’s unforgiving,” he said. “I’ve been in this community for 50 years. I’m astonished at how exclusive it is.”

Worcester listening session participants called for group activities involving recreation, exercise, fencing, going on field trips, for example into Boston or to a museum. “I can find a million things to do, but who do I do them with?” said one participant.

One Worcester participant said that she would like to take free, non-credit classes at a local university, but wanted help with registration, directions for where to park and where to find the classroom. “It’s too stressful to fill out the application, find the building, find parking,” she said.

“People are interested in getting together and sharing their stories together,” said a Greenfield-based elder activist. “Social interaction is important—potluck dinners...support groups. Some widows and widowers don’t know how to go out and meet people.”



“This [a monthly LGBT congregate meal at the House of Seven Gables] is the only LGBT thing to do in Salem besides Pride in June,” said a Salem participant. “The Salem Senior Center has no LGBT programming. We don’t have anything else to do.”

Listening session participants said that senior centers should make it easier for LGBT older adults to tap into the LGBT elder services network. “I had to search hard to find Rainbow Elders,” said one woman. “Senior centers should have a handout with information about LGBT elder services and socializing opportunities,” she said. Another Rainbow Elder participant recommended that every Council on Aging have one LGBT person on its board of directors; several others agreed that that is a good idea.

Transportation needs, especially in rural Massachusetts

Cape Cod residents described needing to get to Boston for specialized medical care: “People need to get to Boston if they have serious cancer. They need a ride,” said one elder service provider there.

Berkshire County residents said that public transportation was limited, and that bus lines generally “run up and down the county,” i.e. north-south, along Routes 7, 8 and 10. “They don’t run east-west” so it’s hard to get to Springfield or the Pioneer Valley. “We try to plan things around the bus schedule. We still have things where people are paying \$50 for an Uber to come to something, so transportation is huge...Bus hours end at 4:30, and there are no buses on Sunday.”

Transportation concerns were not limited to rural Massachusetts. Several Worcester listening session participants described not wanting to drive after dark as a major barrier to socializing. The listening session was held December 11, 2019 at a congregate lunch program. For this reason, “Here in Worcester, it’s difficult to get people out to anything. They just don’t come.”

Salem listening session participants described transportation as a major factor limiting social interaction among LGBT older adults on the North Shore of Boston. “The Ride doesn’t go to many cities, then the ride shuts down, or it doesn’t show up. “Several participants described The Ride, a service of the MBTA, showing up late and only waiting a minute or two before leaving without the person who requested it. “The Ride always says, ‘Somebody cancelled it,’” when this is not the case, one participant said. They described waiting outside their homes for more than an hour so as

not to miss The Ride when it arrived. They also complained about the cost and other obstacles to accessing it:

I was a companion for Greater Lynn Senior Services for 19 years. You take the ride and its \$5-6 each way. You’re talking \$12 a day to get a \$2 meal. That adds up to \$60-\$80 a month and people can’t afford it. That’s everybody’s gripe—all the money we pay for The Ride. Plus you have to call them three days before...and you have to go to Boston to qualify for The Ride.

Transportation needs were not limited to rural areas. Participants in the LGBT Elders of Color listening session, including residents of Boston, Falmouth, and other eastern Massachusetts cities and towns, called for transportation assistance to help elders get to medical appointments.

Experiencing discrimination in assisted living and other housing

One Cape Cod man describe a friend who is a Caribbean lesbian in her 90s who lives in assisted living. “I never leave my room,” she told him. “When I go out into the hallway people turn and won’t look me in the eye. It’s a subtle thing.”

This man called for reforms to make assisted living more LGBT-friendly and -affirming, similar to what we have done with schools through the Safe Schools Program and nondiscrimination laws. “And we have to look beyond trainings, etc.,” he said. “We have to mandate free and open and inclusive requirements for assisted living centers and other congregate facilities.”

One Boston listening session participant asked, “If I go into a nursing home living with HIV, gay and single, how would I be treated? There’s going to be an onslaught soon” of people with HIV entering nursing homes, he said. “Are doctors in nursing homes familiar with HIV clients and with their medications?”

A Worcester participant described negative experiences in her condo complex: “If you live in a condo place, people can be very homophobic...It’s very subtle. They are very standoffish. The neighbor has his dog crap in front of your door every day. It’s very stressful.”

Listening session participants also described an acute need for affordable housing for LGBT older adults. “I have a consumer, he’s been living in his car for 10 years because he has nowhere to go,” said one elder service provider participating in the Salem listening session.

A participant in the LGBT Elders of Color virtual listening session expressed concern about “when we go to nursing homes and need to return to the closet.”

Gender-based sexual harassment (deliberate, repeated misgendering of cisgender lesbian women) in businesses and health care facilities in the Berkshires

Two lesbians at the Pittsfield listening session described experiencing discrimination and harassment in several public settings and in the workplace.

One participant said:

I went to Berkshire Medical Center late one night last spring and filled out paperwork including my gender “female.” At the time I was wearing short hair, no bra, and a shirt and pants. I was in a lot of pain. The receptionist called me “sir,” and I corrected her. She continued to call me “sir” throughout the night although my name was clearly female. When I got a “what kind of service did you receive?” form two weeks later, I filled it in and got no response although I asked for one. The nearest other hospital is over an hour away, and I have not chosen to go to it although I remain uncomfortable about going to BMC.

Another participant related a similar experience. “Being misidentified and harassed in that way is very common and it is why we are fearful,” she said. She reported going up to a teller window at a local bank, and the teller asked her, “Sir, can I help you?” She told him she is a woman, and said, “Maybe you should just say, ‘May I help you?’” The following week she returned to the bank and a different teller did the same thing to her. The tellers laughed among themselves, like it was an inside joke. It happened a third time. She told the bank manager that they needed to train their staff about how to treat customers with respect. “This is illegal activity. I don’t have to put up with this,” she told the manager. She told the listening session participants, “I could have brought this to the Mass. human rights commission [the Massachusetts Commission Against Discrimination], but it would have taken years to get satisfaction. We need more money to go to MCAD because people can with impunity call us all kinds of things, and do.”

[Author’s note: Massachusetts law prohibits anti-LGBT discrimination in public accommodations, including hospitals and banks. Massachusetts and federal law prohibit anti-LGBT discrimination in employment. If you experience discrimination, write down all the details that you can remember, including date, time, location, description of the individuals involved, and exactly what was said and/or done, and do at least one of the following:

1. **Call the GLBTQ Advocates and Defenders helpline Monday-Friday 1:30-4:30pm at 800-455-GLAD (4523).**
2. **Call Massachusetts Attorney General Maura Healy (Civil Rights Division direct line: 617-963-2917) or file a complaint on their website at <https://www.mass.gov/contact-the-attorney-generals-office> (click on File a Complaint).**
3. **Call the Massachusetts Commission Against Discrimination at 617-994-6000 or file a complaint on their website at <https://www.mass.gov/file-a-complaint-of-discrimination>.**

The woman who experienced discriminatory sexual harassment at Berkshires Medical Center also described an experience of workplace discrimination:

I used to work at [blank], a local graphic arts company. I was told there [by a coworker] that I was “an abomination” because I am a lesbian. I asked Human Resources to speak to the graphic artist who said this and was told that he had a right to his religious beliefs. I spoke of the gun rack in his truck, his anger management problem, and his stated belief that “it may be okay to shoot abortion doctors.” I again asked HR to do something about this. They did not. I found a new job and left.

A participant in the Boston listening session called for “stronger enforcement of existing laws by EOEA and Mass. DPH, and the hiring of an ombudsman for the LGBT community.” This last recommendation was made by the statewide Special Legislative Commission on LGBT Aging in 2015, but has not yet been adopted by the state government.

The centrality of trauma in people’s lives

“I have a lot of trauma about systemic homophobia,” said one Cape Cod woman, “from growing up in a time when I was afraid for my life. That is still part of me as I am aging, and I am more susceptible to depression.” A Cape Cod man said, “As life is slowing down a lot of stuff is coming back that I pushed away for many years.”

Several listening session participants talked about their parents’ sending them to ex-gay therapy when they were young. Because of this, one Cape Cod man said, “Mental health providers must reach out affirmatively and say, ‘We will provide good care.’ The same is true of health care and elder service providers. They need to reach out [to LGBT older adults].”

Participants also spoke about racial trauma. One older Black gay man in the Boston listening session said, “Boston and Massachusetts have very complex racial histories. There is a lot of racial trauma. There are people I know who are part of the community who are feeling unsafe” due to racism within the LGBT community. “We need to infuse race and trauma into the work of the [LGBT Aging] Commission.”

The need to address racism within the LGBT community

Participants in the LGBT Elders of Color listening session said it was important to address “internal racism within our own community.” One participant said:

Racism is the ‘elephant in the room.’ We have to talk about it. We may not resolve it, but we will never resolve it if we don’t talk about it. It’s one thing to experience it from the outside [outside the LGBT community]. But when you feel you have a safe harbor and you experience it from within it, it’s disheartening...Let people tell our stories. The result can be that folks finally understand the magnitude of police brutality. We need a discussion of how institutional racism dictates how we have to navigate our lives on a daily basis. First we have to clean up our own backyards before we try to clean up someone else’s.

Other LGBT Elders of Color participants offered resources that white people could use to work through implicit bias and racist beliefs and practices. Another participant recommended that a bill before the state legislature to create a Commission on Structural Racism address the intersection of racism with the LGBT community and the intersectional prejudice experienced by LGBT people of color.⁴

4. Examples of research showing that LGBT people of color experience racism, sexism, and anti-LGBT prejudice intersectionally include: Brenick A, Romano K, Kegler C, Eaton L. (2017 Feb). Understanding the Influence of Stigma and Medical Mistrust on Engagement in Routine Healthcare Among Black Women Who Have Sex with Women. *LGBT Health*. 4(1). Feb 2017. 4-10; Conron K, Wilson J, Cahill S, Flaherty J, Tamanaha M, Bradford J (2015, November 30). Our health matters: Mental health, risk, and resilience among LGBTQ youth of color who live, work, or play in Boston. Fenway Institute. <https://fenwayhealth.org/wp-content/uploads/our-health-matters.pdf>

A dearth of LGBT-competent and -affirming health care in rural Massachusetts

Participants in the Barnstable and western Massachusetts listening sessions reported challenges in accessing health care for the general population that play out in particular ways for LGBT people. A senior center director on the Cape said, “There are not enough paid caregivers on the Cape. This used to be the case on the outer Cape [Orleans to Provincetown]; now it is true for the entire Cape. This affects the LGBT community in specific ways because we are more dependent on formal caregiving, especially women age 60 plus.”

“I’m terrified of moving my health care down here” to the Cape from Boston, said one man. Several participants in the Barnstable listening session spoke of “home care aides who are anti-gay.” “I stay with my wife to make sure people help her with the pain,” one woman said. An elder care service provider said that “many caregivers come from conservative religious and cultural backgrounds. There are concerns about experiencing neglect and abuse at the hands of home care workers,” she said. “The home care department needs more education, for example pronoun usage for transgender clients. It’s sad to hear partners and spouses say, ‘My friend’ when they are talking about their husband or wife.”

One participant in the Boston listening session, representing AgeWell Equality (AWE) called for a number of changes in elder services and other services used by older adults. Based at Ethos, an Aging Service Access Point (ASAP) in Jamaica Plain, AWE’s mission is to effect LGBTQ-friendly systems change within aging and related services. In oral comments and a written submission to the Boston listening session, AWE called for mandatory, ongoing LGBT cultural competency training for all public and private elder care and housing providers as a requirement for licensure.

The AWE spokesperson applauded the Massachusetts state legislature’s recent passage of a law requiring that elder care workers be trained in LGBT cultural competency, and said “this needs a tracking and accountability system.” He also noted that, because “ASAPs don’t provide the vast majority of services but contract with vendors, ASAPs should have to hold accountable vendors for holding trainings of their staff” in LGBT competency. They should be recertified every 10 years by the relevant state government agency based on how well they do this.

Pittsfield listening session participants said that transgender-competent and -affirming health care and social services are especially hard to find in western Massachusetts. “Last week I was trying to find a transgender friendly shelter for someone on the verge of homelessness,” said a Greenfield-based activist. “It was not easy.” “Transgender people have to go outside of Berkshire County to get health care,” said another participant. “If you are trying to see a gender therapist, there are none. If you are an LGBT person who suffers from PTSD, there is no one for that either.” This individual described going to someone in Berkshire County for PTSD treatment only to be told that they didn’t accept their insurance.

A transgender Worcester participant reported that “all of my experiences have been either neutral or positive with the doctors I’ve seen.”

“We need a list of gay friendly doctors on the North Shore,” said a Salem participant.

A western Massachusetts woman said, “I’m starting to have questions about aging in place, issues as an aging lesbian...My regular doctor is not prepared to talk about baseline issues—only urgent care... My health care provider said, ‘You’re over 65. You don’t need a Pap smear anymore.’ She doesn’t want to talk about sex.” A number of Rainbow Elder listening session participants agreed, saying that there is a need for training and certification in LGBT sexual health, especially in rural areas. “We are so mainstream that there are fewer presentations,” said the 67-year-old lesbian. She suggested a panel of older LGBT patients who could educate health care providers about their needs.

While one participant in the Rainbow Elder session recommended “shopping around” for an LGBT-competent doctor the way you would a grocery store (“if you don’t like it you go somewhere else”), another worried that “if you say, ‘I don’t want this doctor,’ you get branded a trouble maker and you get pushed away.” Still another Rainbow Elder participant recommended that health care providers give all patients a hand out that describes their rights as a patient, gives the number for the institution’s social work department and an LGBT-friendly social worker they can talk to if they have any concerns. The handout could also give contact information for the state Attorney General and the Massachusetts Commission Against Discrimination.

LGBT Elders of Color listening session participants called for broader access to telehealth, transportation

assistance to get to medical appointments, and “what about having doctors come to the home...not everybody has a blood pressure machine at home.”

Struggling to pay for health care

Several Worcester listening session participants described struggling to afford their medical care costs. “Every time you get an increase in Social Security, they up the Medicare [cost] by even more,” said one individual. “UMass hospital [UMass Memorial Medical Center] wouldn’t accept my insurance (United Health Care), so I went to Fallon. But the copays for my cataract surgery cost me \$350 per eye. It can add up if you go to the doctor a lot,” said another participant. “The dentist is very expensive. I am using my life saving to pay for the dentist,” said another.

One Worcester participant praised the Program of All-Inclusive Care for the Elderly (PACE) program as “totally accepting. For me it’s the answer to my health care because I have no copays. It’s an ideal situation for me. I’m a veteran and I have the VA but I had copays for the VA. Now I don’t have any copays.”

Economic hardship in general

Participants in the LGBT Elders of Color virtual listening session described a struggle to pay for food and other basic needs. [The session was originally scheduled in-person for early March 2020 but was rescheduled to a virtual session in June 2020 due to the pandemic.] Because elders, and especially elders of color⁵, are disproportionately vulnerable to coronavirus infection and complications if they develop COVID-19, many want someone else to do their food shopping for them. “For people on a limited budget, shopping is a real issue. People have to pay for people to shop for them.” Other participants mentioned Mutual Aid Massachusetts and Jobs For Justice, which offer volunteers who will shop for seniors and people with disabilities.

5. Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and racial/ethnic disparities. *Journal of the American Medical Association*. [Online ahead of print May 11, 2020]

The need for help with insurance options when you reach age 65

A group of participants in the Boston listening session said understanding insurance options when they near age 65 is very confusing, and that they—many gay men living with HIV—need assistance understanding what to sign up for and what they are eligible for based on their income and assets. “It’s a real difficult process,” one man said. “If you have more than \$1,000 in savings or life insurance or an IRA you’re not eligible” for some kinds of insurance, he said. Another participant said, “We only make a few thousand dollars a year (I make \$16,000), and that’s too much to qualify for MassHealth. You can’t survive on what you’re making, and you can’t get MassHealth because you make too much.”

An EOEA representative recommended that these individuals call the SHINE program (Serving the Health Insurance Needs of Everyone), as there are over 700 highly trained volunteers able to help navigate insurance options.

A number of individuals said that they were getting their insurance through the Massachusetts Insurance Connection (MassHealth) and were suddenly kicked off, along with hundreds of others. “Three hundred long-term survivors [of HIV] were kicked off all of a sudden, without notice,” said one man. “It was very traumatic. Everybody had to reapply.” Another agreed that “[i]t’s very stressful.” Still another said, “We don’t know what’s going to happen next year with the budget, so we live under this cloud.”

The Massachusetts Insurance Connection (MIC) is a health insurance buy-in program administered by MassHealth for individuals with AIDS or HIV. In December of 2019, MassHealth announced that the program would be closed for new enrollees but that individuals enrolled as of December 31, 2019, (and who remain continuously enrolled) would continue

to receive benefits as long they as they remained eligible. MassHealth redetermines eligibility for the program annually and, if individuals are found to be no longer eligible for the program due to being over income or other eligibility factors, they are disenrolled from the program.

Individuals over 65 must meet financial criteria to qualify for MassHealth Standard: an income limit of 100% of the federal poverty line, an asset limit of \$2,000 for an individual, or \$3,000 for a couple. HIV positive individuals under 65 have a higher income limit for eligibility than other adults: 133% federal poverty line. But for over 65 there are just the regular MassHealth coverage types and buy-in programs (Medicare Savings Programs). Senator Pat Jehlen and Representative Ruth Balser, who attended the Boston listening session, said they would follow up and try to identify the issue with the program. Senator Jehlen pointed out that MassHealth is supposed to cover people who earn up to 300% of the Federal Poverty Level.

“There’s a real sense of urgency for some of us out there,” said a listening session participant. Another made the point that, “We’re not in Louisiana or Mississippi. We’re in the Hub of medical care.”

Salem participants echoes these concerns: “We need a workshop to help you navigate through Medicare and the insurance system,” said one. “It’s very complicated. Medicare will send you a book.” Another participant said, “I had MassHealth. Unbeknownst to me, they dropped me from it. I started getting all these bills.”

Another Salem participant said, “You don’t know what the plans are—that’s the problem. The plans are there, but nobody knows how they work. I want to know well before I have to go through this process” of signing up for Medicare when nearing age 65.

The need for help navigating the health care system

One Cape Cod woman said, “My wife and I, we are both health care professionals, and we still have trouble navigating the health care system. People need help getting the best doctors, and home care—that is the biggest issue.”

The onset of the COVID-19 pandemic also led to concerns about accessing a coronavirus test. “It’s really important for seniors to be tested,” said a woman participating in the Pathways Virtual Coffee Hour. “That’s the only way you’re going to get people to visit other seniors.” Several participants concurred that LGBT seniors needed to be able to access testing. LGBT older adults may be more vulnerable to contracting the novel coronavirus, and are more vulnerable to complications from COVID-19 due to higher rates of comorbidities such as asthma, obesity and diabetes, and higher rates of risk factors such as smoking and vaping.⁶ These health disparities are related to experiences of stigma, discrimination, minority stress, and social anxiety.

HIV-specific concerns

At the Boston listening session, one man who said he had lived with HIV for 34 years described falling down and having to go to South Shore Hospital in Weymouth. They were not able to provide him with the antiretroviral medications that he needed for his HIV disease. “This aging activity is happening really fast to me,” he said. “When I go to the hospital next time will it be my last time?”

The AWE spokesperson called for home care and long-term care to be made available to older people living with HIV regardless of age, because “HIV-positive elders tend to age more quickly and are in need of a range of services usually needed by older people.”

A Pittsfield participant described moving home to the Berkshires after living in Ohio and Kentucky. He said he struggled to get insurance, a provider, and his HIV medications. “In the corporate sector you would just go to HR and they would have answers. It’s way too complicated to get info...I spent two months without medication because I couldn’t find the right thing...There are no PCPs [primary care providers] in Berkshire County accepting new patients... I had to wait for a rejection letter from MassHealth and then went two months without my HIV meds.”

The need for LGBT-friendly elder housing

Participants at several listening sessions praised the LGBT elder housing community that is being developed in Hyde Park, a Boston neighborhood. They asked for more federal money to dramatically scale up LGBT-friendly elder housing options across the Commonwealth. “There’s a huge need across the state,” said one woman at the Boston listening session.

A Pittsfield listening session participant decried the fact that big cities were the first to get LGBT-friendly elder housing. “That’s not OK with me,” said the woman. “I moved here from New York City. I want to grow old and die here and I don’t think I can do that without LGBT senior housing.”

6. Cahill S, Grasso C, Keuroghlian A, Sciortino C, Mayer K (2020, September). Sexual and Gender Minority Health in the COVID-19 Pandemic: Why Data Collection and Combatting Discrimination Matter Now More Than Ever. *American Journal of Public Health*. Volume 110, Number 9. Pp. e1-e2.

The need for targeted support groups and services, including LGBT-community led volunteer services as during the height of the AIDS crisis

A number of participants called for a “buddy program” or a “friendly visitor” program for LGBT older adults, similar to that used in the 1980s and early 1990s for people living with HIV/AIDS, who often experienced extreme social isolation. The CEO of Ethos, Valerie Frias, noted that Ethos has such a program.

One long-term survivor talked about how he was diagnosed with HIV 34 years ago, and was given 2 years to live. Despite a number of other health problems, due to the fact that he is here today, “I feel like I won the lottery, because so many others are not here.”

One Boston participant called for Fenway Health to step up as it had in the 1980s, when it created the AIDS Action Committee of Massachusetts:

There’s a responsibility for Fenway Health, like with the AIDS epidemic. People have to have somewhere they can go and die. Fenway was developed to respond to a health crisis.

Another older man living with HIV agreed, saying, “If I call Fenway or the AIDS Action Committee and say what can you do for me, there’s nothing. If I go to GMHC (Gay Men’s Health Crisis in New York) or to a west coast organization, they still have their buddy programs.” Many HIV services are means tested, and people who are not poor enough are not eligible for them. “People still die from AIDS. I’ve had people who can’t deal with the side effects anymore so they stop taking their meds.” He encouraged us to “look at existing programs at churches and synagogues” that mobilize volunteers to care for isolated individuals.

Participants in the Pathway Virtual Coffee Hour referenced a number of existing buddy programs in other parts of the country, such as Mon Ami (www.monami.io), French for “my friend,” which provides volunteer visitors to seniors in San Francisco, and the SAGE Friendly Visitor program in New York (<https://sagenyc.org/nyc/care/visitor.cfm>).

One woman said in Pittsfield, “When the virus hit in the ‘80s we took care of ourselves. The hospitals didn’t. We went in and changed diapers, etc. We can do it again.”

Many also called for intergenerational support groups that allow younger LGBT people to learn about the lived experiences of LGBT older adults, and vice versa. Many leaders of groups present at the listening sessions mentioned that their organizations had intergenerational discussion groups and events. One activist described a large intergenerational gathering that meets at Greenfield Community College.

The need for assistance with end-of-life planning

One Cape Cod man said that end-of-life planning needs for LGBT older adults are different because of estrangement from families of origin. “There is a need for final planning, of funerals and so on, because it’s different for us,” he said. “A lot of us, our families, we love them, but they are not part of our culture, and they are not part of our personal experience as they are for straight people.”

A Worcester listening session participant related how her partner’s children took her partner away from her and placed her in a separate care facility because they did not accept their mother’s same-sex relationship. Had they been married or had a legal power of attorney document, this would not have been possible.

A need for hardware (computers, tablets), internet access, and technical assistance to isolated, low-income LGBT elders so that they can access virtual support groups and other services during the COVID-19 pandemic

Even before the COVID-19 pandemic hit, listening session participants raised concerns about isolated seniors without technology: “We have people that don’t have a computer, don’t have a smart phone,” said one man in Salem.

Once COVID-19 hit, many LGBT elders scrambled to learn how to use Zoom and other videoconferencing technology to be able to access community virtually, as well as access health care through telehealth. “We need funding to teach people how to use Zoom, Google hangout,” said one participant in the Pathways Virtual Coffee Hour. “I spent one and a half hours helping someone. He’s going to be joining by telephone.” Another participant said, “A lot of seniors living alone don’t have wifi. How do you get wifi to folks?”

Other Pathways participants suggested that “tech-savvy volunteers, young people” could help elders with technology issues. “Verizon and other companies could offer reduced rate wifi access and data plans,” said one participant. “Jewish Family Services of Metrowest has ally navigators,” said one participant in the Pathways Virtual Coffee Hour. “They can help people with technology.”

A participant in the LGBT Aging Project’s Online Drop-In Group agreed that there is a need for “access to affordable internet, cable TV services, access to technology, especially cell phone, laptop, and Ipad [tablet]. Seniors also need training and technical support on how to use this technology.” Another said that they needed funding to “purchase a Zoom account” so they could do more than basic things on free Zoom.

Isolated LGBT older adults could participate in online virtual tours of places around the world, and then get together with others online and talk about it. “It’s the book club model,” said one Drop-In Group participant. Others spoke of books downloadable

for free from the Library of Congress and the local library, online cooking demonstrations, and online exercise. “We need options for people to pick and choose,” said the group moderator Lisa Krinsky.

“COVID has changed how services are delivered,” said an advocate from northwestern Massachusetts. “We may have another pandemic in the future. How can people be safe and connected?”

One north central Massachusetts resident said, “There are 22 communities in Massachusetts that don’t have broad band [internet access]. Cell phone service is not available in Ashburnham and other communities.”

LGBT Elders of Color participants agreed that older adults need technical assistance (TA) and hardware to use Zoom video conferencing, telehealth, and other technology. “We assume that everybody has access to the internet,” said one participant. “We assume that every household has a device—a tablet or a laptop. We need a grant to provide folks with access to Zoom, like the Boston Public Schools does with kids.” Soon after the onset of the COVID-19 pandemic, the Boston Public Schools made computers available to any students who needed one.⁷

One participant suggested that lifelong learning programs and senior centers offer training and TA. These programs could use a “train the trainer” model to increase capacity in communities. Two local lifelong learning programs could offer Zoom classes and virtual brown bag lunches in the fall, the Rainbow Lifelong Learning Institute Boston (<http://rainbowliboston.org/index.html>) and the Osher Lifelong Learning Institute at UMass Boston (<https://www.umb.edu/olli>). Another participant noted that some individuals have a fear of using Zoom due to privacy concerns. This needs to be addressed in trainings and TA.

Interestingly, one silver lining of the shift to virtual support groups necessitated by COVID-19 is that some of the most socially isolated LGBT older adults, who may have had mobility limitations, are now less socially isolated, because everything is online.

7. Jung C (2020, March 20). Boston Schools Double Down On Efforts To Get Chromebooks To Students. WBUR Radio. <https://www.wbur.org/edify/2020/03/20/boston-student-technology>



For many older adults, living life as an LGBT person was not as viable an option as it is for younger people today.

Public health data on LGBT older adults in Massachusetts

The Massachusetts Department of Public Health (Mass. DPH) is a strong partner of the Fenway Institute and the Special Legislative Commission on LGBT Aging. Bureau of Infectious Disease and Laboratory Sciences Director Kevin Cranston sits on the statewide commission representing Mass. DPH, and chairs the commission's public health subcommittee. Mass. DPH has been a leader on collecting sexual orientation and gender identity data on statewide surveys since 1993, when it added a sexual behavior question to the Youth Risk Behavior Survey.⁸ Maria McKenna, MMS, MPH, an epidemiologist at Mass. DPH, provided Behavioral Risk Factor Surveillance System (BRFSS) survey data to the Fenway Institute that provide insight into the health status of older LGBT people in the Commonwealth. (The Massachusetts BRFSS has collected sexual orientation data since 2001 and transgender status data since 2009.⁹) McKenna aggregated 2016 and 2018 data for 50 to 75 year olds, and compared LGBT people in this age cohort to heterosexual, cisgender individuals. Most of the differences described below are consistent with findings we have seen previously in Massachusetts BRFSS data and in BRFSS data from other states.

Key findings from the BRFSS data include the following statistically significant differences between LGBT people 50 to 75 and heterosexual, cisgender people 50 to 75. A difference is statistically significant if the p value is 0.05 or less.

LGBT older adults reported higher rates of fair/poor overall health

LGBT people age 50 to 75 in Massachusetts were more likely to report that their overall health is fair or poor. Some 24.0% of LGBT people reported this, compared to 16.8% of heterosexual, cisgender people in the same age cohort (p=0.0144).

LGBT older adults nearly twice as likely to report being diagnosed with a depressive disorder

LGBT older adults were nearly twice as likely to report that they had ever been diagnosed with a depressive disorder: 31.7% compared to 17.5% (p<0.0001).

LGBT older adults were about as likely as their straight, cisgender age peers to be a veteran and to have children in the household

There was no statistically significant difference in veteran status and in having children in the household between LGBT older adults and heterosexual, cisgender adults age 50 to 75. Some 8.6% of LGBT people reported being veterans, compared with 11.0% of heterosexual, cisgender people 50-75 (p=0.2393). Some 12.5% of LGBT people 50-75 had children living in their household, while 16.9% of heterosexual, cisgender people in this age group did (p=0.1624). It may be that heterosexual, cisgender people 50-75 are slightly more likely to be veterans and to be raising children, but the differences between the groups in the Massachusetts BRFSS data are not statistically significant.

These are important findings. For many decades homosexuality was considered incompatible with military service. Don't Ask, Don't Tell was adopted in 1993 and was in effect until 2011. This allowed gay, lesbian and bisexual people to serve but not openly.¹⁰ Under the Obama Administration a policy was launched to allow transgender people to serve openly in the military, but the Trump Administration has reversed the policy and it is the subject of litigation at the moment.¹¹ Despite decades of anti-LGBT policies, LGBT older adults in Massachusetts report being veterans at rates close to those of straight, cisgender older adults.

8. Conron K. (2015, September). Recommended standards for LGBT health data collection in Massachusetts: Opportunities to enhance health surveillance and achieve health equity. Boston: Massachusetts Department of Public Health. <http://www.mass.gov/eohhs/docs/dph/health-equity/lgbt-data-collection-standards.pdf>

9. Ibid.

10. Rimmerman, Craig. 1996. "Promise Unfulfilled: Clinton's Failure to Overturn the Military Ban on Lesbians and Gays." in *Gay Rights, Military Wrongs: Political Perspectives on Lesbians and Gays in the Military*, edited by Craig Rimmerman. New York: Garland Publishing.

11. Marimow A. (December 10, 2018). "Trump administration: It's 'extraordinary' judges won't let military restrict transgender troops." *The Washington Post*. https://www.washingtonpost.com/local/legal-issues/president-trumps-transgender-military-ban-is-back-in-court/2018/12/09/56a0c13a-f965-11e8-8c9a-860ce2a8148f_story.html?utm_term=.69317f5fc7c

This is important because veterans are eligible for many services from Veterans Affairs (VA), including health care, job training, housing assistance, suicide prevention, food security assistance, and other services. In Massachusetts some veterans are also eligible for services through the Massachusetts Department of Veterans' Services. Because many LGBT people were dishonorably discharged from the military and/or had bad experiences while serving, including violence victimization and sexual harassment, some LGBT veterans do not seek veterans' services or even know that they are eligible for them. It is important that both state and federal agencies conduct affirmative outreach to LGBT veterans to ensure that they are accessing services that they are eligible for that can help them be healthy and thrive.

The fact that middle aged and older LGBT people in Massachusetts were raising children at about the same rate as straight, cisgender age peers is also significant. For decades religious right advocates and many elected officials portrayed LGBT people and "family" as mutually exclusive.¹² In the 1980s in Massachusetts gay men and lesbians were prohibited from foster parenting.¹³ There continue to be anti-LGBT family policies in many states.¹⁴ It is striking that despite this, LGBT older adults raise children at nearly the same rate as heterosexual, cisgender older adults.

LGBT older adults in Massachusetts were more likely to graduate college

LGBT older adults were more likely to have graduated college than straight, cisgender age peers in Massachusetts: 54.2% versus 38.4% ($p < 0.0001$). LGBT older adults were less likely to have some college (14.0% versus 26.1%) or to have only a high

school education (20.3% versus 26.5%) ($p < 0.0001$ for the distribution by education).

LGBT older adults were more likely to rent and less likely to own their home

Massachusetts LGBT adult residents age 50 to 75 were more likely to rent their home than heterosexual, cisgender age peers. Some 24.0% of LGBT older adults rent their homes, while 75.2% own their homes. Among heterosexual, cisgender older adults, 16.1% rent while 82.6% own ($p < 0.0007$). This greater likelihood of renting rather than owning one's home is likely due in part to the fact that LGBT people are more likely to reside in urban areas than other Massachusetts residents. Housing stock in cities tends to have a higher percentage of rental units.

There were no statistically significant differences in household income between LGBT older adults and straight, cisgender older adults in Massachusetts. However, the fact that LGBT older adults are 49% more likely than their heterosexual, cisgender age peers to rent their home means that LGBT older adults are putting money out the door and not saving by paying a mortgage. Nor are they getting the tax break afforded by being able to deduct mortgage interest. Of course, many older adults who own their home have already paid off their mortgage, and must simply pay property taxes and homeowner's insurance. While this can cost many thousands of dollars a year, it is usually less than rent. This may explain why LGBT older adults struggle more to pay for housing, utilities and food than do straight, cisgender older adults, as described below.

12. Cahill, S. (2009). The Disproportionate Impact of Anti-Gay Family Policies on Black and Latino Same-Sex Couple Households. *Journal of African American Studies*. 13(3), 219-250.

13. George M-E (2007). Agency Nullification: Defying Bans on Gay and Lesbian Foster and Adoptive Parents. *Harvard Civil Rights-Civil Liberties Law Review*. Vol. 51, 364-422. <https://harvardcrcl.org/wp-content/uploads/sites/10/2016/10/george.pdf>

14. Movement Advancement Project (2020). Foster and Adoption Laws. https://www.lgbtmap.org/equality-maps/foster_and_adoption_laws

LGBT older adults were more than twice as likely to report difficulty paying for housing or food in past year

Despite the fact that there were no statistically significant differences in income, LGBT older adults were much more likely to report difficulty paying for housing, utilities, and food. Some 17.5% of LGBT older adults in Massachusetts reported difficulty paying rent, mortgage or utilities in 2017 and 2018, compared to 6.5% of heterosexual, cisgender adults ($p=0.0004$). Nearly one in five LGBT older adults, 19.1%, said that the food they bought didn't last and that they couldn't afford to buy more. Among straight, cisgender older adults, this was only the case for 8.6% ($p=0.0017$). Clearly LGBT older adults were more likely to report struggling financially than their heterosexual, cisgender age peers. This has significant implications for public health and LGBT elder health equity.

LGBT older adults were more likely to report serious difficulty concentrating, remembering or making decisions

LGBT older adults were much more likely to report serious difficulty concentrating, remembering or making decisions. Some 15.3% of LGBT older adults reported serious difficulty concentrating, remembering or making decisions, compared to 9.2% of heterosexual, cisgender older adults age 50 to 75 ($p=0.0156$). This disparity has significant implications for the ability of LGBT older adults to age in place and thrive in older adulthood. It could affect medication adherence and also contribute to social anxiety and other behavioral health burden.

LGBT older adults were nearly twice as likely to fall and be injured in past year

According to data from the 2016-2018 Massachusetts Behavioral Risk Factor Surveillance System survey (BRFSS), LGBT older adults age 50 to 75 are nearly twice as likely as straight, cisgender older adults to report experiencing a fall in the past 12 months and being injured in a fall during the past 12 months. Among LGBT older adults 40.1% reported a fall in the past year, versus 26.3% of heterosexual, cisgender older adults ($p=0.0001$). Some 17.7% of LGBT older adults reported being injured in a fall over the past year, compared to 9.3% of heterosexual, cisgender older adults ($p=0.0031$). Frail elders, especially those in the "middle old" (75-84) and "old old" (age 85+) age groups, are vulnerable to breaking bones and experiencing major health decline subsequent to a fall. The data presented here are for LGBT older adults who are middle age (50-64) or "young old" (65-74). The finding that 40% of LGBT older adults age 50-75 report having experienced a fall in the past year, and that nearly one in five (18%) were injured by a fall in the past year, should be a wake-up call for public health and aging advocates.

LGBT older adults reported four times the rate of suicidal thoughts in past year

As is the case with younger age cohorts of LGBT people, LGBT older adults were four times as likely to report having seriously considered suicide in the past 12 months: 7.7% compared to 1.9% of straight, cisgender older adults ($p<0.0001$). There was no statistically significant difference between the two groups in terms of reported suicide attempt over the past year.

LGBT older adults reported three times the rate of lifetime sexual violence victimization

LGBT older adults also reported three times the rate of lifetime sexual violence victimization compared with heterosexual, cisgender older adults: 32.0% versus 10.7% ($p<0.0001$). Again, this is consistent with research among LGBT people in younger age cohorts.

Older lesbian and bisexual women are more likely to be obese and not of normal weight

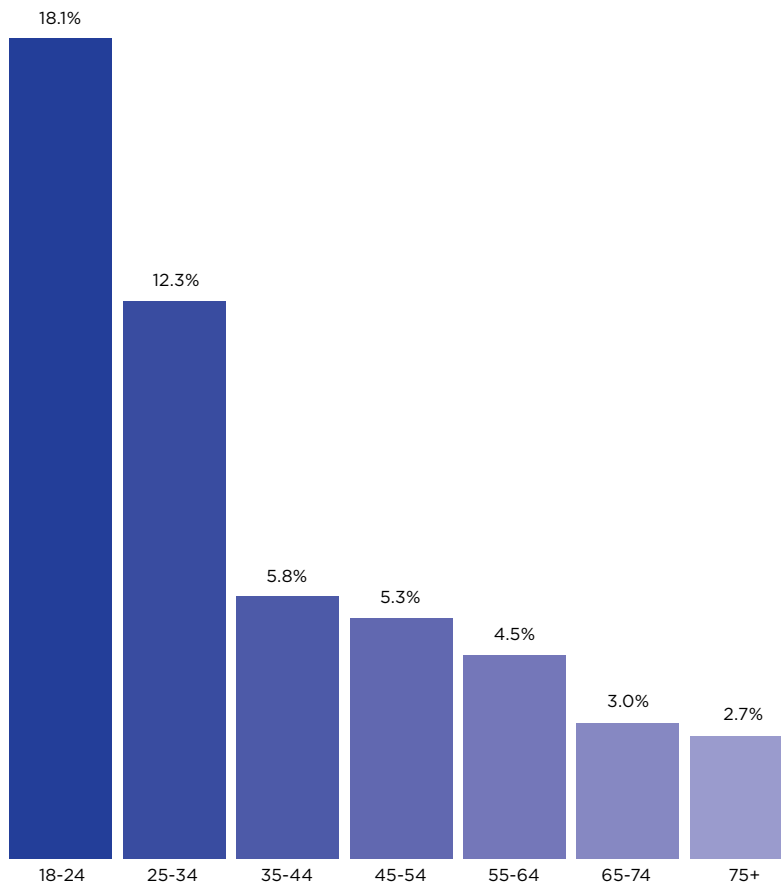
Older lesbian and bisexual women are more likely to be obese and less likely to be of normal weight than older heterosexual women in Massachusetts ($p=0.0093$). Some 38.8% of older sexual minority women were obese, compared to 26.8% of heterosexual older women. Only 27.7% of lesbian and bisexual older women were of normal weight, compared to 37.5% of heterosexual women. About the same percentage of older sexual minority women were overweight as older heterosexual women, 32.9% and 33.6%, respectively. These findings are consistent with a number of other studies from across the U.S. that have found higher rates of overweight and obesity among sexual minority women.



Demographic data on LGBT people in Massachusetts

According to BRFSS data from 2016, 2017 and 2018 analyzed and shared with the Fenway Institute by the Massachusetts Department of Public Health, 2.4% to 4.1% of older adults in Massachusetts identify as lesbian, gay, bisexual, or other. Here are the percentages by age cohort:

Percentage of Massachusetts residents identifying as LGBT by age cohort, 2016-2018**
Massachusetts BRFSS, 2016-2018, weighted



** Among those who responded to the age, sexual orientation and gender identity questions

As is evident, older age cohorts have lower percentages of people identifying as LGBT. Still, about 5% of 55-64 year olds are LGBT, 3% of 65-74 year olds, and 3% of people age 75+. There are likely a number of phenomena at play in these data. First, older adults may be less likely to disclose their sexual minority identity on a public health survey. Many LGBT older adults came of age when homosexuality was a crime in all 50 states, and when a broad social consensus viewed it as a mental illness and a sin. For many LGBT older adults, nondisclosure has been a survival strategy. Second, because society is more accepting of homosexuality, bisexuality, and gender diversity, it is likely that more people in younger age cohorts are willing to be out and to live their lives as openly LGBT people. For many older adults, living life as an LGBT person was not as viable an option as it is for younger people today. Finally, many older gay and bisexual men and transgender women were lost to the HIV/AIDS epidemic, especially in the 1980s and early 1990s, and many LGBT people have been lost to other chronic diseases, substance use, suicide, and other issues that affect LGBT people at higher rates than the general population. This could account for some of the lower percentages of LGBT people in older age cohorts.

We can also map the percentage of the adult population in each county that identifies as LGBT, according to the 2016-2018 BRFSS.

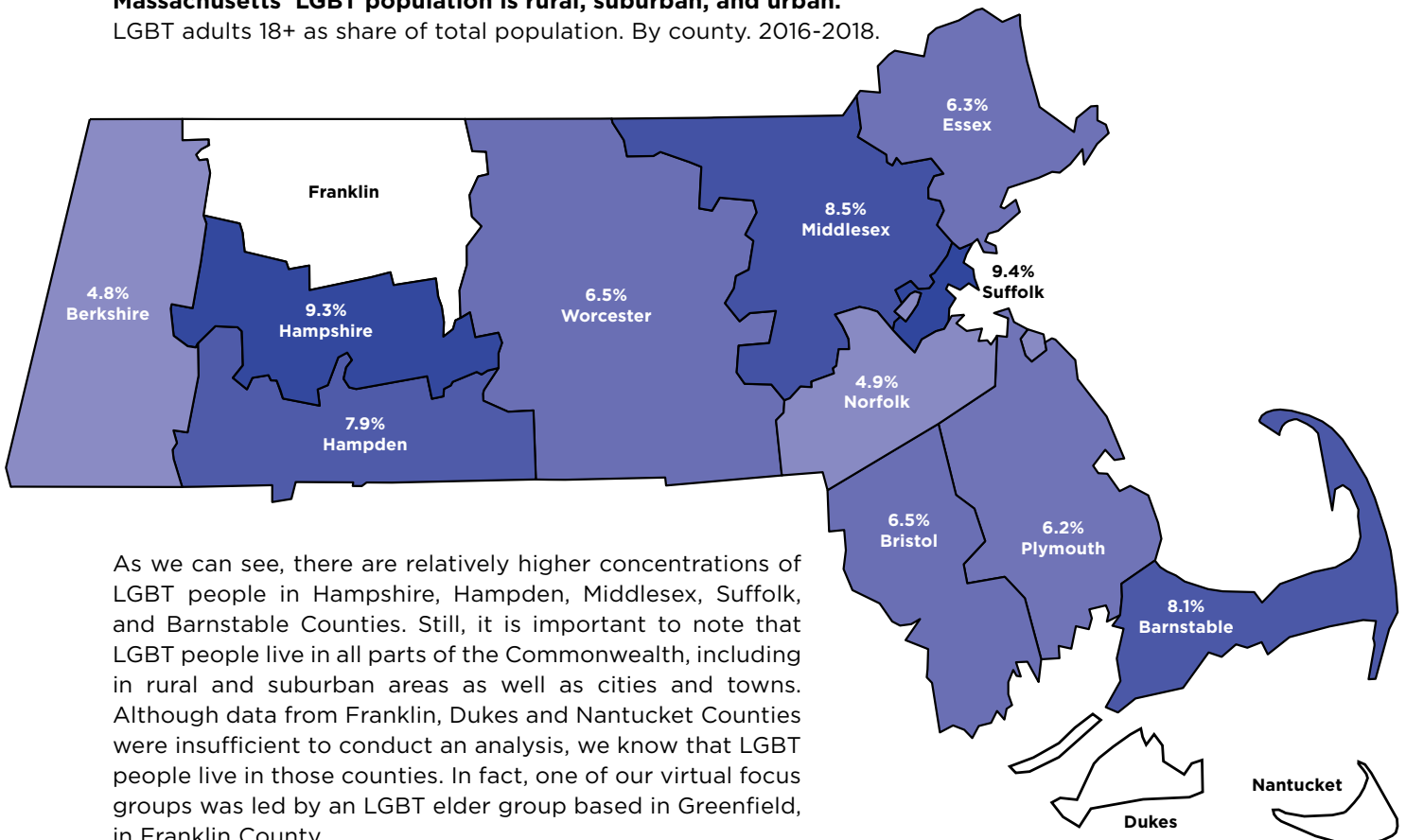
Percentage of MA Adults (18+) Identifying as LGBT by County of Residence, 2016-2018

Barnstable	8.1%	Hampshire	9.3%
Berkshire	4.8%	Middlesex	8.5%
Bristol	6.5%	Nantucket	**
Dukes	**	Norfolk	4.9%
Essex	6.3%	Plymouth	6.2%
Franklin	**	Suffolk	9.4%
Hampden	7.9%	Worcester	6.5%

** insufficient data

Massachusetts' LGBT population is rural, suburban, and urban.

LGBT adults 18+ as share of total population. By county. 2016-2018.



As we can see, there are relatively higher concentrations of LGBT people in Hampshire, Hampden, Middlesex, Suffolk, and Barnstable Counties. Still, it is important to note that LGBT people live in all parts of the Commonwealth, including in rural and suburban areas as well as cities and towns. Although data from Franklin, Dukes and Nantucket Counties were insufficient to conduct an analysis, we know that LGBT people live in those counties. In fact, one of our virtual focus groups was led by an LGBT elder group based in Greenfield, in Franklin County.

Executive Office of Elder Affairs (EOEA) data on LGBT seniors

The Executive Office of Elder Affairs shared data on the sexual orientation and gender identity (SOGI) of older adults accessing services from mid-2017 to mid-2019. EOEA contracts with Aging Services Access Points (ASAPs) to provide in-home care to older adults across the Commonwealth. ASAP staff ask SOGI questions when conducting assessments and collect two kinds of data through Information and Referral assessment data (I&R), and Comprehensive Data Set assessment data (CDS). The I&R data are collected at initial point of contact via telephone or written referral form, most often from a referring party (social worker, health care provider, family member). The purpose of this assessment is to obtain preliminary information about the individuals and their needs prior to an in-depth, in-person assessment. A referring party may or may not know the sexual orientation or gender identity of the older adult, or may know but not know if the older adult would want that information reported.

The Comprehensive Data Set (CDS) data are based on the face to face assessment interview with the older adult herself, himself, or themselves. Responses to questions are self-reported. The older adult's family members or a close friend may be present during the assessment interview and may assist in answering the questions, especially in cases when the older adult has memory issues. That older adult may or may not feel safe to honestly answer the sexual orientation and gender identity questions at a first meeting with an unfamiliar case manager, or with family members or friends present.

The SOGI data in the I&R assessment and CDS assessment are collected at different points in time during the intake and eligibility process. Therefore, a subset of older adults may be counted in both the I&R and CDS data but could have different responses to the SOGI questions.

Here are the data summarized for self-reported gender identity and sexual orientation of older adults receiving home care services from ASAPs contracted with EOEA:

I&R Assessment Data

Gender Identity	FY18		FY19	
	#	%	#	%
Male	1839	4.5	2741	6.6
Female	2887	7.0	4590	11.1
Transgender, Genderqueer, Other Gender Category	12	0.0	10	0.0
Did Not Answer	2124	5.2	3026	7.3
Unable to Ask During Visit	1310	3.2	3557	8.6
Blank	32807	80.1	27328	66.2

Sexual Orientation	FY18		FY19	
	#	%	#	%
Heterosexual or Straight	1026	2.5	2159	5.2
Lesbian, Gay, Homosexual, Bisexual, Not Sure, Other	71	0.2	70	0.2
Did Not Answer	2845	6.9	4183	10.1
Unable to Ask During Visit	1794	4.4	4395	10.7
Blank	35243	86.0	30445	73.8

CDS Assessment Data

Gender Identity	FY18		FY19	
	#	%	#	%
Male	17165	26.8	18545	28.3
Female	40164	62.8	42210	64.5
Transgender, Genderqueer, Other Gender Category	39	0.1	61	0.1
Did Not Answer	1883	2.9	1425	2.2
Unable to Ask During Visit	728	1.1	1417	2.2
Blank	3985	6.2	1784	2.7

Sexual Orientation	FY18		FY19	
	#	%	#	%
Heterosexual or Straight	52547	82.2	55492	84.8
Lesbian, Gay, Homosexual, Bisexual, Not Sure, Other	490	0.8	539	0.8
Did Not Answer	4412	6.9	3488	5.3
Unable to Ask During Visit	1288	2.0	2817	4.3
Blank	5227	8.2	3106	4.7

Source: Massachusetts Executive Office of Elder Affairs

The usefulness of these data is limited for several reasons. First, the number of cases for which there are no data regarding sexual orientation or gender identity (SOGI) is high, especially for the Information and Referral (I&R) assessment data. In Fiscal Year 2019, sexual orientation data were missing (either because the interviewer was unable to ask, or the response was blank) for 84.5% of individuals, and gender identity data were missing for 74.8% of individuals. The percentage of missing SOGI data in the FY19 Comprehensive Data Set (CDS) Assessment Data is much lower: only 4.9% report gender identity as blank or unable to ask, and 9% report sexual orientation as blank or unable to ask.

We would expect LGBT elders to be less likely to self-identify to an elder service worker questioning them over the phone than on the anonymous BRFSS survey. Still, even just looking at the FY19 CDS data, the percentages are very low: just over three quarters of one percent (0.8%) reporting being LGB, not sure or other, and just one tenth of one percent (0.1%) reporting being transgender, genderqueer, or other gender. According to data from the 2016-2018 Massachusetts BRFSS, about 4.5% of 55-64 year olds identify as LGBT, 3% of those age 65 and older identify as LGBT, and 2.7% of Massachusetts residents 75 and older identify as LGBT.

Since the percentage of Massachusetts adults identifying as LGBT varies by age, older adults served by EOEAF-funded programs may be less likely to identify as LGBT. Among those receiving EOEAF-funded home care services, the average age is 80, and 67% are over the age of 75. Older adults over 75 are slightly less likely to identify as LGB than older adults aged 60-74. But 2.7%--the percentage of people 75+ in Massachusetts who identify as LGBT on the BRFSS--is very different from the 0.9% of EOEAF clients who identify as LGBT. It is also possible that LGBT older adults are less likely to access EOEAF-funded home care services through the ASAP. But given what we know about LGBT older adults from the Mass. BRFSS data, they may be more in need of formal caregiving support, social support, food and housing assistance, and other supportive services. The fact that less than 1% of elders identify as LGBT in the CDS data is worrisome.

In mid-2016, EOEA modified previous gender questions and added sexual orientation questions to both the I&R and CDS assessments. Fenway Institute staff trained EOEA and ASAP staff in a recorded webinar on how to ask SOGI questions and collect these data elements in 2016. EOEA provides ongoing access to the recorded training for ASAP utilization for current and new staff as they are hired and oriented. Annually EOEA reports to the ASAP network SOGI self-reported, collected data on older adults receiving care in the home care program. In 2019, EOEA, through its ASAP contract, included requirements related to LGBTQ diversity in two key areas: 1) ensuring access to services for consumers through LGBTQ awareness training and 2) staff training on LGBTQ awareness.

In 2019, EOEA contracted with the LGBT Aging Project at the Fenway Institute to develop and deliver an LGBT Cultural Competency Training curriculum on (1) the prevention and elimination of discrimination based on sexual orientation and gender identity and expression, and (2) improving access to services for LGBT elders by providing relevant training to their caregivers in furtherance of creating a welcoming and affirming environment for LGBT older adults engaged with EOEA and its contracted providers. Amid COVID-19 the curriculum was completed, and EOEA announced the launch of the online training in September 2020. EOEA should also think of ways to assure LGBT older adult clients that self-disclosing to an elder service employee helps EOEA improve services for LGBT older adults, and that this information will be kept private and confidential.



Recommendations

Prevent anti-LGBT discrimination and harassment and enforce state and federal laws

The Massachusetts Executive Office of Elder Affairs (EOEA), Mass. Department of Public Health, the Attorney General's Office, and the Massachusetts Commission Against Discrimination should work together to develop effective strategies to reduce anti-LGBT discrimination across the Commonwealth, focusing on rural, suburban and urban areas alike. They should educate the public that state and federal law prohibit anti-LGBT discrimination, including systematic, repeated sexual and gender-based harassment such as that experienced by two older lesbians in the Berkshires. Working with GLBTQ Advocates and Defenders and other community-based organizations, they should also make it easier for LGBT people to report such experiences and penalize those perpetrating acts of discrimination and harassment, including those that occur in senior centers, at congregate meal programs, and in senior housing and public housing.

Background: Anti-LGBT discrimination is a barrier to accessing care and has negative mental health sequelae

Discrimination is an important public health issue. Research shows that experiencing discrimination causes LGBT people to not seek access to subsequent health care.¹⁵ It is often the case that LGBT people do not seek health care or do not disclose their identity to a provider for fear of experiencing discrimination. In a study analyzing data from the 2015 National Transgender Discrimination Survey 14% of respondents had experienced enacted stigma (being denied care by a provider), while 39% of respondents reported anticipated stigma (delaying routine preventative care due to fear of discrimination).¹⁶ Another study found that 10% of lesbian veterans in the Veterans' Health Administration had experienced discrimination in care, but nearly 50% felt that they would be mistreated if their provider discovered their sexual orientation.¹⁷ (Mattocks et al., 2015). These two studies tell us that anticipated stigma can be much more widely prevalent in a marginalized community than directly experienced, enacted stigma.

Stigma and discrimination also not only act as a barrier to healthcare, but can also correlate with poorer health outcomes, especially poorer mental health outcomes. One study found that sexual and gender minority individuals experience increased risk of depression due to chronic exposure to stressors, including experiences of discrimination.¹⁸

15. Reisner SL, White Hughto JM, Dunham E, Heflin K, Begenyi JB, Coffey-Esquivel J, Cahill S (2015). Legal protections in public accommodations settings: A critical public health issue for transgender and gender nonconforming people. *Milbank Quarterly*, 93(3):484-515.
16. Reisner S, Pardo S, Gamarel K, White Hughto J, Pardee D, and Keo-Meier C. (2015 Dec). Substance Use to Cope with Stigma in Healthcare Among U.S. Female-to-Male Trans Masculine Adults. *LGBT Health*; Dec 2015.324-332.
17. Mattocks K, Sullivan J, Bertrand C, Kinney R, Sherman M, and Gustason C. (2015 Jun). Perceived Stigma, Discrimination, and Disclosure of Sexual Orientation Among a Sample of Lesbian Veterans Receiving Care in the Department of Veterans Affairs. *LGBT Health*. 2(2):147-53.
18. Romanelli M, Hudson KD. (2017). Individual and systemic barriers to health care: Perspectives of lesbian, gay, bisexual, and transgender adults. *Am J Orthopsychiatry*. 87(6), 714-728.

Provide ongoing clinical support for LGBT widows and widowers to address unmet mental health needs

EOEA and DPH should partner to address unmet mental health needs, including ongoing support for LGBT widows and widowers. Individuals struggling with such bereavement identified a need for a therapist to assist those experiencing grief, social anxiety, depression, and post-traumatic stress disorder on an ongoing, long-term basis.

Expand support for trauma-informed approaches to care for LGBT older adults

LGBT older adults have experienced a lifetime of trauma related to societal hostility and stigma to their being LGBT, as well as often related to their race/ethnicity, sex, and other factors, such as sexual violence victimization over the life course. Trauma-informed approaches are being increasingly adopted in health care systems to increase access to care for people with a history of trauma.¹⁹ Elder services providers and systems should incorporate trauma-informed approaches into how they deliver services to increase the ability of LGBT older adults, sexual and gender minority women, and LGBT people of color to access their important services.

Fund programming to reduce social isolation and provide accessible socialization opportunities to LGBT older adults

EOEA and DPH should also fund services to reduce social isolation among LGBT older adults. These should include social activities to assist older adults in developing and maintaining social support networks. Because LGBT older adults live everywhere, including on the North and South Shores, on the Cape, and in central and western Massachusetts, mainstream senior centers across the Commonwealth should offer more LGBT-friendly and -specific programming to engage LGBT older adults. These could include recreational activities, exercise classes, trips to museums and historical places, movies and guest speakers, lifelong learning classes, etc. If they are not sure what kind of programming LGBT older adults want, they should ask them.

Interestingly, because so much shifted online with the COVID-19 shutdown, some older adults who were formerly isolated due to mobility issues are now less isolated, if they are able to access online support services. EOEA and DPH should work with the aging services network in Massachusetts to sustain ongoing virtual socialization activities for all older adults, including LGBT elders and their friends.

Creatively address unmet transportation needs

EOEA should partner with the Department of Transportation and the MBTA to address unmet transportation needs for LGBT older adults. They should work with elected officials and service providers in Berkshire County, on Cape Cod, and in other rural areas to creatively restructure public and other transportation options and offer subsidies to assist older adults on limited income to access transportation options to be able to attend socialization opportunities, including on weekends and at night. This is especially important in the fall and winter, when days are short and nights are long. The state legislature should provide additional funding to the MBTA to allow it to reduce fees to use The Ride. The cost of The Ride was recently increased significantly, making it less accessible to many. This increase should be reversed. The MBTA should ask drivers to wait longer to give elderly requesters time to get out the door. For many, two minutes is not enough time to wait. They need more time. As it is now, many vulnerable older adults stand outside in the cold and rain for an hour or more so that they don't miss The Ride. This needs to stop.

19. Roberts SJ, Chandler GE, Kalmakis K. A model for trauma-informed primary care. *J Am Assoc Nurse Pract.* 2019;31(2):139-144.

Address structural racism, including racism within the LGBT community

The bill before the state legislature to create a commission to examine structural racism should explicitly address the intersection of racism with anti-LGBT prejudice, in order to address the needs of LGBT people of color. It should also examine racism within the LGBT community. Elder and LGBT organizations should also convene opportunities to address racism within the LGBT community, including the LGBT older adult community, and how this prejudice intersects with ageism, classism, HIV stigma, and other forms of discrimination within the LGBT community.

Background: The intersection of racial discrimination with sexism and anti-LGBT stigma

It is especially important to consider stigma with an emphasis on intersectionality and an understanding that people with multiple marginalized identities may experience many different forms of discrimination in accessing healthcare. For example, older Black lesbians can experience racism, sexism, anti-LGBT bias, ageism, classism, and other forms of discrimination all at once, in health care and in other social settings. Studies have shown that racial discrimination is a major barrier to care for Black lesbian and bisexual women,²⁰ and that anti-Black discrimination is common in White LGBT settings.²¹ Majority White LGBT organizations should prioritize reducing and eliminating racism so that all members of the LGBT community can access their services. A long history of structural stigma and discrimination against Black people in healthcare settings contributes to medical mistrust. Medical mistrust acts as a major barrier to accessing care for Black LGBT people.^{22,23} If we want to reduce and eventually eliminate racial/ethnic disparities in health care, it is important to take steps to reduce and eliminate medical mistrust.



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Reduce the dearth of LGBT competent health care in rural Massachusetts

EOEA and Mass. DPH should partner with the Massachusetts Medical Society, the Massachusetts Public Health Association, the Fenway Institute, and other organizations to address and reduce the difficulty that LGBT residents of rural Massachusetts have in accessing quality, affirming and culturally competent care. At our listening sessions, LGBT older adults on Cape Cod, in the Berkshires, in central Massachusetts and on the North Shore described challenges accessing quality, culturally responsive health care. More training of existing providers is needed, and a directory of LGBT-friendly providers should be developed and disseminated to LGBT patients. GLMA and the Human Rights Campaign's Healthcare Equality Index already list and rate LGBT-competent providers and health care institutions. Such information should be made widely accessible by EOEA and Mass. DPH. In addition, as per the recommendation of one listening session participant in western Massachusetts, hospitals should provide information to all new patients about a LGBT liaison, who could be a social worker, to whom they can speak if they have concerns about their care.

Provide assistance navigating Medicare insurance options and the health care system

LGBT older adults, like all patients, need help navigating a complex health care system, and encouragement to advocate for themselves.

EOEA provides counselors through the SHINE Program (Serving the Healthcare Needs of Everyone) to advise Massachusetts residents as they approach age 65 what kinds of supplemental insurance they may need. EOEA, elder service organizations, and other social service organizations must develop creative ways to get this information to LGBT older adults in more effective ways. This could include presentations at congregate meal programs, senior centers, and via online support groups during the COVID-19 pandemic.

LGBT older adults, like all patients, need help navigating a complex health care system, and encouragement to advocate for themselves. During COVID-19, many need help navigating telehealth services. Patient navigators, whether in person or virtual, should be offered to LGBT older patients and all older patients to help them navigate the health care system

Especially during the COVID-19 pandemic, it is important that older adults be able to access quality, preventive care. Today, often symptoms of a commonly occurring disease, such as Lyme disease, are mistaken for COVID-19 symptoms. When a COVID-19 test rules that out, the health care system may not be as responsive as it should be in providing preventive care and screening for other diseases. The health care system must address this now to avoid an exacerbation of LGBT health disparities.

Address income challenges, including food and rent insecurity, and promote home ownership among LGBT people

The Massachusetts Special Legislative Commission on LGBT Aging, EOEA, and other relevant state and local agencies—governmental and nonprofit—should consider the income challenges facing LGBT older adults that are evident in the BRFSS and listening session data and likely worse now due to the economic collapse caused by COVID-19 and our disastrous national response to the pandemic. During the pandemic one approach could be to better promote nutritional support provided by home delivered meals and free grocery delivery services. Another could be to target homeowner initiatives to LGBT people, including older adults but also young and middle aged LGBT people. While many urban dwelling LGBT people may prefer to rent, owning can make more sense in terms of one's long-

term financial health. Over time this could reduce the disparities evident in the BRFSS data in which LGBT older adults struggle more to put food on the table and pay rent and utility bills.

Create more LGBT-friendly senior housing across the Commonwealth

Participants in listening sessions across Massachusetts were excited about the affordable LGBT-friendly senior housing community under development in Hyde Park, Boston. They consistently asked for more options across Massachusetts, as LGBT older adults live everywhere. We encourage EOEA and the Department of Housing and Community Development to prioritize this goal between 2020 and 2025, and create several more LGBT-friendly senior housing communities across the Commonwealth. It is also important that they mandate LGBT cultural competency training for all staff who work in senior housing buildings so that those mainstream housing resources are inclusive as well.

Allow HIV-positive individuals younger than 60 to access home care services

The Massachusetts legislature should lower the age of eligibility from 60 to 50 for people living with HIV who are otherwise functionally eligible to access the state network of elder services. There is a growing body of research that older adults living with HIV may experience some earlier onset of age-related conditions, including cognitive decline. A bill before the Massachusetts legislature (HB624 - An Act relative to Massachusetts home care eligibility) would enable people living with HIV (PLWH) younger than age 60 to access home care. The legislature should pass this bill. EOEA and the LGBT Aging Commission should consider whether there are other elder services for which 50-59 year old PLWH should also be eligible.

Assist with end-of-life planning and increase research on end-of-life issues among LGBT older adults

There are many reasons why providing end-of-life care for LGBT elders may be more difficult. LGBT elders and older adults living with HIV have a number of risk factors that put them at elevated risk of cognitive decline.²⁴ There is also less informal caregiving provided by children and grandchildren compared to older heterosexual, cisgender people. Discrimination in elder care services is common and can lead to recloseting of LGBT elders. As a result of these factors, LGBT elders may experience disparities in elder care.

End-of-life care in general is also based in policy that has traditionally excluded sexual and gender minorities in terms of definitions of “family.” Until the past decade, barriers included policies and laws regarding marriage/spouses, next of kin, and visitation rights. Many LGBT people, especially prior to the legalization of same-sex marriage nationwide, do not have a legally recognized spouse and, due to rejection, lacked a functional relationship with their families of origin.

More research is needed regarding end-of-life care among LGBT people in particular.²⁵ The National Institute on Aging and private foundations should fund research on LGBT disparities in end-of-life care, and how best to reduce these disparities and increase LGBT elder’s access to end-of-life care resources. EOEA and Mass. DPH should partner with the LGBT Aging Commission to educate LGBT older adults about how to plan now for their end-of-life care.

24. Fredriksen-Goldsen KI, Jen S, Bryan AEB, Goldsen J. Cognitive Impairment, Alzheimer’s Disease, and Other Dementias in the Lives of Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults and Their Caregivers: Needs and Competencies. *J Appl Gerontol.* 2018;37(5):545-569.

25. Marsack J, Stephenson R (2018 Jul 1). Barriers to End-of-Life Care for LGBT Persons in the Absence of Legal Marriage or Adequate Legal Documentation. *LGBT Health.* 2018 Jul;5(5):273-283.

Provide hardware, internet access, and TA to help LGBT older adults access telehealth and online support services

LGBT older adults across the economic spectrum may need technical assistance to use telehealth and online support services. Low-income older adults may need financial assistance to access computers, tablets, or smartphones to be able to access telehealth and online support groups, such as the groups that hosted listening sessions in metropolitan Boston, metro west, and western and north central Massachusetts. EOEAs should look at analogous initiatives with school children in Boston and elsewhere, and seek donations or discount purchases of hardware and internet services from computer companies and internet service providers to allow low-income older adults to access these critical virtual services.

Target fall prevention efforts at LGBT older adults

Preventing falls among older adults is a key public health priority. It is essential to allow older adults to age in place in their homes and not enter into senior living, which is costly and which often correlates with a downward spiral for elders. LGBT elders in Massachusetts were twice as likely to be injured in a fall in the past year compared to straight, cisgender elders. Fall prevention education should be targeted to LGBT elders through the Commonwealth's aging network. EOEAs should view the LGBT Aging Commission and the LGBT Aging Project as potential partners in these efforts.

Implement obesity prevention and treatment interventions with older sexual minority women

Overweight and obesity are major risk factors for chronic diseases such as diabetes, cardiovascular disease, and cancer. Mass. DPH and health care organizations should promote obesity prevention and weight reduction interventions with sexual minority women.

Collect and report sexual orientation and gender identity (SOGI) data in the COVID-19 pandemic

According to 2018 General Social Survey data analyzed by the Human Rights Campaign, LGBT people in the U.S. are almost twice as likely to work in front-line jobs such as retail, food services, health care and education.²⁶ LGBT people are also more likely to be low-income, especially LGBT people of color, bisexual women, and transgender people.²⁷ They are more likely to live in urban areas in multi-unit housing and rely on public transportation. All of these factors make it harder for LGBT people to socially distance, and may make them more likely to contract the novel coronavirus. We also know that LGBT people, especially LGBT older adults, are more likely to have chronic conditions such as diabetes, asthma, and cardiovascular disease,²⁸ as well as risk factors like smoking and vaping,²⁹ that may put them at risk for complications should they develop COVID-19.

26. Whittington C, Hadfield K, Calderón C. The lives and livelihoods of many in the LGBTQ community are at risk amidst COVID-19 crisis. 2020. Washington: Human Rights Campaign. <https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst>.

27. Badgett MVL, Choi SK, Wilson BDM (2019 October). LGBT Poverty in the United States: A Study of Differences Between Sexual Orientation and Gender Identity Groups. Los Angeles, CA: UCLA School of Law, The Williams Institute.

28. Fredriksen-Goldsen KI, Kim H-J, Emlen CA, et al. The Aging and Health Report: Disparities and Resilience Among Lesbian, Gay, Bisexual, and Transgender Older Adults. Seattle: University of Washington; 2011.

29. McCabe SE, Matthews AK, Lee JGL, Veliz P, Hughes TL, Boyd CJ. Tobacco use and sexual orientation in a national cross-sectional study: age, race/ethnicity, and sexual identity-attraction differences. *Am J Prev Med.* 2018;54(6):736-745.



For all of these reasons, the Boston Public Health Commission and other local health boards, Mass. DPH, and federal health agencies should take steps to encourage or require the collection and reporting of SOGI data in the COVID-19 pandemic. Several other states—Rhode Island, Pennsylvania, California, and the District of Columbia—have taken steps to do this.³⁰ California is requiring testing labs to report SOGI data along with race/ethnicity and other demographic data.³¹ In June Mass. DPH announced that it was adding SOGI fields to the statewide infectious disease database, MAVEN. This is a good step, but Mass. DPH must do more.

We encourage Mass. DPH to follow California's lead and require, or at a minimum encourage, testing entities to collect and report SOGI data so we can understand how COVID-19 is affecting LGBT people and how this intersects with racial/ethnic and other disparities in the pandemic. All health centers have been collecting and reporting SOGI data to the Bureau of Primary Health Care at the Health Resources and Services Administration since 2016, and hundreds of hospitals and other health practices are also collection SOGI data in Electronic Health Records (EHRs). Even if data are not collected at the testing sites, case reports can be matched to EHR data, as Pennsylvania is doing, to understand how COVID-19 is affecting LGBT people.

Improve EOEa SOGI data collection

EOEA should continue to partner with community groups to better train EOEa staff in how to collect SOGI data from older Massachusetts residents accessing elder services. It is important that more LGBT older adults understand the importance of disclosing their SOGI, and feel safe doing so. We are hopeful that the cultural competency curriculum, developed by the LGBT Aging Project at the Fenway Institute and delivered to EOEa in 2020, will improve data collection. The training includes role playing and positive modeling to improve SOGI data collection and LGBTQ cultural competency. EOEa recently launched the curriculum, and all Aging Service Access Point staff are required to take the training.

Success will mean a much lower rate of missing data, much lower rates of “did not answer” and “unable to ask during visit” responses, and evidence that closer to 2.5-3% of seniors accessing EOEa services identify as LGBT. This would better reflect the older adult population in the Commonwealth, as 3% of 65-74 year olds identify as LGBT, and 2.7% of Massachusetts residents 75+ do as well.

30. Cahill S, Grasso C, Keuroghlian A, Sciortino C, Mayer K (2020, August 12). Sexual and Gender Minority Health in the COVID-19 Pandemic: Why Data Collection and Combatting Discrimination Matter Now More than Ever. *Am J Public Health*. Badgett MVL, Choi SK, Wilson BDM (2019 October). *LGBT Poverty in the United States: A Study of Differences Between Sexual Orientation and Gender Identity Groups*. Los Angeles, CA: UCLA School of Law, The Williams Institute.

31. Cowan J (2020, July 29). Californias support Black Lives Matter and wearing masks. *New York Times*. <https://www.nytimes.com/2020/07/29/us/california-coronavirus-demographics.html>

Conclusion

We believe that these proposed changes can dramatically improve elder services and care for LGBT older adults in Massachusetts. There is much work to do on the part of governmental agencies, community-based organizations, elder service providers, and health care providers. The COVID-19 pandemic³² has laid bare the stark risk to lives represented by the striking racial/ethnic disparities we see in the U.S., with Black and Hispanic individuals two to three times more likely to become hospitalized and die from the disease than White, non-Hispanic individuals. Native Americans and Pacific Islanders also experience disparities in the COVID-19 pandemic. LGBT people—especially LGBT people of color, LGBT older adults, and LGBT older adults of color—are likely experiencing striking disparities in the COVID-19 pandemic, but because our local, state and federal public health systems don't systematically collect SOGI data, we can't say for certain how the COVID-19 pandemic is affecting our communities.

Nearly half of all COVID-19 deaths occur in nursing homes and assisted living facilities nationwide; in Massachusetts the figure is greater than 50%.³³ The COVID-19 pandemic has also exacerbated the sorry state of affairs in many of these facilities.

Anyone who has a loved one in a nursing home or assisted living facility knows that care and safety must be improved. Falls are all too common, and residents with mobility issues can wait hours or longer for assistance going to the bathroom, eventually sitting in their own waste.³⁴ Due to the impact of COVID-19 on staffing, things have only gotten worse.

EOEA, the Centers for Medicare and Medicaid Services, and other agencies with responsibilities for nursing homes and assisted living facilities must take immediate action to improve conditions in elder congregate living facilities in Massachusetts and across the U.S.

Local, state and federal policymakers should also examine and fix the larger structural conditions that have driven a worsening of conditions in most of the country's nursing homes—their purchase by corporate raiders who sell off assets, create shell companies, force nursing homes to pay above market rate for supplies and rent, and consequently force them to cut staff, hire unqualified staff, and lower standards of care.³⁵ Nursing homes should not be allowed to become prey to these unregulated market forces. They should be allowed to meet their mission—caring for one of our nation's most vulnerable populations in their final years, months or days—and given the resources and staffing they need to accomplish this critical mission. We specifically ask Attorney General Maura Healy, and a future U.S. Attorney General, to look into and address this shameful reality.

COVID-19 has exposed the need for an elder justice movement in our country. LGBT aging advocates want to support that movement, and join it to advance the needs and desires of LGBT older adults in Massachusetts described herein. In so doing, we can create the conditions that will allow LGBT older adults to thrive in Massachusetts in 2025 and beyond.

32. Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and racial/ethnic disparities. *Journal of the American Medical Association*. [Online ahead of print May 11, 2020].

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35. Goldstein M, Silver-Greenberg J, Gebeloff R (2020, May 7). Push for profits has left many nursing homes struggling to provide care. *New York Times*. <https://www.nytimes.com/2020/05/07/business/coronavirus-nursing-homes.html#:~:text=the%20main%20story-,Push%20for%20Profits%20Left%20Nursing%20Homes%20Struggling%20to%20Provide%20Care,understaffed%20to%20handle%20Covid%2D19.>

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Lisa Krinsky, LGBT Aging Project's Monday Zoom Drop-In for LGBT Seniors, Boston

Dave Gott, Rainbow Elders, LifePath (Aging Services Access Point), Greenfield

Paul Glass, LGBT Elders of Color, Boston and eastern Massachusetts

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U.S. HOUSE OF REPRESENTATIVES
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U.S. HOUSE OF REPRESENTATIVES

Committee on Rules

**ROUNDTABLE: “Ending Hunger in America: Using Technology
to Combat Hunger”**

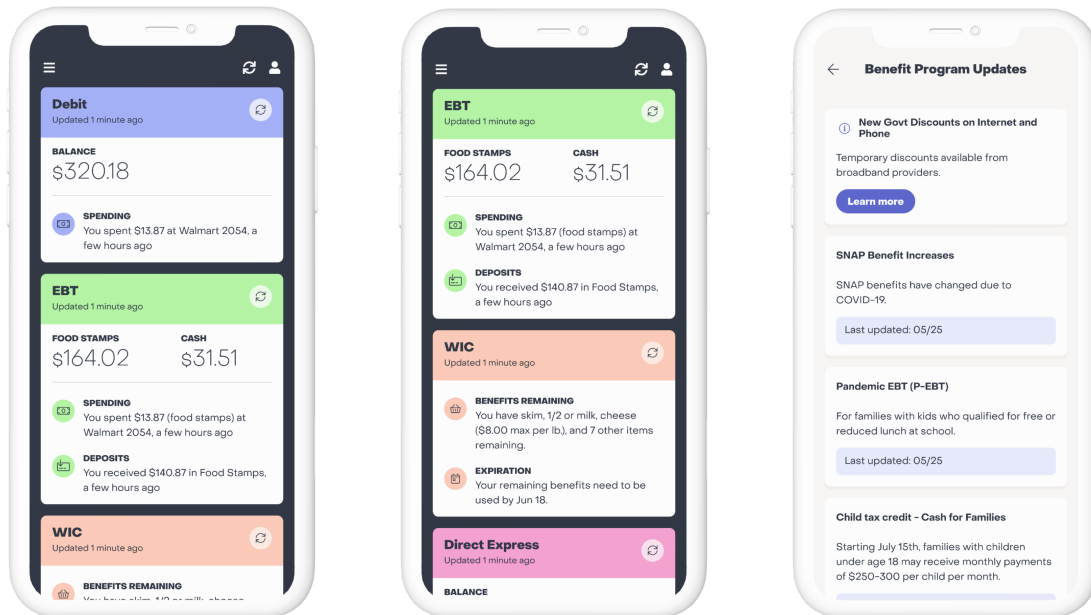
June 16, 2021

United States House of Representatives
Committee on Rules
Written Statement of Jimmy Chen
Founder and CEO, Propel
June 16, 2021

Executive Summary

Propel builds a free smartphone app that over 5 million households across the country use to manage their EBT cards and improve their financial health. Originally named **Fresh EBT**, we've renamed the app **Providers** - we've heard from our users that nutrition programs and other financial supports enable them to *provide for their families with pride*. Providers is a free app that enables families with limited income to manage their banking and government benefits in one unified place, providing tools and resources to improve their financial health. In this testimony, we will focus on the lived experiences of our users, with an emphasis on nutrition and food insecurity.

Through regular surveys, interviews, customer calls, and reviews, we have learned that technology is an opportunity to meet people where they are - to help them make it through the month and to provide for their families. We've spent the past seven years improving our technology to be responsive to the needs of our users, helping them receive emergency cash grants, apply for jobs, save on utility bills, access broadband, and more. We believe that more innovation around government payments like EBT could be unlocked if EBT data was put on par with financial data.



Propel was founded from the idea that low-income Americans deserve world class technology, too

Diana¹ is a mother to seven grown children and grandmother to 19. She works part-time as a housekeeper and the rest of the time provides “daycare” for her family. She and her retired husband have been receiving SNAP in different amounts, depending on how much she’s working, for the past five or six years. One day she saw her daughter checking her SNAP benefits balance through an app called Fresh EBT. Diana was used to calling the 1-800 number on the back of her EBT card and going through an automated phone system to hear her SNAP balance. With the app, where she could check her balance at any time, it was a relief to not have to call and “sit there and listen to all the blah blah blah and punch in all the numbers and just sit there.” Diana now uses the app at least five or six times a week. Sometimes her husband asks how much they have left, and since an accident has left her with short-term memory loss, she just opens the app to tell him. She always checks her balance before going to the store, and as she’s leaving, to make sure the transaction went through and that she’s budgeting for the month. In addition to the convenience, Diana likes that Fresh EBT doesn’t make her “feel stupid” the way other things online do. (She has tried, unsuccessfully, to use her bank’s mobile app.)

In 2014, as part of a technology fellowship at the Robin Hood Foundation, I set out to apply for SNAP at the Human Resources Administration office in Brooklyn, New York. I joined the line of people waiting to meet a caseworker and fill out the same application. I noticed that people were doing what most of us do when we have an hour to wait— they were on their smartphones, killing time. Here was a tool that almost everyone had and could do what we were all waiting in line to complete with the caseworker. I later found similar challenges when we learned that most EBT cardholders call a 1-800 number in order to check their EBT balance, rather than checking their balance through an app. The problem wasn’t hardware - studies by the Pew Research Center show that not only do most low-income Americans have a smartphone, one in four actually rely on a smartphone as their *only* access to the Internet. And Black and Latinx adults are more likely to rely only on smartphones, and less likely to have access to broadband Internet.² The problem was software. Why weren’t technology companies building the apps and tools to make it easier and faster for people to use their smartphones to access and manage government benefits?

Propel was founded from the idea that low-income Americans deserve the same easy-to-use, modern, user-focused technology that wealthier Americans take for granted. We started with the Supplemental Nutrition Assistance Program (SNAP), and we built the Providers (formerly Fresh EBT) app to modernize the daily experience of SNAP. Providers allows Electronic

¹ All names have been changed. The individual stories included here are from interviews conducted in July 2020.

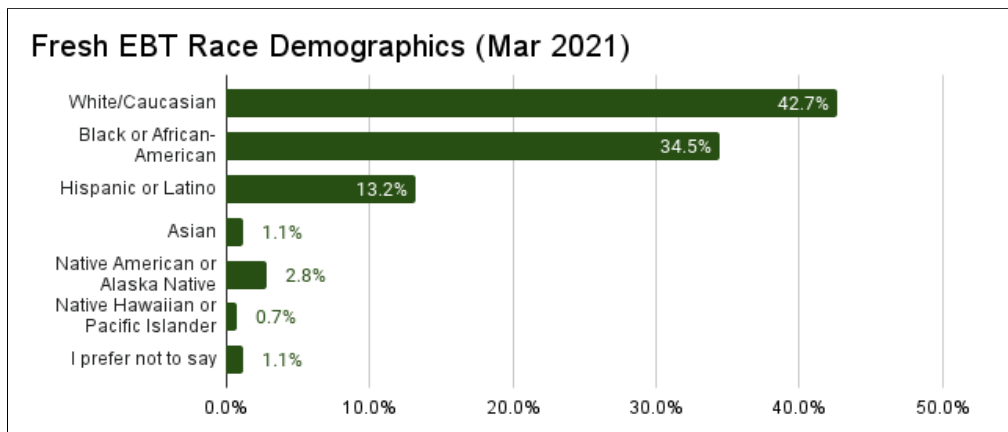
² Monica Anderson and Madhumitha Kumar, “[Digital divide persists even as lower-income Americans make gains in tech adoption](#)” (Washington, DC: Pew Research Center, May 2019).

Benefits Transfer (EBT) cardholders to view their SNAP balance and transaction history instantly, save money via coupons, and earn money through job postings. Providers is available for free in all 50 states and 4 territories and has grown to reach over 5 million households every month, serving roughly one in five SNAP recipients nationally.

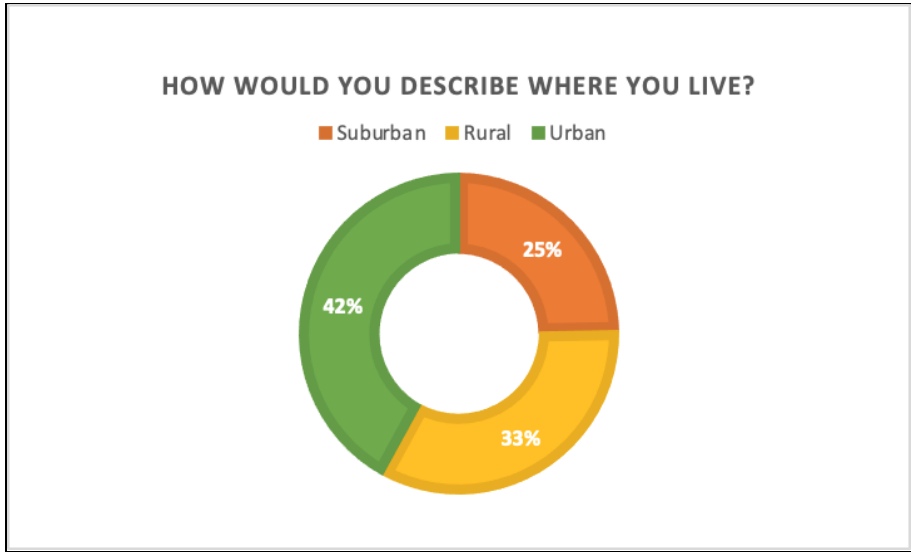
To date, Propel’s platform has been used by SNAP households to manage and stretch a limited food budget. But to help families in financial need get back on their feet, we have realized that we need to address the fragmented set of tools that low-income Americans must navigate to make ends meet. In response, Fresh EBT is becoming Providers - a secure, affordable, trusted banking product for users to receive and manage their government benefits alongside their money. The name Providers comes from listening to the people who use our app - they don’t see themselves as EBT recipients. They see themselves as providers.

Who are the families using our app, and what have we learned from them?

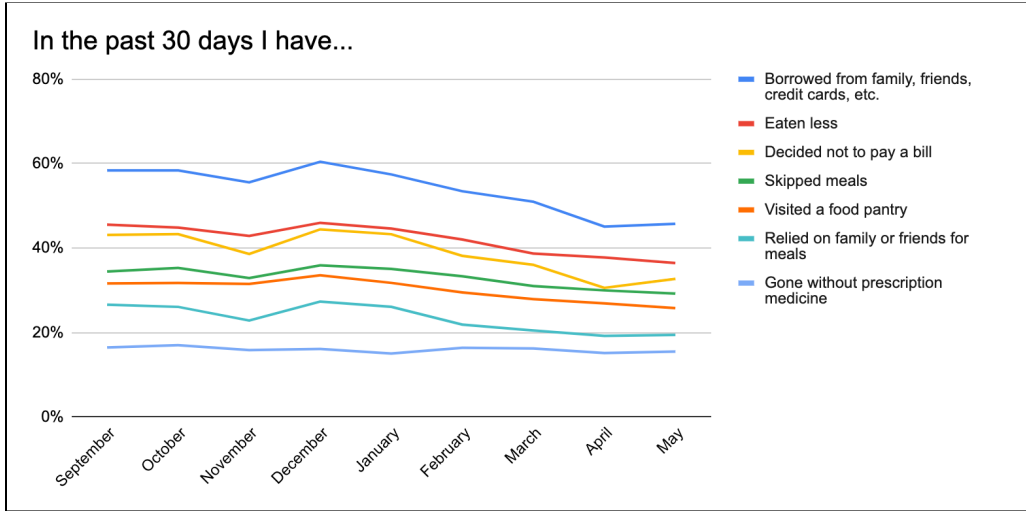
Almost half of the families on our platform are Black and Latinx.



Households on our platform live in cities, in suburbs, and in rural areas.



The research we have conducted and our interactions with people using our app paint a picture of families juggling hunger, medical expenses, housing instability, and meeting basic needs. The families we serve are forced to make hard choices to make ends meet with few options for managing complex budgets that include government benefits issued through specialized cards and payment systems.



Data from Propel's monthly Household Pulse Survey.

And while government benefits provide a crucial lifeline to the households who use our app, benefits too often do not reach those who need them most. According to the most recent survey conducted by Propel, 15 percent of households using our app have not received the third Economic Impact Payment despite being eligible. Many Providers families are missing out on much-needed stimulus payments because they do not have up-to-date banking information on file with the IRS. Propel's research reveals that Black and Latinx households

were disproportionately less likely to receive the stimulus payments compared to white households.³

Providers Extends SNAP Benefits by 2 Days Per Month

*Ayisha is from South Alabama, "the hardest spot on the map to see." She has three kids under the age of 6. She first heard about Fresh EBT through her caseworker--well, her second caseworker: "my old caseworker pretty much just said 'here's your EBT card. Have a great day.'" The day Ayisha got Fresh EBT, she called her 70 year old mother ("she's like my best friend") and walked her through downloading it. "She needs something easier than an automated system to get her balance." The last time she looked at it was this morning, while going through her phone after the baby woke her up for a feeding. She'd given her fiancé the EBT card to go shopping yesterday, but never asked him how much he spent. She's not concerned really, except she wants to know how much is left before she goes shopping again. "I don't want to get to the cashier with \$200 worth of groceries and have \$170 to cover it." She's been at the store with a whole basket of groceries and then checked her balance. **"You're praying and you're hoping that you have enough."** Ayisha always has her groceries tallied up--within a dollar range, since the taxes aren't included in the listed prices. Better to know in advance how much she has on the EBT card, and double-check once she's in line.*

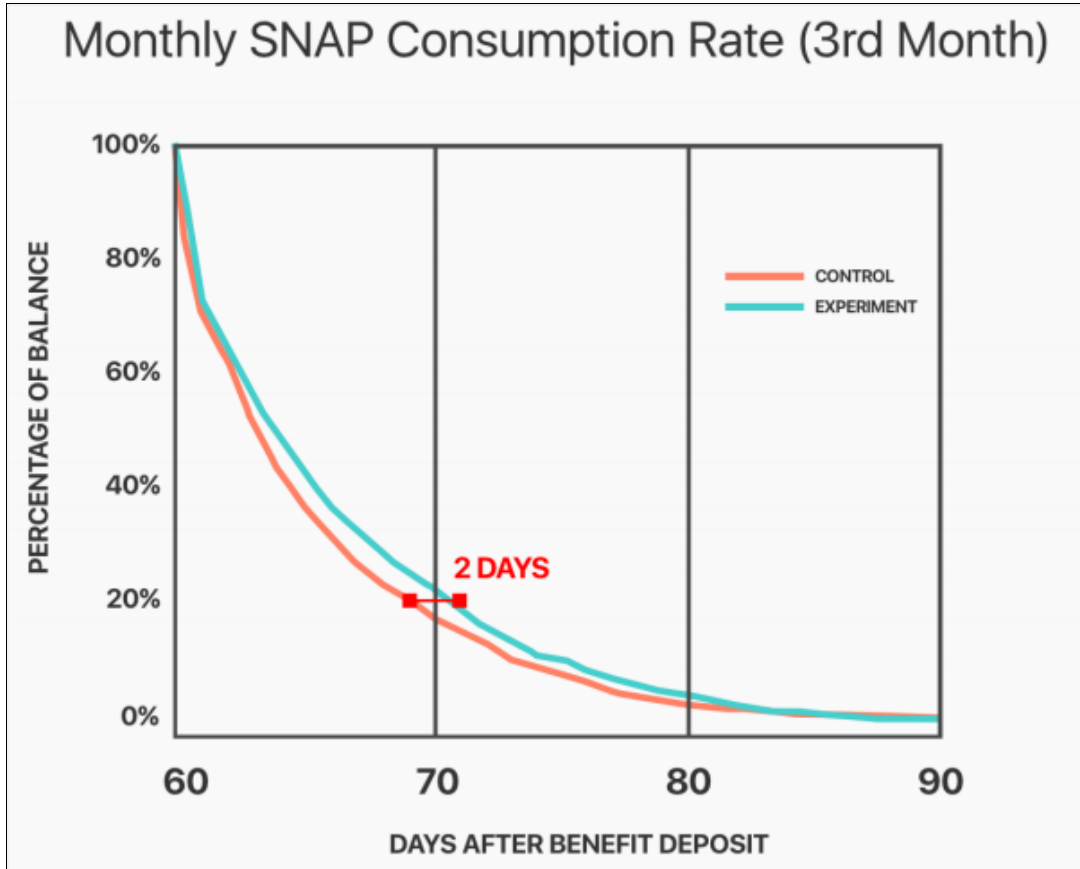
The Providers app allows EBT cardholders to view their SNAP balance at any time, in addition to helping them manage their benefits through tracking transactions, saving via coupons, and earning money through job postings. Before we developed the Providers app, SNAP participants had to call a 1-800 number (very likely the most called number in the country, according to our research) to check their balances. The Providers app has transformed the grocery store experience for millions of SNAP beneficiaries across the country.

The app not only makes grocery shopping easier and more convenient, it leads to more tangible benefits as well. An external study found that because households using the Providers app check their EBT balance more frequently than households not using the app, their benefits last longer, reducing the days that they and their families go hungry.⁴ Given that the average SNAP household hits a zero balance on the 21st of the month⁵, even an extra day or two can make a big difference.

³ ["The COVID-19 Pandemic Hit Fresh EBT Users of Color Harder,"](#) Propel, May 6, 2021.

⁴ Andrew Hillis, ["Salience through Information Technology: The Effect of Balance Availability on the Smoothing of SNAP Benefits"](#) Harvard Business School Working Paper, No. 18-038, October 2017.

⁵ De la Rosa, Wendy and Joanne Yeh, ["Managing SNAP \(Food Stamps\) Efficiently,"](#) Center for Advanced Hindsight, 2016.



Accessing Resources in Times of Crisis

Jennifer is a 40 year-old mother and grandmother living in Missouri. She works at the community college where she earned her Associate’s degree and her daughter was also once a student. She’s been deemed an essential worker but only goes into work once a week. Thankfully, she’s still getting 100% full-time pay. The last time Jennifer received SNAP was about two years ago before she separated from her ex-husband and no longer qualified for the benefits. She also lost Medicaid but at least her youngest child got to keep it. Jennifer applied for Pandemic EBT for her son recently, after her sister told her about it. She downloaded Fresh EBT about two weeks ago, when she got the P-EBT card in the mail, also at the recommendation of her sister. She used her new benefits this past Saturday at Walmart, which allowed her to get more food items--good stuff like vegetables and fruits. At Walmart, she explains, when you're doing a split tender, you have to tell them if it's EBT and you have to let them know how much to charge to that card. “I said \$302 because I also bought nonfood items.” After that shopping trip, Jennifer thought she’d wiped out her benefits but realized she had a few dollars left after checking Fresh EBT. “I thought I’d used them all but I didn’t!”

As a smartphone-based, user-focused platform, Providers can respond quickly and meet people where they are—on their phones—to listen to their needs, share information, and help them respond to crises, often in partnership with nonprofits and other stakeholders.

In 2019, when the government shutdown resulted in EBT cardholders receiving two months of benefits at once, we heard from people using our app that they were concerned about making their benefits last for two months. Propel quickly created an in-app “vault” that allowed users to hide a certain amount of their benefits balance, helping them make their funds last.⁶

Our responses go beyond SNAP, reflecting the needs of the households using our app. Since the beginning of the pandemic last March, 375,000 Americans have enrolled in Lifeline and received a free smartphone through our app; 210,000 have applied for jobs; 14,000 have signed up for discounted home internet; over 4,500 have applied for Medicaid; over 1,000 have applied for a qualified health plan.

When the COVID-19 pandemic led to new or expanded benefits programs, Propel created a feature to communicate these changes to users directly in the app. The “Benefits Update Center” has become the app’s most used feature, viewed by more than 8 million individuals since the onset of the pandemic last year, and expanded beyond just communicating information to connecting users to the actions necessary to access new benefits and protections. For example, over 41,000 individuals submitted the declaration necessary to avoid eviction, and 3.5 million connected with the non-filer tax form to access the Economic Impact Payments (“stimulus checks”).

Perhaps the most powerful example is Propel’s partnership with GiveDirectly, a nonprofit organization specializing in cash transfer programs. Starting in March 2020 we helped to distribute \$1,000 in no-strings-attached cash grants to households across the country. We knew that the families using our app needed aid fast—faster than the government could stand up a program to help. The first \$1,000 cash grants to our users were disbursed on March 22, 2020; many who had just been furloughed that week were able to receive a payment immediately. This initiative, called Project 100+, has since become the largest private cash transfer program in the United States, distributing over \$140 million in cash grants to SNAP participants through our app.

When the COVID-19 pandemic began, Propel understood that our app users would be deeply and quickly impacted by the economic shutdown. To understand how users were being affected, Propel launched a household pulse survey in mid-March 2020 which is still

⁶ The benefits “hidden” by this feature were still completely available for use at any time, just simply not reflected in the current balance displayed in the app.

running on a monthly basis. This survey covers topics such as food insecurity, housing and eviction, access to new social safety net programs (the stimulus payments, Pandemic EBT, unemployment expansions), and open-ended questions. Each month, a randomly-selected cross-section of several thousand SNAP participants complete the survey through Providers. Fifteen months later, these survey results have grown into a robust source of insights into the daily lives of low-income Americans amidst the pandemic. We share these findings with nonprofit partners, the public, and policymakers such as the members of this committee at <https://www.joinpropel.com/learn>.

How the Federal Government Can Support Americans Receiving Benefits

*Akilah is a single mom in California whose 17 year old just got into college. She thinks the SNAP program itself is helpful but "the bureaucrats of the system are horrible." Volunteering in her community, Akilah has learned that they never make it easy for the people using the services. "You go in and wait all day to go to an appointment the next day." When she first found the app, she thought it seemed too good to be related to the government. "They wouldn't have anything to push people forward. They just want you to keep us coming back." Not to mention the awkward moments at the cash register--Akilah has had to try charging multiple amounts and getting her EBT card declined or spending just \$5 to figure out what her balance is. The app lets her get there before reaching the register. **"It gives you the freedom to plan. It gives you the freedom to relax."** To Akilah, not having to call to check her balance makes her EBT card feel like any other card from the private sector.*

In 2017, the Consumer Finance Protection Bureau (CFPB) developed principles to guide user-permissioned access to financial data, the foundation of which was laid in Section 1033 of the Dodd-Frank Wall Street Reform and Consumer Protection Act. **Congress should extend these principles to government benefits like SNAP, establishing that consumers should have the right to use third-party tools like Providers, and creating a clear lane for technology innovation that serves consumer needs.**

Much of the financial technology ("fintech") industry is built on the ability to view your banking information in non-bank apps. Apps like Mint enable budgeting; apps like Venmo make it easier to send money; apps like Acorns and Digit make it easier to save. In financial services, Dodd-Frank made it clear that consumers own their individual banking data, and thus have the right to use any third-party tool of their choice to manage their own money. This has enabled a significant amount of innovation over the last decade. Importantly, much of that innovation hasn't come from the legacy banks - it has come from upstarts focused on addressing a specific consumer need, often creating a layer of software on top of existing banking services.

Extending these principles to government benefits, like SNAP and EBT, would legitimize and promote similar types of innovation. Companies like Propel, which focus squarely on government benefits, will have more clarity to operate and provide services to government benefits recipients. Companies that already build popular financial services products, like the ones mentioned above, could extend their products to support SNAP and EBT. This need not compromise security - to begin, the technology could be read-only (i.e. ability to see EBT balances). The financial services industry has also demonstrated that it is possible to have a rich ecosystem of non-bank products without making banking less secure.

A major victory of the transition from paper food stamps to EBT was reducing stigma around payments. Today, the frontier has shifted; the best way to reduce stigma around safety net programs while simultaneously enabling technology innovation is to ensure consumer control of their own data.

The New Safety Net

By Erine A. Gray

Founder and CEO, findhelp.org / Aunt Bertha, a Public Benefit Corporation





Rules Committee Testimony

Introduction

My name is Erine Gray and I'm the Founder and CEO of Aunt Bertha, a Public Benefit Corporation based in Austin, TX. We created findhelp.org, a publicly accessible website that's used by millions of people in the US and hundreds of thousands of social workers and care coordinators who assist others. findhelp.org allows people to easily search and connect with food programs, housing programs, and hundreds of thousands of free and reduced cost services provided by government and charitable organizations in the United States.

We are fortunate to live in a generous country with a strong safety net, but for most of us, navigating the safety net is complicated. My experience with the safety net began at an early age. I was born in Olean, NY and my first home was at the Martha Avenue Housing Projects until my parents could afford to buy a house. From time to time, our family was able to eat because of the Food Stamp (now SNAP) program, and we were able to eat lunch at school because of the free lunch program.

The name of our company is inspired by my mother, who raised seven kids and took in two additional kids for a period of time because they didn't have a place to live. Although she wasn't a social worker, she was a janitor, she inspired me to dedicate my life to helping others.

Simplifying Navigation

We can't escape this life without having some curveballs thrown our way. Whether it's caring for aging parents, losing someone close to us, or watching someone we love struggle with addiction, many of us don't know where to begin in managing these crises.

The information age has given us some amazing technological advancements. We live in an age where we can order shaving cream while shaving and it'll be delivered securely to our garage the very next day. Yet, finding the nearest food pantry that is currently open and has capacity can feel like, pun intended, an act of Congress. In 2010, our company set out to fix this information problem.

Eleven years later we've helped millions of people find and connect to social services. Our website is used by people looking for all types of services like help paying rent, finding affordable housing or finding the nearest food pantry. Professional care coordinators and social workers from hospital systems, health plans and nonprofits use our website on behalf of the clients they serve every day.

Every one of us has stories of a time in our lives where we looked around and said to ourselves "I don't know what to do." findhelp.org helps people during these moments. Our website is available to any user, anonymously. If someone finds a program close to them that they qualify for, they can just go ahead and connect electronically to the nonprofit or government agency that provides those services. And in many cases, organizations that provide those services can respond quickly giving the person in need the dignity of a yes or a no in a timely fashion.



Our Austin, TX based data operations team continually works to ensure that the programs showing up in the search results are up-to-date by keeping up with the ever-changing landscape of available services. We partner with nonprofits and give them tools to assist their clients. We protect our users' information and do not sell advertisements, nor do we sell their data.

Our vision is to connect all people in need and the programs that serve them — with dignity and ease. In order to solve this problem, we need to get people the information they need in the moments they need them.

Digitization Tells Stories & Then We Can Act

Before the internet, in both small towns and big cities, professional social workers and care coordinators have been doing this hard work each and every day. They still do. But up until now, we were not able to quickly understand where the supply of available social services is meeting the demand for them. In order to figure out which programs to fund, public foundations and governments would spend months or even years using anecdotal information to figure out what's needed.

Now, as this information continues to be digitized, the data tells the story of where supply is not meeting demand in near real-time. For example, when COVID-19 hit, our data showed a dramatic spike in the need for a range of social services, from food programs to housing assistance. According to our data, food related searches increased 326% from February to April. Accordingly, the search for non-emergency health services as a percentage decreased as most people were putting off non-essential healthcare.

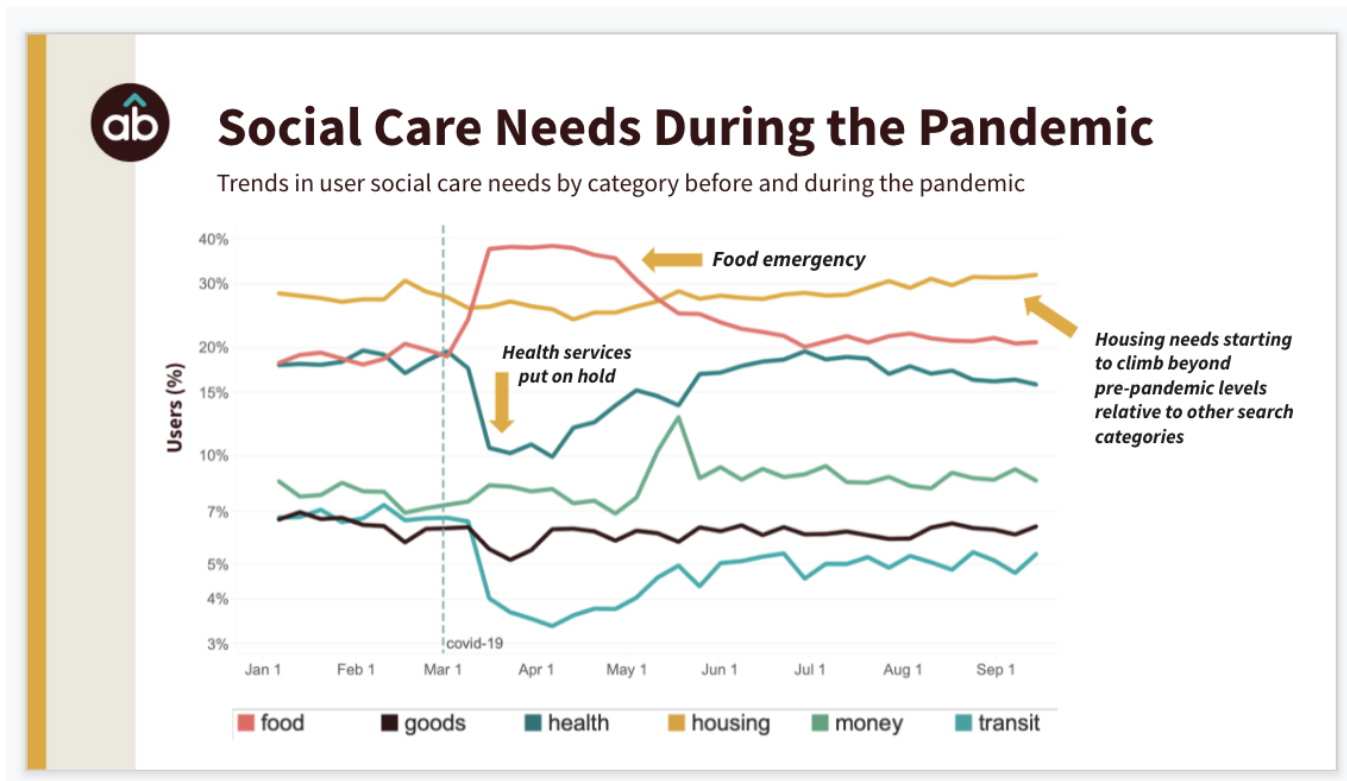


Figure 1: Visual demonstration of the increase in searches for food related programs during the COVID-19 epidemic.

By analyzing the anonymized and aggregated search data, we also see a relationship between demand for social services and when the federal stimulus checks went out. Search volume went down as more people had extra money in their pockets and businesses started hiring again.

Digging in further, we can also analyze trends across locations. In the graph below, based solely on search activity on the findhelp.org network, we can identify states that do not provide dental benefits to adults on Medicaid.

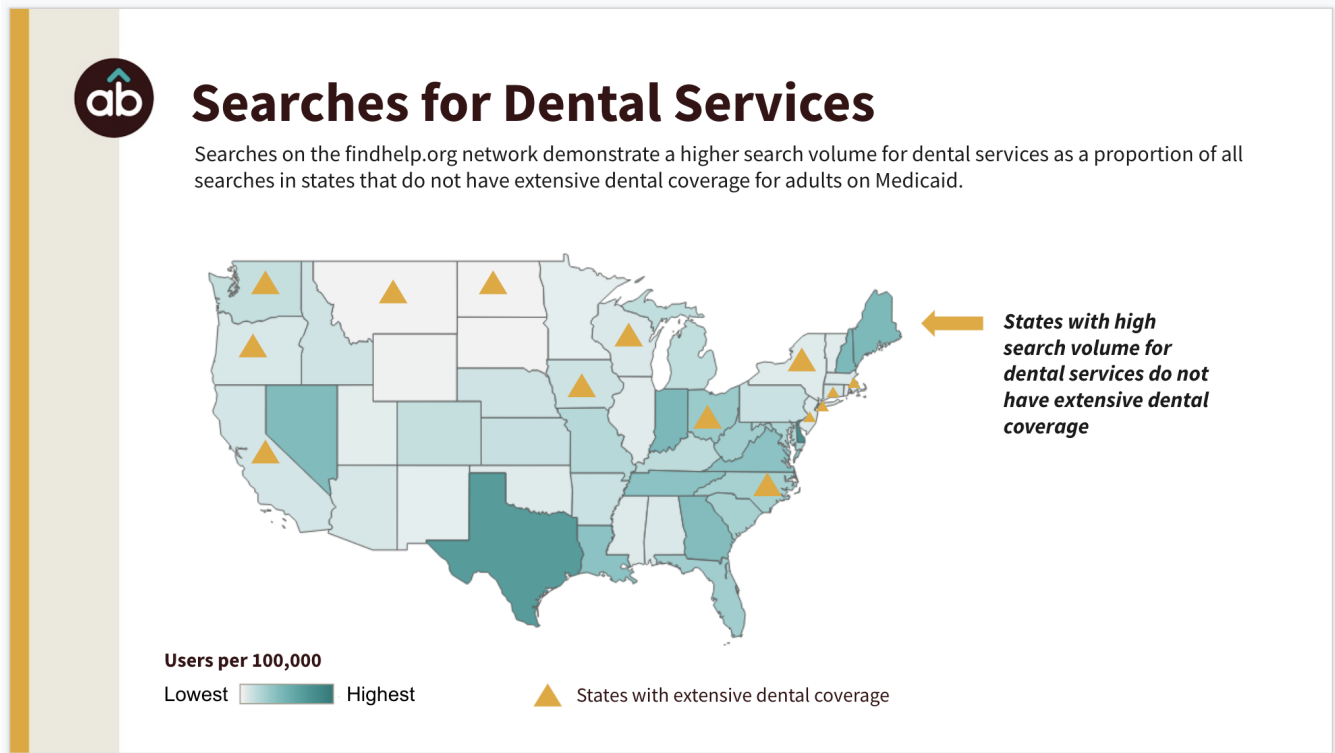


Figure 2: Our analysis finds that we see higher volumes of search activity for dental care services in states that do not offer extensive dental coverage for adults on Medicaid.

In the addendum, you will find what may be some interesting trends for the states that you live in based on search activity we are seeing across the findhelp.org network.

A New Safety Net

With new information available we have an opportunity to envision a new safety net built for the information age. The new safety net must be responsive — not just to trends, but to individual people — right in their moment of need. Government alone cannot build this new safety net. We need nonprofits, religious institutions, and the private sector.

Imagine the possibilities of what a new safety net might look like. If we saw a dramatic spike in demand for food because a factory closed down, we could immediately speak with local nonprofits to ask them what they need. Funds could be transferred in moments and they could serve people right away.

A new safety net makes it easy for people to raise their hand and say “I need help.” And those same people deserve to get that help without having to jump through bureaucratic hoops. The good news is that this **can be done**. As a country, we’ve solved far more complicated information and logistical problems in other sectors.



Conclusion

Reinhold Niebuhr once said that: *“Nothing that is **worth doing** can be achieved in our lifetime; therefore we must be saved by hope.”*

Ending Hunger in the United States is one of those things that is **worth doing**. But I differ with Niebuhr on this. I believe it can happen in our lifetime. It'll be hard. It'll take work. And it'll take hope.

Thank you for the opportunity to share my thoughts today.



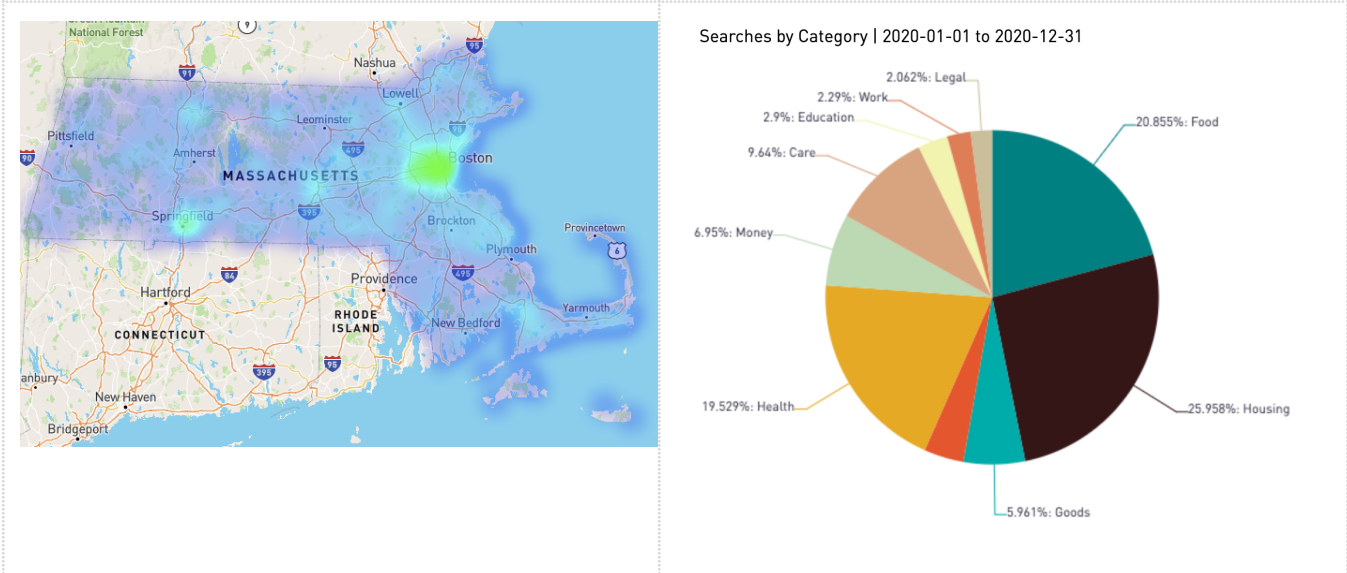
Addendum

In this addendum, you will find some helpful insights about what your citizens are searching for in aggregate. This is just a small subset of the type of data we are happy to provide as you work towards your vision of ending hunger by 2030.

In the last 3 months in Massachusetts, housing has been the top searched for need, specifically “help find housing.” During this same time frame last year, food was the most searched for need, specifically “food delivery.” We think this is reflective of the population’s general needs, particularly as it relates to the evolution of the pandemic. This time last year many families were struggling to obtain groceries as a result of loss of income as well as panic buying and supply chain disruptions. Many medically vulnerable people were afraid to leave their home due to the threat of the virus, and turned to our platform for help delivering food. Now housing, our typical top searched for service, is the most searched for need as many families struggle to find and afford housing.

The benefit of having realtime data is that it often allows us to identify needs as they arise. In Oklahoma, we can see as we approached summer, “help pay for utilities” quickly became our most searched for term. Below you’ll find a small subset of summary data for each state you represent — illustrating the breadth of our search and needs data.

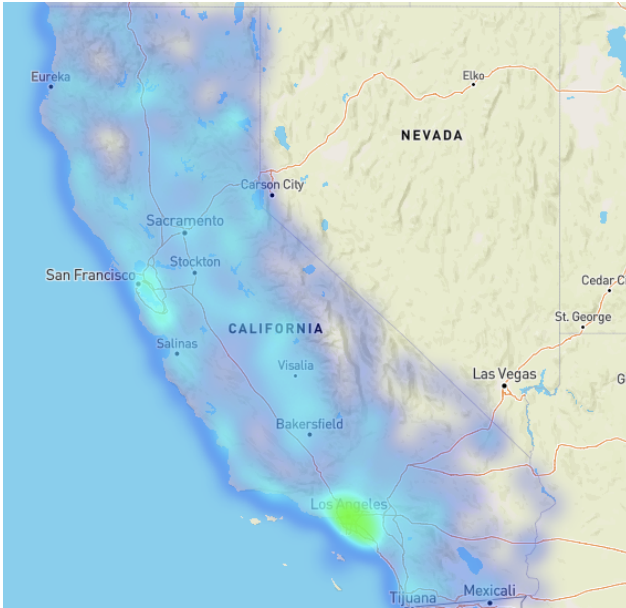
Massachusetts



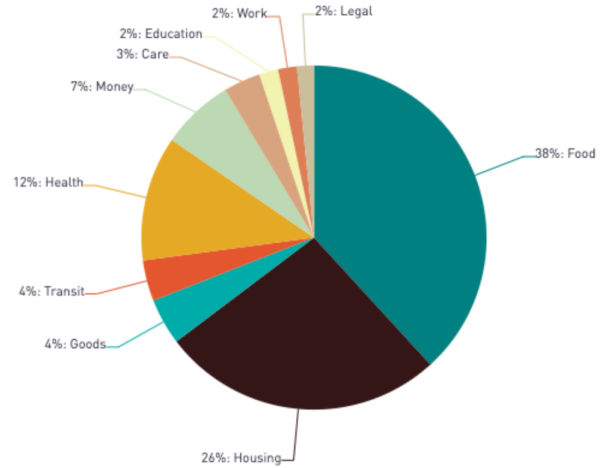
Top Searched Terms in Massachusetts in 2020

Term	Domain	Searches
food pantry	food	6,791
help pay for housing	housing	5,710
food delivery	food	4,920
help find housing	housing	4,803
emergency food	food	3,868
help pay for utilities	housing	3,798
temporary shelter	housing	2,168
help pay for food	food	2,054
housing vouchers	housing	1,786
financial assistance	money	1,779
help pay for internet or phone	housing	1,658
meals	food	1,521
food	food	1,496
counseling	health	1,330

California



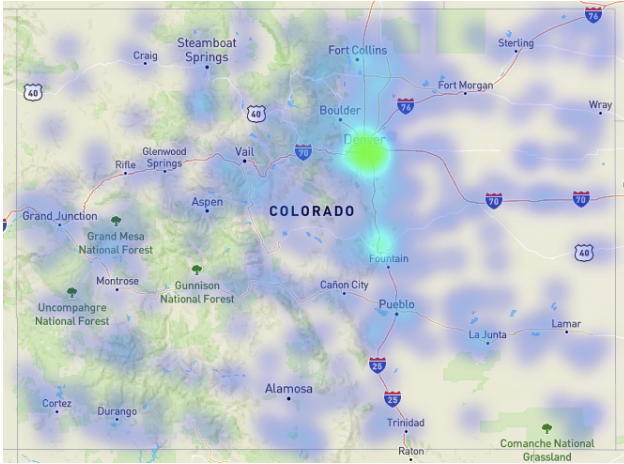
Searches by Category | 2020-01-01 to 2020-12-31



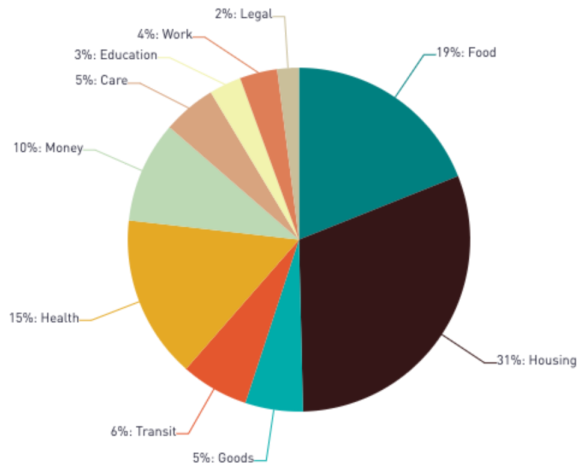
Top Searched Terms in California in 2020

Term	Domain	Searches
food pantry	food	87,763
emergency food	food	48,552
food delivery	food	40,427
help pay for housing	housing	35,877
help find housing	housing	25,062
help pay for utilities	housing	16,930
meals	food	13,088
help pay for food	food	13,052
housing vouchers	housing	11,188
temporary shelter	housing	10,964
help pay for internet or phone	housing	10,564
food	food	10,173
government food benefits	food	9,088

Colorado



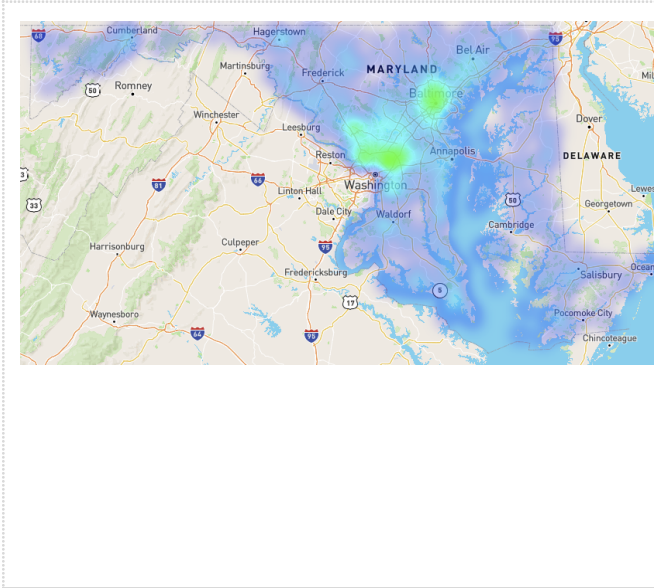
Searches by Category | 2020-01-01 to 2020-12-31



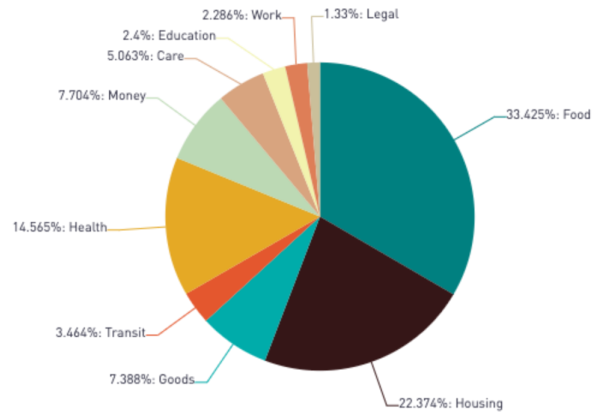
Top Searched Terms in Colorado in 2020

Term	Domain	Searches
help pay for housing	housing	8,882
emergency food	food	4,600
food pantry	food	4,080
help pay for utilities	housing	3,736
help find housing	housing	3,692
food delivery	food	2,854
housing vouchers	housing	2,075
help pay for food	food	1,993
financial assistance	money	1,854
help pay for internet or phone	housing	1,799
transportation for healthcare	transit	1,626
temporary shelter	housing	1,563
transportation	transit	1,237

Maryland



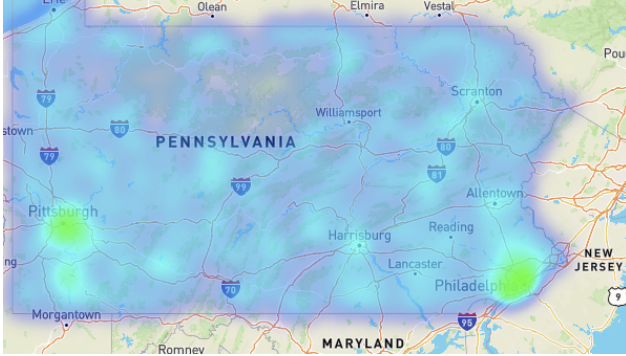
Searches by Category | 2020-01-01 to 2020-12-31



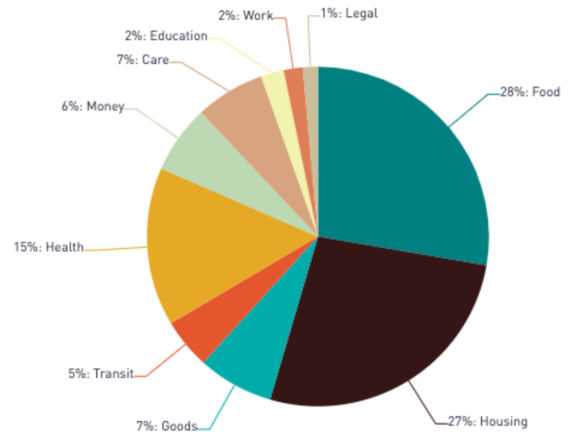
Top Searched Terms in Maryland in 2020

Term	Domain	Searches
food pantry	food	15,396
help pay for housing	housing	6,827
food delivery	food	5,727
emergency food	food	4,895
help find housing	housing	3,565
help pay for utilities	housing	2,932
free meals	food	2,443
help pay for food	food	2,416
diapers & formula	goods	2,209
financial assistance	money	1,979
housing vouchers	housing	1,687
temporary shelter	housing	1,415
help pay for internet or phone	housing	1,352

Pennsylvania



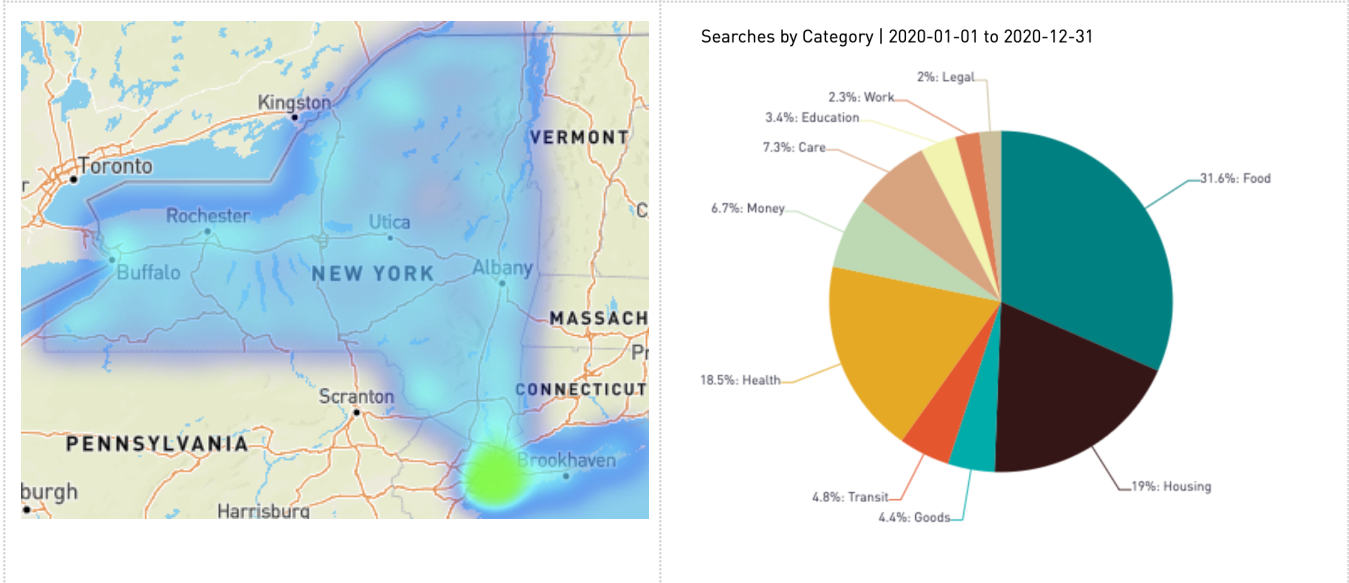
Searches by Category | 2020-01-01 to 2020-12-31



Top Searched Terms in Pennsylvania in 2020

Term	Domain	Searches
food pantry	food	18,431
food delivery	food	13,477
help pay for housing	housing	13,450
help find housing	housing	11,785
emergency food	food	10,743
help pay for utilities	housing	10,630
food pantries & emergency food	food	10,609
help pay for food	food	5,232
meals	food	4,353
utilities	housing	4,064
transportation for healthcare	transit	3,899
housing vouchers	housing	3,872
temporary shelter	housing	3,808

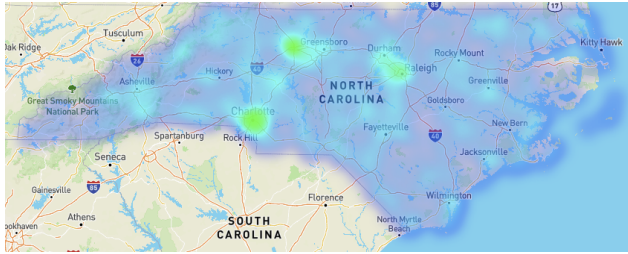
New York



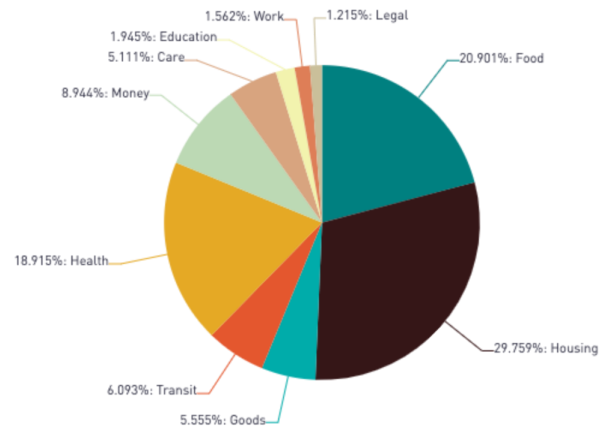
Top Searched Terms in New York in 2020

Term	Domain	Searches
meals	food	30,516
food pantry	food	12,812
food delivery	food	12,788
help pay for housing	housing	10,660
help find housing	housing	9,458
emergency food	food	8,928
help pay for utilities	housing	6,043
help pay for food	food	4,330
transportation for healthcare	transit	4,231
financial assistance	money	3,782
counseling	health	3,573
individual counseling	health	3,342

North Carolina



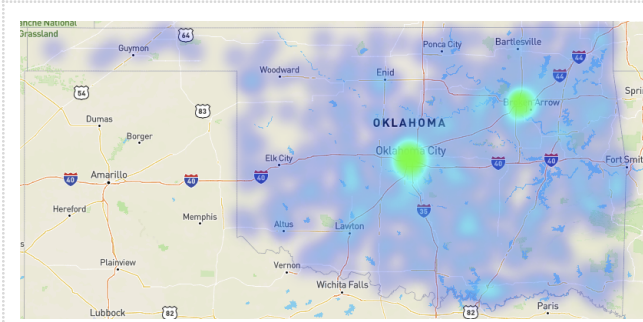
Searches by Category | 2020-01-01 to 2020-12-31



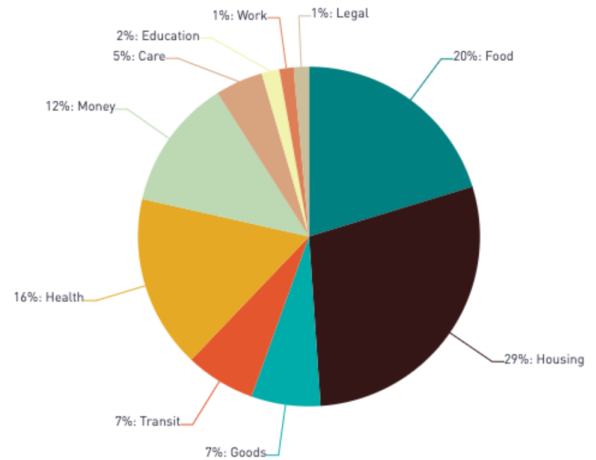
Top Searched Terms in North Carolina in 2020

Term	Domain	Searches
food pantry	food	12,182
help pay for housing	housing	11,783
help pay for utilities	housing	10,957
help find housing	housing	7,347
emergency food	food	6,978
food delivery	food	6,427
help pay for food	food	3,541
financial assistance	money	3,391
help pay for internet or phone	housing	3,230
temporary shelter	housing	3,200
housing vouchers	housing	2,976
transportation for healthcare	transit	2,975
transportation	transit	2,566

Oklahoma



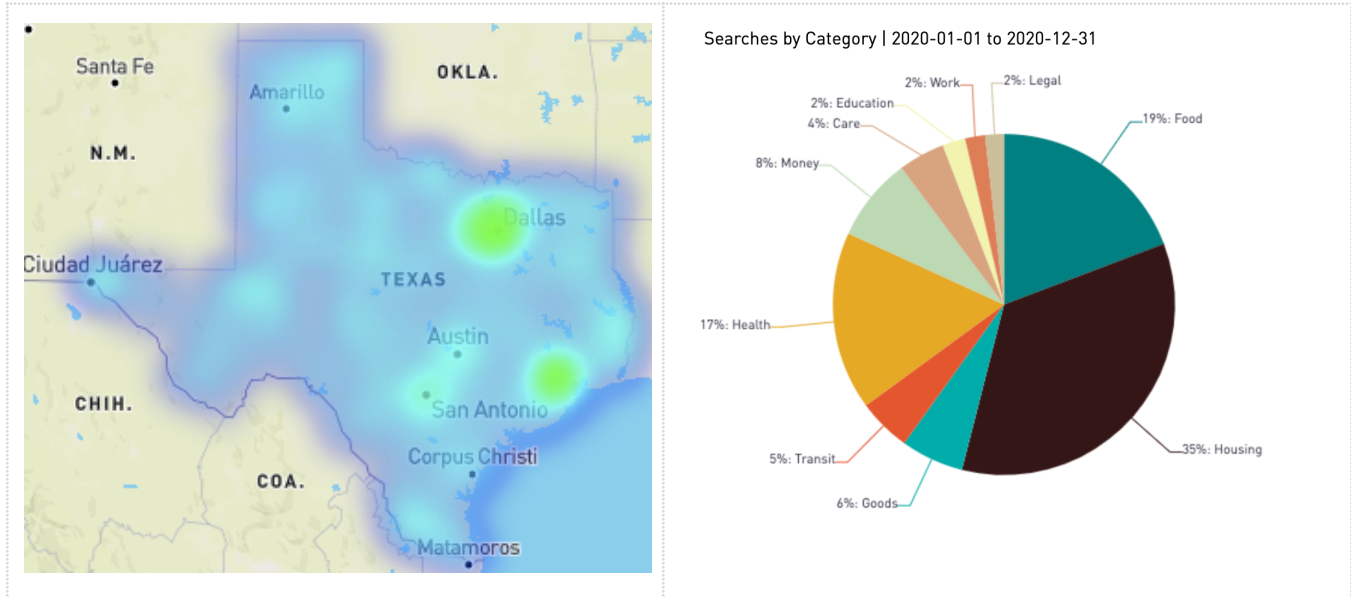
Searches by Category | 2020-01-01 to 2020-12-31



Top Searched Terms in Oklahoma in 2020

Term	Domain	Searches
help pay for housing	housing	1,838
help pay for utilities	housing	1,516
food pantry	food	1,208
emergency food	food	1,106
financial assistance	money	1,033
food delivery	food	910
help find housing	housing	677
help pay for food	food	634
help pay for internet or phone	housing	521
temporary shelter	housing	521
transportation	transit	483
housing vouchers	housing	473
government food benefits	food	393

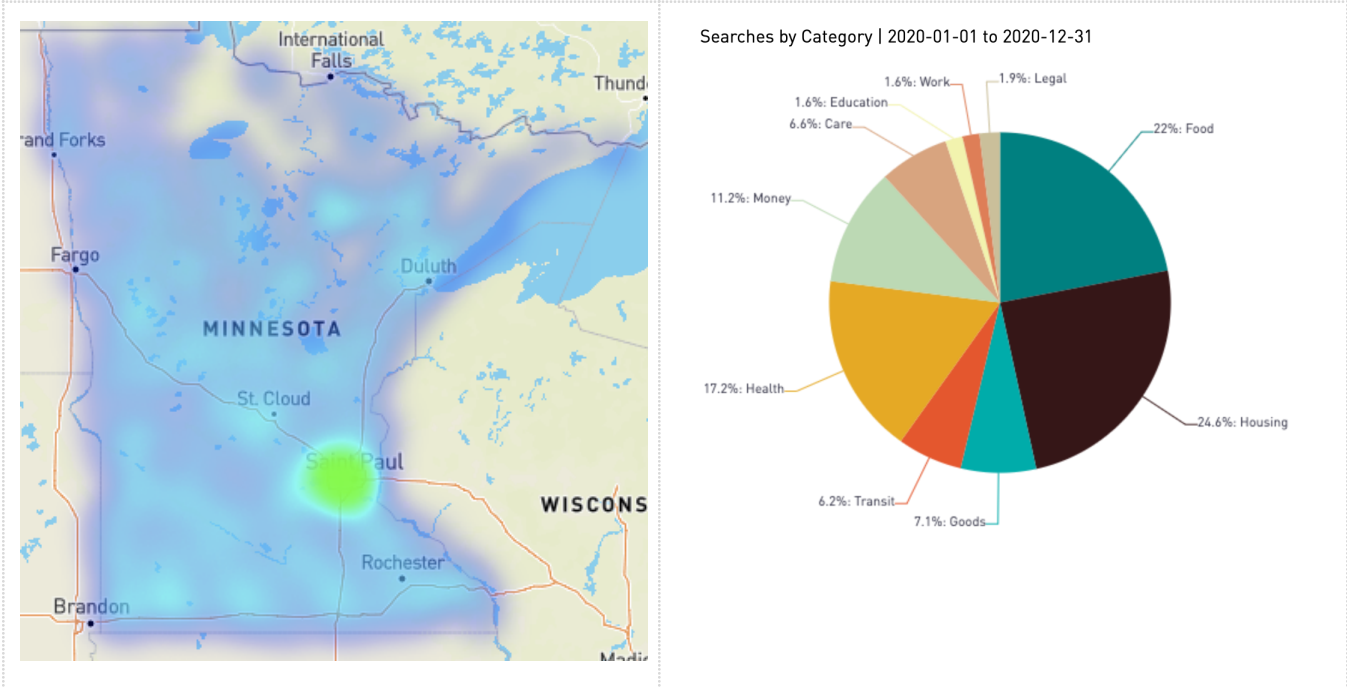
Texas



Top Searched Terms in Texas in 2020

Term	Domain	Searches
help pay for housing	housing	63,930
help pay for utilities	housing	49,097
food pantry	food	41,527
help find housing	housing	27,065
emergency food	food	23,250
food delivery	food	20,259
dental care	health	17,270
temporary shelter	housing	14,965
financial assistance	money	14,657
housing vouchers	housing	13,952
help pay for internet or phone	housing	12,734
help pay for food	food	11,999
transportation for healthcare	transit	8,967
government food benefits	food	8,050

Minnesota



Top Searched Terms in Minnesota in 2020

Term	Domain	Searches
help pay for housing	housing	2,636
food pantry	food	1,964
food delivery	food	1,844
emergency food	food	1,752
help find housing	housing	1,142
help pay for utilities	housing	1,132
financial assistance	money	1,089
help pay for food	food	889
help pay for internet or phone	housing	732
meals	food	677
housing vouchers	housing	660
transportation for healthcare	transit	582

June 16, 2021

U.S. House of Representatives
Rules Committee

Alluma's Statement on How Technology Can Help Combat the Poverty that Drives Hunger.

Good afternoon my name is Robert Phillips, I am President and CEO (Chief Excitement Officer) of Alluma, a non-profit social enterprise. Alluma is working to make access to help and support for the 100 million economically insecure people in the United States simple and easy by reimagining the way technology is used to advance race and economic equity. Over the last decade we have help connect over 25 million people (about the population of Texas) to public benefits at the county and state level.

Access to opportunity is not universal in the United States of America. Barriers to real opportunity exist at all levels and is a major reason hunger exists in our country today. These barriers extend to how people in our country can access the needed help and support that public benefits provides – to pay their bills, feed their family, get medical care. At Alluma, we see very clearly how obtaining this support is still an obstacle for many, thanks to a system that often ignores or does not care how people live – or does not believe that people who ask for help are as deserving as everyone else. It is a system that often treats people in need more like undeserving beggars than like people worthy of dignity and respect.

Consider just a few cases in point:

- Families who receive Supplemental Nutrition Program for Women, Infants and Children (WIC) – a program for pregnant women and women with newborns – are not allowed to use their food vouchers for online food purchases and delivery, a service that many of us take for granted and is especially crucial during this pandemic for families with young children. The US Department of Agriculture (USDA) requires recipients to complete their food purchases in a store, in front of a cashier.
- Prior to the pandemic, most recipients of Supplemental Nutrition Assistance Program (SNAP) and other public benefits were needed to go to an agency's office to supply information, sign documents, or be interviewed. This required those who are living paycheck to paycheck must take unpaid time off from their jobs, and pay for childcare and transportation, to conduct activities that can be done virtually or waived when needed. This requirement was more challenging during the pandemic as recipients with compromised health were forced to leave home and take a bus or train instead of sheltering in place to stay safe. Although agencies were given temporary waivers to use telephonic signatures or telephone interviews during the pandemic, these changes have not yet been made mandatory of state agencies.
- Recipients of SNAP benefits often lose their benefits and must re-apply simply because they did not return their renewal form on time – a form that may have been sent to an old address. This is just one example of people being thrown out of the system for procedural reasons – costing the state more money – when it would make more sense to assume that the person's circumstances have not changed and should be given the benefit of the doubt absent information to the contrary.
- The patchwork of programs for nutrition assistance creates confusion and duplicate efforts resulting in eligible individuals not enrolling in programs they desperately need. For example, the application process and rules for the different nutrition programs alone – SNAP, WIC, free or reduced school

lunch- are different. However, each program requires much of the same information to qualify. A family who is eligible for all these programs must provide the same information multiple times often to different agencies and then must keep track of each program's rules of use and renewal of benefits which also varies. Accessing government help just for food is a significant challenge and then add the need to find help with other necessities like income, housing, or health.

Over the last 20+ years we have been engaged in creating the first digital public benefit application with an online signature; developing solutions that determine eligibility for multiple benefit programs with a single application; drafting Section 1561 of the Affordable Care Act, which determines the technology requirements for integrated eligibility and enrollment systems; and advocating for how data-sharing and cross-agency collaboration, which supports increased enrollment. Building on our work many have tried to address these barriers through increased use of technology.

- Client portals: States and counties have made information and services available to consumers through client web portals using:
 - Eligibility screening tools that promote cross-program enrollment by helping people learn they may qualify for programs that they may not otherwise have been aware of;
 - Multi-benefit online applications to guide people through dynamic questions to receive eligibility determinations for multiple programs; and
 - Self-service case management features that enable people to obtain information about and manage their benefits (such as updating case information) through a single point of contact.
- Eligibility systems and business rules engines (BREs): States and counties have enhanced integrated eligibility systems by programming rules for multiple health and human services programs into BREs. These efforts automate calculations and tasks to achieve significant efficiencies for states throughout the eligibility and enrollment process. They also dramatically shorten the eligibility determination process for consumers across a range of programs, in some cases allowing for real-time determinations.
- Call center technology: Advanced call center technologies have allowed states and counties to appropriately route calls to the staff with the skills and ability needed to address people's needs. These technologies have given states and counties the flexibility to make best use of both generalists who can address questions about all programs and specialists in particular programs or types of issues. They have also given states and counties the flexibility to route calls wherever workers are located, allowing for "virtual" call centers with more efficient allocation of staff resources.
- Electronic data matching: Using electronic data matching to verify eligibility factors can save people who apply for multiple programs from having to provide the same paper documents multiple times. Some states have implemented state hubs that combine data from multiple sources, making it easier for workers to access and process the information across programs as needed.
- Document imaging and management: States and counties are using document imaging and management systems to support streamlined processing of paper documents across multiple programs. These systems make it easier for multiple workers to be involved in a particular case as needed over time and across programs, easing handoffs among different programs or units of workers, such as call center representatives and workers in local eligibility offices.
- Data management and analytics: States are examining ways to make better use of health and human services data to improve program operations and outcomes for clients. Data management and analytic tools allow states to merge data from multiple sources (e.g., case records and claims databases) and analyze it at the case, program, or population level to support better decision-making.
- Mobile tools: States and counties are using mobile tools to help people understand, access, use, and keep their benefits. Some states have adapted their client portals for phones and tablets. A number have also developed mobile "apps." Other are working to incorporate mobile tools into their workflow.

Since 2010, a group of nonprofit social technology organizations have created public, direct-to-consumer web, and mobile platforms to increase access to nutrition assistance and other safety-net services. For

example, there are now technology tools that provide eligibility screeners, community-based services referral platforms, rules engines, and other tools that allow people to quickly see if they are eligible for SNAP, WIC, Medicaid, childcare assistance, and other programs. And they can tell people about their eligibility status and connect them directly to these programs in a matter of minutes.

Yet, despite the availability of this technology and the increased usage of these tools and an increased use of technology, food insecurity has only grown and barriers and inequities in accessing safety-net services remain.

To address food insecurity, it is important to look at the both the socioeconomic and racial/ethnic makeup of those who are food insecure to figure out where the systemic problems exist. Consider the following data:

- An analysis of Census Household Pulse Survey (CHHPS) showed that during the COVID-19 crisis, rates of food insecurity among Black households with children were twice as high as they are among White households with children. Rates for Latinx households were 60% higher than they are among Whites. These ratios are like their historical patterns in the Current Population Survey Food Security Supplement (CPS-FSS), which for over 20 years has collected annual data on food insecurity experienced over the past year.
- For rates averaged across April–June 2020 from the CHHPS, estimates of food insecurity doubled for White and Latinx households and increased by 60% for Black households.
- We find that the share of those households reporting “sometimes” or “often” not enough to eat during the last week in the CHHPS has more than tripled for White and Latinx households, and more than doubled for Black households.
- Consistent with the disparities in food insecurity seen, a series of other economic indicators that can be calculated from the CHHPS for unemployment, making next month’s mortgage/rent payment, or buying all the food they need in the next month show worse conditions among Black and Latinx households, and in many cases seem to be part of a worsening trend.

Why do these inequities remain despite the increased use of technology?

Here are a few key reasons:

- 1) Technology alone does not address equity. The former Director of Tennessee’s Oak Ridge National Laboratory, Dr. Alvin Weinberg coined the term “tech-fix” in 1966 to describe a myth—that technology is primarily a problem solver. Although the potential of technology to create opportunities for people who are disenfranchised and locked out of opportunity should be pursued aggressively, there must also be a pragmatic assessment about what it can and cannot do. Technology alone will not level entrenched historical inequities. Said another way, there is not always an app to help people who are poor and experiencing insecurity. Despite the ongoing claims that better, modern technology and technology approaches can work as a “social leveler” with the capacity to “erode the relative power of all kinds of hierarchies structured on the control of information,” significant intervention into the design and deployment of this technology is always required if any of its equalizing tendencies are to be realized. We must always hold that technology, then, is one tool, not “the” answer. Deployed wisely, it can significantly advance important human development goals—like addressing hunger and poverty. Without support to make it equally available, and without integrating it into a more comprehensive solution, it will only aggravate existing inequities. To realize its potential, technology must be combined with other first order resources like food and housing, and second order resources like researching and understanding your people to build ladders out of persistent hunger and poverty.
- 2) Technology success is measured by ability to scale, but solutions to social problems are not easily scalable due to the complexity of people’s needs. “Scaling” is in the DNA of the technologist. Part of what makes digital technology so powerful is that it scales up so easily. Twitter has more than 300

million active users; the user base of Facebook exceeds 1 billion. That kind of scalability does not exist in the social sector. No nonprofit or government agency has the market penetration of Twitter or Facebook. Yet technology tempts nonprofit and government leaders into thinking that scaling up is the only path forward—that they can reach more people by removing the human factor from their work.

- 3) While technology can amplify effective solutions, it can amplify entrenched inequities too. Yet, we have countless stories of technological “silver bullets” missing their target due to a lack of understanding a fundamental truth of technology—it is only an amplifying force. It can only amplify effective solutions, and it can only amplify entrenched inequities. Putting computers in the hands of poor children (as the much-publicized One Laptop Per Child initiative aimed to do) or increasing the availability of online portals and mobile applications (as over 35 states have made available) has not affected the rates of hunger or poverty. While these efforts are not bad, they focus primarily on using tools—tools that do not work in isolation.

Ruha Benjamin’s statement in [Race After Technology: Abolitionist Tools for the New Jim Code](#) talks about how technology drives this dynamic when designed, developed, and implemented without careful analysis and attention to race and outcomes. As Benjamin states:

“Zeros and ones, if we are not careful, could deepen the divides between haves and have-nots, between the deserving and the undeserving – rusty value judgments embedded in shiny new systems.”

How should we use technology to alleviate hunger and address inequity?

Designing, developing, and implementing technology with a lens towards people would reduce help technology take a long step towards contributing to addressing food insecurity.

An important lesson from technology that gets lost when applying technology to social questions is that we are not “that” good at judging people needs/requirements, and that there is a need to separate our beliefs/expectations from people’s actual choice making and behaviors.

A focus on “problem-solution fit” where technology ventures quickly and easily test user’s behavior with their ideas before developing anything is needed. If we can find a method to test our solutions, and to be prepared to change them—quickly—based on deep understanding of people’s situation, behaviors, attitudes, problems, and goals, then technology would be able to really begin to address big social challenges like hunger and poverty. The technology community takes such an approach when it uses “lean and agile” approaches to ensuring the best product/service. If social technology firms can develop similar approaches, then over time we can really address big social challenges, not by following our initial solutions, but by following a test-driven method to addressing challenges.

There are 5 things that can be incorporated into how to design, develop, and implement technology that would address equity and contribute to alleviating hunger:

- 1) Acknowledge that race and class inequality is a core issue to be addressed.**
- 2) Use technology to learn more about the direct experience of people seeking help and incorporate the voices of people of color to make technology work.** Technology, whether it be a website or an app, never exists in isolation. A person using it always has a goal, and your technology is just part of the journey they are on to achieve that goal. Having a deep understanding of people’s situation, behaviors, attitudes, problems, and goals will allow for understanding how your technology fits into with the wider journey people are on. What gets them to the site? How does it link with other parts of other physical services like the food bank or the WIC provider? Where will someone go next to

achieve their goal? Thinking in services means we are always thinking about where people are coming from, where they will go next and how we support them throughout that journey.

- 3) **Ensure the voices of the affected population (particularly communities of color and low-wealth communities) are incorporated and centered in the build of technology solutions.** Before building or designing anything, start by researching and understanding people needs, and keep them involved, not only at the start but with ongoing research and feedback. It will allow technology to meet both people's preferences and behaviors, as well as their 'social' needs. These two needs can sometimes clash, which means thoughtful research-led design is even more important, to ensure the service provided by technology will be both used, and beneficial.
- 4) **Hold technology vendors accountable, who you work with matters.** Intent matters in who public agencies partners and it has a profound effect on government's ability to affect hunger and poverty rates. And there is rarely if ever a conversation about this. For example, many health plans are heavily invested in social referral platforms that are supported by venture capital resources. This financing structure creates a dynamic where scales matter more than help. As a result, in many communities the lack of careful attention to connecting people to help results in food insecure people unwittingly being referred to social services agencies with either low capacity or low willingness to participate. In the worst cases creating a lose-lose-lose scenario

The federal and state governments almost universally contract with private corporations to administer their public benefits programs. Service providers, such as hospitals, also hire private companies to help them maximize payment claims. States then hire more private companies to reduce their payouts to providers and increase their claims from the federal government. Further, the federal government hires the same or similar companies to audit Medicaid, SNAP, TANF (Temporary Assistance to Needy Families), WIC, etc., and review state actions.

Privatization in the implementation space has been preferred for efficiency reasons. Yet these types of public/private partnerships have led to monopolies especially for government IT (Information Technology) projects. Despite billions of dollars spent by government to modernize IT systems, access to safety-net services has only become more challenging (e.g., unemployment benefits), and has not moved the needle on poverty or food insecurity.

There is also a power imbalance between government and private actors because government does not hold private actors accountable and private actors are often able to hold government hostage given the size and amount of government contracts. Although it has the authority to do so, the federal government rarely pursues prosecution against revenue maximization schemes, and these companies rarely face consequences.

Specific suggestions:

- Directly incorporate contracting equity programs into state and local procurement departments to help spread economic development to all communities and allow state and local governments to express their values of inclusion.
- Establish contracting equity policies and programs within state and local procurement departments based on an analysis of the barriers faced by people of color, women, and non-profit business enterprises in a specific geographic target.

5) Increase diversity in vendor procurement. This requires a concerted effort by the public and non-profit sectors to change both who and what they invest in, and how they work together to create the foundation necessary to streamline and simplify access to help. Nonprofit social enterprises and certified B corporations have shown they can be potential partners that bring the technical expertise required for policy implementation while maintaining a shared commitment to advancing equity.

Specific suggestions:

- Streamline the vendor certification process.
- Incentivize and set up goals for a minimum percent of contracts that must be awarded to people of color, women, and non-profits.

Technology alone cannot create the kind of change needed to advance equity. It is merely a tool that must be part of a more considerable effort that includes a human element. In his book [“Geek Heresy,”](#) Kentaro Toyama writes that pushing the integration of technology into the work of policy change is about using “packaged interventions to amplify the right human forces.”

The pursuit of the equity agenda is a marathon. Example after example of social change efforts show this to be true. There will be victories, but there will undoubtedly be setbacks. For goals as ambitious as ending the predictive power of race/ethnicity, gender, geography, generation, and socioeconomic status in connection to economic security and social opportunity, there is a need to focus both on long-term policy targets and on capacity building and learning.

**Written Testimony of Zareena Meyn
Executive Director, mRelief
Before the House Committee on Rules
The Role of Technology in Combating Hunger in America**

June 16, 2021

Chairman McGovern of the House Committee on Rules,

Background

In 2014, mRelief was founded in response to a system-failure. Out of 10,000 families who applied for rental assistance in the city of Chicago, fewer than 10 percent even qualified.

mRelief's founders addressed the needs of those 9,600 families who would otherwise spend a considerable amount of time applying for a service they were not eligible to receive. Moreover, mRelief's founders sought to liberate the capacity of city workers to focus on eligible families. So, mRelief built a basic pre-screening tool for social services to provide families with an opportunity to know if they met basic eligibility requirements before committing to a lengthy application. mRelief soon focused on SNAP for several reasons: SNAP was the highest visited program on our site, SNAP has a high participation gap, and it is an entitlement program, meaning the resource is not limited like housing assistance - anyone who is eligible can receive the benefit.

According to the USDA's latest Household Food Insecurity in the United States report, more than 35 million people in the United States experienced hunger in 2019. Households with children are more likely to experience food insecurity. Before the coronavirus pandemic, more than 10 million children lived in food-insecure households - today, that number is closer to 13 million. SNAP is the most powerful anti-hunger program in the United States. And yet, the Federal Nutrition Service (FNS) estimates that 8,950,829 individuals were eligible for SNAP benefits but not enrolled in 2018. That amounts to approximately \$13,371,991,463 in SNAP benefits that went unclaimed that year. Pandemic-era data has not yet been released, but that number is likely much higher today.

[mRelief](#) is a Chicago-based nonprofit whose mission is to transform access to social services for the inherent dignity of all people. We believe that all people are born with dignity, and further, we believe that access to food is a human right. We have a vision that one day, everybody will be able to access the social safety net without adding to the already stressful circumstance of poverty.

That is why we've developed easy-to-use tools on a mobile-friendly website and through text messaging for people to sign up for SNAP benefits. mRelief has already connected more than one million families nationwide to SNAP benefits since we started this work in 2014. We build our technology on accessibility and empathy, with human compassion at the center.

mRelief's Technology

The process is simple - somebody discovers [mRelief's SNAP eligibility screener](#) through an online ad or a flier. They text FOOD to 74544 and answer a few simple questions over text messaging or through a mobile-friendly website to see if they meet the basic requirements to qualify for SNAP benefits. If they're likely eligible, they are provided with instructions to apply for SNAP benefits in their region.

In regions where we offer application assistance through a trusted community partner, more than 50% of those who use mRelief's services prefer to apply for SNAP benefits with support. Those individuals can schedule an appointment with a caseworker at their local food bank, who will call the client at the time of their appointment and complete an application with them over the phone in about 20 minutes.

Next, the client sends in their required verifications (like their government-issued ID or previous 30 days' pay stubs) by taking a photo of them on their phone and texting it to mRelief, where we securely attach it to their SNAP application.

Finally, mRelief sends text messages with key information about the SNAP enrollment process, and even reminds the client when it is time to recertify. Clients can complete the entire process on a mobile phone without requiring regular access to the internet, a computer, or a smartphone's limited data.

According to the [Pew Research Center](#), in the US, 26% of those who make under \$30,000 a year only access the internet on a smartphone. mRelief offers both users and our trusted community partners a secure, user-friendly solution that eliminates the challenge of internet access by allowing the process of SNAP screening and application to be completed over the phone, over text message, or through a mobile-friendly website.

In many places, the existing process for applying for public assistance is difficult and time-consuming, which results in increased transaction costs that can be a barrier to application completion. Tech innovations can remove these obstacles. However, in some states (Idaho, Alaska), you *cannot* apply for SNAP benefits online. In other states (Florida), you can *only* apply for SNAP benefits online. **We need to make sure access to the internet does not become a barrier to food assistance.** That is why mRelief has developed and tested solutions to make the process easier for every person who is eligible, regardless of their ability to access or use technology.

mRelief's Efficacy

An external analytics firm ran a [randomized controlled trial](#) in Los Angeles County, California, where the fastest method of applying for SNAP benefits is by calling the SNAP office. The study found that **mRelief clients who were given the opportunity to schedule a call with the SNAP office were 18% more likely to complete the required call in order to submit their SNAP applications.**

We have implemented this feature into the mRelief user experience, enabling clients to schedule a call with the staff at one of our trusted community partners. One applicant in Illinois had this to say about that feature, “I received a text with a phone number that my assistance call would come from. The text suggested I add the number to my contacts so I would know who was calling. **This to me was brilliant. They called right on time and I knew it was safe to answer. I only wish the state was as effective.**

Nationwide, any individual can use mRelief’s [SNAP eligibility screener](#) to see if they likely qualify for benefits. In several states (CA, FL, IL, KS, KY, OR, TX) mRelief has developed partnerships with trusted community partners that enable clients to apply for SNAP benefits using our mobile friendly website, or schedule an appointment to apply over the phone with assistance.

mRelief started working in Kentucky in 2019. Five thousand families in Louisville were being evicted each year, and mRelief was funded as a solution to support the ancillary costs related to housing in a region where the eviction rate is more than twice the national average (4.82 percent, as compared to 2.34 percent in the US—[source](#)). The average rent for a two-bedroom home in Kentucky is \$872 per month, which accounts for more than 60 percent of the household income of most vulnerable families. The average SNAP benefit amount in Kentucky is \$247 per month which is 28.3 percent of the average monthly rent. By providing families with assistance to afford food, mRelief’s solution has helped free up resources towards housing stability. Since mRelief started our work in Kentucky, we have helped over 5,000 households enroll for SNAP benefits, potentially unlocking \$8,594,748 in SNAP benefits in the region.

One of the people who used mRelief to apply for SNAP benefits was Helen, a senior in Owensboro, Kentucky, who said that “food stamps made living in Kentucky a little more affordable.” She shared with mRelief that before receiving SNAP benefits, she sometimes had to make the excruciating decision between paying her bills and going hungry. Helen was waiting to receive Section 8 Housing assistance, but was told the waitlist was 2 years long. She maintained that SNAP benefits helped her afford food that was good for her cholesterol, like fruit and fresh vegetables. “It’s just awful hard for me” Helen said, “but the food stamps were a great help.”

The data shows that mRelief’s technology works when the existing systems fail. An independent data analytics firm ran a randomized controlled trial in Louisville, Kentucky, that found that SNAP applicants who were directed to [mRelief’s mobile-friendly and user-centered SNAP application](#) were 30% more likely to apply for SNAP than those who were directed to the state’s web application, which can only be accessed on a computer’s web browser and not a mobile phone.

The Current Landscape

mRelief recognizes a shade of hope in the recent exposure of the grim state of hunger in America due to the pandemic. COVID-19 has forced many innovations in the SNAP space.

Notably, many caseworkers and SNAP outreach providers have shifted to providing application and case support over the phone.

mRelief's proprietary client relationship management tool, called [Johnnie](#), named after the legendary welfare activist Johnnie Tillmon, has been transformational in facilitating SNAP application assistance over the phone. Johnnie was launched in 2020 and has enabled outreach workers at the Catholic Charities of Chicago to increase the number of clients they had assisted by 60%, compared to before they used Johnnie.

Several outreach workers who use Johnnie have shared that applicants are happy to be able to schedule a call with them and not have to come into the office. One outreach worker in Chicago shared, "They're happy because people who are working don't have to ask for the day off. They just call me at their lunch time...I think 80% of my clients prefer to do this over the phone."

Another outreach worker shared, "I love Johnnie, you know I just love it! Boy, it has saved so many hours and has freed up so many dollars and given so many people so much food it is amazing."

In Kentucky, our local community partner shared this about their experience using Johnnie to support their clients:

Sandra S., a single woman in her sixties living on her own and employed at a local school, was assisted with her application by the SNAP Outreach Associate when her employment was threatened by COVID-19 protocols. Saddled with enormous bills and a mortgage left to her by her family for a home she inherited, the client was in great distress when first contacted. Though her case has yet to be fully resolved, the SNAP Outreach Associate has remained in contact to update her with whatever information is available to him. Sandra is not comfortable with a computer and was thankful to receive the assistance on uploading relevant documents to Johnnie along with referrals to agencies that can assist with her immediate concerns. At the time of this writing, Sandra has already been in contact with the Department of Community Based Services and received her first contact from them within a week of completing her application, something that can take at least a month when the application is processed in the traditional manner.

Persisting Barriers

Technology has enabled mRelief's services to be reflexive to the national crisis - filling in the gaps of the existing systems - however, there are still major barriers to enrolling for and receiving SNAP benefits, and to ending hunger in America. At mRelief, we take a strong stance against "automating inequality," the phenomenon in which new technologies serve to further marginalize our poorest communities, which was first identified by professor Virginia Eubanks. Rather, we believe that SNAP can be guided into the 21st century with the introduction of a few simple digital upgrades.

While mRelief's technology has helped clients in the state of Texas apply for SNAP benefits and submit their required verifications in under an hour, clients still face wait times of between 30 and 45 days for their cases to be processed, resulting from a lack of investment in the current SNAP enrollment system combined with catastrophic power outages that impacted millions of residents and businesses in February. The USDA stipulates that states must provide clients with a case determination within 30 days from their application submission - that is currently far from reality in Texas.

In other states, mRelief's technology can provide clients with the tools to apply for benefits for the first time. Still, clients are stuck relying on paper mail to learn about their required interview, or case re-determination, leaving many clients unable to enroll for SNAP or, kicked off of benefits when they fail to recertify because they weren't properly notified. We recently spoke to a senior who lives alone in a mobile home in a rural area with no mail delivery, no internet access, and spotty cellular reception. He had recently applied for SNAP again after food and gas prices began to make his limited social security budget difficult to maintain. He shared that he had previously received SNAP for a while but he missed the call when they called for a phone interview he missed the call. While he tried to call back, they never answered. He would leave a message asking for them to call at a certain time or to text him ahead of time so he could get to a spot with good reception, but they never did. They went back and forth five times and were never able to complete the interview so the office cut his benefits. A simple change like offering call scheduling could have prevented this outcome.

mRelief surveyed one thousand SNAP participants about the impact of having their SNAP benefits shut off without proper warning on their dignity. 69 percent of respondents reported that not having access to their EBT card had a notable impact on their sense of self-worth and health. When asked how they afforded food in instances where their EBT card was lost, nearly 10% of respondents shared that they barely ate or starved. mRelief has introduced a simple solution in some states - providing recipients with text message notifications and the ability to recertify on a mobile-friendly website. We hope to collect and report on this data over the next year as recertification requirements begin to impact the many millions of households who enrolled in SNAP during the pandemic.

mRelief surveyed 7,786 SNAP recipients in a landmark, five-state case study, "An Inquiry on Dignity," examining what factors impact clients' dignity. Specifically, we wanted to learn how it impacted someone when they lost access to their SNAP EBT card - whether the card was damaged, lost, stolen, or the client has been approved and is waiting for their card in the mail. Among respondents spanning Illinois, Kentucky, Delaware, New York and Florida, 59% had difficulty getting food while waiting for their SNAP card to be replaced. A rapid mobile EBT solution - in which the EBT card can be digitally added to a participant's smartphone wallet upon approval - is one solution to support individuals and families who require immediate assistance.

It is also worth noting that mobile EBT supports efficiency and, if publicly adopted on a wide scale, has great potential to reduce costs. In October 2019, on average, Florida issued 110,000 EBT cards, with 22,000 being new EBT cards and 88,000 being replacement cards. Considering

that postage cost is 55 cents, that is an estimated \$580,800 a year in postage just to mail cards that could be instantly replaced digitally. While this is a solution with the potential for broad impact, we recognize not all SNAP recipients have access to a phone with a mobile wallet. Many SNAP recipients may still require or prefer a plastic card. However, we believe that providing this as an additional option will promote access.

Many states still do not allow third party providers, like mRelief and our local community partners - food banks and social service agencies - to submit electronically signed applications on behalf of clients. That means that clients who complete their application over the phone or online still need to wait to receive the application in the mail, sign it, and send it back - practically erasing the benefits of a technology based solution to SNAP enrollment. mRelief has worked with some states to negotiate for a digital signature in place of a wet signature - such as having a client type their name attesting to signing the application and sending it by text message, or prompting them to enter a unique pin onto their phone's keypad while they're on the phone completing the application - both methods are [allowable signatures according to the FNS](#), but have not been implemented in many states.

Finally, the SNAP program is a powerful economic revitalizer - in times of national financial downturn, SNAP has the potential to stimulate \$1.79 in economic activity for every \$1 in benefits that is provided to a household, according to the [USDA](#). Yet, according to a 2020 Food Policy report, one quarter of SNAP recipients are unable to afford the local cost of the Thrifty Food Plan, which serves as the basis for legislated SNAP benefits. Introducing maximum allotments during the pandemic has increased that amount for most households. By providing information about the increased benefit amount on our SNAP eligibility screener, the rate at which mRelief clients applied for SNAP benefits after finding out they are eligible increased from 6.6 percent to 23 percent.

mRelief's Vision for the Future

In the future mRelief envisions and advocates for an opt-out system for SNAP enrollment. This is one where the authoritative and reliable data sources within government are leveraged to inform SNAP departments of those who are eligible. Empowered with this information, these SNAP agencies can automatically distribute benefits and those who would prefer not to access the entitlement can opt-out. The SNAP ecosystem also has multiple states that are piloting opt-out for certain demographics such as seniors who receive social security income, and the pandemic modelled a method for automatic disbursement of funds to households based on their annual income reported to the IRS.

We may be far from this reality, but changes to policy may help to close the alarming participation gap in the SNAP program today.

1. In the near term, maintaining broad based categorical eligibility is crucial for households to be able to access multiple benefits that can lift them out of poverty.
2. Removing the interview process, which at best, tacks on an additional one to two weeks for a caseworker to review a client's already submitted documents and provide a case

determination, and more often simulates an interrogation into a client's private life and hardships, opening them up to judgement and stripping them of their dignity.

3. Increasing benefit amounts so that all households, of all sizes and in all cities can afford to purchase nutritious, sustainable food.
4. Expanding online purchasing to all states, and all SNAP retailers that have delivery options (rather than the limited options of Walmart and Amazon), while removing associated delivery fees, so households can select retailers nearest to them, with affordable and fresh food, without having to use their benefits for delivery & fees.
5. Introducing a smartphone-accessible mobile EBT solution as an option to facilitate immediate EBT card disbursement and secure mobile-phone payment at EBT-accepted retailers.
6. Using tax returns to automate SNAP approvals for qualifying first-time applicants and reducing the time someone has to spend waiting for someone to review their case, interview them, and make a determination.

We know that these upgrades to SNAP are possible because they were previewed this past year. On June 9th, 2021 the USDA withdrew its proposed rule to limit BBCE. In the [2018 Farm Bill](#) (See Sections 4006 (e), 4010; and 4021 (sec 30) as they relate to technology), a provision was added to advance the implementation of the use of mobile technologies for the purpose of accessing SNAP, in particular mobile EBT. The other recommended changes to the SNAP enrollment process were tested throughout the pandemic, a case study in a more human-centered, tech-enabled safety net that helped millions of families in the US afford to eat.

**TESTIMONY OF AMANDA RENTERIA, CEO OF CODE FOR AMERICA
BEFORE THE COMMITTEE ON RULES, U.S. HOUSE OF REPRESENTATIVES
ROUNDTABLE EXAMINING HOW TECHNOLOGY CAN HELP COMBAT THE HUNGER
CRISIS
JUNE 16, 2021**

Opening

Chairman McGovern, Ranking Member Cole, members of the Committee, and all the staff who have helped put this conversation together, thank you. I appreciate the invitation to be here on behalf of the entire team at Code for America, as well as our broader network. We are honored and inspired to be part of such an important conversation about eradicating hunger and view this mission as an important first step to truly unleashing the full potential of our systems and our society. My remarks today will take a broad view of the work we are doing to eradicate hunger directly through food assistance programs nationally and locally, and holistically by improving programs that increase access to tax benefits for low-income communities and removing barriers through automatic record clearance.

Background

Let me begin with the history of Code for America, a nonprofit organization that partners with government and community organizations to improve people's lives at scale. We started more than a decade ago with the simple notion of helping to create "a government by the people, for the people, in the digital age." In our vision, government services—especially services meant to help low-income populations—should be as good as those we are accustomed to in the private sector. They should be simple, easy to use, and fully accessible; outcomes should be measurably better; better can and should cost less; and perhaps most importantly, we believe that government services can and must treat everyone with respect and dignity.

To do this effectively, we center the people we serve as our starting point. We sit at kitchen tables, in living rooms, and in long lines at government agencies to learn how real people interact with government systems. For ten years, we have been listening, researching, and asking questions about people's basic needs, the challenges they encounter, and the barriers they face when accessing government services. From those deep conversations and further research and analysis, we design technology, processes, and policies with administrators and caseworkers on the front lines to create systems that work. Finally, we analyze the data in real time and measure outcomes.

Our team of data scientists, engineers, researchers, product managers, and client experts have been working with hundreds of governments, sharing what we learn, teaching them human-centered practices, and helping measure and understand data to iterate, and continuously improve services. Our end goal is government adoption because we hope to fully modernize systems in preparation for the challenges ahead due to a more volatile, ever changing environment and the opportunities that await in a more tech-savvy, diverse, and socially conscious generation.

Code for America has always known that government and technology are the two best levers we have to change people’s lives at scale. As the country resets post-pandemic, we believe we have a once in a generation moment to partner with all of you to finally create “a government by the people, for the people in the digital age.” This kind of government has the potential to end hunger and truly unleash the country’s full potential.

Five Case Studies for Technology in Government

#1 Food Assistance in the Digital Age

Our work first started in food assistance programs in California in 2013 when we examined the high SNAP participation gap in California, where less than two-thirds of eligible people were receiving food assistance—landing the state’s enrollment rate in the bottom five nationally. The team found that the online application process was a huge barrier for people seeking help; applicants had to answer 200 questions over 55 unique screens, couldn’t save their progress or go back a page, and many of these questions were redundant to those they would later be asked again in an interview. In partnership with county government, we created a “digital assister” that guided users through each step of the eligibility and enrollment process. Utilizing our principals and practices of digital delivery, we guided the state to a more efficient, empathetic, and equitable system.

	Before CfA ...	After CfA ...
1 Discovering + Applying for benefits	<ul style="list-style-type: none"> • Difficult to find out about benefits (word of mouth, flyers, or complicated websites) • Stigma and myths lead people to believe benefits aren’t for them or could be harmful for them • Clunky website (no “apply” button, “help” link broken) with error-inducing, bureaucratic language • Paperwork must be brought in-person, mailed, or faxed 	<ul style="list-style-type: none"> • Digital outreach (SEO, targeted social media, cross-enrollment opportunities) to find them so they don’t have to find us • Clear information about what SNAP is and why it’s helpful, in commonly understood language • Online, mobile-friendly application, with searchable, shareable content • Simple process, with clear guidance, reminders, and live chat and SMS/email support
2 Eligibility notification + Determination	<ul style="list-style-type: none"> • Weeks (or longer) spent wondering about outcome • Notices filled with legal jargon • Notified by postal mail (may miss the notification altogether) 	<ul style="list-style-type: none"> • Fast-track clients to same-day service whenever possible, and proactively notify about remaining steps needed to complete • Plain language; clear if action is needed • Notified via preferred method of communication like SMS, email
3 Using + Maintaining benefits	<ul style="list-style-type: none"> • Additional onboarding hurdles (e.g., signing & returning paper documents) • Have to submit reports by snail mail every 6 months; may not be aware, forget, or miss the deadline 	<ul style="list-style-type: none"> • Able to get benefits quickly and start using benefits right away • When reporting is necessary, also notified by SMS & email, with clear, simple steps • Pre-filled report to send back by phone

In the first year, we assisted 1,000 SNAP applications in one county and then started to expand across the state, focusing on remote populations in the far north, students along the Central Coast, and families in the Central Valley. Partner counties saw online applications grow four times faster than other counties (44% vs. 11% year over year) and total applications grew 10% year over year while they

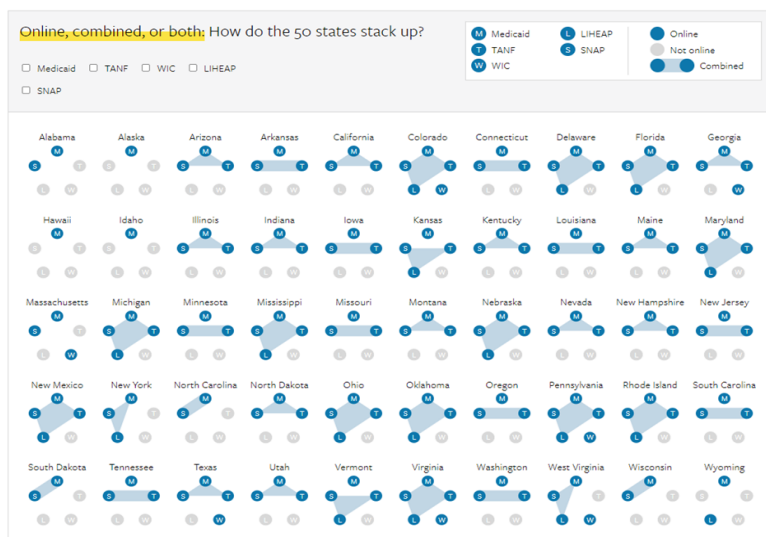
decreased in other counties. Based on this success, the California Department of Social Services contracted with Code for America to bring GetCalFresh to the entire state in 2019. As of today, GetCalFresh has now assisted with over 2.5 million applications and 250,000 renewals, helping over 6 million people and generating \$5.9 billion in GDP for the state of California.

#2 Integrated Benefits in the Digital Age

GetCalFresh has demonstrated the power of human-centered design in enrollment and retention within one benefits program. As the work evolved, it became clear that if a person is eligible for one safety net benefit, it's likely they are eligible for another. However, getting those benefits requires filling out multiple applications, with lots of duplicative questions, and sometimes traveling to multiple government offices. This isn't just a frustrating experience for the person, it creates mountains of extra paperwork, backlogs, and redundancies for government.

To better understand the national potential for integration, Code for America developed the first fifty-state view of the safety net across the nation using three of the most valuable indicators of whether a system is accessible and usable:

- **Online:** For many users, mail is frequently unreliable, business hours conflict with their work schedules, and field offices are located far from home. Making applications easily available online is one of the most important first steps in meeting users where they are.
- **Easy to complete:** Whether a benefits application is online does not say much about the application itself. One of the best measures of how an application functions is time to completion, which indicates the amount of friction in the user experience, like registration challenges, complexity, and form design. It is important for websites to be mobile-friendly, as one in four low-income households relies on a smartphone for internet access. Other barriers include requiring login and/or Remote ID Proofing, as an estimated 35-54 million Americans don't have enough credit history to be able to verify their identity online.
- **Combined:** If someone is income-eligible for one program, there is a strong chance they are eligible for others, and there is usually considerable overlap in application questions across programs. Combining and streamlining applications is a win-win: for applicants, it raises awareness of other programs and creates a single, simplified experience; for states, it can reduce demands on limited caseworker time and improve cross-agency coordination.



Since then, we have been working with states to deploy human-centered technology and integration tools. A few exciting examples in this effort are:

- **Pennsylvania:** Our team is working to improve outcomes on SNAP enrollment with data analytics, qualitative research, and service design.
- **Minnesota:** We have partnered with the state to build a single, streamlined online application for nine different benefits programs that can be completed in as little as 12 minutes, which is currently live in 16 counties covering 45% of the state population.
- **Louisiana:** We have recently closed out our initiative to help Louisiana residents enrolled in WIC, SNAP, TANF, and Medicaid maintain their benefits with timely and specific text message reminders. But shortly after our engagement ended, Louisiana used lessons from our integrated benefits pilot to deliver services during COVID-19, including text messaging more than 400,000 SNAP clients for continuity of benefits. The state also used emergency provisions to hire clients to form a new advisory and delivery working group.

In a world where technology has transformed almost every industry and aspect of our lives, it's time to utilize those same integration skills and tools for government systems that impact our lowest income families. States are already on their way, but we are just at the beginning of that transformation.

#3 Tax Benefits in the Digital Age

The ability of technology to help in the fight against hunger and poverty goes beyond the safety net. Early last year we launched a tax benefits product called GetYourRefund that brings the experience of working with the government's free, trusted tax filing service the Volunteer Income Tax Assistance (VITA) program online. As in-person VITA offices closed, we rapidly scaled our service to assist dedicated volunteers to help people file taxes online to claim the Earned Income Tax Credit (EITC) and all other eligible tax benefits, including stimulus payments. By the end of the year, we were able to disburse \$62 million in flexible cash in tax credits and stimulus payments, and our breakdown showed that we were able to reach a set of new filers: 35% of clients identified as Black, 22% identified as Latinx, and 25% had a disability. Technology, when built mindfully and intentionally, can have multiple positive outcomes. Our GetYourRefund work is just one example of using technology to help create a more efficient, accessible, and equitable system. This year we have already exceeded over \$250 million distributed in tax benefits delivered with the assistance of more than 7,000 registered volunteers across the country.

It's also important to note this conversation is happening just 30 days before the first monthly payment is disbursed for the new Advanced Child Tax Credit. We are refining our tax benefits tools and systems for eligible applicants and volunteers to assist in the distribution of the new Advanced Child Tax Credit payments. From our work, we know the guidance must be clear and the portal must be simple, accessible, trustworthy, and mobile-friendly to reach all who are eligible. We also know that, for some new filers, they will need guidance and help to reach completion. We are hopeful for the unique opportunity to implement the new Advanced Child Tax Credit using human-centered technology from the start. In that spirit, we hope to partner with Congressional leaders to ensure that one of the most effective programs to end hunger and eradicate child poverty works for all of our kids, now and into the future.

#4 Justice Systems in the Digital Age

Beyond economic programs, we have also seen the promise of technology transform the process of record clearance. In the US today, one in three people have a criminal record that appears on a routine background check, and nearly half of all children have at least one parent with a criminal record. We've seen how a criminal record can be a life sentence to poverty, creating countless barriers to opportunity in jobs, housing, education, and more. In fact, nearly every state has existing laws that allow people to seal or clear their record after a crime free period. However, tens of millions of Americans who are currently eligible for record clearance under existing laws are held back because those laws require confusing and complex legal processes. Today, only 6.5% of eligible people receive relief—which has significant consequences for the success of re-entry, the well-being of communities, and the cost of recidivism for state governments.

Two years ago, Code for America began working with states across the country to design an end-to-end automatic record clearance service. We are currently helping more than 20 governments to move from the petition-based service model to a model where the government provides automatic expungement relief for all eligible records at the moment the record becomes eligible. The technology capability to conduct careful data matching and sync with multiple agencies simultaneously is the key to automatic expungement and successful efforts to reduce incarceration and improve re-entry.

At Code for America, we often say “justice is about getting implementation right,” and our work on automatic record clearance is a step in that direction and a key part of fighting poverty.

#5 Mutual Aid in the Digital Age

As we strive to strengthen our government programs, we also know volunteer community networks play an important role in addressing hunger at the local level. Our volunteer groups, known as the Brigade Network, include more than 25,000 volunteers distributed across over 80 cities nationwide, committed to Code for America's values and dedicated to helping their local governments be responsive, especially during crises. A few recent examples are as follows:

- In partnership with FEMA's crowdsourcing team, we recruited two dozen volunteers from our Brigade Network to help low-income families find food with the World Central Kitchen Coronavirus Food Relief map.
- Open Twin Cities built a digital map for mutual aid efforts in their community called Twin Cities Mutual Aid Project, which helps Minneapolis-St. Paul residents find and distribute essential supplies like food, clothing, PPE, and more.
- Code for Tulsa partnered with public schools, the nonprofit Hunger Free Oklahoma, and the state's department of human services to build a SNAP screener to help families find out if they are eligible for food assistance.
- Code for San Jose worked with their city government to improve accessibility, mobile responsiveness, and user experience with a tool to help people find free food and groceries during the height of the COVID-19 crisis.
- Members of our Brigade Network were also critical in our efforts to rapidly scale our GetYourRefund service in 2020. Hundreds of Brigade volunteers stepped up to help onboard new VITA partners whose in-person tax clinics had closed—providing them with

comprehensive documentation, helping them train their volunteers with a set of video modules, and more. Some volunteers even became VITA-certified themselves so they could directly help filers with their questions and help them claim tax credits.

Over the years, our Brigades have always stepped in during moments of crisis. In addition to all the work above, they have built resources to help people find food and shelter in the aftermath of natural disasters, learn about tenants rights when they've lost income, connect directly with their local government, and more.

The Lessons of COVID

It was only a handful of months ago when record-breaking numbers of people were out of work, families were lining up in parking lots across the country in need of food and basic necessities, and people were completely unable to access a government office for critical benefits. It was the first time since the Great Depression where the entire nation was, at once, in crisis and in desperate need of a government that worked.

But, for us, the pandemic was a window into what we have been seeing for some time now. There is a monthly cadence of regional emergencies: wildfires out west, hurricanes along the coast, tornados mid-country, and, more recently, cyber attacks on critical infrastructure. When they happen, government systems consistently fail. Government buildings close, food pantries run out of food, schools shut down, and too often systems go completely dark and offline for weeks. We simply can't allow that to happen in America, ever. Our government systems must be prepared for a more volatile future and we must ensure that government works to meet everyone's basic needs.

The view of thousands of cars in food bank parking lots across the country is a failure of our system and a reality of the need in America—specifically the need for food.

My intention is not to focus on the past, but to take all we've learned from the last 18 months and do better. In fact, we did see more than just a glimmer of hope. We had a test-run of what is possible with technology as a true partner for feeding America's children.

When COVID-19 hit, the pandemic forced schools to shut down essentially overnight. This meant over 30 million kids living in poverty would no longer have access to the free school meal program on campuses across America. School districts were scrambling to find students; schools didn't have the most updated records; neither did social services, the county, or the state. And if they did have data, there was no distribution mechanism to get resources, or even a simple message of where to find help for kids who were hungry.

Amidst this uncertainty and confusion, Code for America identified an opportunity for states to innovate and together learn how to better serve their constituents. Within weeks, we partnered with a range of government agencies to piece together data with a human-centered approach. We asked where was the best place to communicate with families online, especially those that were hardest to

reach? Who was the most effective, trusted messenger? What was the right message for specific communities? What was the best way to help families get food for their kids?

Together, we created a human-centered product and process with community organizations, modern data matching techniques, and emergency state and federal policy changes. By centering kids and families, Code for America helped states distribute more than \$600 million in resources through Pandemic EBT (P-EBT) to those reliant on school lunch programs. In those handful of months together, governments saw the possibility of a new, more effective and equitable way to design and deliver benefits to families in need.

Closing Thoughts

Now, as states anticipate an infusion of resources from legislative relief packages like the American Rescue Plan, American Families Plan, and the American Jobs Plan, along with directives to reduce child poverty by 50% and expand food assistance through increased SNAP benefits, WIC eligibility and benefit levels, and P-EBT, we have a chance to set in place a new way of delivering services. A system that utilizes human-centered technology to improve reach, efficiency, and equitable delivery of government benefits to end hunger and alleviate poverty.

For the first time in more than a generation, financial incentives and government directives are aligned for states to rebuild stronger, more effective systems to end hunger and poverty in America. We at Code for America stand ready to partner with governments at all levels to achieve that mission.

Thank you.



BUILDING THE TECH-ENABLED SAFETY NET

PUBLIC BENEFITS AND
INNOVATION AMID COVID-19

**FINANCIAL
SECURITY
PROGRAM**
aspen institute

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AUTHOR

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ABOUT BENEFITS21

Benefits21 is an initiative developed under the Global Inclusive Growth Partnership (GIGP), a collaboration between the Aspen Institute and the Mastercard Center for Inclusive Growth, and in partnership with the Financial Security Program and the Future of Work Initiative. It is a multi-faceted, multi-stakeholder initiative to create an inclusive, portable, people-centric, and interoperable system of benefits that is grounded in what workers need to be financially secure and the critical role that benefits play in ensuring and protecting that security.

ABOUT THE ASPEN INSTITUTE FINANCIAL SECURITY PROGRAM

The Aspen Institute Financial Security Program’s (Aspen FSP) mission is to illuminate and solve the most critical financial challenges facing American households and to make financial security for all a top national priority. We aim for nothing less than a more inclusive economy with reduced wealth inequality and shared prosperity. We believe that transformational change requires innovation, trust, leadership, and entrepreneurial thinking. Aspen FSP galvanizes a diverse set of leaders across the public, private, and nonprofit sectors to solve the most critical financial challenges. We do this through deep, deliberate private and public dialogues and by elevating evidence-based research and solutions that will strengthen the financial health and security of financially vulnerable Americans. To learn more, visit AspenFSP.org, follow [@AspenFSP](https://twitter.com/AspenFSP) on Twitter, or sign up for our newsletter at <http://bit.ly/fspnewsletter>.

Executive Summary

The COVID-19 pandemic wreaked havoc on the financial security of American households and the economy at large. Approximately one in three households lost income in 2020 due to the impact of the virus. In doing so, the pandemic crisis has illuminated the essential nature of public benefits as a tool for supporting financial security in modern America. It has also shown both our safety net policies and the technology that underpins them to be insufficient to the needs of our nation. As we emerge from the crisis, we are faced with the urgent task of reimagining our public benefits in order to support financial security. This work requires that we simultaneously address both the policies and the systems that deliver core benefits to meet people's needs. **We need a system of benefits that puts people at the center.**

The safety net was fragmented and insufficient prior to COVID-19, and the government's response brought those gaps into stark relief. On the fly, Congress rapidly increased the value of benefits for nutrition assistance to help families with suddenly reduced incomes. Red tape that places burdens on households trying to access and maintain benefits was cut. New programs were created to patch over gaps in existing systems, including direct cash infusions and substantial expansions and extensions of Unemployment Insurance (UI). **We need a system that is portable and moves with people from job-to-job and from place-to-place.**

The massive, temporary expansion of the safety net has had enormous impact, even as cracks are evident. One in four workers nationally has claimed UI in the first year of the pandemic, even as millions spent weeks and months in bureaucratic purgatory. Three rounds of Economic Impact Payments (EIPs) ultimately created a major boost to household balance sheets, combining with expanded UI payments to reduce official poverty measures. However, millions faced delayed payments, or missed out on financial assistance altogether because the disbursement mechanisms were not inclusive enough. **We need a system of benefits that is inclusive of all individuals and all types of work arrangements.**

Technology plays a central role in delivering the safety net, and in defining what is possible in public benefits policy. Outdated and insufficient technology for supporting benefits delivery has been a longstanding issue that was deeply exacerbated by the pandemic—as federal and state government systems struggled to keep up with exploding demand and to implement new policies and programs. Inflexible benefits technology has even dictated to policymakers what is possible in their pandemic response, ruling out preferred policy options. These struggles have revealed what has always been true—that policy is impotent without a viable infrastructure and delivery component. **We need a system of benefits that is tech-enabled and interoperable across funding sources and benefit types.**

As the crisis subsides, the task of defining and delivering the safety net for the remainder of the 21st Century is urgently upon us. The temporary patches applied to the safety net have helped mitigate the impact of the pandemic, but also highlight ways in which our public benefits systems fall short in promoting financial security for workers and creating a safety net to protect against economic pitfalls. We are faced with the urgent task of building a coherent system of public and private benefits that supports financial security through policies and delivery mechanisms that are people-centric, portable, inclusive, and interoperable.

Innovators working to build the Tech-Enabled Safety Net (TESN) are showing us what's possible. Multiple efforts are underway across the nation to modernize public benefits in ways that improve access to, experience in, and value of the safety net—both inside and outside of government. In this paper, we analyze this landscape of innovators working and find a common approach—one that pairs technological modernization with new tools and methods of centering the needs of beneficiaries. TESH organizations can distill and leverage a unique and powerful type of evidence—the voice, needs, and expertise of the people who use the safety net most and know its pluses and

pitfalls best. This people-centered, tech-enabled approach paves the way for a comprehensive overhaul of existing public benefits that is designed explicitly to support the vital needs of people working to achieve financial security. Through this lens we can envision a modernized, integrated system that:

- Designs public benefits to boost, not minimize, access and uptake, including through data matching and automatic enrollment;
- Recognizes that workers today rely on public benefits, and designs them accordingly—with limited friction between public benefits and key elements of financial security;
- Supports building inclusive financial systems to smoothly and safely deliver resources, including money, to the most vulnerable people; and
- Encourages and helps workers save for shocks as a complement to benefits, social insurance, and other structural supports.

This paper includes insights for action for:

1. Federal and state policymakers;
2. Public benefits program administrators at the state, county, and municipal level;
3. Philanthropy and investors interested in promoting household financial security; and
4. Social Service organizations and businesses helping people seek access to and receive public benefits.

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The State of the Safety Net

The State of the Safety Net

The COVID-19 pandemic wreaked havoc on the financial security of American households and the economy they bolster. According to one national survey, 32.5 percent of households reported losing income in 2020 due to the pandemic.¹ Income loss was greater in low- and moderate-income households (LMI), where 39.4 percent reported experiencing income loss directly related to the pandemic, compared with 26.6 percent of non-LMI households. The pandemic illuminated the essential nature of public benefits as tools for protecting families from financial insecurity and collapse, and cast a bright light on the insufficiency of the safety net as it existed prior to COVID. One year into the pandemic, it is clear to even casual observers that our safety net policies and the technology that underpins them are insufficient to meet our nation's needs. As we emerge from the crisis, we must reform our public benefits system to ensure everyone has the foundational supports needed to achieve positive cash flow and live financially secure, economically dignified lives. A growing field of actors working inside and outside of government has begun the work of modernizing public benefits systems, showing the possibilities of a people-centered, tech-enabled safety net.

Our current safety net offers a patchwork of supports across household needs—including health care, food and nutrition, housing, and income. Yet programs vary in scope, eligibility, duration, and take-up rates. The result is a system that is fragmented, difficult to access, insufficient for households, in conflict with itself and—too often—in conflict with the goal of promoting household financial security.

The pandemic illuminated the essential nature of public benefits as tools for protecting families from financial insecurity and collapse, and cast a bright light on the insufficiency of the safety net as it existed prior to COVID.

Fragmentation and inaccessibility are defining features of the safety net. Participation rates in major programs vary extremely and typically fall far short of full participation:

- Just **25 percent of eligible families** participated in the Temporary Assistance for Needy Families (TANF, the cash assistance program commonly referred to as “welfare”) program in 2016.²
- **51 percent of eligible people** participated in WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) in 2017, though the rate for infants is substantially higher.³
- **78 percent of eligible people** receive the Earned Income Tax Credit.⁴
- **84 percent of all eligible people** participate in SNAP, the Supplemental Nutrition Assistance Program (the program formerly known as food stamps) but state level participation rates vary from 52 percent to 100 percent.⁵

Although 56 percent of low-income families with children receive multiple public benefits, the majority of those households receive only food assistance and public health insurance alone, and fewer than 20 percent receive other benefits intended for them, such as housing or energy assistance.⁶

Benefit application and enrollment processes differ by state and by program, typically featuring separate eligibility standards and requiring separate applications, yielding unequal user experiences across the country. Though 70 percent of state benefit applications for core safety net programs are available online, coverage varies, and integration is inconsistent.⁷ While all 50 states offer online Medicaid applications, only seven states offer an online application for WIC.⁸ Just 26 states combine their online Medicaid application with an application for SNAP and TANF.⁹ Enrollment time burden also varies significantly across states—even in those with consolidated forms. Of states with combined online applications for SNAP, Medicaid, and TANF, the form completion time ranges from 25 minutes in Nevada to nearly two hours in Connecticut

and Minnesota.¹⁰ Some groups have historically been excluded from some benefits entirely, such as independent contractors and gig workers who have traditionally been ineligible for Unemployment Insurance (UI). People's options for achieving financial security are complicated and limited by safety net features, including asset limits and benefit cliffs.¹¹

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Of states with combined online applications for SNAP, Medicaid, and TANF, the form completion time ranges from 25 minutes in Nevada to nearly two hours in Connecticut and Minnesota.

As the pandemic unfolded, the government moved swiftly to patch holes in urgently needed benefits. Officials increased the value of food assistance benefits by 40 percent for families with suddenly reduced incomes, and devised an entirely new program, Pandemic-EBT (P-EBT), to supplement food costs for children not receiving meals at school.¹² State agencies cut red tape for households to access and maintain benefits, waiving in-person requirements.¹³ Congress authorized new programs to fill coverage gaps, including three rounds of direct cash infusions through Economic Impact Payments (EIPs), and substantial expansions and extensions of UI. Congress approved an additional \$600 per week UI benefit payment in the initial months of the crisis and created additional expansions of UI, including the specialized Pandemic Unemployment Assistance (PUA) program, which provided up to 39 weeks of unemployment pay for independent contractors and others typically ineligible for UI.¹⁴ The American Rescue Plan created a historic monthly cash infusion for families with children, expanding the Child Tax Credit (CTC) to \$3,600 for children under age 6 and \$3,000 for children under age 18.¹⁵ The CTC expansion is currently authorized for just one year.

This massive, temporary safety net expansion has enormously impacted household financial security. One in four workers nationally has claimed UI in the first year of the pandemic, even as millions spent weeks and months in bureaucratic purgatory, with just 11 states paying benefits to a majority of claimants within two to three weeks of approval.¹⁶ EIPs and expanded UI payments boosted household balance sheets and helped reduce official poverty measures. Absent these expansions, it is estimated that 12 million more people would have been thrust below the poverty line.¹⁷ The expansion of the CTC and other measures is projected to reduce child poverty by half.¹⁸ Payments are also shaping household's ability to invest in their futures and weather potential economic shocks, increasing personal savings rates from 7.6 percent in January 2020 to 19.8 percent one year later.¹⁹

Yet consequential cracks in the system remain. Millions of people, including Social Security recipients, have faced delayed stimulus payments, while some, including college students and adult dependents, were excluded from financial assistance.^{20,21} The virus and its economic fallout have especially devastated Black and Latino communities. One year out from the onset of the pandemic, Black and Latino households were more than twice as likely than White households to report experiencing food insecurity, and renters of color, including 25 percent, 21 percent, and 20 percent of Black, Latino, and Asian renters respectively, are most likely to report difficulties meeting monthly rental payments.²² And while UI systems crumbled under the weight of new applicants in need of supplemental support during the pandemic, their performance prior to the crisis reflects a tool poorly equipped to meet need. In 2019, just 28 percent of unemployed people across the country received UI benefits.²³

Technology's Critical Role

Technology has been central to defining what is possible in public benefits policy. While the pandemic reinforced the power of anti-poverty tools, it also amplified stark shortcomings in both our safety net policies and the technology that underpins them—longstanding vulnerabilities evident before and exacerbated by the pandemic, either barricading or opening the door to financial support. In Florida, the state UI system had been technologically modernized in the years leading up to the pandemic, but had been designed to not serve the needs of applicants. “I think the goal was for whoever designed, it was, ‘Let’s put as many kind of pointless roadblocks along the way, so people just say, oh, the hell with it, I’m not going to do that,’” Florida Governor Ron DeSantis said last year.²⁴ In April 2020, just 6 percent of applicants had received a payment, and the online application portal was so non-functional that for a time the state encouraged people to download paper applications, fill them out, and mail them in.²⁵

In California, the state’s unemployment system was beset with technical challenges. In September 2020 the state’s backlog reached 1.6 million applications.²⁶ These scenes repeated themselves across the nation—six months into the pandemic, just half of all UI applicants had received a payment, with states scrambling to clear claim backlogs and people left scrambling to meet their needs.²⁷ The writing was on the wall for these systems well before the 2020 application surge. In 2010, one state workforce collaborative noted that, despite billions of dollars in state consortium investments, state IT systems were not equipped to efficiently meet growing user demand.²⁸

While the pandemic reinforced the power of anti-poverty tools, it also amplified stark shortcomings in both our safety net policies and the technology that underpins them.

These technological limitations don’t just affect users, they limit policymakers’ policy options. When Congress expanded UI payments in 2020, legislators wanted to cap benefits to 100% of the recipient’s prior income. But aging digital infrastructure could not handle the needed calculations for individual applicants, driving Congress to adopt a universal flat \$600 per week supplement instead.²⁹ Outdated systems also delay payments even after Congressional policy adoption. In February 2021, one month after the adoption of federal UI expansions, roughly one quarter of states had not resumed paying out aid as system programming challenges hindered swift delivery—shortchanging recipients \$17.6 billion in benefits over four weeks.³⁰

KEY SAFETY NET PROGRAMS

SAFETY NET PROGRAM	DESCRIPTION
Supplemental Nutrition Assistance Program (SNAP)	Provides food assistance benefits to eligible low-income individuals and families via an Electronic Benefits Transfer card. This card can be used like a debit card to buy eligible food at grocery stores and other eligible vendors (formerly known as “Food Stamps”).
Medicaid	Provides free or low-cost health benefits to low-income adults, children, seniors, and people with disabilities.
Temporary Assistance for Needy Families (TANF)	Provides cash for a limited time to low-income families. Families may also receive non-cash benefits such as job training.
Women, Infants, and Children (WIC - Special Supplemental Nutrition Program)	Provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant women and new mothers, and to infants and children up to age 5.
Medicare	Provides federal health insurance coverage for elderly people and young people with disabilities.
Children’s Health Insurance Program & State Children’s Health Insurance Program (CHIP & SCHIP)	A partnership between the federal and state governments that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid.
Tax Credits	Tax credits, including the Child Tax Credit and Earned Income Tax Credit, reduce tax liability for low-income taxpayers and households with children, and when made refundable can provide increased cash resources.
Low-Income Home Energy Assistance Program (LIHEAP)	Assists low-income households with payments for home heating and cooling bills, and offers low-cost home improvements to reduce energy costs.
Child Care	Provides subsidized assistance to low-income families who need child care due to work or education commitments.
Supplemental Security Income and Social Security Disability Insurance (SSI & SSDI)	SSI provides cash benefits to low-income seniors and low-income adults and children with disabilities. SSDI provides cash benefits to people with disabilities and a demonstrated work history.
Unemployment Insurance (UI)	Provides benefits to eligible unemployed workers. Payment amounts and duration vary by state.
Housing Choice Voucher	Assists low-income households in finding affordable private or government-owned rental housing.
Summer Food Service Program	Provides meals at no cost to children and teenagers when school is not in session.
Lifeline	Provides discounted monthly telephone and broadband internet service, including smartphones, to low-income households.

The Path to a Better Safety Net

To fully assume the task of reforming our social safety net, we must simultaneously refine both public benefits policy and the technology that aids its delivery. Temporary patches to the safety net have mitigated the pandemic's impact while illuminating insufficiencies and making clear that policy is impotent without viable delivery components. As we emerge from the crisis and confront pitfalls in our social policy, there is opportunity to reimagine a social safety net rooted in policies and delivery mechanisms that are:



Inclusive, protecting everyone, irrespective of their work arrangement and employment status;



People-centric, ensuring the voice, life, and experience of impacted people are critical and central to the design and delivery of benefits;



Portable, ensuring continued access and funding as workers experience job loss or transition, enter new work arrangements, and piece together different types of work; and



Interoperable, using technology to effectively integrate benefit systems and platforms to ensure seamless access.³¹

For more information on building a coherent system of public and private benefits that supports financial security, read **"A Modernized System of Benefits is the foundation for an Inclusive Economy."** To learn more about Benefits21, visit aspeninstitute.org/programs/benefits21.

Building the Tech-Enabled Safety Net

Recognizing the shortcomings of the existing safety net, a growing field of organizations has begun building tools that apply modern digital technology to the safety net. These organizations are building the beginnings of what we have called the tech-enabled safety net (TESN).³² TESN organizations work in a variety of ways—sometimes directly in partnership with government agencies, sometimes creating third-party tools that enhance the value of a safety net program, or at other times creating workarounds to challenging systems. This growing movement is emerging from overlapping fields (Civic Tech, Public Interest Tech, and FinTech) all focused on applying the tools of digital modernization to public life. As data science, design methods, digital tools, and technology for both organizations and individuals have matured, powerful solutions are emerging that are improving access to, experience in, and value of the safety net.

DIGITAL MODERNIZATION IN PUBLIC LIFE

CIVIC TECH: "A loosely integrated movement that brings the strengths of the private-sector tech world to public entities with the aim of making government more responsive, efficient, modern, and more just." Cyd Harrell, A Civic Technologist's Practice Guide³³

PUBLIC INTEREST TECH: "Public Interest Technology adopts best practices in human-centered design, product development, process re-engineering, and data science to...deliver better outcomes to the public." Public Interest Technology Program, New America³⁴

FINTECH: Any technology that is used to augment, streamline, digitize, or disrupt traditional financial services.³⁵

TECH-ENABLED SAFETY NET: Organizations across civic tech, public interest tech, and fintech applying the tools of digital modernization to improve the experience and value of public benefits and elevate the experience and insight of people using the safety net for systems reform.

TESN organizations are:

- 1 Developing models that increase the integration, efficiency, scale, and reach of public benefits.

Alluma, a nonprofit organization based in Oakland, California, builds technological solutions that allow government agencies and community-based organizations to screen people for eligibility and assist them in enrolling in multiple safety net programs, such as Medicaid, SNAP, TANF, and WIC through one interface. Alluma's solutions are used statewide in Arizona, and by more than 45 counties and community-based organizations (CBOs) in three other states.

- 2 Creating better user experience that promotes access.

Benefit Kitchen, a for-profit company based in Brooklyn, New York, makes a benefit screener that allows people in seven states to answer questions and discover their eligibility for as many as 14 federal programs. The company also builds an application programming interface (API) that can be used by organizational clients to screen people for eligibility for up to 18 safety net programs in all 50 states.

- 3 Developing and applying innovative tools and methods of centering people who use the safety net, people quite often marginalized by policymakers and public systems.

Deploying methods rooted in Human-Centered Design (HCD), including user research, feedback loops, and iterative development, TESN organizations bring a consumer insights perspective to the safety net. Actors in this area are able to distill and leverage a unique and powerful type of evidence—the voice, needs, and expertise of the people who use the safety net most and know it best.

mRelief, a nonprofit organization based in Chicago, Illinois, offers people screening and enrollment support for SNAP in all 50 states by text messaging 10 questions to the person trying to find nutrition assistance. According to mRelief, the questions take less than three minutes to answer. mRelief's co-founder, Rose



The great promise offered by the TESN approach is in simultaneously modernizing public benefits and the technology necessary to deliver it, with both efforts rooted in centering people, understanding their needs, and building systems that work for them.



Afryie, says that interviews with potential users convinced her that web-based applications were inaccessible for too many people. Subsidized Lifeline phone plans have data caps that can render the internet often inaccessible. However, text messages are more commonly unlimited, creating a consistent connection between client and service.³⁶ The organization texts follow-up surveys to users to ensure they received the support for which they are eligible and to inform mRelief products and practices.³⁷

Code for America, a nonprofit organization based in San Francisco, California, has created a website, GetCalFresh.org, that has evolved from a pilot project to become the official statewide portal for online SNAP applications in California. The website features a live chat feature that allows applicants to have their questions answered in real time, and provides feedback that Code for America uses to improve its product and distill lessons for states and others providing access to SNAP.³⁸ At a panel event hosted by Aspen FSP, Lou Moore, Chief Technology Officer of Code for America, called this feature, "probably the most important [feedback] channel" for the organization's work providing access to SNAP, and the one most likely to provide value to policymakers.³⁹

Propel, a technology company based in Brooklyn, New York, offers a smartphone application (app) called Fresh EBT that allows people who receive public benefits like SNAP via Electronic Benefit Transfer card (EBT) to check the remaining balance on their account on their smartphone. Propel expanded its user research during the pandemic, deploying user surveys. The surveys asked questions about household financial security, income changes

and job loss, and access to public benefits. Survey responses provide a rare look at financial hardship and struggle derived directly from people using public benefits.⁴⁰ The company has also used its app to encourage users to engage in public advocacy, [facilitating connections](#) to elected officials on important policy issues.⁴¹

TESN organizations are creating a valuable mix of quantitative and qualitative data that emerges directly from the experience of people using (and attempting to use) the safety net. Policymakers have an extraordinary opportunity to embrace this information as a core component of evidence-based policymaking for program improvement. Directly engaging people who use public benefits about their experiences and needs also opens the door to new forms of participatory policymaking, an approach that centers policy design, implementation, and evaluation on the experiences of impacted individuals. It offers not just the potential for program improvement, but a way to promote inclusion and build the power of traditionally marginalized people.⁴²

Modernizing technology to deliver public benefits can promote efficiency, reach, and scale, with reduced hardship for people in need of assistance and reduced strain on the agencies charged with serving them. However, if technological modernization is not people-centric—anchored in a conception of better service to the end user—substantial harms may be inflicted. This is the King Midas problem, new technology can be shiny as gold, but gold doesn't meet essential needs. If modernization is not paired with policy reforms, it will fail to solve the challenges that inhibit financial security, such as insufficiency, asset limits, and benefit cliffs. This is the Princess and the Pea problem, comfortable mattresses may make parts of the experience easier to bear, but if the underlying problem is the policy, all the technology in the world won't solve it. People currently face a world where benefits too often present them not with opportunities to increase their financial security, but instead with difficult choices, red tape, and no-win situations.

The great promise offered by the TESH approach is in simultaneously modernizing public benefits and the technology necessary to deliver it,

with both efforts rooted in centering people, understanding their needs, and building systems that work for them.⁴³ This approach creates real benefits for governments in the form of greater efficiency and resiliency, along with the economic benefits that accompany having more people experiencing financial security. It offers people the potential of seamless access to services that help support their financial security, processes that meet them where they are and treat them with dignity, and the respect and trust that comes from being listened to.

The Tech-Enabled Safety Net Field Scan

Our research has identified a field of organizations using data science, design methods, digital tools, and technology, and reimagining the social safety net to be more people-centered, tech-enabled, accessible, and effective. In this field scan we identify key organizations and projects, offer a framework for understanding the work that has been done, and create a resource for policymakers, human services administrators, philanthropy, investors, community-based organizations, and businesses—anyone with an interest in seeing the safety net deployed to greater effect.ⁱ

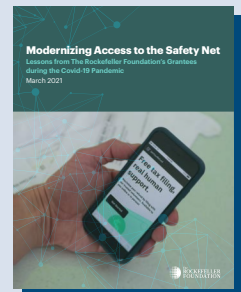
DIGGING DEEPER

A growing community of organizations is exploring the intersection of the safety net and modern technological approaches, and producing research and guidance to advance the notion of people-centered, tech-enabled reform.



- **“Technology, Data, and Design-Enabled Approaches for a More Responsive, Effective Social Safety Net.”**⁴⁴ This “living report” from the Beek Center for Social Impact and Innovation engages organizations working at the intersection of technology and the safety net and distills recommendations such as:
 - » Invest in government technology made of modular, linked software components rather than monolithic systems
 - » Value user research throughout the work
 - » Use text and voice enrollment and recertification options

- **“Modernizing Access to the Safety Net: Lessons from The Rockefeller Foundation’s Grantees during the Covid-19 Pandemic.”**⁴⁵ This report distills lessons from Rockefeller Foundation grantees including Code for America, Benefits Data Trust, and U.S. Digital Response. Recommendations include:
 - » Human-centered design should be standard
 - » Coordinating data use offers big returns
 - » National strategies are needed



A Growing Ecosystem

Increasingly, government is deploying the same methods of data science, human-centered design methods, digital tools, and technology to try to improve the way government serves people and conducts its work. Among others, two flagship government initiatives showcase this approach at the federal level: 18F, housed within the General Services Administration (GSA), and the US Digital Service (USDS) within the Executive Office of the President (EOP). Both link technologists, data scientists, and design specialists to government program delivery, centering modernized, user-driven tools to improve how people and government interact. These efforts, both founded in 2014, signal a shift in federal approaches to design and technology, adding intentionality and commitment to human-centered design in public service. These initiatives are important, as is the critical work done by caseworkers and staff at state and federal agencies that deliver the safety net and who have borne extraordinary burdens during the pandemic. For the purposes of this exploration, we are focused on non-governmental organizations alone.

ⁱ Our complete research findings are available in a separate document. We are certain that this scan is incomplete, that more organizations are engaged in this work and more projects are happening than have been captured here. We are excited to correct errors and learn about organizations and projects that we have missed. Please contact Justin King, justin.king@aspeninstitute.org if you have an addition, question, correction, or critique.

Types of TESN Tools

Our research has identified 21 distinct tools impacting the safety net experience. The TESN projects we've identified differ in scope, scale, and geography. They also vary in which safety net programs they impact, and which points within the benefits lifecycle they occur. We identify five distinct types of tools being built through TESN initiatives. These tools apply technology to existing safety net challenges like inaccessibility and fragmentation, and they improve the experience of people applying for and receiving public benefits as well as government's ability to manage the processes associated with running benefits programs.



Connectors provide information on public (and in some cases, private) benefits availability in a geographic area, and can also serve as a database of social assistance information, such as application portals. **Aunt Bertha**, a public benefit corporation based in Austin, Texas, offers a website that allows users to search any zip code in the US and find information about public and private assistance to meet a wide range of needs, including food and housing assistance.



Screeners allow users to quickly determine or estimate eligibility for public assistance programs. Screeners may be client facing—empowering people to determine whether or not they should apply for a public benefit—or be used by governments, non-profits, and businesses. **Single Stop**, a nonprofit organization based in New York City screens clients for multiple benefits at locations in 10 states. In response to COVID-19, the organization launched its first publicly facing eligibility tool, "**Single Stop Connects**," a website that allows individuals in New York and New Jersey to self-screen for benefits eligibility in five languages.



Enrollers support individuals through the process of applying for and receiving benefits. TESN enrollers may be a state's designated partner for receiving benefit applications, as is the case with **Code for America's Get CalFresh** project—which is the official portal for online SNAP applications in California—or they may operate independently, submitting information on behalf of clients and navigating elements of the application process. Enrollers can also help individuals receiving public benefits maintain their enrollment by supporting them through the re-certification process, such as in LA'Message, a text-based notification project launched by Code for America in Louisiana.



Advisors provide information and tools to help people better manage their resources by providing additional information and tools separate from the direct context of public benefits programs. An advisory tool may provide financial education, budgeting resources, or information on improving nutrition. **Benefit Kitchen's** screener determines likely eligibility for public benefits and offers a budgeting tool to help people better manage their expenses. **Propel's Fresh EBT** provides access to job listings as an additional resource to help workers find better employment situations.



Benefit Managers improve user interactions with their benefits through technology platforms. For instance, the **FreshEBT** app allows users to check their SNAP EBT balance in real time, eliminating the need for recipients to call their benefits agency and navigate a telephone menu to access account information.

Our research shows that Enrollers (17) are the most common tool type, reinforcing the notion that access is a primary challenge in the safety net and a large market exists for tools that improve the often fragmented and difficult process of accessing benefits. Screeners (11) are the second most common tool type, empowering users with greater knowledge about which programs they should apply for. Connectors (3), Advisors (3), and Benefit Managers (2) are less common, but display the potential for technology to offer innovative tools beyond the scope of eligibility and access.

Intended Users

TESN tools target five primary intended users, with some tools engaging multiple users and audiences.



Individuals

Individual users may utilize TESN tools to find information about social services, determine eligibility for public assistance, or enroll for benefits. These users are not yet embedded in the social safety net, but can use tools, such as One Degree’s search tool, to identify programs that can provide needed assistance. One Degree’s tool also offers a combined application for multiple public benefits in California, and provides a referral link to resources not covered by the combined application.



Benefit Recipients

Once individuals have enrolled in a public assistance program, they can use tools specifically designed for benefit recipients. These tools connect people to information and services about their benefits in real time. Code for America’s pilot projects in the Integrated Benefits Initiative offer support in maintaining benefit receipt to people receiving public benefits in Louisiana and Colorado.



Governments

As administrators of public assistance and social programs, federal, state, and local governments are crucial end users of TESN tools. As part of the Integrated Benefits Initiative, Nava Public Benefits Corporation worked with the state of Vermont to provide alternatives to physical, mailed-in documents verification, building a digital tool for document uploads that allowed state service providers to more efficiently process client information.



Social Service Organizations

Some TESN tools are designed for social service organizations to assist individuals navigating the social safety net. While Benefit Kitchen’s web-based app allows individuals to screen themselves for eligibility, the company also offers an API that can be embedded in the computer systems of front-line service providers that allows them to screen clients for benefits eligibility.



Businesses

Similar to social service organizations, businesses can support the financial security of their clients by screening them for benefits eligibility. Aunt Bertha’s search tool is available as an enterprise platform for businesses, including health care providers, to screen customers and make direct referrals to service providers.

Our research shows tools targeted to individuals (16), benefit recipients (15), and governments to be the most common types of TESN tools, with tools for social service organizations (8) and businesses (3) lagging in overall frequency. The development of tools for a broad audience reflects the many intersection points for people and public benefits in the United States, and a tradition of benefits provision that relies on non-governmental actors.

TESN Developers

We identify 12 organizations leading the development of tools and processes and advancing the notion of a social safety net that is more people-centered and tech-enabled.

Alluma*

www.alluma.org

Tagline: “Connecting People to Help Through Policy & Technology”

Signature Project: [One-X-Connection](#), “a cloud-based solution for determining eligibility and for enrolling individuals and families in a wide array of health and social services.”

Aunt Bertha

www.auntbertha.com

Tagline: “A Social Care Network That Connects People and Programs”

Signature Project: [Findhelp.org](#), a free search tool that has connected more than 5.8 million people to free and reduced-cost programs and social services in their area.

Benefit Kitchen

www.benefitkitchen.com

Tagline: “Data Analytics for a Better Life”

Signature Project: [Benefit Screener](#), which screens user eligibility across 18 federal, state, and local benefits in eight states.

Benefits Data Trust

www.bdtrust.org

Tagline: “Transforming Benefits Access”

Signature Project: The use of data-matching to identify and conduct outreach to eligible but unenrolled applicants and provide phone-based benefits enrollment assistance in six states.

Civilla

www.civilla.org

Tagline: “A non-profit design studio dedicated to changing the way public-serving institutions work”

Signature Project: [Project Re:Form](#), which streamlined applications for the five largest assistance programs for 2.5 million Michigan residents into one form—producing an application that is 80 percent shorter and processed in nearly half the time of the original.

Code for America

www.codeforamerica.org

Tagline: “What if all government services were this good?”

Signature Project: [GetCalFresh](#), a web-based “digital assister” for SNAP enrollment. GetCalFresh has reduced the average application time to 10 minutes and has become the official online application for California’s SNAP program.

mRelief

www.mrelief.com

Tagline: “To restore dignity by transforming access to social services”

Signature Project: [mRelief Screener](#), an easy-to-use platform on web, text messaging, and voice for families to find out if they qualify for and enroll in food stamps in all 50 states.

Nava

www.navapbc.com

Tagline: “We believe that government services can be simple, effective, and accessible to all”

Signature Project: The [Vermont Integrated Benefits Initiative](#), which integrates enrollment and eligibility processes for all of the state’s health care and financial benefit programs, including Medicaid and SNAP.

One Degree*

www.1degree.org

Tagline: “Find free, life-improving resources”

Signature Project: The One Degree [search tool](#), which connects people to free services across different categories of need, including housing, food, health, and education, in cities across five states—California, Florida, Michigan, New Mexico, and New York.

Propel

www.joinpropel.com

Tagline: “We’re making America’s safety net more user-friendly”

Signature Project: [FreshEBT](#), a mobile app with over 10 million downloads that allows SNAP, WIC, and TANF recipients to check their EBT balance and transaction history in real time.

Single Stop

www.singlestop.org

Tagline: “A one-stop off-ramp out of poverty”

Signature Project: [Single Stop Connects](#), a benefits screener and referral database to connect people to community service providers and case management in New York and New Jersey.

U.S. Digital Response

www.usdigitalresponse.org

Tagline: “Support for Crisis Response”

Signature Project: Supporting [unemployment insurance systems in Kansas](#), helping the state Department of Labor manage a 5,000 percent increase in traffic to its UI application website and implement Pandemic Unemployment Assistance payments.

*Alluma and One Degree announced a merger in October 2020.⁴⁶

Safety Net Program Involvement

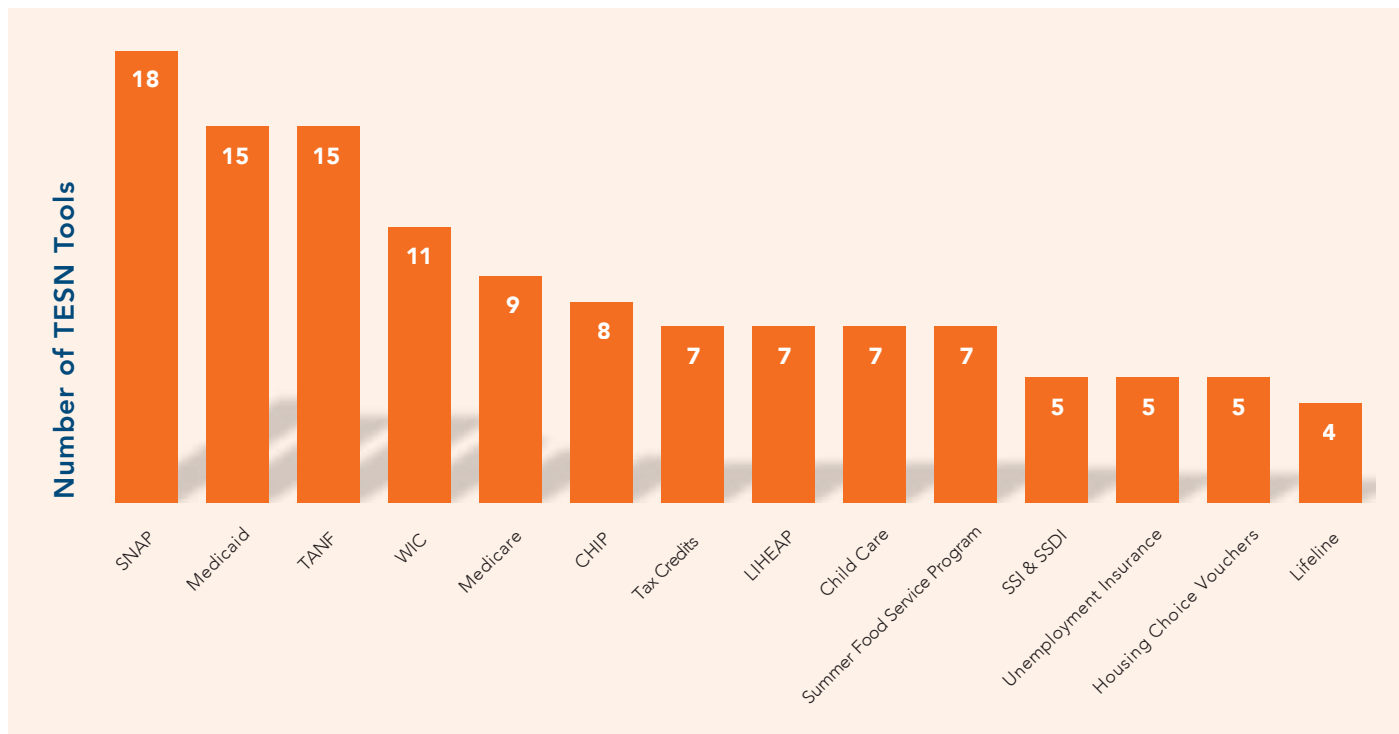
Our snapshot of the field finds 14 safety net programs touched by TESH tools. SNAP is the program most commonly involved (18), with Medicaid (15), TANF (15), and WIC (11) also commonly featured. The frequency of SNAP and Medicaid in particular reflects the prominence and importance of these programs in the safety net landscape and builds on the existing state infrastructure where these programs are more frequently linked than others. Our observations also reflect a growing field, reacting to the extraordinary disruption of the COVID-19 pandemic. The first phase of our scan, conducted in early 2020, failed to detect any TESH organizations building tools to support UI. Since that time, Benefits Data Trust expanded screening for clients statewide in Pennsylvania for UI eligibility, and as appropriate connecting them to official application points. U.S. Digital Response (USDR) as an organization was formed as a response to the pandemic and the need to apply modern technology and associated approaches to improving the function of government, including the safety net. After its creation, the organization began working on UI systems in several states, including Kansas.⁴⁷

“Many Welcoming Doors”: Widening Access to the Social Safety Net

TESN organizations use a variety of tools to enhance, not replace, traditional public benefits and social service delivery. Via mobile-friendly websites, apps, APIs, SMS-based services, telephonic hotlines, and in-person office visits—regardless of how people seek out public assistance—their experience should be equally accessible, functional, and dignified. These processes should also be welcoming and efficient regardless of where individuals are in their journey with the safety net, from seeking information to enrolling and recertifying for benefits.

Adapted from Code for America, “Blueprint for a Human-Centered Safety Net”

— MANY SAFETY NET PROGRAMS HAVE TESH TOOLS, BUT REACH IS UNEVEN —



Gaps in TESH tool coverage reflect a nascent field and the reality that some public benefits are not ready partners for external efforts. SSI and SSDI are comparatively less represented among TESH tools, and more commonly appear as Connectors and Screeners--tools built to advance awareness of public benefits and their access points, but that do not provide assistance in enrolling or increasing the utility of the benefit. Except in rare circumstances,

SSI applications cannot be completed online, and must be filled out in-person with an agency representative. This internal policy has not been adjusted even as COVID-19 has shuttered Social Security offices, leading to a 30 percent reduction in monthly new benefit awards.⁴⁸ Investing in technology that supports benefits access and user engagement remains an area with substantial growth potential.

TECH-ENABLED SAFETY NET TOOLS HAVE UNEVEN REACH ACROSS PROGRAMS

PROGRAM (TOTAL # OF TOOLS)	CONNECTORS (3)	SCREENERS (11)	ENROLLERS (17)	ADVISORS (3)	BENEFIT MANAGERS (2)
SNAP (18)	2	9	15	3	2
Medicaid (15)	2	8	12	2	1
TANF (15)	2	8	12	2	2
WIC (11)	2	6	9	3	2
Medicare (9)	2	8	8	2	1
CHIP (8)	2	5	6	2	1
Tax Credits (7)	3	6	5	2	1
LIHEAP (7)	2	5	5	2	1
Child Care (7)	2	4	6	2	1
SSI & SSDI (5)	3	2	0	1	1
Unemployment Insurance (5)	2	3	1	1	1
Housing Choice Vouchers (5)	2	4	4	1	1
Summer Food Service Program (7)	2	6	5	2	1
Lifeline (4)	2	3	3	2	1

Generating Insights for Systems Reform

One defining characteristic of TESH organizations is a desire and willingness to apply lessons learned through practice, informed by quantitative and qualitative data derived through service provision, user research, feedback, success, and failure. We see a field broadly working to learn and offer those lessons to others in an effort to inform policy design and improve access to and delivery of public benefits. Below is a snapshot of TESH organizations and selected efforts to share information and insight to advance systems reform.

Alluma

<https://www.alluma.org/insights/whitepapers>

In 2017, Alluma partnered with the Center on Budget and Policy Priorities to produce a [paper and interactive online tool](#) exploring ways government agencies can leverage data-sharing to enroll low-income people in additional programs for which they qualify and boost overall enrollment rates. This research considers cross-enrollment best practices, data-sharing capacity, and general practices to streamline enrollment while protecting beneficiary privacy.

Alluma has also done research on applying technology to [improving customer service in health and human services](#) once eligibility enrollment has been largely integrated. Research points to ways to improve client-facing processes, such as submitting forms or requesting information about their case, and methods of using user information to improve performance and outcomes.

Benefit Kitchen

www.benefitkitchen.com

Benefit Kitchen launched BING, the Basic-Income Needs Generator, with the United Way of California in 2015. BING allows users to generate a basic needs budget for families of varying size and shape in every county in California. The project is intended to raise awareness about the tradeoffs and hardships faced by low-income families in the state.

Benefits Data Trust

<https://bdtrust.org/system-change/>

Benefits Data Trust partnered with the Center on Budget and Policy Priorities to conduct research on using data matching and text outreach to [increase WIC enrollment](#) for families with young children. The partnership launched pilots in Colorado, Massachusetts, Montana, and Virginia, using SNAP and Medicaid data to measure how many WIC-eligible participants were not enrolled in the program, and then texting eligible households to initiate enrollment. The research produced critical findings for policymakers seeking to boost program enrollment, finding that data matching across safety net programs could lead to double-digit percentage increases in WIC enrollment across the four states. In Virginia, these strategies could lead to increasing WIC caseloads by as much as 98 percent.

Civilla

<https://civilla.org/insights>

When Civilla embarked on transforming one of the longest benefits application forms in the country into a streamlined, 80 percent shorter enrollment process, staff discovered that [many form requirements were rooted in asset tests](#). Michigan requires that public benefit applicants verify that they do not possess assets exceeding \$5,000 in value—a process requiring several verification forms. As Civilla staff worked to redesign the state's application, they also advocated with the state health and human services agency to simplify asset policies to alleviate applicant burdens. In 2019, the state announced a [revamped policy](#) that harmonizes asset limits across several benefit programs.

Code for America

<https://www.codeforamerica.org/how/practices>

Code for America produces guidebooks and blogs on best practices for [data-driven decision making](#), [open government](#), and [delivery-driven policy](#), seeking to transform how government delivers user-centered policies and programs. In April 2020, the organization released a memo on [SNAP policy and enrollment reforms](#), advocating for a range of federal actions. These varied from waiving interviews and offering flexibility for people unable to provide verifying documents due to employer shutdowns, to easing enrollment requirements for low-income college students. The organization also called for rapid funding and technical support for states to expand digital and text-based client communication services.

mRelief

<https://www.mrelief.com/blog>

mRelief conducts text and online surveys to gather user input on policy changes and economic shocks. In March 2020, mRelief conducted Instagram and Facebook surveys to learn about users' food security, yielding findings which reinforced internal changes to enrollment tools, such as providing users with increased in-app information on Congressional actions impacting SNAP benefits. In August 2019, following the Trump Administration announcement of new income limits for SNAP eligibility, mRelief [contacted 362 California families](#) to seek their thoughts on the proposed policy change.

Nava

<https://www.navapbc.com/services/case-studies/>

Nava contributes its expertise to structural reforms that enable governments to operate streamlined, modernized systems. Products range from a comprehensive best practices and risk management guide on [government use of cloud infrastructure](#), to a [suite of toolkits](#) on form design, user research templates, and crisis response service design. These resources offer actionable guidance for governments to embed human-centered practices in their service delivery.

Nava also has conducted tests on the maximum capacity of digital tools, demonstrating the feasibility of building systems to handle high-volume user periods—and allaying fears of website collapse. Nava's [Billion User Load Test](#) simulated a user load of 1 billion people on HealthCare.gov, successfully processing thousands of requests per second with zero errors. These tests can instill confidence in government and nonprofit agencies that modernized systems can accommodate dramatic increases in usage.

One Degree

<https://medium.com/one-degree/latest>

One Degree uses search data to inform understanding of community needs, and to advocate for the use of [big data in social policy and tech delivery](#). The organization has examined search data to assess changing needs in neighborhoods, such as noting higher search rates for emergency shelters, and to identify resource gaps, such as a scarcity of free or reduced-price diaper resources despite frequent search rates indicating high need among new parents. By anonymizing data to protect user privacy, tech organizations can assess trends in community needs, and communicate to policymakers where targeted interventions are needed.

Propel

<https://medium.com/@JoinPropel>

Propel regularly gathers user input on experiences with food insecurity and other household financial challenges and applies these insights to policy advocacy. Since the onset of the pandemic, the organization has conducted monthly household pulse surveys—publicizing findings from FreshEBT user responses on food access, receipt of stimulus payments, employment, and housing instability—with particular focus on racial disparities. The organization shares these findings with state, federal, and nonprofit partners.

U.S. Digital Response

<https://www.usdigitalresponse.org/resources/>

USDR launched in response to COVID-19, connecting pro bono technical assistance to governments and organizations to help meet the critical needs of the public. After extensive work with state UI systems, USDR produced a report on technical findings and implementation steps for state agencies. The report identified root causes of dysfunctional systems, including cumbersome eligibility determination systems, complex and aging mainframes, and the need for regular human intervention in online systems that are meant to operate without frequent manual processing.

Social Tech Collaborative

<https://socialtech.us/playbook/>

The Social Tech Collaborative, an umbrella group of seven nonprofit TESN organizations (Alluma, Benefits Data Trust, Code for America, Civilla, mRelief, One Degree, and Single Stop) launched in response to the COVID-19 pandemic. The Collaborative has developed a series of “plays”—actionable responses governments and nonprofits can institute to enhance digital service delivery, from benefit form design and targeted community outreach to developing Requests for Proposals for human-centered design work.

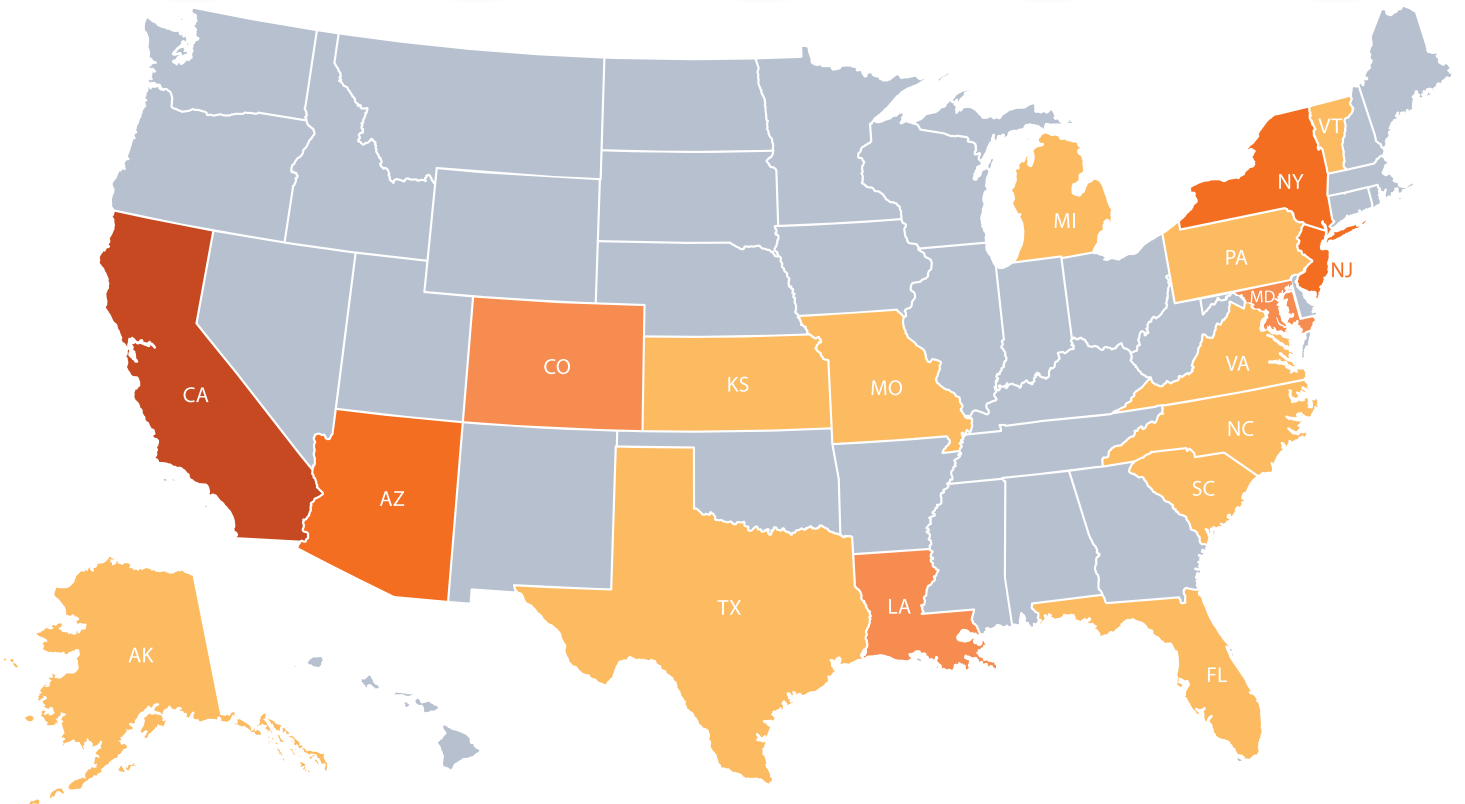
Geographic Impact: The Unequal Reach of TESH Tools

TESN tools are currently limited in their geographic reach: five tools are available in all US states, with the majority of services operating at the state level (14), and still others targeted to county and city-level agencies, reflecting the fragmented approach to benefits delivery common in the United States. The geography of TESH tools reveals an emerging patchwork and displays clear opportunities for innovators across

sectors to launch new efforts to improve the experience and value of the safety net through technology and people-centered methods, especially in underserved and high-poverty regions of the country.

TESN organizations are similarly regionally concentrated—of the 12 organizations identified in the TESH database, just one is headquartered in the South—Aunt Bertha in Austin, Texas. By comparison, California and New York are each home to three organizational headquarters.

FIVE TESH TOOLS ARE AVAILABLE NATIONWIDE, AND A PATCHWORK OF TOOLS IS EMERGING IN CERTAIN STATES



The five TESH tools listed above the map are available nationwide, but some states have access to additional TESH tools.

- States with one additional TESH tool
- States with two additional TESH tools
- States with three additional TESH tools
- States with four additional TESH tools

* To see a full list of TESH tools by state, please view the appendix at the end of this paper

Recommendations for Reform

TESN organizations are showing what's possible when modern technology is married to a consumer insights perspective. Policymakers, public benefits program administrators, philanthropy and investors, and social service organizations all have an opportunity to enhance the impact of their role in supporting household financial security by engaging with, learning from, and building on the growing work of organizations employing this approach. The potential exists through these methods to reimagine public benefits and create a safety net that is inclusive, people-centric, portable, and interoperable.

Policymakers at the Federal and State Levels

- As the crisis of the pandemic eases, policymakers have a once-in-a-generation opportunity to reinvent public benefits to better support financial security. Insufficient digital infrastructure limits the options available to policymakers, prevents needed support from reaching eligible people, and damages trust in government and policymakers themselves. It is essential that policy reforms are paired with sustained investments in IT systems and teams to move from patchwork responses to a reformed system of benefits designed to meet 21st century needs.
- Both policy and technology investments need to be based on the real experience of people using those systems in order to meet real world needs and perform as intended. Modernized systems absent continuous user feedback and human oversight can yield worse outcomes for program participants and costly lessons for governments. To design the most effective policies, policymakers need to invest in the development of tools and systems that provide input and feedback from applicants, beneficiaries, and front-line staff.

TESN Tools and Approaches Are Advancing

Developments in 2021 show the growing reach of TESN tools and approaches, and the promise of increasing impact. In early 2021, Wisconsin's Department of Workforce Development announced a partnership to begin a people-centered, tech-enabled modernization of the state's UI system with support from the non-profit USDR, and the federal government's 18F.⁴⁹ 18F also announced the creation of software "making benefits eligibility rules more visible, transparent, and reusable." The non-profit Virginia Poverty Law Center (VPLC) has used these tools to create a screener for SNAP eligibility that is available to anyone in Virginia.⁵⁰ With active participation from the federal government, and more blueprints for partnership between the federal government, states, and social service organizations, we expect to see continued rapid growth in this area.

- A growing field of organizations is working to complement and advance governmental efforts to deliver public benefits, and showing what's possible through:
 - Building tools to make the safety net easier to find, easier to access, and more valuable in pursuit of financial security. These innovations are showing what could be standard practice across the safety net.
 - Building tools and processes that collect and distill user experience as critical evidence for policymaking and program improvement. User surveys, text outreach, and live chat create channels for client feedback and the adoption of a consumer insights perspective, pointing the way toward service delivery improvement and policy innovation.
 - Generating policy and process reform innovations to tackle critical safety net challenges and building a safety net that is inclusive, people-centric, portable, and interoperable.

Public Benefits Program Administrators at the State, County, and Municipal Levels

- TESH tools deliver mutual benefit for users and administrators alike. Streamlined digital tools can save time for case managers and human service agency staff, minimizing the need for error corrections, and maximizing time for direct assistance.
- States are already leading the way on TESH partnerships that improve people's experiences applying for and engaging with public benefits, demonstrating feasibility and offering blueprints for states and localities eager to reform and improve their own systems.
- The development and usage of innovative tools—especially Connectors, Screeners, Advisors, and Benefit Managers—beyond the core function of benefits enrollment and maintenance, show the potential to increase the reach, impact, and value of public benefits programs.
- TESH organizations are building tools and processes that collect and distill user experience as critical evidence for improved program delivery. User surveys, text outreach, and live chat create channels for client feedback and the adoption of a consumer insights perspective, pointing the way toward service delivery improvement and policy innovation.

Philanthropy and Investors Interested in Promoting Financial Security

- The pandemic has exposed the insufficiency and inaccessibility of the existing safety net and exposed the need to rebuild benefits for the 21st century to be inclusive, people-centric, portable, and interoperable. This is an important time to invest in high-quality, innovative tech tools that respond to the growing and changing needs of financially insecure people.

- TESH organizations are building innovative tools and processes to make the safety net easier to access, more valuable, and more responsive to people's needs. However, the geographic impact of this promising approach is currently scattered and concentrated in a few safety net programs, presenting an opportunity for increased investments to spur growth and impact in underserved areas.
- Massive digital engagement rates demonstrate a clear value and need for well-designed, user-friendly, dignified apps and websites that help people access and navigate their benefits. This is a growing sector that can also link a wide user base to other financial tools, services, and supports that can lead to more sustained financial stability.

Social Service Organizations and Businesses Providing Benefits Access

- TESH organizations are building tools and processes that are available to be incorporated into existing systems—allowing for streamlined benefits enrollment processes and increasing the capacity of front-line workers to engage clients and help meet their needs.
- TESH organizations are building tools and processes that collect and distill user experience as critical evidence for improved program delivery. User surveys, text outreach, and live chat create channels for client feedback and the adoption of a consumer insights perspective, pointing the way toward service delivery improvement and policy innovation.

For more information on a holistic exploration of work and public and workplace benefit arrangements, read **“The Complete Financial Lives of Workers.”**

Conclusion

The pandemic forced a reckoning with the insufficient, fragmented, and inaccessible nature of the safety net. The temporary patches applied to the safety net have helped mitigate the impact of the pandemic, but also highlighted ways in which our public benefits systems fall short in creating a safety net that protects against economic pitfalls and promotes financial security. We are faced with the urgent task of building a coherent system of public and private benefits that supports household financial security.

Innovators working to build the Tech-Enabled Safety Net (TESN) offer a path forward. Projects to bring modern technological tools and methods to public benefits in ways that improve access to, experience in, and value of the safety net are happening all across the nation—both inside and outside of government. This approach pairs technological modernization with new tools and methods of centering end users, quite often people marginalized by policymakers and public systems. TESN organizations can distill and leverage a unique and powerful type of evidence—the voice, needs, and expertise of the people who use the safety net most and know it best.

Rather than a framework of fragmented benefits, cumbersome enrollment systems, and aging digital infrastructure, we can deliver a modernized system that is people-centric, portable, inclusive, and interoperable. We can make a system that:

- Designs public benefits to boost—not minimize—access and uptake, creating consistency across state public benefit systems, with streamlined application processes and the potential for automatic benefit enrollment where appropriate;
- Recognizes that workers today rely on public benefits, and designs them accordingly—with limited conflicts between public benefits and key elements of financial security, such as personal savings and consistently positive cash flow;
- Creates inclusive public benefits and financial systems to smoothly and safely deliver resources, including money, to the most vulnerable people; and
- Encourages and helps people save for shocks as a complement to benefits, social insurance, and other structural supports.

To learn more about this work, reach out to Aspen FSP Associate Director Justin King at justin.king@aspeninstitute.org, visit AspenFSP.org, follow [@AspenFSP](https://twitter.com/AspenFSP) on Twitter, and sign up for the newsletter at <http://bit.ly/fspnewsletter>.

Appendix

STATE	ORGANIZATION								
	Alluma	Benefits Data Trust	Benefit Kitchen	Civilla	Code for America	Nava	One Degree	Single Stop	US Digital Response
Alaska					✓				
Arizona	✓		✓						
California	✓		✓		✓		✓		
Colorado		✓			✓				
Florida							✓		
Kansas									✓
Louisiana			✓		✓				
Maryland	✓	✓							
Michigan				✓	✓				
Missouri				✓					
New Jersey			✓					✓	✓
New York ⁱⁱ			✓				✓	✓	
North Carolina		✓							
Pennsylvania		✓							
South Carolina		✓							
Texas			✓						
Virginia			✓						
Vermont						✓			

ii Benefits Data Trust operates a Benefits Center in New York City that is not reflected in the table and map, but is a large scale and long-running project.

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**ROUNDTABLE: “Ending Hunger in America: Local Innovations
to Inform a National Strategy”**

July 15, 2021



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**ADDRESSING THE ROOT CAUSES OF HUNGER IN NEW MEXICO AND THE PASO
DEL NORTE REGION**

Statement of

Krysten Aguilar

Co-Executive Director, La Semilla Food Center

at the

Ending Hunger in American Series

hosted by the Committee on Rules,

United States House of Representatives

**Ending Hunger in America: Local Innovations to Inform a
National Strategy**

July 15, 2001

The Paso del Norte Region of Southern New Mexico and El Paso, Texas

La Semilla Food Center is based in Anthony, NM, and serves the Paso del Norte region, a culturally diverse area rich in tradition, with a population reflecting Mexican, indigenous, Afro-latino and European backgrounds. The Paso del Norte region includes Doña Ana County, the city of Las Cruces, the urban heart of southern New Mexico, and the state's second largest city with 101,324 residents, and crosses the Texas state line to include El Paso, Texas, delineated by the U.S.-Mexico border and Ciudad Juarez 40 miles to the south. Though there are just over 1 million people in the area, the majority of the region is rural. The Paso del Norte region faces a situation similar to many other border communities with low wages (\$15,704 per capita income), 18% of the labor force unemployed, high rates of childhood poverty (31%), and high rates of obesity (31%). Doña Ana County residents reflect this situation, especially for those living in our rural areas. More than half of the county's residents live in unincorporated areas near Las Cruces or small rural communities throughout the county's 3,808 square miles.

New Mexico has long struggled with poverty, hunger, and unemployment, a situation only exacerbated by the global pandemic. New Mexico's unemployment rate sits 8 percent currently. New Mexico continually ranks last in childhood wellbeing measures by *Kids Count* that examines health, economic well-being, education, as well as family and community to measure a state's prosperity. Along with dismal economic and health outcomes, the region is rife with high poverty and low food access areas, with almost 30% of residents in Dona Ana County and 20% in El Paso lacking access to healthy foods. SNAP and WIC are important tools to bridge the gap for many families. Unfortunately, WIC participation is dismally low in the region, with New Mexico only covering 44.8% of eligible individuals and Texas covering 57.5%. SNAP rates of coverage fare better, with 90% of eligible individuals covered in NM and 73% in Texas. However, these numbers don't illustrate the difficulty that people in the region have with accessing healthy foods for purchase due to lack of healthy food access points and grocery stores and significant barriers to transportation in our largely rural area.

In the Paso del Norte region there is a huge unmet demand for fresh, healthy local foods. This "food gap"—nutritious foods, particularly fresh fruits and vegetables, are not available or affordable—obstructs people and institutions in our region from accessing local foods. New Mexico has one of the lowest food security rates in the nation and many parts of the region are considered food deserts. This situation is compounded by the fact that, as Michael H. Schuman's 2010 report "Prospects for Food Localization in New Mexico" observes, nearly all the raw food grown in the state of New Mexico is for export. And very little of this food is converted into value-added goods. Economists have long understood that a region that primarily exports basic commodities usually remains stuck in poverty. Health providers and advocates know that high levels of food insecurity and low access to healthy foods contribute to increasing rates of obesity and diabetes.

Doña Ana County is home to 2,187 farms with 95% of those being small farms—and 1,466 of those farms are less than ten acres. For more than half of those farms, the annual value of sales is less than \$10,000. Not surprisingly, 36% of those farmers work more than half the year in another industry. In recent decades, fewer younger operators are entering the business, resulting in an aging workforce. The average age of a New Mexico principal operator is 61, while less than 5% are under the age of 35 and nearly a third are 70 or older. Continuing issues with access to water and arable land, and the significant cost to starting and maintaining an agribusiness, mean that newly launched enterprises are few and far between. With a total farm acreage of 659,970, only a small percentage (14.2%) of this land is used for crop production and an even smaller percentage

for healthy foods that could be used for local consumption—only 6,700 acres for the production of vegetables compared to the 69,500 used for pecans, forage, corn (for feed), and cotton.

The statistics are stark, but they are only half of the story. The Paso del Norte region is located in the northern reaches of the Chihuahuan Desert where the potential for a renewed understanding of desert foods and ancestral health and wellness traditions carries the possibility of deep community resiliency. We believe deeply in the cultural value of sustainable, localized agriculture and its contribution as a source of community vitality and prosperity for all families.

The solutions

La Semilla delivers high quality, impactful programs that foster a healthy, vibrant, and localized food system in the Paso del Norte region. Our work is rooted in equitable systems change and we ensure that links between multiple food system points are made in each of our program areas. We do this through administration and implementation of activities within our key program areas:

Edible Education and School Gardens: This program offered in over 30 schools in 4 school districts on both sides of the state line empowers students to understand how food is grown, consumed, and impacts our personal, community and environmental health. Professional development activities train teachers in how to use the garden for instruction that integrates with standards and in leading classroom cooking activities tied to garden production. Edible Education students discover fresh food and make healthier food choices, creates school environments where the healthy choice is the easy choice.

Food Planning and Policy Advocacy. La Semilla leads coalition efforts made up of government officials, nonprofit leaders, private business, and community representatives who collaborate to evaluate and improve our local food system and the availability of safe, healthy, and sustainable food at reasonable prices for all residents and foster a link between food, health, and local economic development. La Semilla was instrumental in its inception and establishment as well as passing the Las Cruces Urban Agriculture and Food Policy Plan, the first of its kind in the state.

Community Education. The program serves low-income and limited resource children, youth and young adults, and families from underserved remote rural and underserved urban communities in the Paso del Norte region, as well as other interested community members. Programs include:

La Cosecha—supports the creation of environmentally friendly, long lasting community gardens in food desert communities, where Cultivadores/Promotoras (community members who apply to train as community garden leaders and organizers) lead gardening and cooking workshops designed to teach about where food comes from, culturally appropriate elements of a sustainable local food system, and how our food system has profound consequences for individual and community health.

Raices de Tradicion y Salud—engages youth ages 15-21 in farm-based production and food systems education and is hosted three times a year for 6-8 week sessions, 12-15 youth per session. Participants explore how food and methods of production are intrinsically tied to the health and wellbeing of a community.

Apprenticeships—We host 2 to 4 apprentices at any given time and each apprenticeship term ranges from 3-6 months. This program provides interested youth and young adults

with intensive education and employment opportunities at the Community Farm and with our other programs, depending on career aspirations and interests

Summer Camps - Summer campers engage in activities connecting history, ecology, farming, and cooking and nutrition

The Farm Fresh Mobile Market brings local, fresh healthy produce and staple food items to farmers' markets, neighborhoods, and to six food low-income and limited resource communities in southern Doña Ana County, New Mexico. Farm Fresh helps build relationships between farmers and markets that establish common grounding in the challenges and opportunities for direct market expansion while providing informed market analysis. Produce is sourced from La Semilla Community Farm and from up to 20 partner farmers.

La Semilla Community Farm is an educational and demonstration farm guided by agroecological farming practices for greater biodiversity, livelihoods and food security. The farm serves as a production and demonstration site, embodying practices that restore ecological vitality, produce high quality food for humans and the web of life, and improve small farm viability as livelihoods and pathways for people in the Paso del Norte region. On farm events, workshops, and tours provide farmer and public education opportunities to increase understanding and application of agroecological practices and to build capacity for local food production.

La Semilla Community Farm serves as a training site for food growing and food safety, in addition to carrying out its own agro-ecological production. La Semilla's Farm Fresh Program, the program most involved in this project, provides training, technical assistance, and market support to over 20 small farmers and food producers from underrepresented backgrounds (beginning, small-acreage or landless, low-income, women, and/or Hispanic) operating in Doña Ana and El Paso County. Farm Fresh provides growers with multiple points of market access through the creation and improvements of produce distribution channels and the facilitation of contracts with restaurants and large institutions. Farm Fresh programs also provide technical support to ensure that beginning growers we serve are prepared to grow consistently, have strong food safety protocols in place, and adequate wash and pack infrastructure.

As we continue our work in the region and in New Mexico on the quest to foster a healthy, self-reliant, fair and sustainable food system through increased food localization and microenterprise development, we can achieve an important win not only for our region's food security and health outcomes, but also for new market opportunities and an enhanced local economy aims to promote agriculture and community and address the root causes of hunger and poverty. Many diverse groups in New Mexico regularly work together to address the pressing issues of the state in a highly collaborative and relationship-based process. There are several programs and initiatives that have actual or potential impact on hunger in the state, outlined below. Solutions to hunger must include both federal and state funding and policy initiatives to move the needle towards a more just, healthy, fair and sustainable country.

Tiny but Mighty Federal Grant Programs

Coined by the National Sustainable Agriculture Coalition, the “tiny but mighty” grant programs provide relatively small funding allocations from the Farm Bill but have an outsized impact on communities and food-producing farmers. La Semilla and many other organizations rely on federal grant dollars from programs like the Beginning Farmer and Rancher Development Program, Local Food Promotion Program, Community Food Projects, and Food Insecurity Nutrition Incentives Program. These dollars, exceptionally small amounts in the grand scheme of the federal budget,

As an example, Community Food Project grants range up to \$300,000 over a three-year grant period. With one of these grants and only \$100,000 per year, La Semilla was able to:

- Launch our Mobile Farmers Market bus and wholesale markets, providing a steady and reliable market outlet to small, diversified farmers, with well over \$20,000 in sales yearly.
- Provide shared use infrastructure to over 25 small farmers, including cold storage, refrigerated distribution, and wash and pack facilities. This leads to huge savings for small farmers, most of whom do not have the capital to purchase infrastructure.
- Provide business enterprise training to small and beginning farmers, community members, youth, and others interested in food and farm small business development.
- Hold garden and nutrition education across the region, with over 1,300 hours of educational sessions and over 500 participants in multi-week sessions.
- Provide spaces for increased community cohesion and social interaction, a vital component for the mental and physical well-being in the communities we serve.

The importance and impact of these programs cannot be overstated. The possibilities of impact in communities hardest hit by poverty and hunger with even relatively modest increases in spending is astronomical and the return on investment for these programs is, quite frankly, astounding.

Equitable Food Oriented Development through a Healthy Food Financing Initiative Fund

Through strong, relationship-based coalition development across New Mexico, La Semilla Food Center is working with project partners to establish a state-wide Healthy Food Financing Initiative (HFFI) fund. The fund will create a community-investment vehicle with low interest loans, forgivable loans, and grants to invest in local farmers, food hubs, and healthy food outlets. Utilizing an Equitable Food Oriented Development (EFOD) lens, the fund creates the opportunity to increase access to local and nutritious food, create quality jobs, revitalize local economies, and diversify our state’s economy. The HFFI utilizes the EFOD framework to correct the generations of racial, ethnic, and gender prejudice that still exists today within federal and private sector grant & lending programs. Directly addressing the status quo of inequitable distribution of land and resources in our food system allows all project partners to take giant strides forward in their missions to cultivate healthy farms, economies, and communities in New Mexico. This initiative and coalition development prioritizes BIPOC leadership and food & farm system entrepreneurs to build out an equitable community investment ecosystem with the long-term goal of increased resilience and prosperity in New Mexico communities.

This work utilizes a systems-based approach and focuses on the root causes of inequities and poor outcomes in the state. Using the HFFI as a catalyst, the fund will support organizations, farms, and coalitions from across the state to increase their impact. By building power of BIPOC-led and community rooted organizations and groups, there is a co-creation of a collective that will be able to design the incredibly powerful tool of a community investment initiative to ensure that wealth and capital flow directly to folks most impacted by systemic inequities in our food system and capital deployment systems; specifically, this coalition will ensure that Black, Indigenous, Latinx, other people of color, femmes, and LGBTQ+ folks are centered and are the direct recipients of funding. This coalition and fund will disrupt standard development, lending, and economic development practices and capital deployment decisions that exclude and often harm these communities.

This work incorporates the EFOD framework, a development strategy that uses food and agriculture to create economic opportunities and healthy communities and explicitly seeks to build community assets and wealth by and with systemically marginalized and exploited communities. The establishment of an HFFI fund rooted in EFOD principles will increase the state's capacity to draw in capital to a unique and innovative funding model. It is well documented that the root causes of most of the state's most pressing issues are poverty, systemic racism, and economic inequity. Hence, the HFFI creates a program grounded in intentional wealth creation, acknowledging the effects of decades of discrimination against Black, Indigenous, people of color, women, and LGBTQ+ people in public- and private-sector grant and lending programs, including through redlining and discrimination within USDA lending programs. The HFFI fund will recognize the innovation and expertise of these communities and invest in their farm and food projects.

We approach our role in coalition building and HFFI fund development in a collective and applied manner. By nourishing and amplifying the practice and voices of people already seeding efforts towards economic and food system development, we seek to mobilize resources directly to partner organizations and their communities. We utilize a communal development process, a non-extractive practice that nourishes potential by virtue of being:

- *Relationship-based.* Recognizes true coalition building as ancestral research and communication practices that create and reaffirm meaning and values within and across human beings and systems. Priority is placed on developing and strengthening relationships within ourselves and between organizations and groups state-wide. We are not 'mining' the time and resources of organizations, farms, and groups - we are weaving them to connect points of communal dignity and strength.
- *Responsive.* Addresses emerging needs to the extent possible by leveraging resources and additional relationships (action-oriented).
- *Adaptable.* Responsive to community & natural rhythms. Prioritizing relationships means are protective of community health - particularly of BIPOC communities that bear the brunt of economic and environmental inequity - and we adjust our time frames and expectations accordingly, particularly in these times of global pandemic.
- *Justice-oriented.* Coalition building that centers and uplifts communities of color. It names power imbalances while remaining rooted in grounded connection and collaboration, with the aim of addressing past and present systemic harm.

The HFFI fund development and coalition building is resulting in deeper, more meaningful, and long-term power, resiliency, and prosperity in all New Mexico communities. While the outcomes of an EFOD driven HFFI fund are exceptional in and of themselves, the intentionality of a process rooted in true relationship building with organizations and communities that are BIPOC-led, serving, and rooted multiplies the impact of this project exponentially. Using this unique, collaborative approach rooted in both relationship and community, this project will direct resources into communities and address root causes of hunger and poverty by providing pathways to community and family wealth and prosperity.

With an allocation of \$100,000 from the state of New Mexico, we estimate that this project will be able to fundraise upwards of \$5 million in federal, state, foundation, and private investments. Every program, issue, and solution in this brief is directly linked to hunger and food security. Namely, these projects directly address the systemic issues that cause hunger in our communities. Emergency services are important and necessary - but long-term, systemic solutions are absolutely vital and non-negotiable if our aim is to reduce hunger and poverty in this country. By strongly investing in communities already doing the work of creating strong local food systems and improving community health and well-being, hunger and poverty alleviation can move from a policy talking point to an absolute reality.

“Ending Hunger in America: Local Innovations to Inform a National Strategy”
Statement of Christopher Bradshaw, Executive Director, Dreaming Out Loud, Inc.,
hosted by the Committee on Rules,
United States House of Representatives

July 15th, 2021

Good afternoon Chairman James P. McGovern (D-MA), members of the Rules Committee, and the American people. My name is Christopher Bradshaw, Executive Director of Dreaming Out Loud. We are a nonprofit, cooperative social enterprise located in Washington, DC. Our mission is to create economic opportunity within marginalized communities by creating a healthy, equitable food system. My organization operates farming and regional food hub operations that distribute more than 1,000 weekly shares of our Black Farm Community Supported Agriculture Program to communities across the District, facilitate wholesale sales of socially disadvantaged farmers products into institutional markets, and train marginalized food entrepreneurs. I am thankful for the opportunity to speak before y'all today, sharing the critical work that we are engaged in to bring about comprehensive racial and economic justice, using the food system as our vehicle as our lens and our vehicle.

Hunger. Six letters. A lot to unpack. We so often discuss hunger as a state of being where human beings lack access to food; rather, we need to pivot the talking points to the root causes. Hunger is a racial justice issue. Hunger is an economic justice issue. Hunger is violence. Hunger is not a natural state of being. Hunger is not the result of natural disasters. We must speak to the intentional construction of hunger, the building blocks of which comprise the greatest challenges to the fulfillment of human promise that our country and our world endure today, and seemingly since time immemorial in American history. To fail to name the culprits that work to continually erect new barriers and undergird violent and oppressive systems that perpetuate the circumstances that produce hunger, is to participate in aiding and abetting.

Let me say it again: Hunger is violence. Racialized violence, once upon a time, would have manifested itself as it did in Elaine, Arkansas, in the late hours of September 30, 1919 Black sharecroppers met to establish the Progressive Farmers and Household Union of America to fight for better pay and higher cotton prices. Upon word of these labor organizing efforts, a racist white mob (not unlike that of January 6th, 2021), formed to murder hundreds of sharecroppers. Not only were our folks mass-lynched, survivors were then put on trial and blamed for their own self-defense. Here we have the contours of the current state of “hunger”. Racialized violence. Suppression of labor and wages. Dispossession of land. The denial of the ability to create generational wealth, driving the racial wealth gap. All undergirded by public policy discrimination in housing, labor, agriculture, medicine, banking, the carceral state, denial of full rights to our LBTQI+ community members, and I could go on. And no reparations to level-set, to heal, to undergird life outcomes based on these direct, traceable causes of our people’s challenges. Hunger is systemic, it is structural, and it is tied to this history. Hunger is violence.

While we mark historical events, we must remember that we are constantly in the production of a new history; often one that unmistakably manifests itself in historical cycles of violence. Let me point to a July 12 article in USA Today, where in my home state of Tennessee, “Chief U.S. District Judge Thomas

Anderson issued a national injunction that bars the Biden administration from enacting the loan forgiveness plan approved by Congress in March as part of the American Rescue Plan Act — a \$1.9 trillion COVID-19 relief package.” An attempt to block even a modicum of remuneration for the centuries of historical damage to Black farmers and communities much like Elaine, AR. Unabashed racist actions threaten further Black farmer land loss, driving the inability to accumulate generational wealth and the racial wealth gap, impact communities ability to feed themselves; and in fact drive hunger.

Black folks have been the drivers of local food systems innovations from Booker T. Whatley, the inventor of the community supported agriculture program (the precursor to my organization’s Black Farm CSA) to Fannie Lou Hamer’s social innovation with her Freedom Farm Cooperative in the Mississippi Delta. Each of these ancestors brought new solutions that were met by the width and breadth of structural inequity, racialized violence, and systemic racism that worked to counter their every move. With these historical markers and current acts of white supremacist framing of key attempts to implement reparative and restorative justice solutions, a national strategy must acknowledge the harms and that Black Lives Matter; facilitate comprehensive financial, mental, and spiritual repair; undergird individuals, communities, and institutions with an economic and social floor; and guard against regressive and white supremacist irredentism currently attacking voting rights, use physical violence, and the violence of systems to perpetuate white supremacy for generations to come. Defeating hunger requires defeating white supremacy wherever it manifests: Culturally, politically, physically, and within systems. It requires a latticework of public policies, agencies, allies, and clear definitions of the problem are facing. This is a generational struggle...but we stand ready to feed the fight.




THE PROMISE OF SYSTEMS INTEGRATION

Statement of
Laura Gustin
Director, Monroe County Systems Integration Project

at the
Ending Hunger in America Event Series
hosted by the House Committee on Rules,
United States House of Representatives

ENDING HUNGER IN AMERICA:
LOCAL INNOVATIONS TO INFORM A NATIONAL STRATEGY

July 15, 2021




Thank you, Chairman McGovern, Ranking Member Cole, and distinguished Members of the House Committee on Rules, for hosting this panel on local innovation, and providing me with the opportunity to speak on behalf of my community and our collective, ground-breaking work. My name is Laura Gustin, and I am the Director of the Monroe County Systems Integration Project, a multi-year initiative tasked with creating a transformed, person-centered system of service delivery in New York State that connects Monroe County's health, human service, education, and public sectors.

The Burden of Poverty and a Misaligned “System”

As a matter of introduction and context, Monroe County's narrative mirrors other rust belt communities. Once the booming home of corporations such as Eastman Kodak, Xerox, and Bausch & Lomb, today 15% of Monroe County residents live in poverty. The poverty rate within the city of Rochester, Monroe County's urban center, is 33% - highest in the nation among like-sized cities. Rochester also has the second-highest rate of childhood poverty in our nation at 50.5%. Sixty-eight percent of Rochester's below-poverty households are headed by women. Eighty-one percent of all poor children in the city of Rochester (21,000) live in female-headed households.

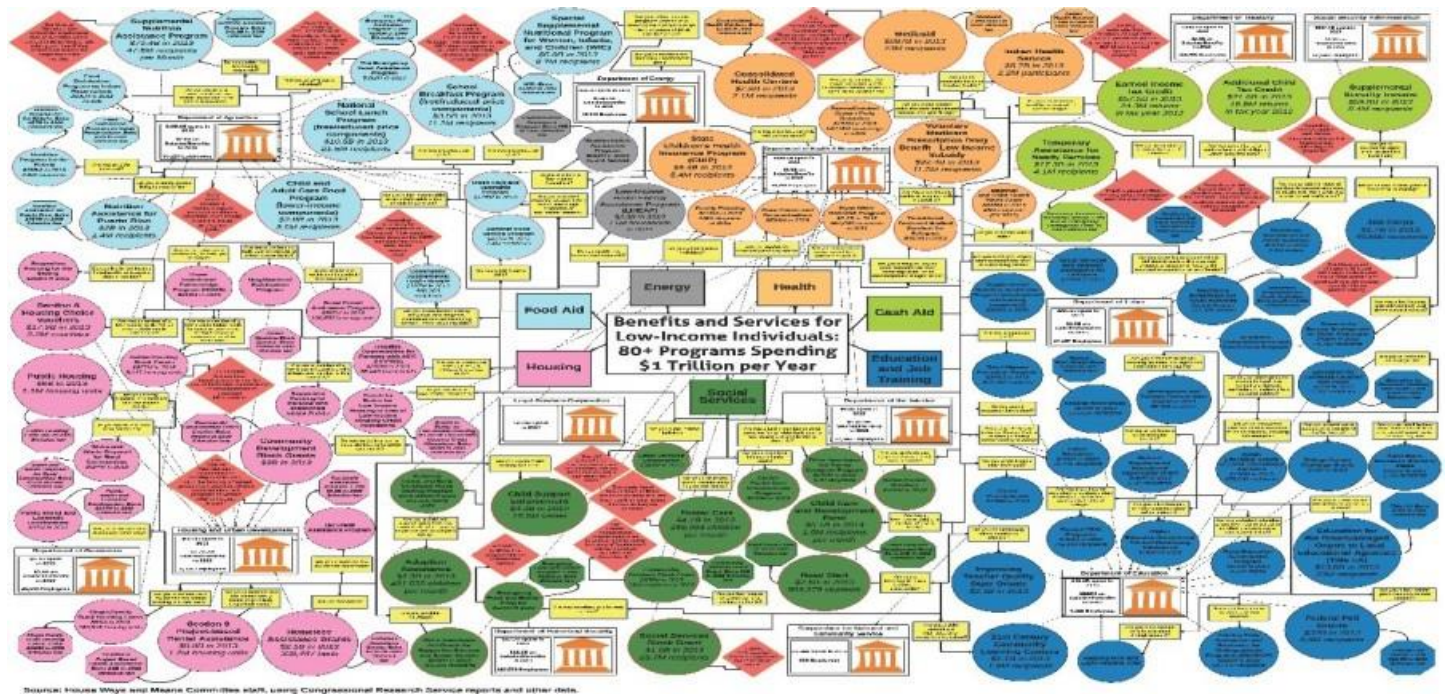
This frame of poverty is essential to the work of Systems Integration, because those with limited financial resources must navigate a complex, irrational, highly prescriptive system of federal, state, and local programs in order to receive basic supports such as food, childcare, affordable housing, adequate education, healthcare, and transportation. Every day, hundreds of individuals and families fall through the cracks, get lost in this “system”, and spin in a perpetual cycle of crisis and vulnerability. This statement is not a reflection of community commitment or expertise, but rather the constant struggle to coordinate and deliver interventions that bridge institutions and sectors. At present, the services provided to those in need are inherently siloed due to decades of isolated funding streams, sector-specific regulation, and an absence of robust digital tools or usable business intelligence that might generate systemic improvements.

In 2015, the House Committee on Ways and Means examined the service delivery system created under Federal safety-net programs (Figure 1). In the words of committee member, Congressman Charles Boustany (R-LA): *This*




system may have started out with good intentions, but it has become a confusing maze of programs that are overlapping, duplicative, poorly coordinated, and difficult to administer. I defy anyone to say this is the best way to address the human tragedy so many of our fellow citizens experience.

Figure 1: Federal Benefits and Services for Low-Income Individuals, 2015



Source: House Ways and Means Human Resources Subcommittee, November 3, 2015.

Our current system is not helping those who need it most. The impact of this broken system is well substantiated by community members. “Falling through the cracks” is a documented norm, not an exception, and many are cycling in and out poverty every five years. Our community in Monroe County is said to be program rich, but outcome poor. For those working every day to serve people in need, this was hard to hear, but it is true. For example, we have dozens of food pantries, curbside markets, and soup kitchens, as well as innovative food distribution and feeding programs, yet in many Rochester zip-codes, 40 percent of the population are food insecure and hunger persists. As abundant as the food programs in our community may be, the barriers to food stability are systematic and multi-sector. Systemic failures are demonstrated in the story of a single mother in




the city or Rochester, who takes two hours and two bus transfers to get to her “local” food pantry, an enormous burden when working two jobs and raising three children.


The reality is that no single program or service can counteract the undue burden caused by a misaligned system. Those who are vulnerable or in crisis require support that simultaneously touches multiple parts of their lives. People don’t operate in silos, and yet we serve them that way. We see situations like this far too often in our community. One example is a “high-risk” Rochester family with six care coordinators, all assigned by different providers, each acting as independent band aids over a misaligned and dysfunctional system.

The Model of Systems Integration

It is with this lens that the Systems Integration Project began in 2017. At the request of Congressman Joe Morelle, over 40 local leaders from Monroe County’s health, human service, education, public, and philanthropic sectors came together to discuss the current state of disconnected services, the poor outcomes that result, and whether a single integrated solution could be both feasible and responsive to community need. Four years later, the Systems Integration Project maintains a robust collaborative, now 300 partners strong, working to implement a common vision for integrated service delivery that was developed using program piloting, community input, and a consensus framework.

The Systems Integration Project includes three core strategies: Cross-Sector Data Sharing, Integrated Service Delivery, and Human-Centered Design. First, to combat misaligned services and programs, we are connecting providers and community by implementing a unified information platform that offers a 360-degree view of an individual’s needs, as well as their interactions with the system. This digital solution, with customizable user privacy controls, will allow a parent to locate the best behavioral health services for their struggling teen, a teacher to see that her student was recently evicted, a pediatrician to know if a child’s schools attendance is becoming abnormally high, and a food pantry worker determine if a family qualifies for SNAP. This technology implementation also establishes a shared language for communicating across a diverse provider network, and a common measurement system that offers new and necessary business intelligence to sustain both integration and system improvement.







Second, in order to build an efficient, proactive, and integrated service delivery system, the Systems Integration Project is designing new, coordinated workflows that transform the way that people move between institutions and sectors. We emphasize the system fully supporting the person, instead of a person adapting to a disconnected system. Key areas of focus include common “front-door” protocols that normalize the experience of entering the system, shared processes for referral management, and journey maps that document how a person navigates the system as they transition from crisis to stable to thriving. Systems Integration is currently deploying pilots in the areas of Eviction Prevention, Youth Behavioral Health, and Employment Pathways. Learnings from each pilot are applied to a growing set of business requirements that we will then use to transform service delivery at scale.

Finally, poverty is most acutely experienced by Monroe County’s Black and Latino residents, who largely reside in urban zip-codes with long histories of racism and suppressed socio-economic opportunities. The status quo was created with little input from these communities, so it is unsurprising that system interactions are filled with mistrust, disconnects, and missed opportunities. For example, one community member recently shared his experience with a local housing provider, who offered him yet another case manager and four unsolicited referrals to additional services. While the provider had good intent, the community member left his appointment feeling like a commodity, used by system to bill for services and make the provider money.

A person-centered system must be trusted by those who use it. The user experience should be exceptional. In response, the Systems Integration Project is committed to engaging community members 10,000 times in our redesign effort. We have robust community engagement and diversity, equity, and inclusion strategies, and have established an Equity Review Board to monitor and provide input into our transformation efforts. In addition, borrowing from the private sector, the Systems Integration Project applies human-centered design to every aspect of our work, and we have just trained over 400 service providers and community members as human-centered design practitioners. As a result, the process of building a data system, developing new workflows, and documenting cross-sector journeys includes constant engagement with system-users via empathy interviews, prototyping, and piloting.






We believe that when individuals and organizations actively use the tools and resources we are creating under the Systems Integration Project:


- Individuals and families will be more empowered to advocate for their wellbeing
- Information will be shared thoughtfully and confidentially, so multi-sector care teams can better and more holistically respond to an individual's needs
- Community trends will be better identified to shape programs and services that are responsive to our local environment
- Services and programs will be more aligned and coordinated across all aspects of our community
- Investments in our community will be better spent, allowing more individuals and organizations to thrive.

Success Story: Eviction Prevention Through Collaboration

The COVID-19 pandemic increased demand for health and human services throughout Monroe County, and the Systems Integration Project supported pandemic response by breaking down silos and improving collaborative workflows to better serve those in need. For example, confronted with the expiration of eviction moratoriums, and knowing that thousands of families could face homelessness, the Systems Integration Project implemented the Eviction Prevention Pilot Initiative (EPPI) in the fall of 2020, in partnership with Monroe County Department of Human Services (DHS), 211, and non-profit human service providers.

Before EPPI, the process of applying for emergency rent assistance was cumbersome, at best. Whether or not they were eligible, community residents had to first apply for services with DHS, filling out a 25-page application for public assistance. Once denied, the applicant could then take the denial-notice to one of many local human service organizations, complete organization-specific application processes, and ultimately be denied again and again until encountering a program with eligibility requirements that perfectly matched their life scenario. We learned from our work with EPPI that this DHS denial requirement was a process assumption and not actually a requirement at all. A roadblock to support was systematized!







Under EPPI, partner organizations created an intake workflow with 211 as its main point-of-entry to the eviction prevention system. Intake data collected at 211 was used to schedule an appointment with the most appropriate community-based program. Once the community member arrived at the community-based program, they worked with staff to complete a digital universal application, which was already started using the intake information collected by 211 operators. If the client was eligible for DHS services, all digital information was forwarded to DHS for follow up. Under this redesigned workflow, the eviction-prevention process was reduced from 8-10 hours to less than 30 minutes. The person-centered application process was transformative in that it removed guesswork and variability, while concurrently improving accessibility to other resources such as legal counsel, financial counseling, and basic needs.

Also, under EPPI, Systems Integration established additional neighborhood-based front-doors to eviction prevention services including churches, barbershops, and the Monroe County Hall of Justice. Staff at these front doors were trained in the universal application process, thus expanding the reach of the program. Ultimately, EPPI helped keep more renters safe from eviction, and minimized COVID-19 hardships being passed on to their landlords. Over a three-month period, all \$4.3M of the CARES Act funding dedicated to direct rent was distributed, preventing eviction for 1,900 households. Today, EPPI is in its second phase, expanding coordinated eviction-prevention services across our community, at scale. Further, based on the success of EPPI, Monroe County DHS is now partnering with the Systems Integration Project to integrate even more public services into community-based settings. As one EPPI service provider noted in the midst of implementation: *This is a small pilot... and it will be rocky the first week or two but I'm confident that this effort will grow! The folks we serve will benefit tremendously from a simpler process with just one front door. No more bouncing around from place to place wondering whether or not they can get help in time!"*

Recommendations for Policy Makers

As this committee works to identify solutions to alleviate hunger, we believe there are several key learnings from the Systems Integration Project that can be addressed at the Federal-level. First and foremost, adopt a systems mindset. Identify opportunities to address broken interactions and behaviors that reside far upstream from their impact. We adamantly believe that it is impossible to simply program our way out of poverty, and we






would argue that the same holds true when combating hunger. Second, champion integration across federal departments and agencies. For example, the federal government should adopt common definitions for hunger and homelessness that can be used as providers communicate across sectors, and federal reporting systems should move towards integration, with common data dictionaries that can be mirrored by local communities. Finally, don't over-prescribe solutions from Washington. Transformation requires time, trust, and flexibility. Systems Integration is funded through 2024 with a project design that allows our community the space to be creative with flexible dollars, local expertise, robust community input, and an agile project management framework.

Concluding Remarks

New York State invested in the Systems Integration Project as a pilot solution for integrated service delivery, which might be scaled to other counties and regions. Systems Integration is innovative in both concept and approach, as it offers a potential model for systemic change at scale, with a particular focus on integrated service delivery across social programs, designed with the input of community, and using digital infrastructure as a tool for connection, monitoring, and improvement. As such, the Systems Integration Project has the potential to be a cutting-edge, replicable path to improved health and wellbeing, while concurrently creating efficiency and cutting cost. Thank you again for the opportunity to share this important work, and we hope you will consider the impact and opportunities for systems transformation as you combat hunger across America.



Ending Hunger in America: Local Innovations to Inform a National Strategy

Statement of David Zuckerman

Executive Director, Healthcare Anchor Network

at the Ending Hunger in America Event Series

hosted by the Committee on Rules, United States House of Representatives

July 15, 2021

Good afternoon, my name is David Zuckerman and I am the Executive Director of the [Healthcare Anchor Network \(HAN\)](#), a national collaboration of more than 65 leading healthcare systems addressing health, economic, and racial inequities. HAN also includes the Anchor Learning Network (ALN) to scale anchor strategy adoption in the area of higher education in collaboration with the Coalition of Urban and Metropolitan Universities (CUMU). I would like to thank the committee for inviting me to share the work of our member health systems and universities as they evolve their efforts to leverage their resources to contribute to healthy and economically vibrant communities via the anchor mission framework.

The Healthcare Anchor Network (HAN) is at the forefront of a growing movement of hospitals and health systems working to deploy their operational activities—like hiring, purchasing, and investment—to address economic and racial disparities by improving residents' financial security and strengthening the local economic ecosystem. As some of the largest employers in their cities and regions, these institutions are uniquely positioned to help lift up their communities by intentionally providing economic opportunities and investing in the improvement of community conditions. At their best, these strategies create stronger communities, provide new agency to individuals and families, and address long-standing disparities.

I would like to share one example of how the anchor mission impacts families and communities. In Cleveland, Ohio, Tymika was a returning citizen from incarceration, and

she needed a job that would support her family. Not only did she land a job with Evergreen Cooperatives Laundry, which looks to hire individuals with barriers to employment, she is also a part owner of the company because its employees are the owners, giving them a unique personal stake in delivering quality and value to clients in the hospitals and other facilities. Her starting wages were 15 percent higher than under the former operator and there is an employee profit-sharing plan. There is also a first-time homebuyer program that helps workers pay off homes within four to six years.

Evergreen Cooperatives was formed through the support of HAN members University Hospitals and the Cleveland Clinic, along with Case Western Reserve University and the Cleveland Foundation. Evergreen Cooperatives is one of many examples of the anchor mission framework in action. In partnership with others, the health systems leveraged their everyday operations to help incubate and then scale a local business that was intentionally focused on creating good jobs, hiring from surrounding disinvested neighborhoods, and advancing environmentally sustainable practices. In this way, locally rooted institutions can develop creative solutions to their business needs while taking a more active role to meaningfully address access to economic opportunity in the underserved communities they serve.

HAN member health systems believe that to improve healthcare outcomes and ensure long-term affordability, they must address the root causes underlying many social determinants of health and invest in strategies that create equitable, engaged, connected, and economically strong communities. The front page of the *New York Times*' Sunday Business Section profiled other exciting impacts of HAN members in "[When a Paycheck is Good Medicine](#)."

Anchor Institutions can Adopt the Anchor Mission to Address Hunger and its Root Causes

Anchor institutions are a critically important and mission-driven economic sector that should be leveraged more intentionally to improve community health and economic wellbeing. Among the largest anchor institutions are the U.S. education and medical sectors which are often the largest private employers in their communities and many

times within their states and regions. They have annual expenditures of over \$1 trillion, have endowments and long-term reserves in excess of \$750 billion, and employ eight percent of our country's labor force. These institutions have significant impacts on the local economy and are powerfully positioned to address inequities and improve the economic ecosystems of the communities in which they reside.

Hospitals are a leading example of an anchor institution—public or non-profit place-based economic engines with an embedded social mission that are inextricably linked to the long-term well-being of their surrounding communities. Anchor institutions can play a key role in addressing inequities within the low-income and historically marginalized communities they serve by better aligning their institutional resources with the needs of those communities. Specifically, they can intentionally leverage their operational resources—like hiring, purchasing, and investment—to improve residents' financial security, strengthen the local economic ecosystem with a focus on making it more economically and racially equitable, and address the community conditions that drive poor health outcomes. This is adopting an “anchor mission” framework.

The anchor mission framework is a key strategy for community wealth building, a systems approach to economic development that creates an inclusive, sustainable, and democratic economy built on locally rooted and broadly held ownership. Community wealth building contrasts with traditional models of economic development that often create a race to the bottom between cities and localities, forcing them to spend scarce taxpayer dollars in ways that often only move jobs from one geography to another without improving quality or creating anything new.

UMass Memorial Health (UMMH) in Worcester, Massachusetts is another example of a health system that has adopted the anchor mission framework. UMMH's Community Health Assessment showed that social factors play a significant role in community health outcomes. The health system considered how it could help tackle poverty and unemployment, housing, access to care, food insecurity, safety and violence, and other upstream factors impacting health. Even as a safety net institution with limited resources that is based in a smaller city and serves rural areas, UMMH demonstrates the potential

of what can happen when an institution leans into addressing the root causes of poor health and limited economic opportunity.

After thoroughly assessing how UMMH could adopt and implement the anchor mission framework at a system level, the health system's Board of Directors voted to proceed with several key anchor mission strategies, including: allocating one percent of its investment portfolio to targeted community investments with an expected return; providing targeted technical training for entry-level positions for current and prospective employees; recruiting trainees from targeted neighborhoods; and building an effective system for local purchasing.

Addressing Hunger through Food Programs and Improving the Local Food System

When people are unable to access or afford healthy food, they are at an increased risk of health issues like heart disease, diabetes, and hypertension. HAN health systems know that food insecurity has ripple effects throughout the community and that anchor institutions need to invest in better food options and confront the root causes of food insecurity in order to improve health outcomes and community wellbeing.

Many health systems are providing their own food programming, such as through the "Food as Medicine" approach to integrate healthy food into patient treatment plans by providing a "prescription" for free healthy food. Health systems also operate farmers markets that showcase local produce and accept WIC and SNAP benefits or help to establish community gardens and "Veggie Mobiles" to deliver the produce.

ProMedica in Toledo, Ohio, prioritizes targeting the foundations of food insecurity with their Ebeid Neighborhood Promise. As part of this program, ProMedica opened Market on the Green, a 6,500 square foot grocery store that offers affordable and healthy food to low-income neighborhoods in Toledo. This grocery store also employs local residents and strives to source food locally.

Addressing Hunger's Root Causes through Local, Inclusive Procurement

Many people who face hunger or food insecurity struggle because of factors like low wages, unemployment, or the lack of affordable housing. The anchor mission approach tackles the root causes of food insecurity by focusing on job training and employment, supporting local, diverse businesses, and investing in disinvested neighborhoods. Anchor institutions are leveraging their substantial economic resources to benefit those experiencing the greatest health and economic challenges.

To increase the income and economic health of local neighborhoods, HAN members are seeking to increase purchasing with local businesses. Anchor mission sourcing or procurement focuses on doing business with small local companies, including minority and women owned businesses (MWBES), that struggle with tapping large, stable contracts and lack access to capital. Even small shifts in a health systems' spending portfolio can make a difference to the revenue of small businesses. Given the severe impact that the pandemic has had on local small businesses, anchor procurement can help local businesses and MWBES stabilize and recover, employ local residents, and provide stable wages.

This local spending also has a multiplier effect, increasing local economic activity beyond the one purchase and ensuring that spending is staying in the local community. Several studies show that the dollars spent on a small, locally owned business recirculate back on the local economy at rates approximately twice as high as with national chains or large corporations. A study in Massachusetts showed that locally owned businesses generate more public revenue than they cost to service.

An example of anchor mission local and inclusive procurement is Evergreen Cooperatives that I previously discussed. The Cleveland Clinic and University Hospitals (UH) source some of their produce from Evergreen Cooperatives' Green City Growers to serve a dual purpose of providing fresh produce to patients and health system workers while also investing in the community. The two health systems also procure laundry services from Evergreen Cooperative Laundry.

Evergreen Cooperatives has been able to thrive and expand from two to five companies and from 18 workers in 2010 to more than 300 with the continued commitment and collaboration from major anchor stakeholders like the health systems that procure laundry services and fresh produce from the company, the Cleveland Foundation, and the City of Cleveland. Evergreen has also launched the Fund for Employee Ownership that facilitates the purchase and conversion of companies to employee ownership by reducing the need for business owners to self-finance the conversion of small and medium sized businesses.

University Hospitals' commitment to harnessing its purchasing power to improve local neighborhoods was built into Vision 2010, a five-year, \$1.2 billion strategic growth plan. UH set goals to procure from local and MWBE businesses and to create new supplier capacity within the city. By 2015, UH was purchasing \$62 million from MWBEs, and \$199 million and \$363 million from Cleveland and Ohio vendors, respectively. This commitment to spending locally was especially important given it occurred during the Great Recession when most economic activity of this nature had been scaled back almost entirely.

Another example is Kaiser Permanente's collaboration with Health Care Without Harm, Emerald Cities Collaborative, FoodService Partners, and other anchors and groups to launch the FoodService Partners' Union City Food Culinary Center, a high-capacity culinary center in San Francisco's East Bay. The creation of the Center has created 150 living-wage jobs and will produce 50,000 meals per day for local hospitals. Kaiser Permanente hopes to buy all of their food locally or from farms and producers that use sustainable practices by 2025. With this local sourcing initiative, the health system is looking to support employment and economic opportunity for low income people, especially local residents who may face barriers to employment.

M Health Fairview in Minnesota has also made a commitment to sourcing locally, such as with their food basket program where they source their food from the Hmong American Farmers Association (HAFA). The Community Supported Agriculture (CSA) program is vital for patients struggling with chronic diseases like diabetes and heart disease. HAFA was created to address economic disparities for immigrant and urban farmers. For

instance, Hmong farmers have less access to land and on average make \$5,000 in sales per acre, compared to the \$8,000-\$20,000 their non-immigrant counterparts make per acre. M Health Fairview has continued to distribute food throughout the community and is now also sourcing from local producers who faced a decline in demand after the closing of restaurants due to COVID-19.

Addressing Hunger's Root Causes through Impact Investing

Healthcare anchors have a unique role to play as place-based investors—leveraging their long-term reserves locally and strategically tapping underutilized assets to fill market gaps in lending and investment. By allocating a portion of their investment portfolios to projects and aligning them with other discretionary funds, they can combine stable returns with social impact and create more sustainable solutions.

In November 2019, more than 10 HAN member hospitals and health systems, including some of the largest employers in California, Utah, and Wisconsin, along with others that are also among the top 20 largest employers in their states, announced a commitment of over \$700 million for place-based investing to create strong and healthy communities.

Some examples of HAN member investing activities include CommonSpirit Health, headquartered in Chicago, Illinois and serving 21 states, which has an investment policy statement outlining that up to 5 percent of its investment portfolio will be allocated for loans to nonprofits that are supporting community health and well-being. The health system's Community Investment Program (CIP) has provided capital investments in Arizona for Phoenix Interactive Children's Museum and Native American Connection for an affordable housing development; in Texas for Avenue Community Development Corporation for neighborhood development and Community Loan Centers to provide affordable payday loan options; in Colorado for the Colorado Enterprise Fund to support small businesses; and in central Los Angeles to construct a transit-oriented complex with 50 permanent and 450 transitional housing units for more than 500 persons experiencing homelessness. Since CIP's inception, CSH has invested \$270 million to support the economic development of low-income, underserved communities. Only recently have other health systems begun to adopt this specific strategy, but the promise is significant.

Through its local impact investing, Intermountain Healthcare, based in Utah with services in Idaho and Nevada, seeks to address the root causes of poor health by investing in upstream, research-based interventions in a way that maximizes social and environmental impact. As of 2021, the health system has deployed \$23 million for local impact investing, and around 80 percent of their investments have been made in affordable housing to help address the large housing gap caused by an explosive population growth in Utah. To align with broader economic development efforts, the program also decided to focus on financial wellness, which entails providing low- and medium-income (LMI) individuals and small businesses with the financial resources that they would not otherwise have access to. By supporting small businesses, the program endeavors to create and sustain quality jobs in the communities they serve.

These place-based investments significantly improve lives and help to stem the often-overlooked costs of poverty. Affordable and healthy housing reduces costs. Hospitals can substantially reduce spending when they connect people to services that address social determinants of health, such as secure housing, medical transportation, and healthy food programs. In Oregon, one study found that providing affordable housing decreased Medicaid expenditures by 12 percent, decreased emergency department use by 18 percent, and increased outpatient primary care by 20 percent. HAN member Bon Secours Hospital's Housing for Health Program generated between \$1.30 and \$1.92 of social return for every dollar spent, representing the broader social, environmental, and economic benefits of investment in affordable housing. Another example is Louisiana HAN member Franciscan Missionaries of Our Lady Health System's (FMOLHS) microlending fund and participation in an innovative advance paycheck program, which has helped members of its workforce avoid \$3.4 million in fees and interest from payday lenders. Similarly, since inception Texas Community Capital has loaned over \$25 million to Texans across the state needing to access credit which has saved borrowers more than \$18 million compared to payday and auto title loans.

Addressing Hunger's Root Causes through Local, Inclusive Hiring

Leading health systems are also leveraging their position as significant employers to create targeted pathways into employment opportunities at their institutions and then to help employees convert entry level jobs into careers, especially for those with barriers to employment and advancement.

University Hospitals (UH) in Cleveland, Ohio is also making inclusive, local hiring from nearby neighborhoods an integral hiring stream for high demand entry level jobs and offers new hires access to career coaching and career ladder opportunities. The health system focuses its workforce development initiatives on connecting community residents to jobs, and then to career ladders within the institution. The external programs focus specifically on six high poverty neighborhoods that surround UH's main campus. UH sets aside a certain number of open positions and interviews from an applicant pool composed of program graduates. As an employer of over 25,000 non-physician employees, UH also has an incumbent worker-training program for current staff, which provides encouragement and support for internal advancement.

UH offers a robust set of literacy building and skills training initiatives, with work supports such as release time built in, and partners with education and training entities that can provide targeted skills development. In addition, employees can apply for job-specific training programs where they will receive paid training to move into a more advanced position on the career ladder. In the first two and a half years, UH hired 111 individuals. That number has increased to 361 as of last year. The one-year retention rate is at 80 percent for pipeline graduates, compared with 66 percent overall.

Fairview Health Services in Minnesota focuses on hiring pipelines and career pathways for employees, students, and community residents. One example is the health system's funding of apprenticeships, on-the-job training and tuition support for four-year degrees and other credentials for 150 nurses and healthcare workers, including recruitment of women and minority groups. Fairview has hired 36 residents through the Cedar Riverside Opportunity Center and 60 students through the Central Corridor College Fellows (CSF) program.

Federal Support for Place-Based Solutions

The anchor mission approach provides practical, demand-driven solutions to some of the root causes of hunger and poor health through anchor institutions intentionally building up the economic ecosystem of nearby disinvested neighborhoods and communities. There are opportunities to infuse the anchor mission model into federal programming, such as by providing grants to states and localities to support anchors collaborating on long-term equitable and sustainable economic development strategies and by better aligning incentives at the federal level for health systems and universities to work to address the upstream root causes of hunger and poverty in this holistic way.

Increased federal funding for workforce development programs can also better align and support this type of place-based hiring strategy and internal pathways development. There is also an important federal policymaking role to support on-shoring of Personal Protective Equipment (PPE) and other critical parts of the healthcare supply chain with an eye towards sustainable and inclusive economic impact. Our nation needs to develop robust, diverse, and resilient supply chains that can ensure a steady flow of PPEs and health systems should have a prominent role to play in this transition.

Finally, federal policies can also support anchor impact investing by providing debt and equity capital to support the growth of innovative forms of community economic revitalization and community wealth building that will keep capital flowing in urban and rural communities alike.

Conclusion

Healthcare and other anchor institutions are uniquely positioned to serve as anchor sectors because of their evolving mission toward more holistically addressing community and well-being, stable role as some of the largest, community-rooted employers, and mostly nonprofit and public status. With so many Americans experiencing avoidable negative health and economic impacts, we need the largest institutions in our communities actively engaged with addressing the root causes of poor health—poverty

and racial inequities. The anchor mission approach provides a practical long-term roadmap to build communities where all can be healthy and thrive.



**Statement of
Kate MacKenzie
Executive Director, New York City Mayor's Office of Food Policy**

**at the
Ending Hunger in America Event Series
hosted by the Committee on Rules,
United States House of Representatives**

ENDING HUNGER IN AMERICA: LOCAL INNOVATIONS TO INFORM A NATIONAL STRATEGY

July 15, 2021



Introduction

Good afternoon Chairman McGovern, Ranking Member Cole and all the members of the Committee here today. My name is Kate MacKenzie and I am the Executive Director of the New York City Mayor's Office of Food Policy (MOFP). Thank you for inviting me to testify at this important hearing, I am honored to be joining you today.

The right to food is a fundamental human right. I am grateful for this opportunity to share with you the work that my office has been doing to address the current state of hunger across New York City, including our programs created specifically to address the City's emergency food needs created by the COVID-19 crisis, as well as our pathway forward as we transition from emergency to recovery.

In February of this year, my office issued Food Forward NYC, the City's first ever 10-Year Food Policy Plan. This report provides a comprehensive policy framework to reach a more equitable, sustainable, and healthy food system by 2031. At the same time, my office was overseeing the COVID-19 food response, and the experiences of that time made the report even more urgent. We experienced in real time the need for an improved food system - one that aimed to solve hunger, not just temporarily address it with emergency food; a system that ensures food system resiliency, and the need for urban policy to support rural food economies. Not only has food become an important policy issue to strengthen in relation to other priorities in the City, but agriculture has become an important urban issue, thus bringing new attention to regionality and rural producers and communities in the context of resilience and long term food security for New York City.

In this testimony, I will share my perspective along five themes:

- Overview of food insecurity in New York City and the City agencies that touch food – from meals served to water supply, food jobs and wages, health, environment and more.
- Understanding food insecurity as a food system challenge in recovery and planning for resilience
- Impetus for Food Forward NYC and lessons learned
- Importance of the region and the rural food economy to City food policy
- Lessons learned from COVID-19 in Food Forward NYC and recommendations to align city and federal policy

To truly have a transformative impact on the food system, partnerships at all levels of government are needed. The success of transforming the country's food landscape depends on the partnership of everyone involved in the food system. Food businesses large and small, community-based organizations and advocates, philanthropies and academic institutions, regional partners and the state and federal government all have a critical role to play. As the City seeks to implement its 10-Year Food Policy Plan, we will work with partners to make the policies and strategies in this document their own and to implement them in ways that reflect their vision for their communities.



And together we can push for change in federal, state, and local policy, leveraging all of these tools together under a single strategic framework, in partnership with the many players in the food system, including yourselves - we can transform the food system.

Food Insecurity in New York City

We know that food insecure New Yorkers come from all over - they are school age kids, college kids, seniors, and working adults - they are all of us. While the long-held approach has been to focus on traditional solutions such as food pantries, soup kitchens and SNAP, we know that these programs are not reaching all food insecure New Yorkers. A Columbia University study from 2018 found that of New Yorkers facing severe food hardship, only 1 in 4 use food pantries and only 1 in 2 are enrolled in SNAP. While this is one study, I am emphasizing it because when we think about food insecure New Yorkers, we should think about helping them get food where they are: in their local bodegas or grocery stores, on their way to work, prepared food as well as groceries. This integrative, cross-systems approach that focuses on individuals' experience of the food system, not simply thinking program by program, is a hallmark of Food Forward NYC.

Even before the pandemic, New York City had more than 1.1 million food insecure individuals. That number swelled to roughly 1.6 million at the height of the pandemic. Fortunately, that number is starting to decline in large part due to the Federal Stimulus payments to families. Feeding America is now projecting that 1.39 million New Yorkers are food insecure in 2021.

Not unlike other parts of the county, our food workers often experience food insecurity themselves. We have hundreds of thousands of food workers here in the City - it is hard to provide a precise estimate because of the many undocumented workers, as well as delivery workers categorized as independent contractors, but it is safe to say it is more than 400,000 individuals. We also have many food businesses; one out of six businesses in NYC is a food business, and over 70% of NYC's food businesses have fewer than 10 employees. The experience of the past 18 months has shown us that these businesses are truly essential, and that these essential food workers deserve good wages, fair working conditions and career pathways. Food Forward NYC assumes that supporting food workers and businesses is the pathway to not only a stronger food system, but also to a more economically and racially equitable NYC.

Planning for Resilience

On average, 19 billion pounds of food comes into the New York City annually through a highly fragmented distribution system. The implications of this are vast. From an environmental perspective, there are the carbon emissions from food production and the use of pesticides and runoffs. Our food spends a lot of time sitting in polluted, refrigerated units, whether located in trucks standing in traffic or as sitting in distribution areas. The air pollution from these units and other elements of the food supply chain is disproportionately concentrated in communities, such as Hunts Point in the south Bronx, that also suffer from a disproportionate burden of respiratory ailments. And if the human costs were not



enough, the inefficiencies of our system impose costs on food businesses and the City overall, contributing to congestion and noise. The plan therefore for the first time in a City document ties together these threads and offers a policy framework for the food system that looks at our local, regional, and in some ways national food infrastructure through a lens of sustainability and resiliency.

A resilient food system is also one that can depend on short supply chains if necessary. A resilient food system can also connect multiple food suppliers of differing sizes and offering types to many different end-users, ensuring adaptability in the case of changing circumstances. At the start of the pandemic, we closely monitored the food supply chain to spot any disruptions. While there were some initial disruptions largely because of panic buying and workforce disruptions, we fortunately did not experience anything that caused widespread issues to our food supply. As a precautionary measure, Mayor de Blasio called for the creation of a food reserve to provide immediate access to sufficient, nutritious food supply to support emergency feeding operations resulting from the COVID-19 response in the event of supply chain disruptions, extreme increases in demand, or another emergency event.

The most distinct feature of this program is that it intentionally sourced produce from our region. Many of the producers who sold to restaurants or other large institutions saw their markets evaporate. To help the industry, we sought to source from the region. Since September of last year, the City has distributed over 6.7M pounds of fresh produce via the Pandemic Food Reserve Emergency Distribution (P-FRED), along with over 7.6M pounds of high-quality shelf-stable food. It is encouraging to see the Federal TEFAP program mirror this type of operational change.

Building a stronger regional food system

As a direct consequence of taking the resilience of New York City's food supply seriously, regionality of the City's food policy has become a greater priority. The food supply shock effect of the pandemic has taught us that we need to be more deeply engaged in improving regional coordination, including by increasing procurement of regional food, advocating for regional food infrastructure, and developing additional partnerships with regional actors. This is an important area for coordination between City, State and national government as many programs are limited to either rural or urban applications. What is needed are integrated urban-rural policies that serve to integrate food and agriculture programs. We also want to support increased urban food production, including removing regulatory barriers from urban agriculture and promoting innovation in technology and use of space.

For the City to address the intersection of challenges to provide stable and high-quality food related jobs, ensure the security of the City's food supply even in the midst of shocks to the food system, and to provide healthy and affordable food access while supporting a climate-friendly, diverse, scaled up agricultural landscape requires a holistic and collaborative approach to the Northeast region's food system. The City's levers of food systems change extend beyond its borders in numerous ways, impacting production systems, distribution and processing, market access, waste management for nutrients, and more. The challenges are complex and multi-faceted, which is reflected in the approach taken to create the first 10-



year food policy plan for New York City that also embraces regionality for the first time in a serious manner.

FOOD FORWARD NYC: A 10-Year Food Policy Plan

Food Forward NYC emphasizes the importance of both equity and choice - enabling a food system where everyone should be able to access the food, they want wherever they may want it. To enable this choice, we need to support both our food workers and our food businesses. To strengthen the sustainability and resiliency of our food system, we need to rethink our food infrastructure and deepen our connections with the region. This plan was also deeply influenced by the collective lessons learned throughout the pandemic as well as the work of the Taskforce on Racial Inclusion and Equity convened by the Administration last fall. As the City seeks to implement this long-range and ambitious plan, we are continuously working with our partners both within government and outside of government, urban and rural, to make the policies and strategies in this document their own and to implement them in ways that reflect their vision for their communities

NYC's food system is complex, both influenced by and influencing the built and natural environment and people's lives in multiple ways. In Food Forward NYC, we are addressing all phases of the food supply chain; from production, to processing, to distribution, to retail, to consumption, to post consumption.

When we were developing this plan, we were very mindful that the implicit charge of a 10-year food policy plan was to re-set food policy in NYC and provide a systems approach. We needed to move away from a program by program, agency by agency approach and plan for food at the same scale that New Yorkers interact with food. Accordingly, despite operating during an emergency - and running several emergency programs - we took engagement for the plan very seriously. We engaged with 300 individuals from all across the food sector, including food workers and business owners, experts in infrastructure and sustainability, academics and advocates - people from all over the City representing many different communities, and many people with experience thinking about economic democracy projects such as coops and land trusts. We also built on existing expertise at the Mayor's Office of Food Policy and across a variety of city agencies that touch food systems. We also utilized community engagement lessons learned from the City's Take Care New York and insight gained from the Mayor's COVID-19 Task Force on Racial Inclusion and Equity.

One question we heard a lot while working on the plan was given that the food system is highly fragmented, privately owned and dependent on food coming from outside the City, the State, the Country - how can the plan have an impact? Well, we know that the City has many levers for changing the food system. We can shape how federal benefits, programs like SNAP and WIC, are administered. We can use our status as one of the largest food purchasers in the country to reshape markets. The City's regulatory policies and investments in infrastructure can be leveraged to support the food sector. We can support minority and women-owned businesses. We can leverage the power of convening and fostering partnerships. We can push for change in federal and state policy, leveraging all these tools together under a single strategic framework, in partnership with the many players in the food system, including yourselves - we can transform the food system.



And of course, City government on its own has an extraordinary role to play. New York City has dozens of City agencies that engage in food. Some agencies directly provide food for New Yorkers - a total of half a billion dollars annually, while some agencies such as my office set the City's food policy and others agencies support the City's food supply in myriad ways - from the City's Small Business Services to the Department of Environmental Protection.

By providing a systems approach - a unified framework for City government, Food Forward NYC represents a sea change in MOFP and City Hall's approach to food policy. The plan is organized along the following categories five overarching goals with sub strategies and actions. As this is a long-range policy plan, the types of actions in the plan vary greatly. Some are actions that we have already launched or are about to launch. Others require studies or longer-term planning efforts to determine an implementation study. Yet other actions are partnerships we are interested in exploring or depend on the results of long term federal and state advocacy.

The first goal is: All New Yorkers have multiple ways to access healthy, affordable, and culturally appropriate food. We want to move away from the traditional focus on emergency food and emphasize that all New Yorkers, including food insecure New Yorkers, deserve dignity, choice, convenience, health, affordability. Let me give you some highlights from this goal - going forward, I'll be highlighting strategies that I think might be of particular relevance for this audience, but I should stress that there are 71 actions in the plan and I will not be reviewing them all. We are reiterating in the plan our sustained focus on transforming the emergency food system. The work we are doing now is really revolutionizing the emergency food system, bringing more equity and efficiency as well as improving the actual food offerings. We are committed to continuing this good work. We are interested in pushing forward ways to instill similar principles in farmers' markets. How do we make sure that we create sustainable and equitable supports for farmers markets that serve the communities that need them the most? There may be interesting lessons to learn from the work we are doing on the emergency food system and we see a clear role for federal funding and innovation here. We are also looking to launch a new food program that starts addressing specific unmet needs revealed by the pandemic - the needs of people who cannot leave home, and/or are not eligible for SNAP for whatever reason and still need food assistance. We also identified infrastructure as a major barrier and will discuss it further under goal 3. We want to find new ways to improve access to space and particularly cold storage in underserved communities to reduce costs and operational burden of fresh, high quality food. We also want to study the viability of food hubs that expand public schools' access to cold storage, processing space, and preparation capacity.

The second goal is: New York City's food economy drives economic opportunity and provides good jobs. The recent crisis really demonstrated the need to support both our food workers and our small food businesses. In fact, one of the most interesting things that emerged from our engagement was that supporting both small businesses and workers together was necessary - there was no antagonism but a spirit of collaboration. First and foremost, we want to strengthen the ways in which we protect food workers, improve their pay and benefits. Some key ways of doing this are strengthening enforcement of worker rights within the City and, leveraging City procurement to support food workers that serve New



York City. We are also interested in increasing supports for worker cooperatives and innovative social enterprises. One of the things I'm particularly excited about is exploring innovations such as portable benefits. That's a good example of a potential win-win for workers and small businesses. We also want to sharpen our focus on supporting small food businesses by streamlining both regulations and enforcement and making it easier to operate in the City. New York is a tough city to do business in and we want to help them. We also want to explore ways we can assist food businesses and customers to reclaim their data. Another way to provide win wins for both workers and businesses is to invest in worker training. That includes developing career pathways in the food sector, training around food and technology, as well language training opportunities.

Goal three is that the supply chains that feed New York City are modern, efficient, and resilient. To be able to provide healthy, affordable food to New Yorkers and leverage the food sector as an engine of economic opportunity, we need more space and infrastructure within the City that is dedicated to food and we need to strengthen our regional connections. We really need to start thinking more like urban and regional planners - and asking urban and regional planners to think of themselves as food policy people. Firstly, we want to strengthen the City's food infrastructure, including continuing to modernize Hunts Point Market, investing in neighborhood and borough-based distribution facilities. We will be working very closely with NYC Economic Development Corporation on this issue. We are also excited to explore ways in which zoning - a powerful regulatory tool, if used right - can help us protect and expand the available space for different types of food uses. Regionalism is core to every element of this plan. Sourcing regionally not only reduces food miles but improves accountability and strengthens connections between the City and the region it is located in.

Goal four is that New York City's food is produced, distributed, and disposed of sustainably. As part of that we will work to integrate sustainability and animal welfare into City food programs, including City food procurement, integrating sustainability criteria into commercial waste contracts, and increasing composting. We also seek to reduce the environmental burden and carbon footprint of the food system by making the transportation and cold storage systems more efficient and increasing electrification. This ties directly to the space and infrastructure issues that I mentioned in Goal three, we see it as important that we minimize the environmental impact of food distribution within the City. We will also seek to promote community and business innovation around food and sustainability. One area we are excited about that emerged as a strategy as part of our engagement is bolstering community-owned waste management initiatives.

Finally, Goal five is about supporting the systems and knowledge to implement the 10-year food policy plan. This really is about our collective capacity - not just MOFP, not just the City but the whole food world to deliver the plan. Currently, few systems are in place, whether in City government or outside of it, that have the capacity and the knowledge to alone implement a comprehensive food policy. Some of the and of course there are many other dimensions of the food system we might want to explore. We committed to being proactive in looking for ways to partner with the non-governmental sector to maximize community participation in food policy decision-making. In the longer term, we are also interested in exploring the creation of a food justice fund.



Good food purchasing (GFP) is a major theme across the plan and there are multiple recommendations related to it under every goal. For those of you not familiar with this framework, it provides a methodology to quantify the impact of the food an institution purchases along five core values - no matter where across the country the food comes from or how complex the supply chain. The five core values are: local economies, nutrition, valued workforce, environmental sustainability, and animal welfare. The City is working to implement the framework across several dimensions: first, whenever legally possible, we are working to include GFP into current City contracts. We are also working to create the governance to support the program - whether it is legislative change or procurement centralization. We are also working to invest in City government-owned food infrastructure, starting with a shared commercial kitchen for providers serving older New Yorkers. Finally, as mentioned before we are embracing regionalism by strengthening our connections with the region and eventually our food sourcing.

We talked a lot about the “what”. This is the “how” we are going to implement. First, we will work with City agencies to identify near term implementation priorities. We will partner to develop funding sources for food programs. We also need to expand the capacities of the MOFP and improve our data collection. We will continuously partner with advocates to identify community engagement opportunities around food and - frankly - advocate for the plan’s implementation. In 2023, we will be releasing our first two-year progress report. With that being said, so much is already happening right now. We are working on including developing a new food program, transforming the emergency food network, and continuing to implement Good Food Purchasing.

Lessons Learned

Food Forward NYC

The creation of Food Forward NYC relied heavily to only on the decades of work on food policy that took place in New York City but also relied on the relationships the City built during COVID-19 with communities, advocates, businesses and regional partners. These pre-existing relationships and the deep knowledge that we gained from the crisis allowed us to work well together on the development of this 10-year strategy.

For those seeking to develop a similar strategic plan, I want to share some lessons that my team and I learned while developing Food Forward NYC:

- Food plans differ in important ways from other plans such as land use plans or transportation plans – they do not rely on a centralized implementing power, but rather the collaborative and creative implementation of policy levers and partnerships. For that reason, we recommend that at the onset of planning be sure to set the clear expectation that other strategies will naturally emerge while some may fall off– as new policy is set, and new opportunities take shape. We see Food Forward NYC as a living document, one that adjusts to new and changing markets and political landscapes.



Food Policy

- Next, planning is important, but it should not get in the way of releasing a report that sets a path forward. Many government documents take years to develop, and by the time they are released, the food landscape has already shifted. While I strongly recommend engaging with as many key stakeholders as possible, it would be advantageous to keep a tight focus on charting a shared vision and strategies, rather than detailed implementation plans, in order to keep stakeholders engaged and momentum going.
- Be thoughtful in the language you use. For example, in New York City we have a historically black-led community gardens movement which grows food, as well as a newer trend of indoor agriculture start-ups. The term urban agriculture is seen as exclusionary by some, so we preferred to use the term urban farming to acknowledge the full range of urban food production activities.
- One challenge we faced was that consistent data about the food system is fairly scarce. This can make planning difficult, in that it can be a challenge to turn a need stemming from food insecurity into a detailed operational plan. Data should not, however, be a limiting factor in developing a plan. The focus should be on developing sustainable, scalable solutions for food insecurity. That said, going forward, a national effort to improve the data on the needs of food insecure individuals and the availability of different foods can greatly aid in maximizing the efficiency and success of future initiatives.

Urban-Rural Policies

I also want to strongly recommend a greater focus on urban-rural policies. New York City successfully launched an NYC-Regional Food Working Group, which serves as a forum for exchanging information and developing solutions. This group was invaluable in providing feedback for Food Forward NYC, and we hope to sustain it going forward. However, currently, it is sustained on a voluntary basis. Generally speaking, while there are many programs with either a rural or urban focuses, few programs support urban-rural collaboration, and those that do so do not provide consistent capacity to the wide range of organizations need to make it a success. Given that, I recommend integrated urban-rural policies, including the following:

- Consistent funding for convening and relationship building between multiple urban and rural partners, governmental, NGOs, institutions, and the private sector, at the regional scale.
- Investment in the entire length of the supply chain, from rural production and processing to aggregation, transportation, and finally distribution at the urban scale.
- Support for innovative programming that connects urban farmers and rural farmers

Conclusion

Again, I am grateful for this Committee's focus on ending hunger nationwide. Thank you for your time, and I will be happy to answer any questions you may have.



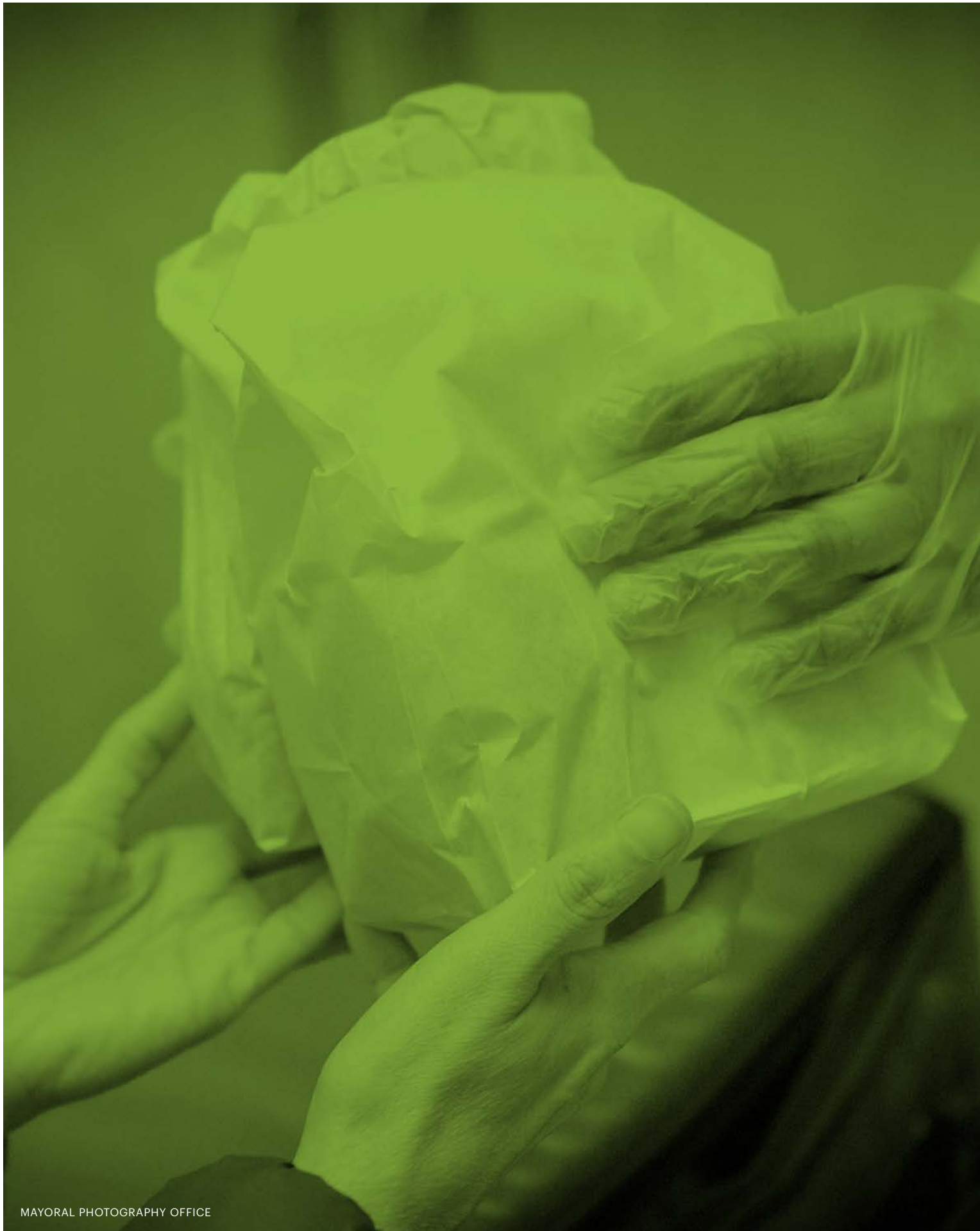
FOOD FORWARD NYC: A 10-YEAR FOOD POLICY PLAN



The City of New York
Mayor Bill de Blasio

NYC
Food Policy

February 2021



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STRATEGIES

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All New Yorkers have multiple ways to access healthy,
affordable and culturally appropriate food

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New York City's food economy drives economic
opportunity and provides good jobs

57 **GOAL 3**
The supply chains that feed New York City are modern,
efficient and resilient

67 **GOAL 4**
New York City's food is produced, distributed, and
disposed of sustainably

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Support the systems and knowledge to implement the
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Friends,

In seven years, we have come a long way in making New York the most livable big city in America, and every day, thousands of workers rise to the challenge of making our home safer, fairer, and healthier.

It should go without saying that in a truly great city, no one should ever go hungry. But beyond tackling hunger, we are also committed to ensuring that all New Yorkers have the information, tools, and access to eat healthy food and learn about nutrition; to lift up food workers and reduce food waste; and to back local businesses and urban farming, among a host of other responsibilities.

New York's free school lunch program, a budget increase to the baseline of the Emergency Food Assistance Program, and unprecedented rally to feed vulnerable New Yorkers amid the COVID-19 pandemic all speak to our commitment to sound food policy. And that kind of policy requires constant and careful review and strategizing, which makes this 10-year food policy plan such an invaluable tool.

From the inception of a regional food working group and a new food access program in low-income areas, to concerted efforts to reduce red tape and increase transparency and accountability in the City's food procurement, the Mayor's Office of Food Policy is working on a host of ideas that build on an already solid foundation.

Thanks to these measures, more and more New Yorkers will have access to healthy, affordable, and culturally appropriate food; supply chains will become even more modern, efficient, and resilient; food production, distribution, and disposal will become more sustainable; and the post-pandemic recovery of our world-famous food economy will drive economic opportunity and generate good-paying jobs.

On behalf of 8.6 million New Yorkers, I thank Director Kate MacKenzie and the Office of Food Policy for their tireless and innovative work in putting together this plan and, every day, helping keep our city well-fed and healthy.

Best,


MAYOR BILL DE BLASIO



Dear fellow New Yorkers,

There is no time more important than now to issue Food Forward NYC, the City's first ever 10-year food policy plan. At this moment in 2021, the city is in the grips of the COVID-19 pandemic, which has resulted in extraordinary levels of food insecurity. Yet, through these harrowing months, we have deepened our understanding of how essential our food workers are to our food system. From the farm workers who grow our food, to the drivers and store clerks who ensure our grocery stores and bodegas remain stocked, the delivery workers who bring food to our homes, the cafeteria workers who keep our students fed, the volunteers distributing food at pantries – we see you and we thank you.

Within City government, our understanding of these interconnections has become much stronger in the last 10 months, informing our strategy and approach. From federal benefits to infrastructure to waste to workforce development, the breadth of City agency involvement in food policy is remarkable. This plan takes that work even further by laying out the City's first strategic framework to guide us as we build a more equitable, sustainable, and healthy food system over the next decade. Food policy is no longer just about the food on our plates, but about the entirety of the food system.


Food Forward NYC is not simply a government roadmap. It will require participation from academic and health institutions, private for-profit and philanthropic partners, community-based organizations, labor organizations, advocates, and everyday residents. Through this collective effort, we will advance food democracy.

To advance the plan, the Mayor's Office of Food Policy will issue a report every two years outlining the progress made on each goal. We are committed to working with partners across the food system to identify appropriate indicators of success.

I want to thank Mayor de Blasio, all of the Deputy Mayors, the many City staff, and the hundreds of community voices that helped shape this plan.

Now, let's roll up our sleeves and get to work!

Best,


KATE MACKENZIE MS, RD
DIRECTOR, NYC MAYOR'S
OFFICE OF FOOD POLICY



EXECUTIVE SUMMARY

Food Forward NYC is the City's first ever 10-year food policy plan, laying out an ambitious inter-agency policy framework to reach a more equitable, sustainable, and healthy food system by 2031.

Food matters. Access to affordable, high-quality food is a fundamental human right and New York City's food system is foundational to its economy. While the City's food system delivers a vast array of foods that cater to every possible culture, dietary need and preference, it also faces many challenges. The fragmented nature of the food system means that too many people lack access to affordable, healthy foods; food businesses and other organizations struggle to operate profitably; food workers face challenging labor conditions; and the supply chains that feed New Yorkers are opaque and inefficient.

In Food Forward NYC, the Mayor's Office of Food Policy (MOFP) is putting forth an ambitious yet achievable plan to address these challenges. Just about every strategy in the plan will require creative collaboration between multiple stakeholders to bring forth real change. Some of these collaborations - such as the implementation of Good Food Purchasing - are already underway. Others will take additional work to launch.

Racial equity is central to this plan, deeply influenced by the work of the Racial Inclusion and Equity Task Force convened as a result of the COVID-19 pandemic. The implementation of the Good Food Purchasing Program - a national initiative that brings transparency and equity to institutional food purchasing - is also an impetus behind many strategies in the plan.

Finally, and perhaps most importantly, MOFP heard repeatedly from stakeholders about how much they valued more transparency and participation in government decision making. Hence, setting new governance mechanisms and enhancing democracy is a critical pillar of the plan.

Food Forward NYC at a Glance

This plan is organized around 5 goals and 14 strategies that confront today's challenges and seize opportunities to improve the food system:

GOAL 1

All New Yorkers have multiple ways to access healthy, affordable, and culturally appropriate food. Nearly 1.6 million New Yorkers - one in five - are facing food insecurity. All New Yorkers should have multiple ways to access healthy, affordable, and culturally appropriate food, whether it is at school, at their local grocery store or bodega, using farmers' markets or getting online food delivery. Strategies include:

- A.** Expanding food benefits to reach more New Yorkers in more places, including being able to use SNAP online and partnering with health systems.
- B.** Distributing food more equitably including expanding cold storage in low served areas and increasing supports for breastfeeding parents.
- C.** Reconfiguring how the City sources food including seeking legislative change to incorporate social policy goals into food procurement and exploring purchasing innovations such as shared kitchens.

GOAL 2

New York City's food economy drives economic opportunity and provides good jobs. New York City's extraordinarily diverse food system depends on tens of thousands of small businesses and the hundreds of thousands of workers who work in them. To truly transform the city's food system, both food workers and food businesses deserve better support systems. Strategies include:

- A.** Strengthening protections for food workers, exploring innovative ways to improve pay and benefits, and supporting business conversions to worker ownership models.
- B.** Supporting small food businesses by streamlining regulations and enforcement processes and supporting innovation.
- C.** Training the next generation of food workers for high-quality jobs that offer career paths in the food sector.

GOAL 3

The supply chains that feed New York City are modern, efficient, and resilient.

Foundational to the success of the food policy plan is the creation of infrastructure for sustainable and equitable food production and distribution. This means both strengthening the city's own food infrastructure, including not only food distribution but also farming; and both acknowledging and strengthening regional connections. Strategies include:

- A.** Investing in infrastructure by supporting the development of borough and neighborhood-based food hubs and strengthening the city's Industrial Business Zones.
- B.** Improving regional coordination and sourcing and promoting the creation of regional food aggregation centers.
- C.** Supporting increased urban farming including new spaces for urban farming.

GOAL 4

New York City's food is produced, distributed, and disposed of sustainably.

The city's vast food system impacts local, regional, and global environments and has profound influences on animal welfare. The plan recognizes that addressing these impacts would require interventions at every stage of our food's lifecycle and includes strategies and partnerships to intervene at every step of the way. The strategies also address the unequal environmental impacts the food system imposes, particularly on communities of color in New York City. Strategies include:

- A.** Integrating sustainability and animal welfare into City food programs, including incorporating sustainability into commercial waste zone contracts and exploring ways to integrate sustainability and animal welfare into City food procurement.
- B.** Reducing in-city air pollution and greenhouse gas emissions from the food system, and reducing unequal environmental impacts, by focusing on cleaner transportation and improving cold storage.
- C.** Promoting community and business innovation around food and sustainability.

GOAL 5

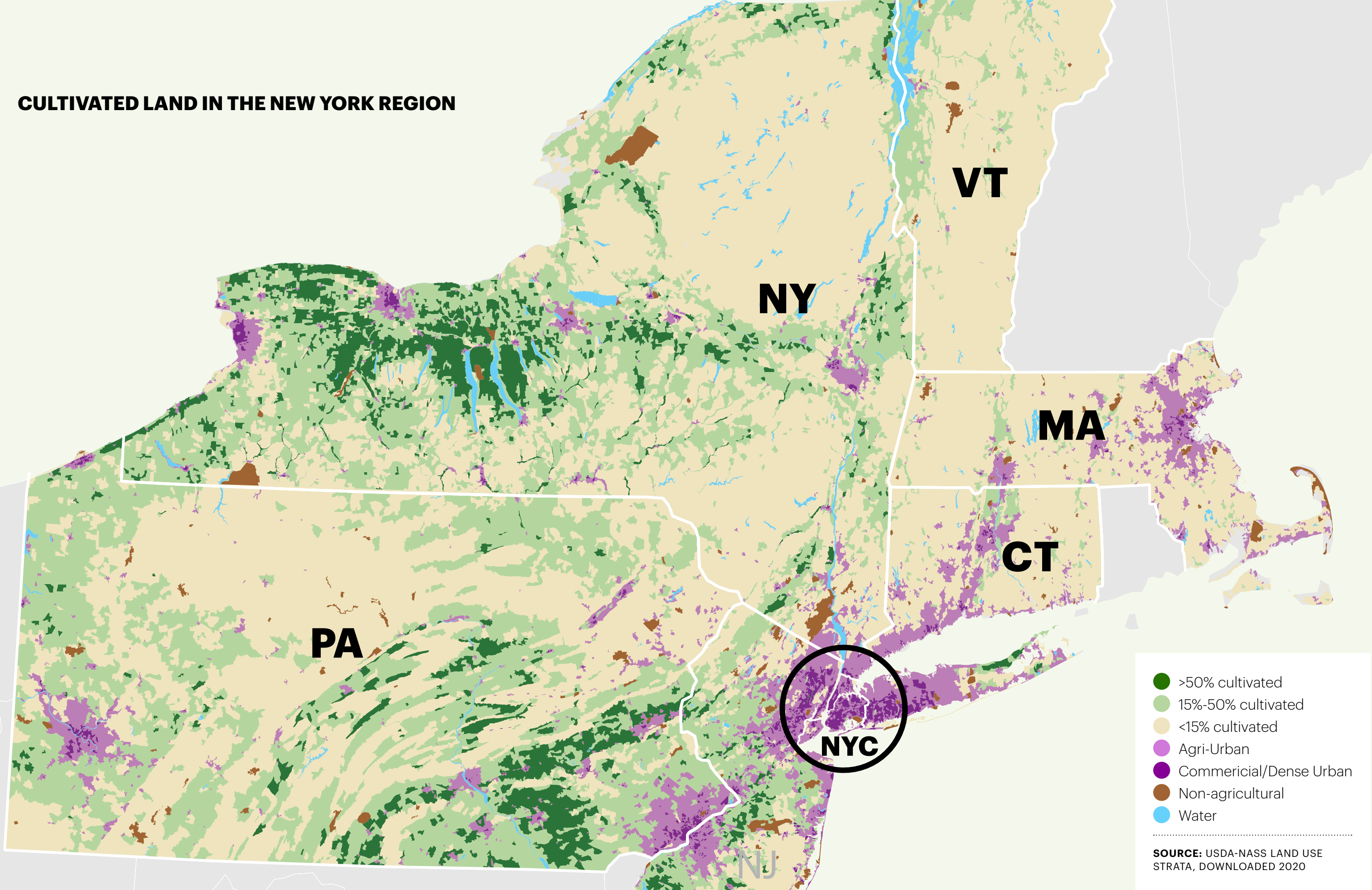
Support the systems and knowledge to implement the 10-year food policy plan.

A defining piece of the plan is its emphasis on expanding knowledge and systems support across the City. Both increased awareness of the food system and dedicated support need to be in place to ensure that the plan's policies are implemented successfully and achieve impact across multiple dimensions. Strategies include:

- A.** Strengthening community engagement and cross-sector coordination around the development and implementation of food policy including launching a NYC-regional food working group.
- B.** Creating and sharing knowledge about the food system, including the development of enhanced food insecurity measures and the sharing of City procurement data.

To truly have a transformative impact on the food system, the City cannot go this alone. The success of this plan depends on the partnership of everyone involved in the food system. Food businesses large and small, community-based organizations and advocates, philanthropies and academic institutions, regional partners and the state and federal government all have a critical role to play. As the City seeks to implement this plan, it will work with partners to make the policies and strategies in this document their own and to implement them in ways that reflect their vision for their communities.

CULTIVATED LAND IN THE NEW YORK REGION



SOURCE: USDA-NASS LAND USE STRATA, DOWNLOADED 2020



WHY FOOD POLICY MATTERS

New York City's food system touches the life of every New Yorker every day. The choices we will make about our food system over the next 10 years will be critical to building a more equitable, sustainable, and resilient New York City.

The essential role that food plays in the life of our city is manifold:

FOOD IS CULTURE.

Food is so often how families and friends connect with one another, how cultural experiences and values are transferred across generations, and what animates the "New York experience" for residents and visitors alike. Food is an important tool for community building and for creating cultural and environmental awareness and acceptance.

FOOD IS HEALTH.

Access to nutritious food is foundational to physical and mental health. Common chronic health conditions such as hypertension and diabetes are strongly associated with an unhealthy diet and with lack of access to healthy, affordable foods. The stresses of food insecurity also impair disease management. Additionally, the transportation of food can also impact health. The vast majority of food in NYC is moved by truck, resulting in air pollution that contributes to asthma and other ailments.

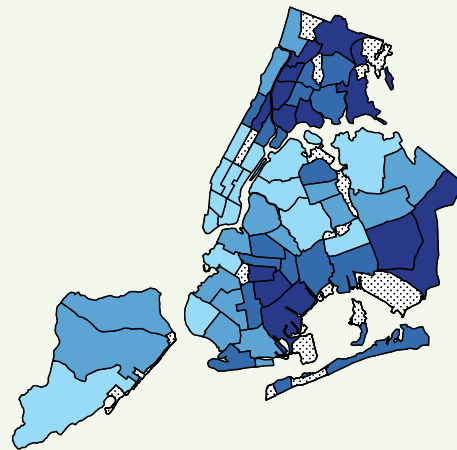
FOOD CREATES JOBS.

NYC's food economy supports an estimated 500,000 jobs, from line cooks and warehouse packers to street vendors and delivery workers. It also supports more than 40,000 businesses, the vast majority of them small and independently owned. Working in the food sector and owning a small food business have long been important ways for immigrants to gain employment and build wealth. Food businesses are also vital to the broader economy, serving as a draw for residents, workers, and visitors alike, as well as activating commercial corridors.

THE CONNECTION BETWEEN FOOD AND HEALTH

Across New York City, rates of obesity, diabetes, and hypertension – conditions strongly tied to the consumption of unhealthy foods and beverages – correlate closely with indicators of food access, including rates of food insecurity, the ratio of bodegas to full service grocery stores in a neighborhood, and the consumption of fresh fruits and vegetables.

Hypertension

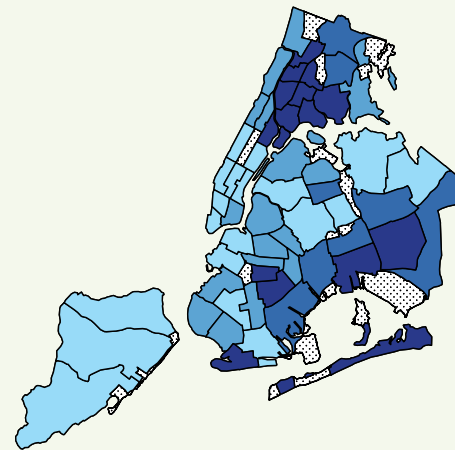


Percent of adults

- 15%–23%
- 24%–28%
- 29%–34%
- 35%–42%
- ⊞ Unpopulated areas

SOURCE: NYC COMMUNITY HEALTH SURVEY, 2015-2016

Diabetes

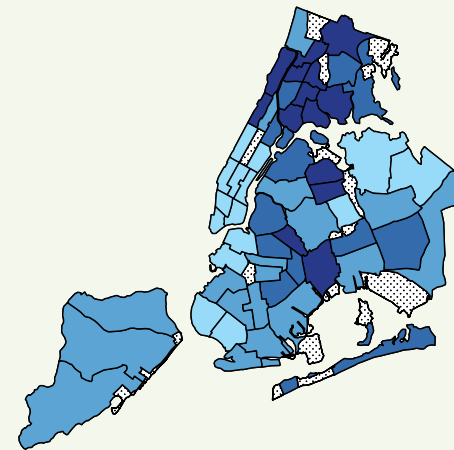


Percent of adults

- 3%–9%
- 10%–13%
- 14%–14%
- 15%–22%
- ⊞ Unpopulated areas

SOURCE: NYC COMMUNITY HEALTH SURVEY, 2015-2016

Childhood Obesity

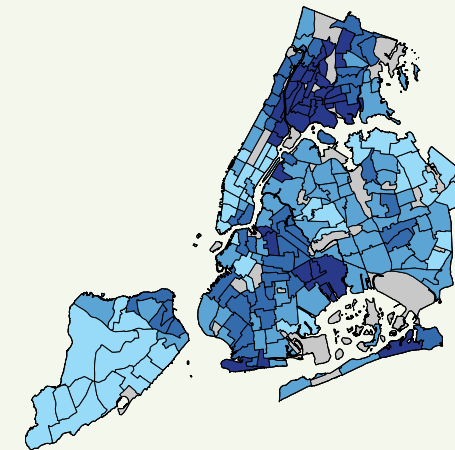


Percent of public school children (grade K-8)

- 5%–16%
- 17%–21%
- 22%–23%
- 24%–28%
- ⊞ Unpopulated areas

SOURCE: FITNESSGRAM, 2016-2017

Food Insecurity

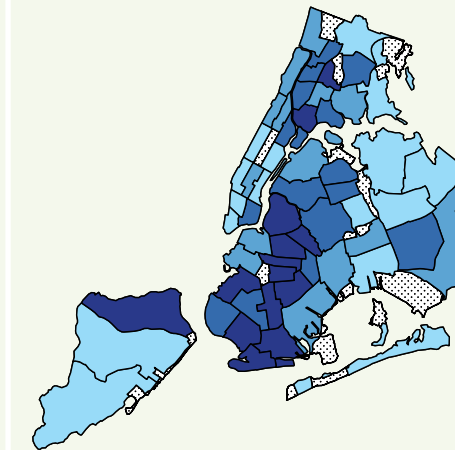


Percent of individuals

- <15%
- 15%-20%
- 20%-25%
- >25%
- Non-residential

SOURCE: FEEDING AMERICA, 2018

Ratio of Bodegas to Full Service Grocery Stores



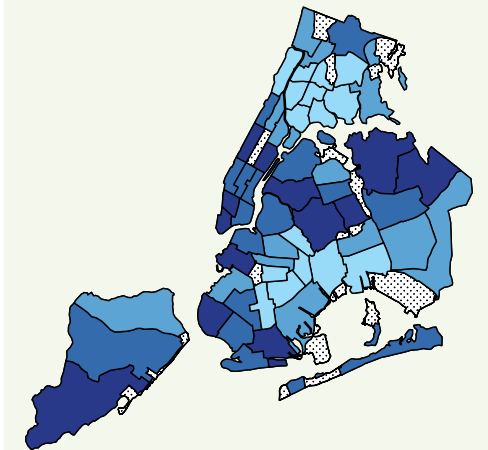
Number of bodegas to grocery stores

- 3-8
- 9-14
- 15-20
- 21-57
- ⊞ Unpopulated areas

SOURCE: NYC DOHMH AND THE NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS, OCTOBER 2016

Fruit and Vegetable Consumption

(1+ serving in past day)



Percent of adults

- 76%-83%
- 84%-87%
- 88%-91%
- 92%-96%
- ⊞ Unpopulated areas

SOURCE: NYC COMMUNITY HEALTH SURVEY, 2015-2016

New York City's food system also faces significant challenges in the next decade. These challenges underpin the strategies and initiatives the City will prioritize through a coordinated 10-year food policy plan. They include:

FOOD INSECURITY.

Nearly 1.2 million New Yorkers were food insecure as of early 2020, according to estimates by Feeding America. As a result of COVID-19, that number swelled to 1.6 million food insecure New Yorkers, including school children, seniors, parents, and working adults. Notwithstanding the importance of food pantries and soup kitchens, food insecure New Yorkers also eat at restaurants and schools and shop at bodegas, grocery stores, and farmers' markets. Central to food insecurity is the high cost of food in New York (the average cost per home cooked meal in 2018 was 30% higher than the national average); deeper economic insecurity including low wages; and poor access to healthy food options in low-income communities. NYC's food policy must first and foremost make sure all New Yorkers are food secure. Every New Yorker must have reliable access to enough affordable, nutritious food to sustain them.

RACIAL INEQUITY.

The current structure of the food system often deepens racial disparities. Communities of color in all five boroughs have less access to affordable, healthy food than white communities and they are disproportionately impacted by diet-related health diseases. While many food businesses are owned by people of color and workers in the sector are substantially people of color, low business margins and low wages often result in limited economic mobility. Furthermore, many distribution hubs and waste facilities are located in communities of color, therefore placing additional disproportionate environmental and health burdens on them. At the same time, many of the biggest innovations in food policy in New York City, from local farms to cooperative ownership models, have emerged from communities of color. NYC's food policy can support these successes and turn the food system into a source of health, wealth, and sustainability.

ECONOMIC INSECURITY.

Despite the importance of the food sector to NYC's economy, most food businesses and workers struggle to survive. Profit margins for food businesses are razor thin (as low as 1 to 2 cents per dollar of revenue), and food businesses face complex regulatory requirements that are costly and time consuming. Most food workers earn low wages with few or no benefits; the average grocery worker earns \$30,845 annually, the average restaurant or bar worker earns \$33,703 annually, and the average manufacturing worker earns \$41,550 annually, as compared to \$94,393 across all industries. Delivery workers typically earn even less and lack basic benefits and protections. NYC's food policy can help ensure that all food jobs are good jobs and that food businesses provide real economic opportunity.

CLIMATE RISK.

Rising sea levels and extreme weather caused by climate change will continue to both disrupt the global food system and threaten NYC's essential food infrastructure, including the Hunts Point Food Distribution Center and other waterfront distribution sites. The local and global food system also contributes to climate change, ecosystem degradation, and human health impacts. Food scraps make up as much as 20% of all household and commercial waste, and contribute a majority of methane emissions released from landfills. Moreover, pollution resulting from growing, transporting, and refrigerating food disproportionately impacts low-income communities of color. Nationally, the agricultural sector, including farms and livestock production, accounts for 10% of all carbon emissions, not including processing, transportation, cooking, and selling food for consumption.

BY THE NUMBERS

1.6 million New Yorkers are currently food insecure.

Two in three food businesses in NYC have fewer than ten workers.

Nearly half of NYC's food travels to grocery stores, restaurants and schools from locations outside the city.

10% of carbon emissions nationwide result from agriculture.

Without forward planning, climate change will significantly disrupt the city's food supply. NYC's food policy can protect our infrastructure from climate risk while reducing our food system's negative impacts on our planet.

TECHNOLOGICAL CHANGE.

The rapid development of new technology in the food sector poses several near-term challenges. To name a few: on-demand delivery services have crowded streets and increased pollution; delivery apps

have created new costs for businesses and raised concerns over both data rights and worker rights; and the march toward automation threatens employment especially in retail and manufacturing jobs. Yet technology also presents opportunities: to expand access to food assistance, to better coordinate transportation and reduce waste, to create more humane meat substitutes, and to create new jobs and growth sectors that provide economic opportunity. NYC's food policy can seek to accelerate and leverage positive technological change while mitigating the risks of rapid change.

THE COVID-19 PANDEMIC

As this plan is released, New York City continues to battle our worst public health and economic crises in recent history. While this plan takes a 10-year view, its priorities and strategies are informed by today's crises, both by the vulnerabilities exposed and by the historic efforts – citywide and grassroots – to get relief to the New York's residents, workers, and businesses.

The pandemic cast a glaring light on the fragility of our food system. As stay-at-home orders and a decline in economic activity drove up unemployment, an estimated 400,000 additional New Yorkers experienced food insecurity. Meanwhile, nearly a third of food pantries closed as volunteer staff, particularly older adults, were advised to stay home. Restaurants and bars were devastated as revenues declined, with one-third to one-half of businesses at risk of permanent closure and more than 100,000 workers unemployed. This shock reverberated across the supply chain, as distributors and growers accustomed to

serving restaurants had to pivot to meet growing grocery demand. Most urgently, higher mortality rates among New Yorkers with preexisting medical conditions such as diabetes and heart disease pointed both to the importance of nutrition and the deep health disparities among Black and Latinx New Yorkers who are more likely to lack access to affordable, fresh food and have borne the brunt of Coronavirus cases and deaths.

One positive element to emerge from the pandemic was the way New Yorkers came together to assist one another. Houses of worship and community centers became food pantries and storage sites overnight. Caterers and restaurants donated hot meals and partnered with organizations like Rethink Food NYC and World Central Kitchen to distribute meals to emergency workers and their families. More than 50 volunteer-led mutual aid groups delivered groceries and supplies to neighbors. Dozens of community fridges emerged, offering free fresh food from sidewalks across the city. Organizations ranging from

health nonprofits to community foundations set up helplines and directories to connect New Yorkers in need with available aid. This rapid mobilization, and the power of community-led efforts to coordinate food networks, inspired numerous strategies in this plan.

The City needed to innovate, as well. In March 2020, the Mayor's Office mobilized to distribute free meals to all food insecure residents and to secure the food supply chain. The City funded emergency support to shore up the pantry network, set up grab & go free meal pickup sites at more than 500 schools, and recruited out-of-work for-hire vehicle drivers to deliver meals to homebound New Yorkers, altogether delivering more than 2 million meals per day. Agencies worked with businesses to interpret public health guidelines, secure protective equipment for staff, and safely serve customers; established outdoor dining and open streets programs in mere months; and monitored the virus' spread around regional food hubs, responding quickly to outbreaks to prevent supply

chain disruptions. The lessons from this unprecedented effort also inform our understanding of both the investments needed in the food system and what we know is possible with coordinated and collaborative action.



MAYORAL PHOTOGRAPHY OFFICE



NEW YORK CITY'S FOOD SYSTEM

Approximately 19 billion pounds of food flow through New York City every year. This flow is the product of a complex global supply chain that grows, processes, and distributes food, and a rich local food economy that prepares food for purchase and disposes of food waste. The workings of this supply chain affect the daily life of every New Yorker. Yet, unlike NYC's other essential systems – our road, water, and electrical networks, for example – our food system has no centralized design or management. Our food system is a “distributed” system, made up of tens of thousands of large and small businesses and nonprofit organizations - local, regional, national, and global - and millions of consumers, interacting largely independently to match food supply and demand.

NYC's food system is unique in two major ways. First, our city's ethnic diversity necessitates multiple complex supply chains that source products from across the region and the globe to cater to the distinct tastes and needs of New Yorkers. Second and relatedly, the majority of food businesses, from grocery stores to restaurants to distributors, are small-scale and independently owned, rather than national operations. This varied and nimble business landscape is well suited to serve NYC's unique needs and supports both economic opportunity and food system resilience, but it also poses risks, including coordination challenges and the general vulnerability associated with small-scale, independent businesses.

NYC's food system can be broken into six discrete phases:



PRODUCTION consists of the growing, raising, and harvesting of fruits and vegetables, grains, animals, and any other raw materials for food. The vast majority of this activity happens outside of the five boroughs because of the large amount of arable land required. Exceptions include vertical indoor farms, rooftop farms, oysterculture and fishing, and community gardens that use a mix of conventional, hydroponic, and aeroponic growing techniques to produce food locally.



PROCESSING consists of any value addition that happens to those initial raw ingredients, whether the milling of grain into flour (primary processing), the baking of flour into bread (secondary processing or manufacturing), or the packaging of bread for sale (packaging). Most processing also occurs outside of the five boroughs. However, local food manufacturing has expanded in recent years, with NYC jobs in the subsector increasing by 27% from 2005 to 2015. Food businesses such as butchers and live animal markets, packing companies, and restaurants and caterers provide additional, though relatively small-scale, local processing capacity.



DISTRIBUTION refers to the storage, transport, and delivery of any food product from one place to another. The food that eventually reaches NYC consumers must be stored in warehouses (often with refrigeration, or “cold storage”), reorganized or repackaged for smaller-scale distribution to retailers and manufacturers, and delivered from the warehouse to the final “last mile” destination, usually a restaurant or grocery store. The majority of this process occurs outside the city. Even in the case of the last-mile distribution, only about half of deliveries originate from within the city. The city’s food distribution system therefore relies on bridges and tunnels to reach their consumers, as 99% of the last-mile distribution is by truck.

Essential to the City’s food distribution system is a series of major food hubs, the largest of which is the Hunts Point Food Distribution Center in the Bronx, which dispenses over 4.5 billion pounds of food each year and supports 8,500 direct jobs. Hubs also exist in Maspeth in Queens and Sunset Park and the Brooklyn Terminal Market in Brooklyn. These hubs receive food by truck, rail, and barge. John F. Kennedy International Airport also plays a role in food distribution, particularly for high-value and perishable products that arrive by air.

Feeding New Yorkers requires, in some cases, vastly different supply chains for different cuisines. Nationally, many large grocery stores rely

on a handful of national distributors, which in turn rely on a small set of major manufacturers and processors that source food from their own industrial-scale farms and processing facilities. Supply chains that cater to Chinese and Southeast Asian consumers, however, have largely distinct supply chains that source from farms in New York, New Jersey, Florida, and Central America. They use smaller trucking and distribution networks that store goods in smaller warehouses in hubs like Chinatown, Sunset Park, and Maspeth, selling to both restaurants and consumers out of hybrid retail-warehouses. Caribbean food markets import products through the ports of Elizabeth, NJ, and Kennedy Airport, and both warehouse and process much of their produce in markets in eastern Brooklyn.



RETAIL is the final point of sale for food, where it reaches the customer. There are two types of outlets. The first is prepared food sellers, including restaurants, caterers, vendors, soup kitchens, and food pantries, and institutional cafeterias at schools, hospitals, and large employers. There are approximately 24,000 restaurants and bars in the city and thousands of additional prepared food sellers. The second type is packaged food and produce sellers, including full service grocery stores and bodegas, which sell food directly to consumers for off-site consumption. There are about 14,000 grocery stores and bodegas. As noted above, many of these businesses are small-scale: 64% of restaurants and 84% of grocery stores and bodegas have fewer than 10 employees. Retail food businesses are traditionally an area of employment and asset building for NYC immigrants.



CONSUMPTION is the point at which New Yorkers purchase, or otherwise obtain, and consume food. The vast diversity of palates and incomes of New York means that consumption varies drastically across the city. Food access also varies across the city. Owing to both a lack of historic investment in communities of color and clustering of low and high income New Yorkers, some neighborhoods have access to a range of grocery options and restaurants with fresh, nutritious food at accessible prices; in others, residents’ access to affordable, healthy food, especially fresh fruits and vegetables, is limited or nonexistent. In these neighborhoods, fast food outlets, convenience stores, and liquor stores often outnumber healthy food outlets.



POST-CONSUMPTION, finally, refers to how the byproducts of food and food packaging are dealt with. Household food scraps and packaging is collected by the City whereas food waste from businesses and institutions is collected by private waste hauling companies. After it is collected, it is trucked or barged to privately run waste management

facilities, many of which are outside of the five boroughs.

For most of human civilization, food waste was typically used to add nutrients to soils or for animal feed, both of which helped produce more food. We no longer use this circular system, instead sending food waste to landfills. Today, nearly a third of household and commercial waste consists of biodegradable food scraps, which could be used for fertilizer or animal feed as our ancestors did, or as an energy source. When separating organics from other waste, we now have the technology to capture the methane created by decaying food and use it as a renewable energy source. Therefore, the City has launched several efforts to segregate and manage the processing of organic waste so as to close the loop on the currently linear food supply chain.

The region plays a large and growing role in this food system. Since the 1970s, a citywide network of farmers markets have strengthened connections between the region's farms and urban consumers. Today, hundreds of farmers' markets, farm stands, and community-supported agriculture (CSA) drop-off points dot the five boroughs, and NYC restaurants and grocery distributors provide a critical market for many of the region's farmers. The region is also where much of the processing and distribution activity that the City relies on occurs. Northern New Jersey is a critical food hub serving New York, home to regional distributors and national food service companies that distribute about one-quarter of the food that is distributed to point-of-sale outlets. The Lehigh Valley of Pennsylvania is another important cluster for last-mile distributors, as are upstate New York and Long Island.

In line with broader efforts by the City to strengthen regional partnerships, this plan both acknowledges the region's central role in food policy planning and seeks to deepen coordination with regional governments, businesses, and other partners.

FOOD POLICY IN NYC TODAY AND IN THE FUTURE

City government's role in the food system dates back more than a century, starting with the distribution of pasteurized milk to address infant mortality in the early 1900s to the first school lunch programs during the Great Depression to the rollout of food stamps in the 1960s.

Today, the City influences the food system in multiple ways:



1. The City **administers and provides funding to critical food assistance programs** that provide a lifeline to food insecure New Yorkers, dispensing over \$2 billion in SNAP, operating the largest school feeding program in the country, and funding the City's Emergency Food Assistance Program.



2. The City **regulates food businesses**, directly through permits and licenses and indirectly by setting policy for land use, transportation, and labor practices. In this way, the City has multiple tools to support restaurants, producers, distributors, street vendors, and other businesses. The City also offers services such as loans, grants, training, and technical assistance to food businesses that meet certain criteria.



3. The City **manages critical food infrastructure**, including the Hunts Point Food Distribution Center in the Bronx as well as vital industrial sites in all five boroughs that house supply chain businesses and the road network on which most food businesses rely.



4. The City is a **major food purchaser**. We spend about \$500 million annually on food across all departments, from schools to public hospitals to senior centers, making up about 2.5% of total food sales.



5. The City **has a unique power to convene, plan, and advocate**. Because our food system is so complex and distributed, no single entity has a complete picture of what's needed or a platform to plan ahead. The City can play an important role in convening experts, sharing data and knowledge, leading efforts to change state and federal policy, and setting an ambitious agenda around which communities, businesses, institutions, philanthropies, and regional partners can work together.



6. The **Mayor's Office of Food Policy** is now enshrined in the City Charter with a mandate to lead City food policy and coordinate multi-agency initiatives. This provides the City with the structures to leverage all the tools mentioned above and pursue ambitious, multi-sectoral policy.

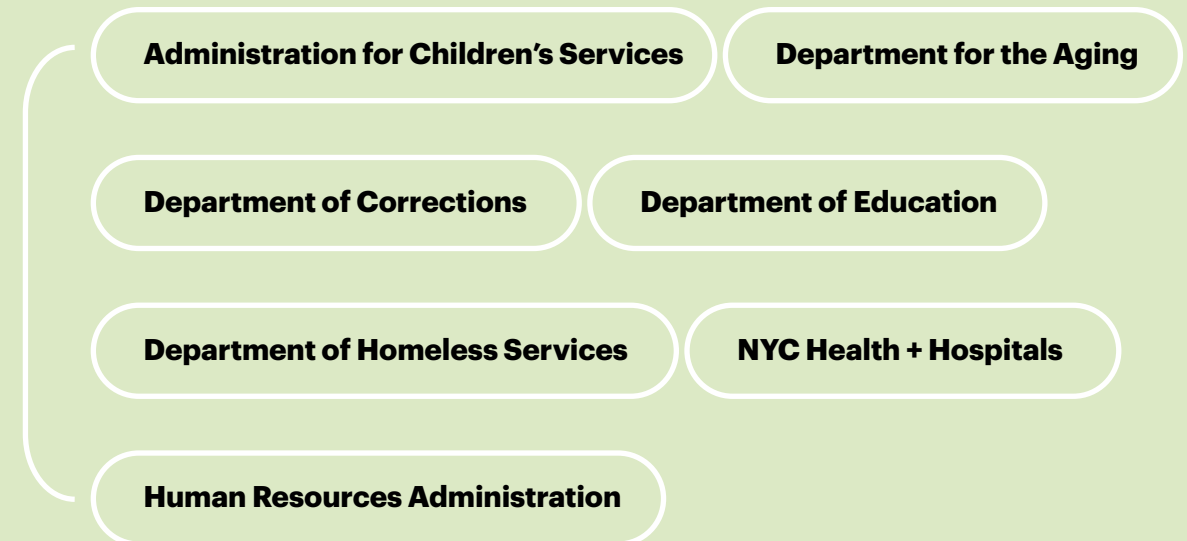
WHO DOES WHAT IN CITY GOVERNMENT ON FOOD POLICY?

Virtually every agency in City government interacts with the food system in one way or another. This chart is a high level representation of the major functions of the City that make and implement food policy. It is not, however, an exhaustive list.

ENTITIES THAT SET POLICY, PROVIDE OVERSIGHT AND MANAGE SYSTEMS



AGENCIES THAT SERVE FOOD AS PART OF THEIR PROGRAMMING



AGENCIES THAT SUPPORT THE CITY'S FOOD SUPPLY



In recent years, the City has launched efforts to expand food access, strengthen the food sector, and address inequity in NYC's food system.

Example efforts include:



School Food:

Since September 2017, every public school student has access to free lunch, and starting in 2015, schools began rolling out Breakfast in the Classroom – now available in nearly 600 school buildings. Schools also launched “Meatless Mondays” and “New York Thursdays,” celebrating local produce.



Get the Good Stuff:

New Yorkers enrolled in the Supplemental Nutrition Assistance Program (SNAP/EBT) now earn an extra dollar in rewards points for every dollar they spend on fruits, vegetables, and beans at participating NYC grocery stores. The benefit (up to \$50 per day) can be used for the next purchase of eligible produce.



Shop Healthy NYC:

As of March 2020, more than 1,800 food retailers, including bodegas and grocery stores in neighborhoods with high food insecurity, have pledged to increase their stock and promotion of healthy foods.



Workers' Rights:

Through City advocacy and legislation, New York City's minimum wage increased to \$15 per hour and food workers enjoy expanded protections, including paid sick leave and control over shifts. An emboldened Department of Consumer and Worker Protection also expanded its enforcement and advocacy efforts to protect workers.



Hunts Point Resiliency:

The City is making investments to mitigate flood risk, provide backup power, and reduce emissions at this regional food hub, in a project that will also protect and build social resilience for the broader Hunts Point neighborhood.



Food at NYCHA:

Launched in 2015, the Food Business Pathways program has provided training and assistance for resident entrepreneurs to launch 189 food businesses to date. Farms at NYCHA, part of a broader effort to improve health outcomes in 12 neighborhoods, now has six farms in operation.



EDWIN J. TORRES/NYCEDO

GOOD FOOD PURCHASING

The **Good Food Purchasing Program (GFPP)** is a framework that helps institutions better understand the source of the food they purchase and provides a methodology to quantify the impact of the food along five core values.

The program offers unprecedented transparency and accountability to an issue rarely discussed by governments, institutions, businesses, or individuals: the true cost of the goods we consume. When low cost is prioritized over social and environmental values, there are inequitable impacts on the health and wellbeing of people, animals, and the environment. Through this framework, large-scale food purchasers like City agencies are able to adapt and leverage their spending and contracting for positive impact.

Launched in Los Angeles in 2012, the program has expanded to 53 institutions or agencies across 20 cities, with 14 formal policy adoptions, and more than \$1 billion in annual food spend leveraged. In 2017, subject to legal restrictions on the City's ability to engage in "social policy" purchasing, the Office of School Food & Nutrition Service enrolled in the program. In 2019, the program was expanded effectively citywide across six additional agencies, making NYC one of the few municipalities to adopt GFPP values across all food programs. In doing so, City agencies will act as leaders in the regional food system and offer proof points for broader application of good food purchasing.

The core values guiding the program are:

- **Local Economies** - Support small, diverse, family and cooperatively owned, and mid-sized agricultural and food processing operations within the local area or region.
- **Nutrition** - Promote health and wellbeing by offering generous portions of vegetables,

fruit, whole grains and minimally processed foods, while reducing salt, added sugars, saturated fats, and red meat consumption, and eliminating artificial additives. Improving equity, affordability, accessibility, and consumption of high quality culturally relevant Good Food in all communities is central to our focus on advancing Good Food purchasing practices.

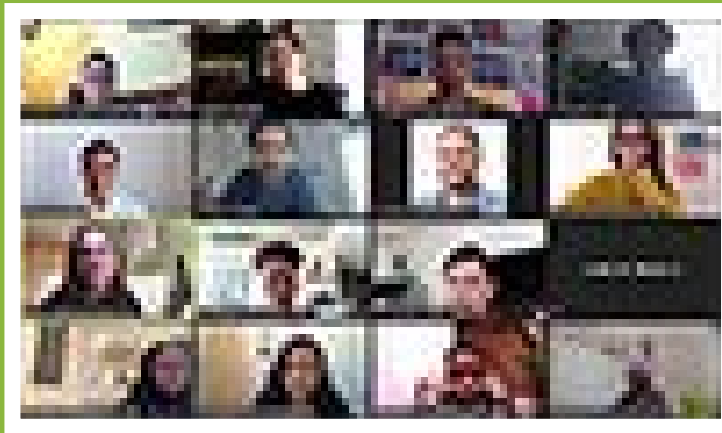
- **Valued Workforce** - Provide safe and healthy working conditions and fair compensation for all food chain workers and producers from production to consumption.
- **Environmental Sustainability** - Source from producers that employ sustainable production systems that reduce or eliminate synthetic pesticides and fertilizers; avoid the use of hormones, routine antibiotics, and genetic engineering; conserve and regenerate soil and water; protect and enhance wildlife habitats and biodiversity; and reduce on-farm energy and water consumption, food waste and greenhouse gas emissions; and increase menu options that have lower carbon and water footprints.
- **Animal Welfare** - Provide humane care for farm animals by improving overall wellbeing through better rearing practices and/or reducing total numbers raised.

While all the plan's strategies relate, in one way or the other, to the five values above, certain strategies are directly in service of the implementation of the program and you can identify them with 🍌. For more information, visit nyc.gov/GFP.



THE VOICES THAT SHAPED THIS PLAN

Food Forward NYC builds on decades of work, thought, and learning by communities, food policy advocates, and City staff, and was shaped by what the City heard directly from New Yorkers about how they want their food system to work for them.



We are indebted to the more than 300 individuals who contributed their time and policy recommendations in workshops, briefings, and individual conversations carried out over the fall and winter of 2020 – including representatives of food businesses, workers, community-based organizations, advocates, and philanthropy. These discussions were essential to the development of plan priorities, as were the contributions of the members of the NYC Regional Food Working Group.

This policy plan also draws on insights from two recent community-based engagement efforts: “Take Care New York,” which included dozens of community workshops on health equity, and the COVID-19 Taskforce on Racial Inclusion and Equity, which surveyed hundreds of community organizations. Supplementing this outreach was an extensive review of policy recommendations and plans developed in NYC over the past two decades and best practices from around the world. City staff from dozens of agencies also contributed to the development of the strategies included in the policy plan.

Finally, the policy plan builds on the goals and strategies articulated in NYC’s strategic long-term plan, OneNYC, which seeks to promote equity, sustainability, resiliency, and growth and is premised on the notion that these four themes cannot be achieved alone but are mutually dependent. This is the spirit that animates Food Forward NYC.

New York City’s food system faces serious challenges over the next decade. The 10-year food policy plan lays out 5 goals and 14 strategies to confront these challenges while seizing related opportunities.

Goals for NYC’s food future

GOAL	DESCRIPTION	PAGE
1	<p>All New Yorkers have multiple ways to access healthy, affordable, and culturally appropriate food. The city faces an unprecedented food insecurity crisis, affecting nearly one in five New Yorkers, that requires a focus beyond traditional emergency food systems. NYC will:</p> <ul style="list-style-type: none"> A. Expand food benefits to reach more New Yorkers in more places. B. Distribute food more equitably. C. Reconfigure how the City sources food. 	27
2	<p>New York City’s food economy drives economic opportunity and provides good jobs. NYC’s extraordinarily diverse food system depends on tens of thousands of small and micro businesses and the hundreds of thousands of workers who make them run. NYC will:</p> <ul style="list-style-type: none"> A. Protect food workers, improve pay and benefits, and support ownership. B. Support small food businesses by cutting red tape, protecting data, and promoting innovation. C. Train the next generation of food workers for high-quality jobs. 	41
3	<p>The supply chains that feed New York City are modern, efficient, and resilient. The plan is committed to securing and improving our critical infrastructure and recognizes that strengthening regional connections is critical to that end. NYC will:</p> <ul style="list-style-type: none"> A. Strengthen the City’s food infrastructure. B. Improve regional coordination and sourcing. C. Support increased urban farming. 	51
4	<p>New York City’s food is produced, distributed, and disposed of sustainably. Our food system has profound impacts on the local, regional, and global environment, as well as animal welfare. NYC will:</p> <ul style="list-style-type: none"> A. Integrate sustainability and animal welfare into City food programs. B. Reduce in-city air pollution and greenhouse gas emissions from the food system. C. Promote innovation around food and sustainability. 	61
5	<p>Support the systems and knowledge to implement the 10-year food policy plan. Few systems are in place, whether in City government or outside of it, that have the capacity and the knowledge to alone implement a comprehensive food policy. NYC will:</p> <ul style="list-style-type: none"> A. Strengthen community engagement and cross-sector coordination around the development and implementation of food policy. B. Create and share knowledge about the food system. 	69



GOAL

1

All New Yorkers have multiple ways to access healthy, affordable, and culturally appropriate food.

BACKGROUND

New York City's flavor palate is as diverse as its population, weaving traditions from Black, Indigenous, and immigrant food cultures. From kosher markets in Borough Park to Indian groceries in Jackson Heights, from street food vendors to large cafeterias, accessing food looks different for every New Yorker. New York City's food system needs to provide multiple ways for its residents to access healthy, affordable, and culturally appropriate food, including in ways that encourage building community and connection.

However, many New Yorkers still struggle to get the food they need. As of fall 2020, there were 1.6 million food insecure New Yorkers, according to estimates by Feeding America.¹ This challenge is exacerbated by the fact that food costs in New York City are very high. The average cost per meal (the cost of grocery ingredients, not prepared foods) in 2018 was \$4.08, over 30% higher than the national average.² Furthermore, the burden of food insecurity is not distributed equally. Food insecure New Yorkers disproportionately belong to communities of color - reflecting historic discrimination and structural disadvantages and further deepening existing racial inequalities.

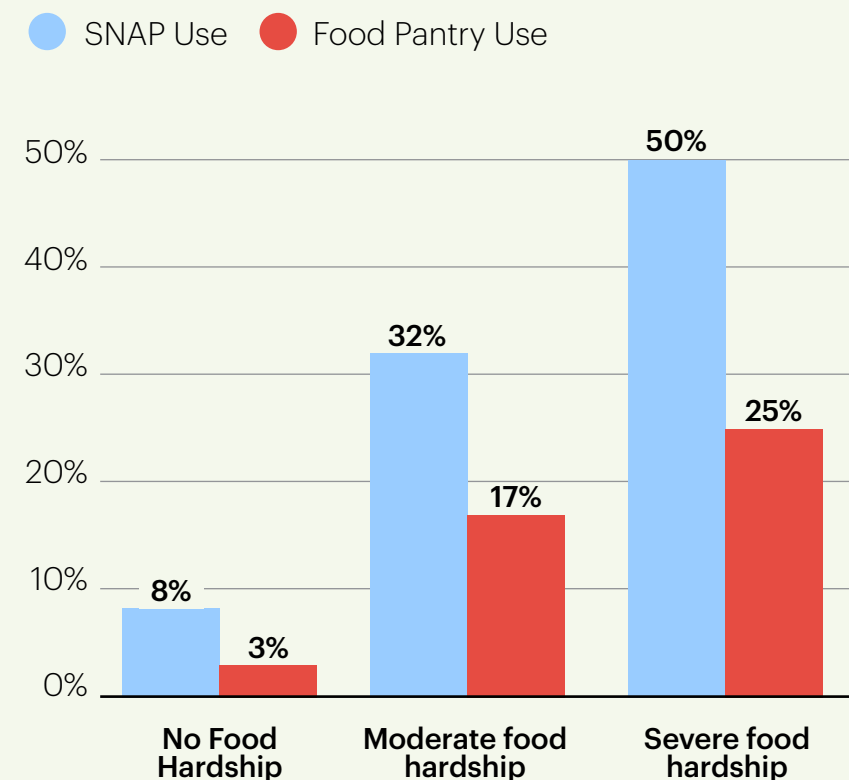
Food insecure New Yorkers are all of us - schoolchildren, seniors, parents, working adults - and have varying food needs. Some New Yorkers observe restrictions on the food they eat guided by faith, values, or health. This includes but is not limited to kosher, halal, vegetarian, vegan, or gluten-free meal patterns.

While much attention is often paid to the emergency food system - food pantries and soup kitchens - many food insecure residents get their food in many different ways, including at schools, grocery stores, farmers' markets and restaurants. One study looking at New Yorkers facing food hardship found that only 25% of New Yorkers who face severe food hardship and only 17% of New Yorkers who face moderate food hardship typically use the emergency food system.³

For all New Yorkers to get the food they need and want, they need multiple ways to access healthy, affordable, and culturally appropriate food that meets them where they are. The plan embraces that food intersects with New Yorkers' health and the broader economy in multiple ways, and not simply with regard to hunger; that food is important as an expression of cultural identity and as a way to connect with family and friends; and that food can bring tremendous joy.

The strategies are also anchored in the recognition that the food system's failure to provide healthy, affordable, and culturally appropriate food disproportionately impacts communities of color. To help redress that, the plan places a particular focus on solutions that make it easy for the people living in communities that have faced the burden of these disparities to access the food they want where they want it.

Food Hardship in New York City



Severe food hardship: Often running out of food or worrying that food would run out before there was enough money to buy more.

Moderate food hardship: Sometimes running out of food or worrying that food would run out before there was enough money to buy more.

No food hardship: Not running out of food or not worrying that food would run out before there was enough money to buy more.

SOURCE: ROBIN HOOD POVERTYTRACKER DATA. RESULTS PRODUCED BY THE CENTER ON POVERTY AND SOCIAL POLICY AND COLUMBIA UNIVERSITY. 2018.

STRATEGIES

- NEAR TERM
● MEDIUM TERM
● LONG TERM
- ✓ LEGISLATIVE ACTION
🍊 GOOD FOOD PURCHASING PROGRAM

IA. Expand food benefits to reach more New Yorkers in more places.

Launch a new food program to address food security issues exacerbated by the pandemic ●

The COVID-19 pandemic has both shed a light on and exacerbated food insecurity challenges in New York City. As a continuation of the City’s work on its Emergency Food Delivery program, the City will launch a new healthy food benefit that helps fill the gap in SNAP access and grocery delivery. The program will enable the use of SNAP online and will allow for the participation of small, independent grocery stores.

Expand “Get the Good Stuff” ●

In 2019, the City launched Get the Good Stuff, a program that offers a dollar-for-dollar match on fruit and vegetables purchased with SNAP at participating grocery stores. The program helps make fruits and vegetables more affordable for New Yorkers with low incomes by increasing their purchasing power and ability to choose healthy foods. It



NYC DOE

also provides an opportunity for neighborhood grocery stores to expand their customer base and sell more produce. The City will expand this program to more low-income neighborhoods and pursue philanthropic support to reach every low-income neighborhood by 2030.

Include whole families in summer meal programs permanently ●✓

As part of its emergency response to COVID-19, the City has allowed whole families—adults in addition to children—to access its free, no-questions-asked, grab & go meal service in schools. The City is committed to continuing this approach and will advocate to the federal government to make summer meals for families a permanent program, as well as remove the congregate meal requirement. The City will also explore ways that summer meal programs can support local food businesses, building off of the success of the Pandemic EBT program.

Pursue federal and state action to expand and improve SNAP and other food benefits ●✓

SNAP is an essential program for feeding New Yorkers and expanding and improving it is foundational to any efforts around food insecurity. The City will pursue federal and state action to increase maximum and minimum SNAP benefits and expand the list of eligible foods to include prepared foods. The City will also push for improving access to SNAP online, including simplifying the process for smaller retailers to gain access to SNAP online, allowing SNAP dollars to be used for delivery fees, and protecting users from predatory marketing. The City will advocate for expanded federal funding for initiatives that leverage SNAP to incentivize healthy foods, and will push for integration of demonstrated approaches that improve nutrition and preserve choice without limiting access or reducing benefits from federal assistance programs. The City will also pursue changes to the WIC program, including extending WIC benefits up to age 6, increasing WIC benefits to \$35 dollars per month, and developing new strategies to address food insecurity in youth and college students by providing reimbursable meals and extending access to food benefits programs.

Make it possible to leverage healthcare coverage for medically tailored meals ●✓

The City will pursue state and federal action to make it possible to leverage healthcare coverage for medically tailored meals. This will include providing Medicare/Medicaid coverage for medically tailored meals.

EVERYONE SHOULD
BE ABLE TO ACCESS
THE FOOD THEY WANT
WHEREVER THEY MAY
WANT IT.

Pursue federal and state change to expand the reach of produce prescription programs ●✔

The City will pursue state and federal action to fund and expand the reach of produce prescription programs and make them a standard service offer for the populations Medicare and Medicaid serve. This may include funding and requiring the promotion of of Produce Prescription Programs through Medicare Advantage (Medicare Part C) Value-Based Insurance Design Model (VBID), encouraging Medicaid Managed Care Organizations to cover Produce Prescription Programs through their “in lieu of” services, value-added services, and supporting innovations such as the GusNIP Produce Prescription pilot. Additionally, the City will advocate to ensure that these programs are designed so that they can be fulfilled by small businesses and food non-profits located in the communities served.

Partner with health systems to increase access to healthy foods ●

Health insurers, hospitals, and other healthcare providers are increasingly exploring investments in healthy foods to improve the health outcomes of their clients. The City will accelerate this process by advancing partnerships with health systems such as piloting a grocery store within a City hospital or creating new healthy food benefits.

I B. Distribute food more equitably.

Transform the emergency food network ●

The City is eager to improve equity and resilience in NYC’s emergency food system, particularly considering the historic spike in food insecurity wrought by the pandemic. To achieve this, the City will build more overall capacity to distribute food, especially in neighborhoods in highest need of emergency food. These capacity enhancements will focus on key vulnerabilities of the pantry system - from physical infrastructure needs, to technology, to innovative methods of food distribution. The City will enhance EFAP (Emergency Food Assistance Program) and ensure it is more equitably distributed. Through these efforts, the emergency food system will be transformed so that it ensures an equitable distribution of nutritious resources, aligned with food-insecure New Yorkers’ nutritional needs, and delivers a resilient network of programs that operate efficiently, safely, and with dignity even during a crisis.

Enable food businesses to utilize more outdoor space ●

To enable restaurants to continue utilizing outdoor space, the City will work to make the outdoor dining program permanent, including working with the City Council on the regulatory changes necessary. Additionally, the City will explore the creation of temporary markets that include the sale of food with a particular emphasis on increasing economic activity and expanding access to fresh food in areas with limited food access.

Evaluate options to limit exposure to unhealthy food and food marketing ●✔

A healthy food environment is, among other things, one where there is limited exposure to unhealthy food marketing as well as unhealthy foods. The City will review its own policies to identify potential actions to limit New Yorkers’ exposure to advertising, marketing, and promotion of unhealthy foods, and will explore ways to limit availability of unhealthy foods by, for example, eliminating sales of sugary drinks in City vending machines. At the same time, the City will push for state and federal policies that support reduced intake of over consumed dietary components like added sugars and sodium.

Explore new ways to expand farmers’ markets and other programs that bring fresh fruits and vegetables to underserved communities ●

The City will explore new assistance programs that will allow sustainable expansion of farmers’ markets, farm stands, community-supported agriculture (CSA) programs, and similar models in underserved communities. For example, mini-grants can support capital and operating expenses and provide technical assistance to producers and providers. The City will do this through partnerships with philanthropic entities and community-based organizations and by advocating for state and federal policy changes that get more fresh foods from local farms to low-income communities. Additionally, the City will strengthen the NYC Green Cart program. The program was introduced in 2008 as a way to increase access to fresh fruits and vegetables. To increase business viability, the City will expand the types of healthy foods Green Cart vendors are permitted to sell, allow vehicles to be used in addition to carts, and will explore other ways to support vendors (for example, new technology to accept EBT).

Support breastfeeding parents in hospitals, workplaces and community settings ●

In order to protect, promote and support breastfeeding in the long term, the City will partner with hospitals, birthing centers, employers, and community partners to increase the number of Baby-Friendly maternity facilities in NYC. We will also encourage the development of community and workplace supports for breastfeeding by conducting professional lactation trainings, providing lactation education and support to new parents, offering technical assistance to employers, schools, child care centers, and other community partners to expand lactation programs and spaces, and promoting family-friendly policies such as paid family leave. These changes are expected to have the most lasting impact in communities of color and groups with traditionally low breastfeeding rates.

Pursue federal support for businesses and nonprofits that provide fresh fruits and vegetables in underserved communities ●👍

To expand the range of businesses and nonprofits that provide fresh produce in underserved communities, the City will pursue the creation of new federal programs that will offer capital and operating subsidies to qualifying businesses and nonprofits that offer such services. The City will ensure that such subsidies apply to various cooperative models as well as more traditional business models.

Study ways to improve access to cold storage in underserved communities ●

The City will conduct outreach, stakeholder engagement, and research to better understand the cold storage infrastructure needs and constraints facing both small-scale food businesses such as bodegas and non-profit food pantries, with a focus on the unique challenges faced by those operating in underserved communities. This study may include investigating refrigeration, electrification, freight access, access to capital, and other challenges. Potential policy solutions may include a “cash-for-clunkers” refrigeration trade-in program, low-cost loans for improving or expanding cold storage space, shared off-site cold storage facilities, and others that may arise through the engagement process. The City will then work with industry, philanthropic, and State and federal partners to provide resources to businesses seeking to improve or expand their cold storage capacity.

Improve cafeteria culture in public schools ●

As part of its strategic planning process, the Office of Food & Nutrition Services (OFNS) at the Department of Education (DOE) will develop an action plan that encourages principals and school kitchens to create a physically attractive, caring, and calming cafeteria environment allowing meals to be more enjoyable. Potential strategies include: scheduling adequate time to eat during appropriate hours, preparing fruits and vegetables that are easier to consume, and creating more efficient and sustainable cafeteria practices such as offering grab-and-go style service and composting uneaten food.

Explore ways to increase the amount of freshly prepared meals in public schools ●👍🍎

Access to healthy, whole foods is a priority for NYC public schools, as such meals provided to our students should be cooked from a primarily scratch menu. All City schools should aim to serve fresh meals made from ingredients in their most basic form, prepared at or near the site of consumption, as often as possible. The City will explore ways to ensure that that a citywide menu includes more fresh fruits, vegetables, and healthy grains, less meat, more locally accessed food, and increased access to safe drinking water. The City will conduct a landscape analysis to identify facilitators and barriers related to infrastructure, labor, ingredient availability, communication, and community input related to scratch-cooking. The City is committed to increasing access to fresh, whole foods for its students and will advocate for state and federal policy changes and increased support that will allow more fresh fruits and vegetables and scratch-cooked meals in schools.

Explore new partnerships with schools around food access ●

School kitchens can act as critical food infrastructure in low-income communities. The City will explore pathways for using school kitchens for other food uses during times in which they are underused. For example, community-based organizations could serve holiday meals using the kitchen space. Additionally, the City will explore expanding the food and nutrition offerings available through community schools, whether it is expanding the food pantry program to schools that currently do not have a food pantry or providing other programming to address food insecurity.



1C. Reconfigure how the City sources food.

Create a shared commercial kitchen for providers serving older New Yorkers 🍏

The NYC Department for the Aging (NYC Aging) is partnering with Citymeals on Wheels to create a first-of-its-kind commercial kitchen available for use by various DFTA-contracted providers. Food service providers, particularly under-resourced providers, can use this commercial-grade kitchen to safely prepare, cook, and store food and equipment without having to own and maintain the facility themselves. While priority will be given to providers that cater meals, the kitchen will also provide opportunities to prepare and store meals for emergencies.

Push for changes in state procurement law 🍏🍏

State procurement laws and legal precedents restrict the ability of the City to incorporate social policy goals such as labor conditions, sustainability, or animal welfare into its food procurement criteria. The City will pursue changes to state procurement law that will enable the City to better integrate the Good Food Purchasing values into its food procurement processes while maintaining accountability and fiscal responsibility.

Explore new ways to centralize and improve City food procurement 🍏

The City will study additional ways to centralize and streamline food operations, including additional kitchens, central warehousing, and centralizing more of the City's procurement. Additionally, City agencies will continue to prioritize the procurement of more wholesome foods that are minimally processed.

Study the viability of food hubs that expand public schools' access to cold storage, processing space, and preparation capacity 🍏🍏

Schools often lack the space to store, process, and prepare many of the fresh ingredients needed to scratch cook; however, retrofitting every school cafeteria would be very difficult given space and budget constraints. The City will study the viability of food hubs as a tool to help schools overcome barriers to scratch cooking by providing cold storage, processing space, and preparation capacity. The City will also explore ways to secure federal funding for such investments.



GOAL 2

**New York City's food economy
drives economic opportunity and
provides good jobs.**

BACKGROUND

The city has over 40,000 food businesses that employ hundreds of thousands of workers. The precise number of workers is difficult to calculate because there is not reliable data on the many “gig economy” workers employed in food delivery. These workers and businesses are essential to the health and wellbeing of New Yorkers. The food industry is an important source of employment and asset building for communities of color and immigrant communities (79% of food workers who live in NYC are people of color, including 43% Latino and 21% Asian).⁴

The restaurant industry is also vital to the city as a major draw for residents, workers, and visitors, underpinning many other industries such as office employment in the central business districts and serving as a draw for tourists. Indeed, the restaurant industry is key to making New York City the compelling place that it is. Its economic contribution is also large. In 2019, the industry made nearly \$27 billion in taxable sales.⁵

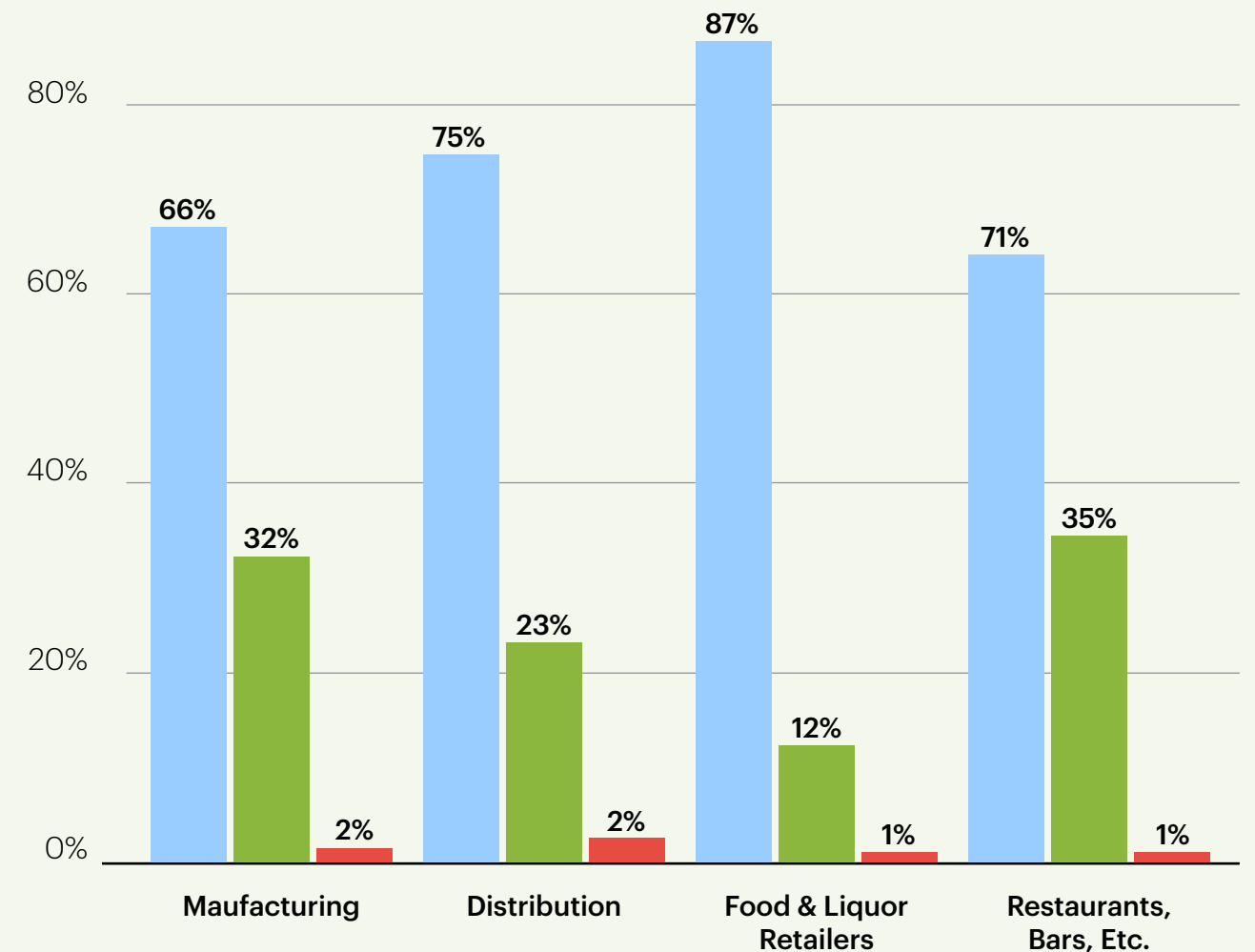
However, working or owning a business in the food sector can be extremely challenging. Businesses in the food sector typically operate on low profit margins, a particular challenge considering the high costs associated with operating a business in the city. About 99% of the city’s food businesses are small businesses, with fewer than 100 workers, and 70% are micro-businesses with fewer than 10 workers.⁶

Furthermore, food workers are typically paid low wages, lacking job security and mobility opportunities. In New York City, the average worker in the grocery industry earns \$30,845 annually, the average worker in the restaurant and bar industry earns \$33,703 annually, and the average worker in the manufacturing industry earns \$41,550 annually. This is far lower than the average wage across all industries in NYC, \$94,393.⁷ Many delivery workers - a growing element of the food sector - are considered independent contractors and do not have access to the same protections and benefits that employees have.

The strategies below recognize that, if the City wishes to improve the food system, this starts with supporting both food workers and food businesses, and that supporting both is not mutually exclusive but in fact reinforcing. The strategies also look to the future of food businesses, including supporting new ownership models aligned with the principles of economic democracy and anticipation of technological change.

Size of Food Business by Number of Employees

● 1-9 Employees ● 10-99 Employees ● 100 or more employees



SOURCE: COUNTY BUSINESS PATTERNS, 2018.

STRATEGIES



2A. Protect food workers, improve pay and benefits, and support ownership.

Enforce fair scheduling laws in fast food ●

The City will rigorously enforce its fast food fair scheduling laws, so that fast food jobs in New York City are good jobs with stable, predictable schedules and pay. Strong enforcement will ensure that fast food workers are scheduled fairly and provided with additional income when their schedules are changed at the last minute. Enforcement will also ensure that fast food workers can combine regular shifts to create a pathway to full-time employment in a notoriously high-turnover industry.

Create financing and technical assistance plans to support worker-owned cooperatives ●

Cooperative models have a long history in the food sector. Worker-owned cooperatives in particular can be a powerful tool to build assets and address the wealth gap in NYC. The City will align existing assistance programs aimed at supporting cooperatives such as Employee Ownership NYC to the needs of food businesses and explore the creation of new financing and technical assistance programs specifically tailored to the needs of food businesses. Where the City may not be best suited to interface directly with businesses, the City will explore ways to work with community-based organizations, business improvement districts (BIDs), and merchant associations to support cooperative incorporation efforts in all five boroughs.

Push for state and federal changes that improve the condition of workers in the food industry ●✓

The City will push for a range of state and federal actions to improve the condition of workers in the food industry. This will include:

- (i) Ensuring that all federal and state benefits programs for workers are accessible to food workers across the industry.
- (ii) Removing laws that restrict employers' liability for failing to protect the health of their workers.
- (iii) Changing state regulations on tip pool sharing to expand the list of employees who can participate in the tip pool, allowing non-tipped back of house workers to receive a portion of tips.

- (iv) Establishing hazard pay for essential food workers during emergencies.

Support the workers who supply the City's food programs ●🍊

The City will work to support the workers who supply the City's food programs. In keeping with limitations on its purchasing power pursuant to current law, the City will initially focus on ensuring that its vendors comply with current applicable laws related to labor as well as collecting more information from its food vendors on labor-related issues. Additionally, the City will pursue changes to applicable law to permit the City to leverage its food procurement power to prioritize excellence in working conditions.

Explore ways to expand the City's existing childcare programs to include night care for children of food service workers ●

During the COVID-19 crisis, the City recognized food service workers as essential employees and provided access to childcare through the Regional Enrichment Centers and childcare programs around the city. As the City moves toward recovery, it will explore ways to expand existing childcare programs or create new programs that include evening and weekend hours, when childcare is most needed and least available. Access to evening and weekend childcare would afford parents greater flexibility to work and reduce costs in what is often an evening and weekend industry.

Conduct a feasibility study on ensuring basic social safety net benefits ●✓

The City will conduct a feasibility study on ensuring basic social safety net benefits to cover food workers, wherever they work. The study will explore potential partnerships with food workers, businesses, community-based organizations, and financial institutions. The program will ensure food workers have benefits such as retirement savings and health and other insurance. The City will also push for federal action to ensure adequate and equitable social safety net benefits for all workers, regardless of employer, place, or nature of work.



2B. Support small food businesses by cutting red tape and supporting innovation.

Push for a NYC Small Business Recovery Tax Credit for small businesses including food businesses ●✔

The City will push for state legislation to enable the creation of a NYC Small Business Recovery Tax Credit for small businesses including food businesses. Eligible businesses with gross revenue below \$1 million will be eligible for a tax credit equal to 6% of their calendar year 2021 rent, up to maximum credit of \$10,000.

Streamline regulations and enforcement processes related to food businesses ●

The City will review regulations and enforcement processes governing small food businesses, including street vendors, to identify opportunities for streamlining. The City will identify potential efficiencies and expand consolidated permitting and inspection services, allowing for streamlined approvals for new and existing small food businesses. The City will also expand outreach and engagement opportunities around all matters related to food businesses, partnering particularly with immigrant organizations.

Support NYCHA food entrepreneurs ●

The City will collaborate with businesses and community-based organizations to expand NYCHA Food Business Pathways. The business accelerator program was created to empower residents of NYCHA public housing developments and New Yorkers holding NYCHA Section 8 vouchers to start and grow food businesses.

Advance initiatives that protect food business and customer data ●

Having a successful food business operation increasingly depends on access to data-driven business services provided by third-party providers. However, food businesses frequently lack the specialized knowledge or capacity to undertake these services under terms that are beneficial to them and may be unable to access critical information such as their own customer data. The City will leverage its convening power to bring together multiple stakeholders to advance initiatives that protect food businesses and customer data such as a “data bill of rights” for food businesses and customers.

Push for expanded and new state and federal programs that support the needs of food businesses and cooperative efforts



The City will convene stakeholders in the food sector to identify and design new programs that meet the unique needs of food businesses and nonprofits. The City will then push the state and federal government to implement them. This may include developing new financing and technical assistance programs to small food businesses that wish to form cooperative arrangements with each other and to support worker-owner cooperative efforts.

Make it easier for vendors to participate in City procurement



The City will make it easier for potential food vendors to negotiate the City procurement process. PASSPort, the City’s digital procurement portal, will roll out new features that will improve the City’s procurement process. This includes simplifying the solicitation process, assisting in speeding up invoicing, and more generally increasing transparency and interagency collaboration. In addition, the City will explore strategies that increase the number of bids on City food contracts by leveraging matchmaking tools and group purchasing strategies; expand technical assistance in navigating the procurement process; provide process navigators who can assist small vendors through the procurement bid process; and explore opportunities to streamline the M/WBE application process.

2C. Train the next generation of food workers for high-quality jobs.

Launch a Food Community Hiring initiative



In alignment with the City’s current HireNYC program and expanded hiring requirements through proposed Community Hiring state legislation, the City will identify good entry-level jobs across its food purchasing including food production, distribution, transportation, and related jobs. The City will connect existing and new training programs as referral sources for the City’s vendors and establish goals requiring vendors to provide interviews and offers of employment to qualified low-income individuals from these referral sources. The City will also partner with anchor institutions to expand the number of good entry-level jobs available across food purchasing, with a special focus on anchor institutions in underserved communities.

Support training for food technology careers



The City’s food and beverage and manufacturing and industrial industry partnerships will continue to remain attuned to technology changes in the industry. These partnerships will advise the Department of Small Business Services (SBS) on the development of customized workforce training programs in new technologies for incumbent workers. This will ensure that the workforce stays ahead of technological shifts and that incumbent workers learn new skills on the job, rather than being fully replaced by new technologies.

Support the creation and expansion of career pathways in the food sector



The City will ensure that jobs in the food sector – from warehouse workers to back-of-house restaurant staff – are in fact pathways to professional and wage growth. This will include expanding apprenticeships and developing additional training, certification, and entrepreneurship programs for food workers. These efforts will take the form of:

- (i) Expanding commercial kitchen training and entrepreneurship programs such as First Course NYC and Food Business Pathways.
- (ii) Providing English as a Second Language (ESL) services targeted at food workers.
- (iii) Exploring DOE Career and Technical Education programming for food production, manufacturing, storage, distribution, in partnership with industry.
- (iv) Connecting youth training programs with career pathways in industry.
- (v) Exploring options to develop the NYC Health Department’s Health Academy, a workforce development hub where offerings can include food safety trainings for food workers.

Create workforce development programs for school food workers



Serving the healthiest and freshest food possible to our city’s students requires a well-trained workforce. The City will partner with academic and private sector partners to develop an intensive and comprehensive training curriculum for all school food managers. Training topics may include, but not be limited to, leadership skills, storage and organization, knife skills, tool and equipment use, basic cooking techniques, menu planning, and food preparation. The City will also analyze training programs already in existence to see if they could be scaled up.



GOAL **3**

The supply chains that feed New York City are modern, efficient, and resilient.

BACKGROUND

The food that nourishes New Yorkers originates from all over the world. New Yorkers checking the labels on their food may see the names of states from coast to coast and countries on multiple continents. While certain elements of the supply chain work well, the current lack of overall planning and coordination within the food system results in some components negatively impacting the city. A clear example of that is “last-mile” transportation - the last leg of the supply chain where goods are brought to a final destination - which occurs nearly exclusively by truck transportation that adds to congestion and air pollution.

The long distance the city’s food travels can make it harder for policymakers and New Yorkers generally to understand where their food comes from, understand the food system’s vulnerabilities, and promote a fairer, more sustainable food system. For example, meatpacking plants have been host to some of the largest hotspots for COVID-19 infection in the nation. As workers fell ill, the supply of meat was disrupted. The City had few tools to anticipate the problem, to help identify alternative foods, or pursue better conditions for the vulnerable meatpacking workers who bore the brunt of the crisis in their industry.

Furthermore, the COVID-19 pandemic is a harbinger of future crises that the food system is likely to face. Under any scenario, climate change is expected to have a major impact on the global food supply,⁸ and the City must prepare for it. Other disasters may strike - an extreme weather event, for example - and will test the city’s food system yet again.




Creating a more modern, efficient, and resilient food system will require moving more of the food supply chain within New York City, as well as the greater region, in such a way that increases food access in underserved areas and creates more opportunities for food producers to aggregate and operate more efficiently. This includes increasing the

city’s food distribution capacity as well as producing and processing more foods in other parts of New York State and neighboring states, such as New Jersey, Connecticut, Pennsylvania, Vermont, and Massachusetts. It also includes strengthening urban farming within the city, not simply for the food it can produce but also because of the educational value and the transparency that in-city food production creates in the food system.



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STRATEGIES

	NEAR TERM		LEGISLATIVE ACTION
	MEDIUM TERM		GOOD FOOD PURCHASING PROGRAM
	LONG TERM		

3A. Strengthen the city's food transportation and distribution infrastructure.

Continue to implement FreightNYC ●

FreightNYC is the City's strategic freight infrastructure plan, outlining near- and long-term investments needed to secure a well-functioning and sustainable goods movement system. This includes new and improved marine terminals, enhanced rail freight capacity, and modernization of distribution hubs across the five boroughs. The City will implement this plan incorporating lessons learned from the pandemic on needs related to the food and health sectors.

Continue to modernize Hunts Point ●

The Hunts Point Food Distribution Center (FDC) comprises over 155 public and private food wholesalers, distributors, and manufacturers, and accounts for 12% of the last-mile food distribution in the city. The City will continue to support the modernization of the FDC by implementing resiliency measures throughout, supporting a variety of freight transportation options, and supporting tenant redevelopment plans.

Strengthen the city's Industrial Business Zones ●

As the city's economy has expanded and diversified, maintaining a supply of space for all necessary uses in NYC has become increasingly challenging. A failure to sustain enough space for industrial and logistics functions would have the potential to disrupt industrial supply chains, inflate the price of industrial space, and threaten the viability of other industrial businesses and the jobs they provide. The City will build on the commitments contained in the 10-Point Industrial Action Plan to protect and strengthen industrial business zones, including limiting hotel and self-storage facilities and not supporting private applications for residential zonings in Industrial Business Zones (IBZs), to support the availability of the space and real estate stability food businesses need to operate and thrive. Strategies such as those described in the City's North Brooklyn Industry and Innovation Plan, including increased floor-area ratio and more flexible parking and loading requirements, may help support stability and growth in IBZs or other industrial areas experiencing rising demand for space.

Pursue development of critical food supply chain facilities ●

The City will prioritize a range of tools to encourage the retention, development, and expansion of the following types of supply chain investments in NYC: co-packing facilities, meat and dairy processing facilities, rentable shared cold storage facilities, and urban production of niche produce. The City will leverage its own properties to ensure that key food hubs across the five boroughs, such as Hunts Point, Brooklyn Terminal Market, Sunset Park, and Maspeth have the resources and capacities to support the packing, processing, cold storage, and manufacturing activities required by food businesses.

Support federal funding for infrastructure ●✓

The federal government has historically played an important role in funding infrastructure, including freight infrastructure. The City has been consistently advocating for an increase in federal funding and local authority for critical infrastructure investments in order to meet the challenges of climate change, promote equitable growth, and improve public health. In supporting a clean infrastructure agenda we can ensure that distribution networks for food are resilient and can help support local plans for food distribution, such as through the development of food hubs and maritime terminals.

Support the development of borough and neighborhood-based food hubs, starting with the Central Brooklyn Food Hub ●✓

The City will explore ways to develop neighborhood-based food hubs to expand fresh food access in high-need areas and reduce traffic congestion. These food hubs will foster a hub-and-spoke model for connections with neighborhood food retail businesses but be at different scales and will emphasize different elements of food distribution, depending on neighborhood needs and development opportunities. To facilitate more flexible food spaces, the City will explore zoning tools that may enable a more flexible mix of retail, food distribution, and food processing to permit the development and operation of small-scale distribution spaces in or near residential or commercial areas, as well as regulatory support and incentives for low-intensity vehicles to facilitate last-mile connectivity, including electric bicycles, e-trikes, and other small cargo vehicles. Additionally, the City will support the proposal to the State to develop a neighborhood food hub in Central Brooklyn.

A STRONGER FOOD SYSTEM REQUIRES INCREASING FOOD DISTRIBUTION CAPACITY WITHIN THE CITY.

3B. Improve regional coordination and sourcing.

Partner on a regional institutional food demand analysis ●

Regional farmers and food producers may have capacity to meet much of the regional demand for food, but it can be hard for them to compete with large agribusinesses. One way to help level the playing field is by increasing transparency around institutional demand for food so that regional farmers and producers can work together to meet that demand. To that end, the City will publicly share information about its own food procurement needs and will partner with other major institutions in the city and the region to do the same, creating a more detailed picture of institutional food demand that can support regional food planning.

Increase the share of regional food the City purchases ●✔🍏

In the next 10 years, the City will aim to significantly increase the share of food it purchases directly from local or regional sources. First, the City will seek to expand the share of food it purchases from the New York region consistent with applicable law. The City will also work to share information on upcoming bids across the region to increase the number of bidders on City food contracts. In the longer term, the City will explore legislation that will allow it to prioritize regionally produced food. Finally, the City will partner with other institutions in the region that have already committed to implement the Good Food Purchasing Program to encourage more institutions and governments in the region to implement the program.

Promote the creation of regional food aggregation centers ●🍏

To enable NYC-based consumers to gain access to more regionally produced food, the City will work with its regional partners to promote the creation of regional food aggregation centers. Regional food aggregation centers will allow small-scale farmers to aggregate their supply and compete for large-scale food purchases. It could also help increase the number of qualified bidders for the City's own food contracts, including New York State bidders.

Advance educational and other partnerships between NYC institutions and regional farms ●

The City will promote educational and other partnerships to directly connect large NYC institutions such as hospitals and universities with farms across the region. These partnerships will prioritize farms that are

accessible to transit and that employ Black and Indigenous staff and integrate culturally rooted farming practices. Examples of programmatic support may include tours of farms, workforce development training for those interested in gardening, farming, and food business entrepreneurship, and “meet the farmer” events at schools, public housing campuses, libraries, and other City-operated sites.



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3C. Support increased urban farming.

Remove barriers to urban farming ●

The City will launch a review of existing laws, regulations, and policies to identify opportunities to streamline processes and remove regulatory barriers related to the operation of urban farming and organic waste processing on lands that are not public parks. This may include reviewing regulations related to land use and exploring different nonprofit and for-profit operating models and mechanisms to distribute micro-grants more efficiently. The City will also seek to work with the U.S. Department of Agriculture (USDA) and other stakeholders to support urban farmers to complete the Census of Agriculture, helping connect urban farms with federal resources.

Explore new spaces for urban farming ●

The City will explore creative ways to identify more land for urban farming. In the near term, the City will explore new and existing models to leverage City assets to establish new urban agricultural opportunities. Specifically, the City will focus on neighborhoods with limited access to fresh and affordable produce, and where new and innovative urban farming initiatives may help address food insecurity. In the longer term, as land use may change, the City may explore additional sources of land, such as the use of floodplain areas that are intentionally kept fallow and small or irregularly-shaped lots not suitable for developable uses. The City will also advocate for productive green roof requirements on new commercial developments receiving State tax subsidy.

Expand Farms at NYCHA ●

Since 2013, NYCHA has partnered with the Mayor's Office, Green City Force, and other public and private partners on this cross-cutting initiative that expands healthy food access, provides youth workforce and leadership development, and helps create more sustainable public housing communities. Through partnerships, NYCHA will expand the number of farm sites from 6 to 15, ensuring there are at least two farms in each borough within five years. NYCHA will expand work with backbone partner Green City Force and collaborate to explore new farm models, including those that incorporate entrepreneurship, composting, and greenhouses. Working with citywide and local farm partners, NYCHA will identify sources of sustainable funding to enrich and preserve this internationally-recognized network of farms built by and serving low- and moderate-income New Yorkers.

Pilot innovations in urban farming technologies ●

To support the technological advances in vertical farming and hydroponics that make possible the highly space-efficient cultivation of produce in industrial and other indoor spaces, the City will partner with researchers, philanthropy, and industry stakeholders to pilot opportunities to bring down the cost and energy intensity of these technologies to make their deployment and operation more feasible, equitable, and sustainable.



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GOAL 4

New York City's food is produced, distributed, and disposed of sustainably.

BACKGROUND

The food system that feeds New Yorkers has a huge impact on the environment. In the United States, the agricultural sector, including farms and livestock production, accounts for 10% of carbon emissions.⁹ The growing, processing, transportation, cooking, and packaging of food contributes to pollution in the air, water, and soil; depletion of natural resources and ecosystems;¹⁰ and overuse of antibiotics, leading to increases in antibiotic resistant bacteria.¹¹ Too much food waste and food packaging ends up in landfills, with some single-use plastics taking over 1,000 years to break down.

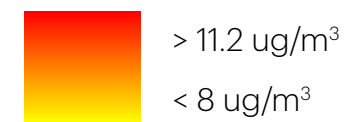
These negative impacts are disproportionately felt by communities of color. For example, migrant farm workers are often exposed to high levels of pesticides and other agricultural chemicals.¹² Hunts Point, a largely Hispanic/Latinx community with one of the largest youth populations in the city, has some of the highest adult and child asthma hospitalizations of any neighborhood in New York City. It also has very high rates of air pollution, in part due to truck traffic feeding one of the world's largest food distribution centers.¹³ Across the United States, commercial hazardous waste facilities like waste processing and transfer stations are much more likely to be built in predominantly Black and Latinx neighborhoods.¹⁴ All of these systems extract wealth, nutrients, value, and health from communities and the planet.

A sustainable food system is regenerative rather than extractive in nature. It allows natural ecosystems and human cultures and communities to thrive. It helps us achieve carbon neutrality by 2050 while acknowledging and addressing environmental injustices. For a dense, urban environment, a sustainable food system must also create meaningful connections between New York City's residents and the communities and ecosystems that feed them. The following strategies will build on existing City and community efforts to ensure that New York City's food is produced, distributed, and disposed of sustainably.

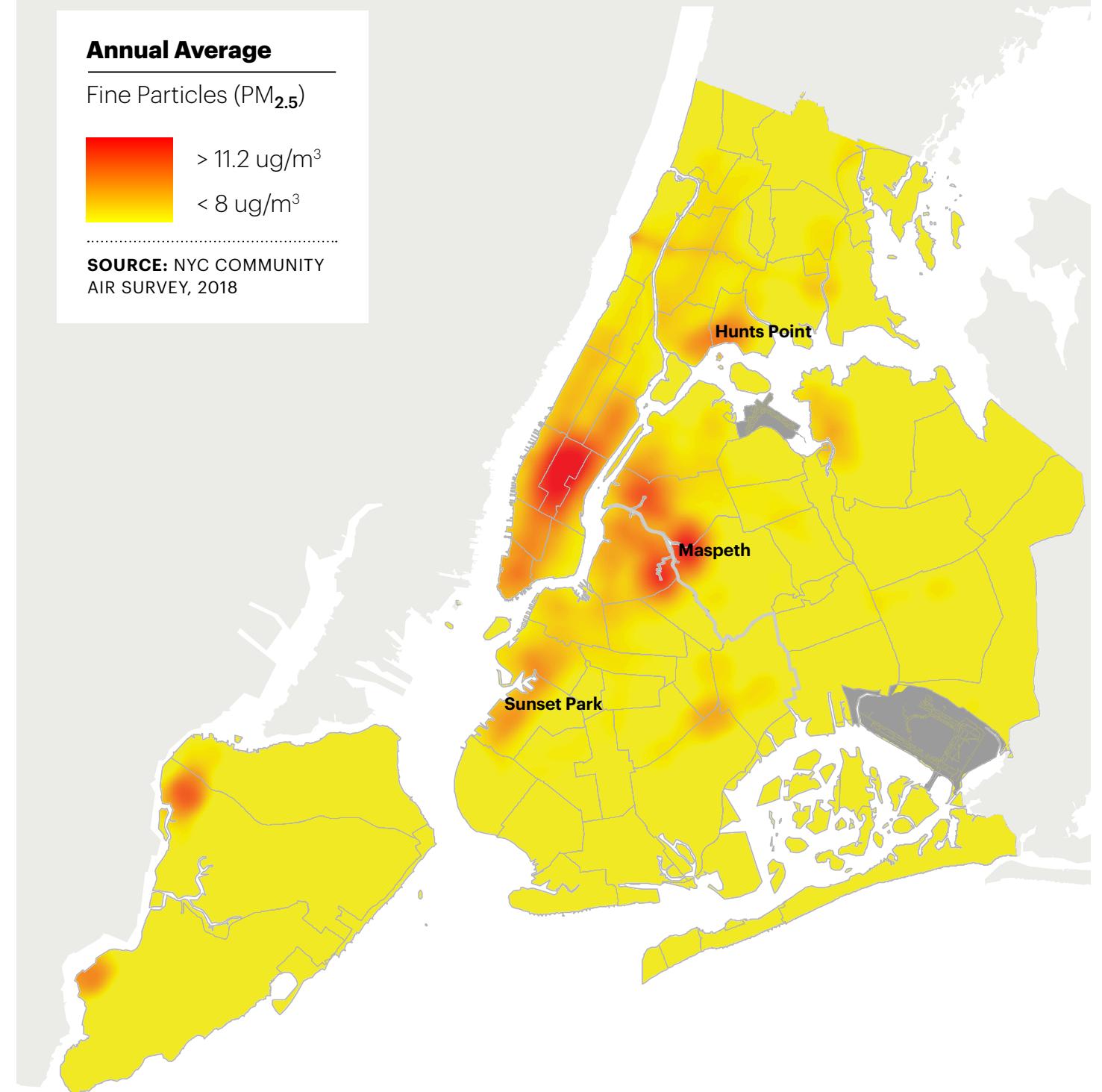
SOME OF THE CITY'S MOST IMPORTANT AREAS FOR FOOD DISTRIBUTION ALSO HAVE SOME OF THE HIGHEST RATES OF AIR POLLUTION

Annual Average




Fine Particles (PM_{2.5})



SOURCE: NYC COMMUNITY AIR SURVEY, 2018



STRATEGIES

	NEAR TERM		LEGISLATIVE ACTION
	MEDIUM TERM		GOOD FOOD PURCHASING PROGRAM
	LONG TERM		

4A. Integrate sustainability and animal welfare into City food programs.

Include sustainability criteria in commercial waste zone contracts ●

In October 2019, the New York City Council passed the Commercial Waste Zones bill, which divided the city into zones served by up to three private waste haulers, which manage non-residential waste. Once in effect, private waste haulers vying for a zone will be required to submit business proposals that will be evaluated by the City. The City will leverage this opportunity to encourage private haulers to adopt more sustainable practices by including criteria such as cleaner trucks and organic waste collection targets in the proposal review process. Given that small businesses pay more per pound for waste collection today, this new program will also consider ways to have the largest waste producers pay their fair share.

Explore ways to integrate sustainability and animal welfare into City food procurement ●🍌

Initially, in accordance with the limitations placed on it by law, the City's focus on reducing greenhouse gas emissions and nutrition and food quality standards may have incidental and indirect impacts on animal welfare and other environmental issues. In the longer term, the City will explore legislative changes to allow the City to directly address a broader range of environmental and animal welfare challenges through its food procurement and pursue increased budgets where ethical and environmentally friendly practices lead to higher costs.

Pursue federal dietary recommendations that consider environmental sustainability in the 2025-2030 Dietary Guidelines for Americans ●🍌

Every five years, the federal government publishes the Dietary Guidelines for Americans, which establishes the standard for Americans' diet. Previous guidelines have not included sustainability criteria, despite the impacts of the food system on long-term sustainability. The City will pursue the inclusion of dietary guidelines on sustainability in the next version of the guidelines, covering 2025-2030.

Collect 90% of citywide organic waste by 2030 ●

To support the City's goal of reducing the amount of waste it sends to landfills by 90% by 2030, the City will mandate the source separation and recycling of organic waste within all city institutions and schools by the year 2025 and in all residential buildings by 2029. The City will also expand the number of commercial establishments that are required to recycle their organic waste to include all businesses with a significant production of food waste. Additionally, the City will work with the design community and environmental justice advocates to find ways to improve and support new and existing infrastructure and procedures to support sanitary source separation of organics and recyclables with special focus on communities that are disproportionately burdened by waste infrastructure, NYCHA developments, affordable and shelter housing, and public schools.

4B. Reduce in-city air pollution and greenhouse gas emissions from the food system.

Explore ways to make cold storage locations more energy efficient ●

Cold storage is essential for a healthy and functioning food system and can reduce food waste by keeping items fresher for longer. However, refrigeration is incredibly energy intensive. The City will work with property owners and organizations with high refrigeration needs to make their buildings and appliances more efficient, invest in low-cost renewable energy, and reduce operating costs. By sealing leaks and cracks and adding insulation, refrigerated spaces need less energy to keep cold. Installing solar panels and battery storage on warehouse and grocery store roofs can reduce energy costs and provide back-up power in case of an outage. These efforts will help build supply chains that are affordable for businesses to maintain, resilient, and beneficial to the health and well-being of NYC's communities.

Plan for a cleaner, more efficient, and more resilient food transportation network ●

To reduce the environmental impact of food transportation, the City is implementing Freight NYC, which will assist in increasing the share of lower-emission rail and maritime freight. The City will also work to reduce the environmental impact of trucks. To achieve this, the City will need to expand electric charging infrastructure for trucks and smaller vehicles and re-envision the street and curb space to create room for clean micro-mobility options for last-mile delivery. The City will build on the success of

A SUSTAINABLE FOOD SYSTEM IS REGENERATIVE RATHER THAN EXTRACTIVE IN NATURE.

its cargo bike program for the last mile of food deliveries through strategic partnerships, and engage with electric vehicle and micro-mobility industry stakeholders, utilities, and large institutions in NYC to strategically expand charging infrastructure, centering on the needs of environmental justice in communities.

Partner with utilities to incentivize electrification and improve air quality ●

To achieve carbon neutrality by 2050, most of the city’s energy will need to come from electricity, not fossil fuels burned on-site. The City will work with utilities to find ways to incentivize homes to switch from gas cooking to clean induction cooking, which can improve indoor air quality.¹⁵ The City will also focus on transport refrigeration units (TRU), which are trailers that are often parked outside food distribution centers burning diesel fuel to keep their contents cold. It will work with utilities to survey TRU usage in the city, assist with connecting to the electric grid, and ensure financial support for the transition to electricity. The City will also help establish relationships between wholesalers, grocery stores, and other large food businesses and the electric utility in order to increase uptake of utility electrification incentives.

4C. Promote innovation around food and sustainability.

Advocate for the inclusion of local seafood and seaweed in the New York State Grown & Certified program ●✓

The New York State Grown & Certified program is a program that makes it easy for consumers to identify local, safely-handled, and environmentally responsible agricultural products. The City will advocate to expand the reach of the program to include sustainably and locally harvested seafood and seaweed. Products like oysters and kelp have numerous sustainability and resiliency benefits, as they can help clean the State’s waterways, sequester carbon, and reduce the impact of coastal storms.

Create national research-informed standards for expiration dates on food products ●✓

Expiration date labels are not standardized and may not consistently or accurately indicate whether a food item is safe to eat. This results in large quantities of unnecessarily wasted food,¹⁶ the costs of which are borne by consumers. The City will push for the creation of national, data-informed

standards for expiration dates on food products that will limit food waste and save consumers money.

Explore ways to reduce use of single-use items in food service ●

The City will pursue public-private partnerships, legislative pathways, and City procurements to test innovative strategies to reduce single-use items without putting undue burden on small businesses or on diners, particularly people with disabilities. To better understand the magnitude of the issue, the City will model how many single-use items are being used and thrown away or recycled per year to identify potential pathways to reduction. The City will also explore partnerships to pilot a standardized take-out/delivery container and utensils that can be used and exchanged or recycled at a variety of food service establishments, while working with the Department of Health to maintain the highest health and safety standards. In addition, City agencies serving food will also consider strategies to reduce single-use items and packaging in City-provided meals.

Pursue legislative action to reduce the impacts of packaging and single-use items ●✓

The City will work with the State and the City Council to introduce legislation that addresses single-use items in food service holistically, rather than by individual item. Legislative options could include expanding Extended Producer Responsibility to food packaging manufacturers and fossil fuel companies.

Bolster community-owned waste management initiatives ●

The City is responsible for ensuring that waste is collected and managed citywide, including mitigating any burdens the waste system imposes, particularly on communities of color. However, the City also has the opportunity to bolster community-led waste management initiatives that meet the unique needs of communities. The City will provide technical support to groups that divert waste from landfills while creating local regenerative food systems on their own terms. In addition, the City will aim to identify and address barriers to community-level salvage operations or businesses, composting, regenerative agriculture, micro-digesters, and other community-level and community-owned waste management solutions. Particular attention will be given to groups operating within NYCHA and other communities that have suffered from historical disinvestment and environmental burdens. The City will learn from models in other cities, such as Chicago’s Green Era community biodigester, which will serve as a brownfield remediation resource, community food access hub, education and training facility, source of renewable energy, and regenerative farm site.¹⁷



GOAL **5**

Support the systems and knowledge to implement the 10-year food policy plan.

BACKGROUND


New York City's food system is highly distributed and fragmented, made up of many small parts that interact with each other in complicated ways. In fact, the system is so complex that even people who have spent years working in one sector of the food system often have little to no knowledge of how the rest of it works. It is not surprising that it can be extremely hard for anyone who plays a role, from policymakers to food workers to advocates to food consumers, to understand what levers to push for systemic change. This complexity also makes meaningful community engagement and decision making around food very challenging.

In order to implement the 10-year food policy plan, many stakeholders from different parts of the food system will need to work together in ways they have never done before. They will need opportunities to connect with and learn from one another. They will need to be able create and share new knowledge and data about the food system. And of course, they will need to have access to different pathways to make decisions about the food system.

The following strategies will expand the range of tools and knowledge available for all New Yorkers to participate in the food system. The City's ability to coordinate multi-sectoral food policy will help foster partnerships with advocates and residents on all food matters.



STRATEGIES

	NEAR TERM		LEGISLATIVE ACTION
	MEDIUM TERM		GOOD FOOD PURCHASING PROGRAM
	LONG TERM		

5A. Strengthen community engagement and cross-sector coordination around the development and implementation of food policy.

Deepen regional engagement through a NYC Regional Food Working Group ●

The City has launched a NYC Regional Food Working Group, bringing together stakeholders from across the region to discuss regional food policy. This group will serve as an opportunity for the City to report to the region on its food policy and hear back from regional stakeholders. It will also serve as an opportunity to develop a shared policy agenda that members can advocate for together and tangible partnerships to realize that agenda. This will include developing shared federal policy priorities around food, particularly around the 2023 farm bill.

Partner with the non-governmental sector to maximize community participation in food policy decision-making ●

Public engagement on food presents unique challenges given the many interactions of food with residents' daily lives and the difficulty in knowing what opportunities there are for residents to engage with the food system. To develop a durable and effective long-term engagement strategy that promotes equity, the City will work with food advocates to launch a shared working group focused on engagement. The working group will help to map out City processes and identify both immediate and long-term opportunities for engagement. The City is committed to modeling such a strategy through its work with the Good Food Purchasing coalition.

Launch a Public Housing Food Leadership Innovation Lab ●

In recent years, NYCHA has worked in collaboration with a diverse set of partners to activate projects at the intersection of food access, food production, food waste management, community building, leadership development, and entrepreneurship. NYCHA will seek to formalize this through the establishment of a Public Housing Food Leadership Innovation Lab that will serve as a base from which projects (many of which are directly connected to and aligned with other goals in the plan) can be tested, refined, scaled, integrated, and positioned for sustainability. The lab's primary values will be equity and sustainability. Core functions will

include activity that serves to test, refine, and scale successful partner-based projects; activate partners with aligned missions and capacity to serve public housing communities; maintain consistent metrics and tracking; and advance knowledge transfer with other public housing authorities, cities, and additional relevant stakeholders.

Explore the creation of a food justice fund ●

Cities across the country are developing food justice funds, utilizing participatory processes to allocate funding to community driven food projects. The City will partner with food stakeholders and philanthropy to explore the possibility of creating a food justice fund, including identifying potential funding sources and developing equitable and transparent criteria for the distribution of the funds.

5B. Create and share knowledge about the food system.

Improve and share the City's food procurement data ●🍊

As part of its commitment to the Good Food Purchasing Program, the City will work to collect better data and information on its own food procurement. This will include collecting full data on its direct food purchases, developing ways to collect data about the food purchased through third-party service providers, and sharing the information collected publicly.

Conduct a regional food flow study and enhance stakeholder engagement for emergency management ●

To mitigate future hazards to the City's food supply chains, including natural and human-caused risk, the City will conduct a food flow study that will identify different sources of food and vulnerabilities in the City's food supply. Using the study, the City will continue to refine and update its emergency preparedness plans in coordination with key stakeholders in the food sector and create new systems and structures that can be activated during an emergency to address these hazards. The City will also deepen its engagement with the food sector around emergency management.

Develop measures that capture multiple dimensions of food insecurity ●

New Yorkers' food needs are highly unique, depending on cultural preferences, religious and dietary needs, medical requirements, and

STAKEHOLDERS FROM DIFFERENT PARTS OF THE FOOD SYSTEM WILL NEED TO WORK TOGETHER IN WAYS THEY HAVE NEVER BEFORE.



personal values. Furthermore, the ways in which New Yorkers access food vary greatly depending on their specific circumstances. Successful interventions to reduce food insecurity need to consider these many dimensions, yet existing data on food insecurity tends to be very high level, making it harder to design and evaluate policy interventions. To fill this gap, the City will work with community organizations and the academic sector to develop new publicly available measures of food insecurity that will be incorporated into the City's annual Food Metrics Report and that will inform new policies.

Partner with the private and civic sectors on food education campaigns around sustainability and nutrition ●

A major challenge in advancing food policy in New York City is the lack of a shared knowledge base around food, resulting from the complex and fragmented nature of the system. To address this challenge, the City will leverage its convening power to encourage broader food education around a variety of areas related to food. In the sustainability field, opportunities may include convening private sector partners to develop sustainable food campaigns (such as an "ugly fruit" campaign) and support and expanding opportunities for climate and sustainable food literacy, including in K-12 schools. On nutrition, the City will continue to combat predatory food marketing practices targeted at youth, support breastfeeding parents through public campaigns, and advance school-based health education, including nutrition education and wellness policies. Additionally, the City will push the State to develop school curriculum development covering food, agriculture, and climate change and fund sustainable food education projects that bring together urban and rural populations.

Strategy	Action	Legislative	GFPP
NEAR TERM: IMPLEMENTATION STARTS 2021-2022			
1A	Launch a new food program to address food security issues exacerbated by the pandemic		
	Expand "Get the Good Stuff"		
	Include whole families in summer meal programs permanently	✓	
	Pursue federal and state action to expand and improve SNAP and other food benefits	✓	
1B	Transform the emergency food network		
	Enable food retailers to utilize more outdoor space		
	Evaluate options to limit exposure to unhealthy food and food marketing	✓	
2A	Enforce fair scheduling laws in fast food		
	Create financing and technical assistance plans to support worker-owned cooperatives		
2B	Push for a NYC Small Business Recovery Tax Credit for small businesses including food businesses	✓	
2C	Launch a Food Community Hiring Initiative		🍊
3A	Continue to implement FreightNYC		
	Continue to modernize Hunts Point		
3B	Partner on a regional institutional food demand analysis		
4A	Include sustainability criteria in commercial waste zone contracts		
5A	Deepen regional engagement through a NYC-Region Food Working Group		
	Partner with the non-governmental sector to maximize community participation in food policy decision-making		
5B	Improve and share the City's food procurement data		🍊
	Conduct a regional food flow study and enhance stakeholder engagement for emergency management		
MEDIUM TERM: IMPLEMENTATION STARTS 2023-2024			
1A	Make it possible to leverage healthcare coverage for medically tailored meals	✓	
	Pursue federal and state change to expand the reach of produce prescription programs	✓	
	Partner with health systems to increase access to healthy foods		
1B	Explore new ways to expand farmers' markets and other programs that bring fresh fruits and vegetables to underserved communities		
	Support breastfeeding parents in hospitals, workplaces and community settings		
	Pursue federal support for businesses and nonprofits that provide fresh produce in underserved communities	✓	
	Study ways to improve access to cold storage in underserved communities		
1C	Improve cafeteria culture in public schools		
	Create a shared commercial kitchen for providers serving older New Yorkers		🍊
2A	Push for changes in state procurement law	✓	🍊
	Push for state and federal change that improves the condition of workers in the food industry	✓	
2B	Support the workers that supply the City's food programs		🍊
	Explore ways to expand the City's existing childcare programs to include night care for children of food service workers		
2B	Streamline regulations and enforcement processes related to food businesses		
	Support NYCHA food entrepreneurs		
	Advance initiatives that protect food business and customer data		
	Push for expanded and new state and federal programs that support the needs of food businesses and cooperative efforts	✓	

Strategy	Action	Legislative	GFPP
MEDIUM TERM: IMPLEMENTATION STARTS 2023-2024			
2C	Support training for food technology careers		
	Support the creation and expansion of career pathways in the food sector		
	Create workforce development programs for school food workers		
3A	Strengthen the city's Industrial Business Zones		
	Pursue development of critical food supply chain facilities		
3B	Support federal funding for infrastructure	✓	
	Increase the share of regional food the City purchases	✓	🍊
3C	Remove barriers to urban farming		
	Explore new spaces for urban farming		
4A	Expand Farms at NYCHA		
	Explore ways to integrate sustainability and animal welfare into City food procurement	✓	🍊
4B	Pursue federal dietary recommendations that consider environmental sustainability in the 2025-2030 Dietary Guidelines for Americans	✓	
	Explore ways to make cold storage locations more energy efficient		
4C	Explore ways to reduce use of single-use items in food service		
	Advocate for the inclusion of local seafood and seaweed in the New York State Grown & Certified program	✓	
	Create national research-informed standards for expiration dates on food products	✓	
5A	Pursue legislative action to reduce the impacts of packaging and single use items	✓	
	Launch a Public Housing Food Leadership Innovation Lab		
5B	Develop measures that capture multiple dimensions for food insecurity		
	Partner with the private and civic sectors on food education campaigns around sustainability and nutrition		
LONG TERM: IMPLEMENTATION STARTS 2025 +			
1B	Explore ways to increase the amount of freshly prepared meals in public schools	✓	🍊
	Explore new partnerships with schools around food access		
1C	Explore new ways to centralize and improve City food procurement		🍊
	Study the viability of food hubs that expand public schools' access to cold storage, processing space, and preparation capacity	✓	🍊
2A	Conduct a feasibility study on ensuring basic social safety net benefits	✓	
2B	Make it easier for vendors to participate in City food procurement.		🍊
3A	Support the development of borough and neighborhood-based food hubs, starting with the Central Brooklyn Food Hub	✓	
3B	Promote the creation of regional food aggregation centers		🍊
	Advance educational and other partnerships between City institutions and regional farms		
3C	Pilot innovations in urban farming technologies		
4A	Collect 90% of citywide organic waste by 2030		
4B	Plan for a cleaner, more efficient, and more resilient food transportation network		
	Partner with utilities to incentivize electrification and improve air quality		
4C	Bolster community-owned waste management initiatives		
5A	Explore the creation of a food justice fund		

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 Bronx Eats
 Bronx Health REACH
 Bronx Impact Food Access Coalition
 Brook Park Youth Farm
 Brooklyn Brewery
 Brooklyn Grange
 Brooklyn Movement Center
 Brooklyn Packers
 Brooklyn Relief Kitchen
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 C&S Wholesale Grocers
 Cabot Creamery Cooperative
 CADE Farms
 Cafeteria Culture
 CALSTART
 CCD75
 Center for Agricultural Development and Entrepreneurship
 Center for Good Food Purchasing

Central Brooklyn Food Co-op
 CHFGMA
 Chilis on Wheels
 Citizens Committee for Children
 City Council
 City Harvest
 CMW Strategies
 Collective Fare
 Columbia Teachers College Tisch Center for Nutrition Education
 Community Food Action
 Community Food Advocates
 Connecticut Department of Agriculture
 Cooperative Economics Alliance of NYC
 Corbin Hill Food Project
 Cornell Cooperative Extension
 Cornell University
 Council of Peoples Organization
 Crist Apples
 CUNY Urban Food Policy Institute
 Cypress Hills Local Development Corporation
 Doe Fund
 Doris Duke Foundation
 Down to Earth Farmers Markets
 Drive Change
 Dutchess County Planning and Development
 EarthJustice
 East End Food Institute
 Eden Valley Growers, Inc.
 Edible Schoolyard NYC (ESYNYC)
 Ellen MacArthur Foundation
 Emergency Management
 Empire Clean Cities
 Empire State Development

Corporation
 Enterprise
 Evergreen Exchange
 Farm School NYC
 Food Bank For NYC
 Food Bazaar
 Food Chain Workers Alliance
 Food Industry Alliance of New York
 FoodCorps
 FoodStream
 Fresh Direct
 Good Food Purchasing Center
 Gotham Greens
 Great Performances
 Greater Jamaica Development Co.
 Green City Force
 GrowNYC
 Happa Kitchen
 Headwater Food Hub
 HealthFirst
 Hot Bread Kitchen
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 Hudson Valley AgriBusiness Development Corp
 Hudson Valley Pattern for Progress
 Hunger Free America
 Hunter College NYC Food Policy Center
 Institute for Family Health
 Interfaith Medical Center
 Isabahlia Ladies of Elegance Foundation
 Just Food
 Just Salad
 Karen Karp & Partners (KK&P)
 Lemon Tree
 LiveOn NY

Local Roots NYC
 Long Island Farm Bureau
 Low Income Investment Fund
 Lunch 4 Learning (L4L)
 Make the Road New York
 Meals for Good
 Merck Family Fund
 Met Council
 MetroPlus
 National Supermarket Association
 Natural Resources Defense Council
 New Creation Community Health Empowerment Inc
 New Jersey Economic Development Authority
 New Jersey Food Processors Association
 New Settlement
 New York Apple Association
 New York Community Garden Coalition
 New York Community Trust
 New York Department of Agriculture & Markets
 New York Farm Bureau
 New York Immigration Coalition
 New York State Department of Transportation
 New York State Vegetable Growers Association
 No Kid Hungry New York
 North Star Fund
 NY COVID19 Food Coalition
 Equity Advocates
 NY Farm Viability Institute
 New York State Health Foundation
 NYC Good Food Purchasing Coalition
 NYC Hospitality Alliance

NYS Department of Agriculture
 NYU Stern School of Business
 One Brooklyn Health / Interfaith Medical Center
 One Fair Wage
 Ovenly
 P721K /D75 President Council
 Pratt Institute - Graduate Center for Planning and the Environment
 Project EATS
 Public Health Solutions
 QJM Multiprise
 Red Rabbit
 Regional Plan Association
 Reinvestment Fund
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 Rethink Food
 Rise & Root Farm
 Riseboro Community Partnership
 Robin Hood
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 Rutgers Innovation Center
 Seed 2 Space
 Seeds in the Middle
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 SOBRO (South Bronx Overall Economic Development Corp.)
 SolidarityNYC
 South East Asia Food Group
 Southside United HDFC - Los Sures
 Square Roots
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 Street Vendors Project

Suffolk County Economic Development and Planning
 SUNY Downstate School of Public Health
 Teens for Food Justice
 The Bronx Community Foundation
 The Campaign Against Hunger
 The Children's Aid Society
 The Common Market
 The Point CDC
 The Salvation Army
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The City of New York
Mayor Bill de Blasio



BILL DE BLASIO
MAYOR

KATE MACKENZIE MS, RD
DIRECTOR, NYC MAYOR'S OFFICE OF FOOD POLICY

April 2021

Salad Team 4 and Chef Coach Ann
Ahmed test recipe concept at Cooks of
Crocus Hill's donated kitchen space.



2021 IMPACT REPORT

**"Food is a great way to introduce a
community to the best of itself."**

- Ruth Reichl



June 2021
Salad Team 6 preps salads at Saint Dinette's donated kitchen space for delivery to Regions Hospital's front-line staff.



Food connects us.

This year, ROOTS youth realized the power of that concept, seized the opportunity to share their food with more people, and experienced the value (and enjoyment) they could create in the community by doing so.

2021 HIGHLIGHTS

2020's adjustments = 2021's new game plan.

Serving more communities.

Born out of a desire to continue to serve the community, as they had during COVID-related challenges last year, ROOTS youth expanded their salad service to others. They gained more experiences, more skills, and more fans from their creativity, leadership, and hard work.

Back at the Ballpark.

Youth were excited to be back at Target Field serving their salads to Twins fans.



13,764

Number of ROOTS salads prepared and distributed in 2021.

"I love telling youth about the great reactions their salads have been getting."

— April Bogard, Senior Director of Programs, Open Arms

NEW! COMMUNITY PARTNERSHIP

Youth chose 10 community organizations to receive their garden fresh mixes.

95% of youth want to continue preparing and sharing their salads with neighbors in need next year, as well as run their SaladUP! business at Twins games.

Salads were prepared weekly for:

- Regions Essential Workers
- Open Arms Clients
- Urban Research & Outreach Engagement Center
- Summit Academy
- Hospitality House
- Cora McCorvey Center
- Green Garden Bakery youth, families, & staff
- Urban Roots youth, families, staff
- Sumner Library staff
- Phyllis Wheatly Center

67% of participants say they would like to take on a leadership role within ROOTS next year.

Support us at www.rootsforthehometeam.org



ROOTS youth continue to discover and stretch their abilities through real-world work experience. They build upon their own strengths to create the future they want.

LEADERSHIP DEVELOPMENT

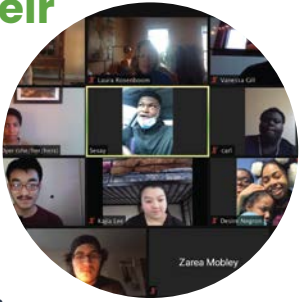
In 2021 Youths' Voice and Influence Grows.

11 young people were selected for significant leadership roles within ROOTS, becoming mentors and advisors to the program and participants.

Youth Advisory Council.

These young people advise ROOTS board of directors and staff on program content, connections and community pursuits. Experts from the University of Minnesota's Leadership Studies program co-created, with the youth, the structure and framework for the Council.

Youth Trainers learn their skills in remote workshops in 2021



Youth Trainers.

Four ROOTS alums received training from the University of Minnesota's Youth Development faculty on how to co-facilitate our workshops. They will help lead 2022's programming.

2021 CHEF COACHES AND SALAD CREATIONS

Find all our salads and recipes at rootsforthehometeam.org



Jorge Guzmán
Petite Le ón



Nettie Colón
Red Hen Gastrolab



Sameh Wadi
World Street Kitchen;
Milkjam Creamery &
Grand Catch



Ann Ahmed
Owner, Lat14, Lemongrass
Thai Cuisine & Khaluna



Bertrand Weber
Minneapolis Public
Schools Culinary &
Wellness Services



Jametta Raspberry
House of Gristle



LA UNIDA SALAD

By Pillsbury United Waite House youth.



LEMON PESTO ZOODLE

By Green Garden Bakery youth.



RAINBOW HEAT WAVE SALAD

By Green Garden Bakery youth.



MN SUNSHINE SALAD

By Urban Roots youth.



STRAWBERRY MILANESE DELIGHT

By Pillsbury United Waite House youth.



STREET CORN SALAD

By Urban Roots youth.

ENTREPRENEURIAL MINDSET

Youth create new products & find new ways to support each other.

Every ROOTS participant is invited to be curious, inventive and share their interests and what they see as needs in the "world." Their ideas become the building blocks toward new ROOTS initiatives.

Salad Creation Day






The food cultures familiar to our young people were expressed through their salads. Their innovative ideas connected the Twin Cities community in many delicious ways.

Peer support

Youth Leadership recognized that navigating 2020-2021's difficulties caused an acute need for self-care for fellow ROOTS participants. They designed and sent wellness gift baskets to all, filled with items to support their wellbeing.

Roots opportunities become pathways toward personal hopes and dreams.

Youth say 2021's opportunities helped them:

-  Gain experiences that taught them more about themselves.
-  Think about their future and what steps they can take to get there.
-  Discover they indeed are leaders, what their personal leadership style is and how to use those strengths for career pursuits.
-  Gather resources and networks for their future.
-  Grow.

Spark Projects

Every participant is invited to choose something they are curious to learn more about. Roots finds opportunities in their areas of interest and offers stipends to the youth to explore and ignite that spark of interest.

Strength-Based Leadership

Youth learn 5 personal strengths and how to use them, along with their leadership style, to propel them from where they are to where they want to be.



"ROOTS has helped me reach my goals and try new things while having the support to do so."

— KH









"My favorite part was being able to learn not just kitchen skills, but life skills."

— EF

ROOTS BY THE NUMBERS

Our program participants.



-  31% Latinx
-  24% Somali
-  17% Hmong
-  17% Black
-  3% White
-  7% Other

SUPPORTING PARTNERS

Our program sponsors.

LAND O' LAKES, INC.



COMMUNITY FUND



In a world that tells young people they CAN'T, Roots offers opportunities which let them show the world they CAN.



EAT GREENS. INSPIRE TEENS. EVERYONE WINS!

Support us at www.rootsforthehometeam.org



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COMMITTEE ON RULES
EST. 1789 | JAMES P. McGOVERN (MA-2), CHAIRMAN

U.S. HOUSE OF REPRESENTATIVES
Committee on Rules

**ROUNDTABLE: “Ending Hunger in America: Examining Hunger
in U.S. Territories”**

July 20, 2021



JON J. P. FERNANDEZ
Superintendent of Education

DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT

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July 17, 2021

The Honorable Jim McGovern
Chairman, Committee on Rules
U.S. House of Representatives
H-312 The Capitol
Washington, DC 20515

Dear Chairman McGovern:

Please find my brief testimony below as part of my appearance this coming Tuesday at your roundtable focused on hunger and food security in the U.S. territories. It is my honor to be able to join you in that conversation.

Testimony before the House Rules Committee Jon Fernandez, Superintendent Guam Department of Education July 20, 2021

Hafa Adai, and good evening! My name is Jon Fernandez, Chief State School Officer and Superintendent for the Guam Department of Education (GDOE). Thank you for the opportunity to appear before you today to discuss the issues of hunger and food insecurity in our communities.

For context, Guam has a population of just under 170,000 residents. In March of this year, the island reported a 16.5% unemployment rate with 38,359 individuals (13,547 households) participating in the Supplemental Nutrition Assistance Program (SNAP). The poverty rate on island is estimated to be over 20%. Within this broader setting, GDOE consists of a unitary public school district with over 28,000 students attending 41 traditional public schools. There are also over 1,700 public charter school students and just under 6,000 private school students on island. While our educational mission is centered on the academic progress of students, I hope you will agree that schools also play (or have the potential to play) a critical role during emergency response and recovery efforts to support the needs of our students and families, especially in the area of food insecurity.

There are four critical ways in which GDOE has worked in recent years to address food insecurity here on Guam and in our public schools, including during the past 18 months of the

COVID-19 pandemic. These include our full adoption of the Community Eligibility Provision authorized by the Healthy Hunger-Free Kids Act of 2010 (P.L. 111-296), full use of the Seamless Summer Option flexibility through the National School Lunch Program, expanded efforts under The Emergency Food Assistance Program (TEFAP), and the implementation of the Pandemic-Electronic Benefits Transfer (P-EBT) program.

As a GDOE is a participant in the National School Lunch Program (NSLP) under the U.S. Department of Agriculture (USDA), our department elected to take full advantage of the Community Eligibility Provision (CEP), which enables schools in high-poverty areas and who meet a minimum direct certification threshold (i.e. 40%) to serve all school meals at no cost to students. In School Year 2014-2015, GDOE piloted CEP at 21 of our 41 schools (14 elementary, 4 middle, and 3 high). We increased the number of schools from 21 to 27 in School Year 2015-2016, to 36 in School Year 2017-2018, and then to all 41 GDOE schools in School Year 2018-2019. Now, all 28,000 of our public school students have access to school breakfast and lunch meals at no cost. This has increased participation in our meals programs, streamlined the administrative processes, and removed the stigma associated with free and reduced meal participation. It is our hope that CEP will continue and further expand as a critical support for food access in schools.

While the CEP has enabled us to increase school meal participation, the pandemic and the resulting shutdown of our schools and entire government in March 2020 created a tremendous challenge in continuing to feed our kids. Our island shut down officially on March 16, 2020, and by March 18, 2020, we submitted a request to the Western Region Office of USDA to be able to implement a “Grab and Go” drive-thru school meals distribution program for our students. Because of our participation in the NSLP, GDOE was automatically eligible for the Seamless Summer Option, which is a program that makes it easier to feed kids during summer and long vacation periods. In this case, we sought the ability to exercise this option to prepare school meals during unexpected school closures to be distributed to families in a drive-thru arrangement on our campuses, and then allowing the meals to be taken off-campus to be consumed. We received USDA approval within 48 hours, and, on March 23, 2020, we began a daily drive-thru school meals distribution at 12 school sites that lasted through the rest of School Year 2019-2020 and through the summer for all children 18 and below. For School Year 2020-2021, with the broad extension of the Seamless Summer Option waiver for all states, we were able to modify our school meals “Grab and Go” program to be able to distribute non-perishable food items at all 41 of our school sites every Friday to families with children 18 and below. Each child received five days’ worth of school breakfast and lunch food items each week. Through this flexibility and modification, GDOE was able to serve over seven million school meals between March 2020 and July 2021. We ended this program on July 16, 2021, and are now preparing for the full reopening of schools in August of this year.

The third support that we have used to address food insecurity and which became a crucial component of our island response and recovery effort this past year was The Emergency Food Assistance Program (TEFAP), which GDOE administers as the state food agency. GDOE’s operation of TEFAP typically involves a twice-weekly distribution of commodities to eligible households out of a warehouse in a central part of the island. When the pandemic first started, in order to avoid the unnecessary congregation of people at the warehouse, we distributed TEFAP

commodities through our non-profit partners, senior citizen centers, and our village mayors for the month of April 2020. In May, with the accelerating and increasing volume of commodities available as part of federal relief, we piloted a “Food to Trunk” distribution at our warehouse and eventually at several larger regional sites. Unfortunately, demand far exceeded our expectations, as cars lined up as early as 2:00 a.m. on the morning of distribution, and traffic remained congested for hours. By September, we had worked out a plan with our village mayors to establish a rotating village-based distribution schedule that enabled us to expand the manpower to assist our operation while expanding the food supports to more families around the island. From April 2020 to present, we have distributed over two million units of non-perishable and frozen food commodities to our community and will continue to do so as long as food commodities continue to flow to the island.

Finally, we are appreciative of the Pandemic-EBT (P-EBT) program that was also approved by Congress to assist with food support for students who have been impacted by school closures during the past school year. Guam recently received approval from USDA for our P-EBT plan which will provide \$36.7 million in food support to approximately 27,900 children based on school closures from August 2020 to May 2021. This includes students who receive free and reduced school meals and were enrolled in Department of Defense Education Activity (DoDEA) schools during the past school year; this also includes all students enrolled in GDOE public schools. P-EBT cards are scheduled to be distributed to families in late August and loaded in increments through the end of September for a total value of over \$1,200 per GDOE student and approximately \$334 per DoDEA student. The amounts reflect the length of time that GDOE and DoDEA schools remained closed to full-time face-to-face instruction. Guam’s application for the additional Summer P-EBT benefit is pending submission and review.

While Guam and GDOE have worked hard to leverage available federal programs, especially pandemic relief, to address food insecurity on island, it is a concern that, once the pandemic subsides, that food supports will also go away. To help sustain our efforts to address hunger and food insecurity, we would ask for support in the following areas:

- (1) **Support for higher school meal reimbursement rates for Guam, given the high cost of food and transportation associated with our location in the western Pacific.** This would help sustain high-quality nutritious meals to the maximum number of students possible.
- (2) **Continued authorization of the Community Eligibility Provision with consideration for longer renewal cycles and higher reimbursement rates.** This would help support higher school meal participation, allow districts to sustain food access, and support high-quality nutritious meals to the maximum number of students possible.
- (3) **Support for non-profit organizations to assist with ongoing food commodity warehousing, manpower, and transport.** This would help by allow GDOE to work with more community partners to provide expanded and more frequent access to food commodities for families across the island.

- (4) **Support for non-profit organizations to provide after-school and summer programs for children and youth in order to provide more avenues for food support during the times in which schools are out of session.** GDOE has been promoting the involvement of more non-profit organizations in “learning recovery” activities over the summer and after-school as we look ahead to the next two to three school years. As part of these programs, food support could continue to be an option for participating students.

Thank you again for the opportunity to be here today and for shedding light on a very important issue for our children, families and communities here in the Pacific region.

Senseramente,

A handwritten signature in black ink, appearing to read "Jon J.P. Fernandez". The signature is fluid and cursive, with the first name "Jon" being particularly prominent.

JON J.P. FERNANDEZ



**U.S. VIRGIN
ISLANDS
DEPARTMENT
OF HUMAN
SERVICES**

**KIMBERLEY CAUSEY-GOMEZ, MSW
COMMISSIONER**

**HOUSE RULES
COMMITTEE**

Tuesday, 20 July 2021

**REPRESENTATIVE
JIM P. MCGOVERN, CHAIRMAN**

1 Good afternoon Representative Jim McGovern, Chairman of the House Rules Committee, other
2 Committee members and Representatives, my esteemed colleagues from the other islands and
3 Territories, the listening and viewing audience. My name is Kimberley Causey-Gomez, and I am
4 the Commissioner of the Virgin Islands Department of Human Services (DHS). Thank you for the
5 opportunity to appear before you today to testify on the importance of ensuring that everyone
6 can afford and has access to nutritious food, they need to thrive each and every day. And most
7 importantly, how collectively, we can end hunger now.

8
9 What I have observed in my 30+ years in the career of social work and through my role as the
10 Commissioner of Human Services in the U.S. Virgin Islands, in times of crisis, existing inequalities
11 in access to federal benefits, employment, food and other needs intensify and become more
12 visible. Those living in poverty and facing vulnerability feel it most, and their food insecurity
13 increases. Low income, debt, unemployment, disability, homelessness, food price increases, age,
14 and environment all can play a role. In addition, food insecurity is experienced differently across
15 race and ethnicity identities. The COVID19 Pandemic has only intensified this need.

16
17 The goal of ending hunger in America should be inclusive and I am encouraged that the Virgin
18 Islands is at the table to talk about how our needs may be similar to other places in the world,
19 but also emphasizing there are a few challenges we may experience differently. We are unique
20 because although we are one Territory, we have four separate islands in which you must either
21 take an airplane or boat to get to each one. We do not have the comfort or access in evacuating
22 to another state or territory in times of disaster, like hurricanes or earthquakes. In 2017, the Virgin
23 Islands experienced, not one but two Category 5 hurricanes within a matter of two weeks.
24 Disaster recovery is long-term and not a simple overnight fix of not only our infrastructure of
25 buildings but our homes of our people. We still have a lot of "blue roofs", which means people

26 were not able to afford to repair their homes and therefore they still have a tarp on it. In order
27 to obtain sustainable food and commodities, most everything must be shipped or flown in daily,
28 weekly, or monthly. This added cost of shipping is then added to the consumer. If we did not
29 have some of our federal programs, like Head Start, SNAP or Meals on Wheels, people would be
30 hungry.

31
32 DHS is entrusted to serving our most vulnerable populations throughout the Territory. Our
33 ultimate goal is to assist our constituents, from our littlest people to our oldest, in achieving self-
34 sufficiency through one or more of the 80+ programs and services we offer. The VI has a
35 population of approximately 104,000 people. Although the numbers of people we serve varies
36 by program, our Medicaid Program alone currently serves 33,561 members, which is 31% of the
37 population of the VI. Our Head Start Program continued to provide nutritious meals and snacks
38 for our students. We increased our Meals on Wheels services to serve more seniors through
39 Pandemic federal funds. In fiscal year 2021, 26,776 individuals (39% of the VI population). DHS
40 has completed two rounds of issuance of the Pandemic Electronic Benefits Transfer (PEBT) and
41 began issuing the third round of benefits this month.

42
43 The hunger crisis varies in our Nation and each individual community is affected differently. If
44 food alone were the answer to this crisis, we probably would have solved it by now. I think it is a
45 bigger, broader solution that involves the food system from start to finish. To making sure people
46 have access and that they can afford the food. I believe it ties into poverty. I do not know if we
47 can solve one without solving the other. The second part is much more complex as we would
48 need to target the root causes of generational poverty and break that cycle.

49

50 The Virgin Islands government faces many challenges ahead. It is a balancing act to address the
51 toll on major industries like tourism, navigate limited fiscal revenues, supporting increasing
52 needs due to loss of livelihoods, all while managing a COVID-19 response that protects the
53 health, safety, and the wealth of the community. The availability of vaccines represents a positive
54 development in the fight against the spread of the virus with hopes of a return to a sense of
55 normalcy.

56

57 As a proud mother to active-duty U.S. Marine Corps Lance Corporal Antonio Gomez and to
58 college student Gabriella Gomez, as well as the Commissioner of the Virgin Islands Department
59 of Human Services, I am continually inspired by our community members and agencies who are
60 doing amazing work, especially during the pandemic. I am truly thankful to our federal partner
61 agencies who continue to support the efforts in the U.S. Virgin Islands. I also extend gratitude to
62 our dedicated Virgin Islands Department of Human Services team of professionals, the continued
63 support of Governor Albert Bryan, Jr. and Lieutenant Governor Tregenza Roach as DHS continues
64 to be committed to our motto, ***“Working Together to Make a Difference”***. And thank you,
65 Chairman McGovern for making this effort to identify solutions to decrease food insecurity a
66 priority.

Puerto Rico Department of the Family

Ending Hunger in America: Examining Hunger in U.S. Territories

Secretary, Carmen Ana González Magaz

Puerto Rico's Secretary of the Family
Honorable Carmen Ana Gonzalez Magaz

Statement on Ending Hunger in America: Local Innovations to Inform a National Strategy

Puerto Rico is not only the biggest territory of the United States but also the most populated. The one hundred eleven point five (111.5) miles long by thirty-nine point eight (39.8) miles wide Island located in the Caribbean, has a population of 3.2 million American Citizens. From this total, 43.5% live below the poverty level (1.47 million out of 3.2 million people). This total represents more than three (3)times the US National level which is 14% . The largest demographic group living under these poverty levels are females between 25 and 34 years old, followed by females between 35 and 44 years old, and females between 55 and 64 years old.

On September 20th, 2017, Puerto Rico was devastated by a category 5 hurricane which caused \$43 billion dollars in damages Island-wide. This natural disaster had a huge economic impact on most of the population causing loss of employments, food scarcity and insecurity, mental and health issues, absence of utilities (electricity, water, communications), and a lack of basic necessities. Today, almost four years later, Puerto Ricans are still surviving the aftermath of this natural emergency. Two (2) years and four (4) months later, on January 7, 2020, Puerto Rico was struck again, but this time by a 6.4 magnitude earthquake occurred across parts of the South region of the Island. This has been the most devastating earthquake in more than one hundred-two (102) years. This major disaster destroyed eight thousand (8,000) residences leaving the occupants homeless, sheltered at tents provided by the US Army and the government. This event caused a major economic impact on the south region of Puerto Rico, affecting employments, businesses, schools, hospitals, and utilities, among others.

On March 12, 2020, only three (3) months after these earthquakes struck the Island, Puerto Rico was locked down for 90 days as a mitigation effort to stop the spread of the COVID 19 virus. This endeavor summed to the social distance, created a variety of unique situations and conditions for workers, businesses, employers, public transportation, and community support services, among others. Consequently, a large part of the population was temporarily unemployed and unable to afford basic necessities. During this time were processed more than 200,000 unemployment claims and 280,000 families requested NAP benefits because did not have resources to purchase food.

A recent study conducted by the Institute of Youth Development (IYD) in Puerto Rico is forewarning of a significant increase in the level of child poverty in Puerto Rico due to the COVID-19 pandemic. This increase in the number of youths living in extreme poverty is not limited to places like Puerto Rico. Poverty and hunger among children across the globe, including the United States, have now reached levels without modern precedent.

According to the authors of the IYD study, **“Los efectos del Covid-19 en la niñez de Puerto Rico: Vulnerabilidades, proyecciones y recomendaciones,”** in the absence of significant measures to

mitigate the trend, the percentage of children living in extreme poverty in Puerto Rico is likely to rise this year **from 58 percent to a 65 percent**. The study underlines that within the first four (4) months of year 2020, an additional 244,000 residents of Puerto Rico fell below the federal poverty line, including 43,000 children.

Before the pandemic, Puerto Rico, was whirling from an economic recession that has lasted over a decade. This resulted in a depleted labor force participation and a public debt crisis that has caused years of severe sternness policies. These economic conditions, in addition to the natural disasters that have affected the Island between 2017 and 2020, have triggered a migration of approximately 500,000 people. A significant number of those that left Puerto Rico were in their prime working age, causing a demographic shift in which people aged 60 and older now represent 26 percent of the population. Approximately 40 percent of the elderly in Puerto Rico also live below the poverty line.

Working families in Puerto Rico were already facing elevated levels of economic and food insecurity as well as associated health risks when the pandemic struck. The high percentage of single-parent households and workers susceptible to layoffs due to economic closure are additional factors that have intensified the social impact of the pandemic.

It is important to highlight that according to the Consumer Price Index Summary included on the US Bureau of Labor Statistics website, April saw the largest monthly increase in food prices since February of 1974. This increase in food prices is taking place amid the mass dumping of groceries while scores of people go hungry. For this same period, the cost of food increased 52%.

When you add all these factors together, an economic recession, the pass of devastating hurricanes one behind the other, the unannounced earthquakes and the sixteen months of the COVID- 19 pandemic, you come to realize how vulnerable we are to these unexpected, unplanned circumstances that could impact every citizen, without discriminating about your economic or social status.

Puerto Rico has gone through more than a decade of an economic hardship that has impacted the whole population, one way or another. During the last ten years, Puerto Ricans had experienced the fear of food insecurity, either transitional or permanently. The fact of being a **US territory** and **an Island** have a big part in building this insecurity. In addition to the fact that Puerto Rico families and individuals that have an urge for food support, receive NAP instead of SNAP benefits. Under the NAP program individuals and households' benefits are significantly less than any SNAP participant in the US mainland or territory, putting them in disadvantage with the rest of the Nation. These factors together, have been key in delaying food support and other type of aid during emergencies putting at risk their individual and families' health and wellbeing.

In order for Puerto Rico to receive emergency support or additional funds from the federal government needs written approval from the agency. Furthermore, as an US territory-Island there are federal laws and regulations that need to be applied, like the Jones Act, established in 1900, in order to receive emergency supplies from the US mainland through a sea vessel. Puerto Rico in

NOT allowed to receive any supplies or cargo if it is not transferred from Florida and transported in a US vessel. This process delays the emergency distribution of supplies and food putting the people at risk of running out of these necessities. This law establishes that anything transported by sea to Puerto Rico needs to be managed by a US mainland port and vessel. The sea route to send products between the US mainland and Puerto Rico is governed under the Merchant Shipping Act which establishes that any cargo sent between two (2) US ports (US territories and possessions included) has to be ruled by this act.

These two (2) main steps necessary during a declared disaster, delay food support coming to the Island, causing insecurity among the population. A clear sample of this transpired right after hurricanes Irma and Maria in September 2017 and during the beginning of the COVID-19 pandemic when people had to wait three (3) months before the food support benefits were approved. On the other hand, food retailers and distributors ran out of supplies because of the delay in transporting the goods to Puerto Rico. This summed to local business economic dearth which got even worst after the disasters hindering their capacity to not pay the port's duty taxes once the merchandise arrived at Puerto Rico docks. Regardless of these aggravations, Puerto Ricans would have never been able to overcome their need for food during this past decade without the federal support.

FEDERAL PROGRAMS THAT PROVIDE FOOD SUPPORT IN PUERTO RICO

Different from the federal food support programs in the US and other territories, Puerto Rico's funds are capped through a block grant. The benefits issued to participants are distributed among all the participants, instead of being issued by participant.

Nutrition Assistance Program (NAP)

Puerto Rico's low-income families receive NAP as a supplement to the US mainland and territories food benefit program, which is SNAP. There is a significant difference in income benefits received per individual/families when compared to the rest of the US Mainland, Hawaii, Alaska, and other territories. In addition, PR NAP funds are capped and use strictly for food support benefits. Also, SNAP participants with similar characteristics receive more than twice the benefits than NAP participants. The chart below compares the NAP with the SNAP received in the US Mainland, Alaska, Hawaii, and territories.

Persons in Family/ Household	Continental States and DC	Alaska	Hawaii	Guam	Virgin Islands	Puerto Rico (NAP)
1	\$194	\$368	\$354	\$287	\$250	\$112
2	\$357	\$675	\$650	\$526	\$459	\$216
3	\$511	\$966	\$931	\$753	\$657	\$315
4	\$649	\$1,227	\$1,182	\$957	\$835	\$410
5	\$771	\$1,457	\$1,404	\$1,136	\$991	\$499

6	\$925	\$1,749	\$1,685	\$1,364	\$1,189	\$599
7	\$1,022	\$1,933	\$1,862	\$1,507	\$1,315	\$679
8	\$1,169	\$2,209	\$2,128	\$1,723	\$1,503	\$776
Each additional member	\$146	\$276	\$266	\$215	\$188	Variable Add \$22 for elderly
Population	306.7 million ¹	737,438	1,420,491	165,718	104,914	3,400,000
Families	19,154, 194	37,928	82,343	15,631	13,384	655,746
Participants	37,914,073	84,575	160,334	44,936	27,069	1,217,596
Poverty Level	14.6%	10.2%	10.3%	22.9%	22.4%	36%
Average Benefit/pp	\$125.25	\$169.72	\$239.09	\$197.24	\$220.65	\$118.17

The main purpose of the NAP is to assist low-income families so that they can supplement food needs. In addition to the benefits issuance, this program provides nutrition education to participants and promotes the proper use of benefits issued by guiding the selection and preparation of healthy and nutritious foods. 100% of the benefits are directed to the purchase of eligible food in certified establishments.

Currently in Puerto Rico, 44.5% of the population lives below the poverty levels, being women, older adults, and families with several children the most affected groups. This percentage has been increasing consistently. As of May 13, 2021, we have provided nutrition assistance services to 1,538,525 participants out of a 3.3 million population. Of these 56.65% are women and 43.35% are men, which represents a slight decrease in the demographic profile by gender in females when compared to the previous fiscal year when the ratio of women to men was from 57.05% to 42.95%.

Temporary Assistance for Needy Families (TANF)

The Temporary Assistance for Needy Families program (TANF) is also capped and is limited to assist just one (1) unemployed parent, instead of two (2) unemployed parents as the rest of the US.

The TANF program provides services to **one** (1) unemployed parent within a household with children. As of May 2021, the program has served **45,548** participants, of whom **28,179** (61.87%), are **women** and **17,370** (38.13%) are **men**. Of these participants, an average of **7,467** (16.39%) are **minors**; **17,266** (37.91%) are persons aged **65 years or older**; **12,426** (27.28%) are **disabled**; **214** (0.47%) are **homeless** and **260** (.57%) are **post-secondary or vocational students**.

These numbers represent a 22% growth towards the low-income males, when compared to previous years, that revealed a proportion of **62.10%** of **women** and **37.91%** **men**. The data indicates important characteristics of the populations living under poverty levels.

¹ Based on 2020 Census Data.

Temporary Emergency Assistance Program (TEFAP)

The program distributes nutritional food, bestowed by the Federal Department of Agriculture, to low-income families eligible under NAP and TANF participants under all its categories (elderly, blind, disabled and single parents with minor children), living in sectors of extreme poverty and in public housing projects. From **July 2020 to April 2021**, the program served **92,768 families**. The **total** amount of food distributed to these families was **4,690,268.41 pounds**, which represents **\$5,287,852.65 dollars**. This program has aided families from **336 communities** and **310 public housing projects** throughout the Island. As a result of the **COVID-19 pandemic** which has caused a great demand for food, we established an additional food distribution collaboration agreement (besides the Food-Bank agreement) with a non-profit organization called Marc Ministry. As a result of this arrangement, we were able to **distribute 749,718 pounds** of food, which represents approximately **\$963,107.43**, between July 2020 and March 2021.

Commodities Supplement Food Program (CSFP)

The CSFP program works to improve the health of low-income seniors 60 years of age and older by supplementing their diets with nutritious USDA foods. In Puerto Rico, the CSFP was established as a Pilot Program which began in January 2019 in the Bayamón Region. Through this program participants receive a box of food monthly. The program's initial budget was \$57,090.00. Currently, eleven (11) centers for older adults have received benefits representing 995 participants. Aware of the big demand for food surrounding this population, the Food and Nutrition Service (FNS) authorized an increase of 995 additional participants, which allows us to serve a total of 1,990 participants under the CSFP program.

Soup Kitchen Program

The Soup Kitchen is a sub-program under the **TEFAP Food Distribution** program whose purpose is to distribute food to non-profit institutions that serve prepared meals for homeless people, abused children and women, drug addicts, HIV-positive people, and AIDS patients, living temporarily at these institutions. From September 30, 2020, to May 2021, services have been offered to **one hundred thirteen** (113) centers /institutions, distributing a total of **751,191 pounds** of food.

The Department of the Family has a collaboration agreement with the **Puerto Rico Food Bank** to distribute food to non-profit entities that do not receive SOUP Kitchen benefits. A total of **63,290,000** pounds of food have been donated to the Food Bank, estimated in **\$336,620.00** between July 2020 and March 2021.

Family Markets

The Family Market Program provides the Nutritional Assistance Program (NAP) participants access to farm markets to purchase locally grown fresh products directly from the farmers. The program gives priority to fresh fruits and vegetables, minimally processed, that guarantee a balanced

nutrition. In addition, it promotes community self-management and economic development by providing employment opportunities to NAP participants during bountiful harvests without affecting their NAP benefits.

By year 2019 the Family Markets were held island wide. After a temporary halt of several months due to the COVID-19 pandemic, which started in March 2020, the Family Markets program resumed operations in November 2020, implementing a drive-through modality to comply with our government COVID-19 mitigation standards. Family Markets budget is \$62 million dollars (\$62,143,223.00) and it comes from a 4% NAP benefits set aside in their EBT cards. During this year (2021), after receiving an emergency funds allocation from the Consolidated Appropriations Act of 2021, the Family Markets participants received an increase of approximately 2% in addition to the pre-established 4% to purchase locally grown farm products.

Pandemic EBT

Puerto Rico started receiving PEBT benefits in February 2021. Through this program, eligible school children received temporary emergency nutrition benefits loaded on EBT cards that were used to purchase food while studying virtually from their homes. To be eligible for this program, children had to be part of the free or reduced-price meals program under Puerto Rico's National School Lunch Program (NSLP) prior to the pandemic. In addition, the schools had to be closed or operating with reduced hours or attendance for at least 5 consecutive days. Since Puerto Rico's public and private schools were closed for the whole 2020-21 school semester and classes were offered virtually, all children under the NSLP were eligible for receiving PEBT benefits. In addition to students from k to 12, the PR PEBT program served child care children from 0 to 6 years old. Also provided benefits to cover the summer of 2021 for both, child care and K to 12 eligible students.

The total funds that were distributed under the PEBT programs were \$737 million dollars which impacted 338,100 students from K to 12 grades and 80,253 children in child care island wide.

The detailed description of the funds received to assist our people during a decade of emergencies, are just temporary. In less than a year, Puerto Ricans who received these additional benefits will go back to receiving their basic benefits or not receive them at all. This situation will worsen needy family's economic situation and take them back to food insecurity as a result of the increase of the cost of living, specially, after the COVID-19 pandemic.

Solutions to End Hunger in Puerto Rico

To ending hunger requires more than just giving people a meal today. Addressing the root causes of hunger — primarily poverty — is just as important. As long as people do not have the economic resources to put food on their table, hunger will continue. Food security also works for policy reforms to ensure economic self-sufficiency over the long-term. Development assistance programs are intended to reduce poverty and encourage economic growth. They include programs for agriculture, health, education, the environment, among others.

When disasters like the ones lived by our people strikes, hunger often follows. These emergencies resulting from pandemics, or from climate or economic conditions slowly build into food shortages, deficiencies, and conflict. These emergencies often have devastating side effects including gender-based violence and situations that can quickly go from bad to worse if we do not respond quickly enough, they could end in food insecurity, poor health, and extreme poverty.

We have to recognize the importance of linking short-term emergency response and long-term development assistance. Even though our communities have seen immense progress including how weak economies could grow stronger, and people moving from hunger and poverty into more stable lives these hard-won gains can deteriorate quickly in humanitarian emergencies, especially if we do not act fast.

Even though Puerto Rico received the federal assistance described throughout this document, there is imperative that a conversion from the NAP benefits program to SNAP takes place. This will not only increase the participants regular benefits level significantly, but also will provide for additional funding for job training and placement, as well as other funding flexibilities that do not exist under the NAP program. The disparity of benefits' levels between both programs impedes that the neediest sectors of Puerto Rico's population, 1.5 million American citizens can have a better nutrition and quality of life.

There are many situations that could be prevented if actions are taken faster. The employment stability improves the food quality in our families, it has been demonstrated that low paid jobs and unemployment leads to bad nutrition. Families that do not receive food support need to select between paying the rent or utilities rather than a balanced and health nutrition.

Equal food assistance benefits, health programs, better paid jobs, and more education and training opportunities can help us better prepare our people and prevent future food insecurity and extreme poverty.

Hunger Initiative Testimony

I, Thomas A. Tebuteb, hereby submit this testimony as the Secretary/Officer-in-Charge of the Empty Vessel Ministry Foundation (EVM). Our organization is a 501 (c) (3) non-profit organization founded in the state of Washington in 2004 and incorporated in the Commonwealth of the Northern Mariana Islands (CNMI) in 2006. Our mission is to spread the word of Christianity, empower youth and women and help find sustainable local solutions to poverty.

EVM has been active in assisting the needy and impoverished families since its inception in the CNMI with clothing, educational supplies and food donations. EVM was most especially active after the two super typhoons--Soudelor in 2016 and Yutu in 2018—devastated our islands. And when the Covit-19 pandemic hit, EVM has remained active with its food distribution program in assisting our needy throughout the Saipan villages. Since the aftermath of the natural disasters, including the ongoing pandemic, EVM has assisted approximately five-thousand (5000) needy individuals with food donations.

Manned by non-salaried officials and volunteers, our organization relies mainly on monetary and in-kind donations from the federal and local government as well as from individuals and the private business establishments. As an example, EVM received fifty-thousand (\$50,000) dollars, in three phases, with 98% for food, from the Emergency Food & Shelter Program (EFSP) for the past three years which will be expended by September 2021.

While we periodically schedule food distribution on a monthly basis, we provide lesser food amount than other organizations who received more funds. To illustrate, for the past two months we provided food (frozen chicken, canned goods, drinks, noodles and vegetables) to four hundred people at a cost of six-thousand (\$6000).

EVM has periodically assisted Marianas Health Center Care Services via its Social Worker Gail Labatete (670) 284-1977) who oversees the visiting nurses work with those in need of health care and food in the patients' homes.

Our clients also include a lady named Feng who is a widow with no siblings. Her struggle for food, like others, is being curtailed with the twice a week bread and pastries donation to EVM from one of the bakeries on island, the Great Harvest Bread Company. A couple of other clients include Himaya (670) 785-3631 and Linda (670) 788-2228 who depict the struggles that many of those we help have to endure. The many we help were employed in the hotels but were terminated due to the pandemic, so their reliance on finding odd jobs and seeking to put food on the table is a constant struggle.

In that light, our organization fully supports this Hunger Initiative and praise the proponents of this worthy undertaking.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Thomas A. Tebuteb', with a large, sweeping flourish extending from the end of the name.

Levin College of Law
Andrew Hammond
Assistant Professor of Law

Holland Hall
Gainesville, FL 32611
hammond@law.ufl.edu

July 13, 2021

Dear Members of the House Committee on Rules,

At the request of the Committee staff, I have excerpted and summarized an article I wrote, *Territorial Exceptionalism and the American Welfare State*, recently published in the Michigan Law Review. Thank you for the opportunity to present my research.

Federal law excludes millions of American citizens from crucial public benefits simply because they live in the United States territories. Excluding territorial Americans from SNAP, not to mention Medicaid, Supplemental Security Income (SSI), and other crucial public benefits, has left a gaping hole in the American safety net. This status quo has significant implications for any future anti-hunger efforts in the United States.

Background on Poverty in the Territories

Five times as many Americans live in the territories than in the District of Columbia. Roughly as many Americans live in the territories as those in Alaska, Delaware, Hawaii, and Wyoming combined. While the federal government excludes these Americans from the official poverty measurements for the country, what data we have on poverty levels paints a stark picture. The Census Bureau estimates that the poverty rate in Puerto Rico in 2018 was 43.5%, compared to 11.8% in the fifty states and the District of Columbia. Adults living in the U.S. Virgin Islands are two and a half times more likely to lack health insurance than those in the fifty states.

SNAP and the Nutritional Assistance Block Grants in the Territories

The Food Stamp Program had previously operated in Puerto Rico, putting its food stamp program on the same footing as the states' programs. As part of the Omnibus Budget Reconciliation Act of 1981, President Reagan and Congress removed Puerto Rico from the national food assistance scheme and created a separate program, the Nutrition Assistance Program (NAP). NAP was permanently authorized in 1985 and continues to be how American citizens in Puerto Rico, American Samoa, and the CNMI receive food assistance. While the block grant is referred to as NAP in each of these territories, the rules vary across each.

The NAP block grants and SNAP share the same purpose: "to provide low-income households with access to a nutritious diet through increased food purchasing power." However, the programs differ in many ways, some of which disadvantage residents of the territories. The maximum monthly food assistance benefits for these territorial residents are roughly 60% of the maximum monthly benefits under SNAP. For instance, a three-person household in one of lower 48 states can receive up to \$535 in food assistance. In Alaska and Hawaii, the amounts are higher (\$659 to \$1,024 and \$986)

respectively. The three territories excluded from SNAP have lower benefit amounts. A three-person household in Puerto Rico can receive up to \$315 in food assistance. In American Samoa, the benefits are up to only \$127 per person. Compare CNMI's \$541 benefits per household to the U.S. Virgin Islands (\$688) or Guam (\$789).

As a result, the food assistance programs in American Samoa, CNMI, and Puerto Rico are unable to provide sufficient assistance in the face of natural disaster and recessions because, unlike SNAP which operates under the entitlement structure, it cannot serve all applicants that meet eligibility requirements. Thus, these three territories are disadvantaged with respect to household food assistance. Unlike the rest of the United States citizenry, Americans who live in these three territories do not have access to a food assistance program that can expand and contract to accommodate changing need.

Excluding Territories from Disaster SNAP (D-SNAP)

By excluding these three territories from SNAP, federal law also excludes them from Disaster SNAP (D-SNAP). This exclusion has had disastrous consequences, and it will only get worse. The five U.S. territories are particularly vulnerable to the ravages of climate change. Those who live there will face increasingly tenuous living conditions due to extreme weather events made more frequent and more intense by a warming planet. In 2018, American Samoa suffered through Cyclone Gita and the Northern Mariana Islands withstood Typhoon Yutu—the most powerful storm to hit the United States since 1935. Two Category 5 hurricanes struck the U.S. Virgin Islands within a two-week period in 2017. One of them, Hurricane Maria, also decimated Puerto Rico. Due to the increased need following Hurricane Maria and the lack of additional funds from the federal government, Puerto Rico cut its nutrition assistance spending by \$100 million per month. Precisely when territories need additional resources to recover from the rolling disaster that is climate change, federal law fails them.

The Supreme Court Will Weigh in Soon

The Committee should be aware, if it is not already, that this coming term, the Supreme Court will hear a related constitutional challenge to the exclusion of an American citizen from SSI simply because he now resides in Puerto Rico. That case, *United States v. Vaello-Madero*, is worth describing in detail here.

José Luis Vaello-Madero was born in Puerto Rico—a U.S. citizen by birth. Thirty years later, he moved from Puerto Rico to New York. Nearly thirty years after that, in 2012, Vaello-Madero began to receive federal disability benefits through the Supplemental Security Income (SSI) program. In 2013, Vaello-Madero moved back to Puerto Rico. A few years later, the Social Security Administration informed him that it would discontinue his SSI benefits, dated retroactively to his return to Puerto Rico. In its notice, the Agency stated that Vaello-Madero had been “outside of the U.S. for 30 days in a row or more” since 2014. The Agency noted that it “consider[ed] the U.S. to be the 50 States of the U.S., the District of Columbia, and the Northern Mariana Islands.” Of course, Puerto Rico has been a United States territory for 122 years.

Roughly a year later, the United States sued Vaello-Madero to recover the allegedly improper disability benefits over that two-year period, for a total of \$28,081. An investigator employed by the Social Security Administration got Vaello-Madero, who was without counsel at the time, to sign a stipulated judgment, which the federal government promptly filed in federal court in Puerto Rico. The

district court appointed counsel for Vaello-Madero who raised as an affirmative defense that excluding Vaello-Madero and other Puerto Rican residents from SSI benefits violated the Constitution's equal protection guarantee. On cross-motions for summary judgment, the district judge agreed, and the First Circuit affirmed, holding that excluding Puerto Rican residents from the SSI program violates equal protection. The Supreme Court granted the government's petition for certiorari last March. While the issue in the case involves a different public benefit program, it could have significant implications for nutrition assistance in the territories. How the Supreme Court decides it could bless, or alternatively, upend the status quo of territorial welfare administration, including nutrition programs.

Moreover, *Vaello-Madero* is not the only case that's worth watching. In *Peña Martínez v. U.S. Department of Health and Human Services*, nine Puerto Rican residents sued the federal government on the grounds that excluding them from SSI, SNAP, and Medicare Part D subsidies violates the Due Process Clause of the Fifth Amendment's equal protection guarantee. The federal district court granted summary judgment for the plaintiffs. In doing so, the district court detailed how "[t]he federal safety net is flimsier and more porous in Puerto Rico than in the rest of the nation." Americans in the territories will continue to challenge their exclusion from crucial public benefits in the courts unless and until Congress acts.

Congress Has Made Progress on This Issue

Fortunately, in the last decade or so, Congress has repeatedly provided supplemental funds to the American territories to help shore up the public benefits pro-grams. Often, Congress has acted in response to a rolling series of crises: the 2008 financial crisis, several storms that have struck the islands, and, most recently, the COVID-19 pandemic. In both the Families First Coronavirus Response Act and the American Rescue Plan Act, Congress provided increased funding for nutrition assistance in the five territories. This recent activity in Congress to shore up funding for food assistance in the territories suggests that structural reform could be on the horizon. My law review article explains how it could do so.

Conclusion

Federal law denies certain Americans protection from hunger, sickness, and disability because they live in the country's territories. Put short, it will be impossible to end hunger in America if federal law continues to exclude millions of Americans from SNAP simply because they live in the Commonwealth of the Northern Mariana Islands (CNMI), Guam, or Puerto Rico.

Respectfully,

Andrew Hammond
Assistant Professor of Law
The University of Florida Levin College of Law

Hunger in the Virgin Islands: America's Struggling Paradise

ON JULY 23, 2020 WORLD NEWS

SEATTLE, Washington — The Virgin Islands are home to tropical marine life, famously blue waters and vibrant culture. They are located in the Caribbean about 1,000 miles southeast of Miami, Florida. The islands are separated between the U.S. and U.K. with the three main U.S. Virgin Islands being St. Croix, St. John and St. Thomas and the British Islands being Tortola, Anegada, Virgin Gorda, and Jost Van Dyke. Although these islands are divided between two countries, they all share a similar culture and lifestyle that is drastically different than that of the U.S. or the United Kingdom. The population of the U.S. Virgin Islands is less than [110,000 people](#). Yet, 22% percent of that population lives under the poverty line due to a 13% unemployment rate. As a result, many islands struggle to receive basic necessities including food, leading to hunger in the Virgin Islands.

Poor Economic Structure Contributes to Hunger

One of the main contributors to poverty is the Virgin Island's poor economic structures. Since the U.S. Virgin Islands are a territory rather than a state, they receive minimal funding from the Federal government. Thus, the economy of the islands relies [heavily on tourism](#). Citizens of the United States do not need a passport to visit the U.S. Virgin Islands which is why it is often called, "America's Paradise." Without tourism, the island would only have its limited agriculture revenue and minimal funding from the U.S. government to survive.

Limited Agricultural Capabilities

While these tropical islands are home to a few farms, there is not enough land or proper soil to feed all of the islanders. Therefore, another lead contender for why there is hunger in the Virgin Islands is the extremely limited agricultural capabilities. Agriculture in the Virgin Islands typically consists of [growing tropical fruits](#) such as coconuts, mangos and papaya. They also sometimes raise cows.

Due to the lack of sufficient food production, islanders must import about 97% of their food. This leads to higher grocery costs and limited supply. Global shocks and constantly changing product prices also affect the availability of imported food to local islanders. Although these factors create constant stress on islanders and their ability to receive food, the threat of hurricanes also looms over the islands.

In 2017, the Virgin Islands experienced the largest hurricane in Caribbean history known as Hurricane Irma. As if the damage from this storm was not detrimental enough, Hurricane Maria followed along the same path only two weeks later. These hurricanes eradicated the island's natural beauty and left hundreds of people homeless.

It is common knowledge among islanders that the aftermath of a hurricane is much more detrimental than the hurricane itself. The storm took away large portions of the islands' infrastructure and food became even more scarce than before. Ships were unable to come to the islands as a result of the storm, leaving islands with only the food they had. Although these hurricanes made a historical dent in the Virgin Islands' economy, the constant threat of smaller hurricanes continues to affect food supply.

The Impact of the Ridge to Reef Farm

Shelli and Nate Olive are both proud islanders and farmers that are doing their part to alleviate hunger in the Virgin Islands. The couple began the [Ridge to Reef Farm](#) in 2010 and have fed thousands of people. Their farm is the only USDA certified organic farm in the islands and they are recognized for their compliance with the Green Globes Standards for sustainable tourism.

The farm's most notable success is its Farm to School Initiative. The Ridge to Reef Farm is responsible for feeding kids in schools all across the islands. Hunger in the Virgin Islands is a continuous problem that plagues the islanders as a result of poor economic structure, limited agriculture and the constant threat of hurricanes. With the help of federal funding and resilient locals such as the Olives, the Virgin Islands will climb the stairs to hunger alleviation.

– Brittany Carter



Food and Agriculture Organization
of the United Nations

SAMOA

FOOD SECURITY PROFILE

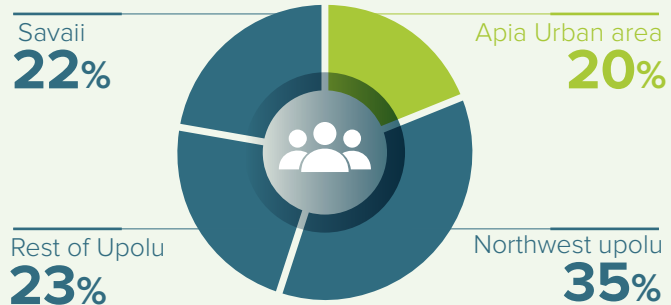
DEMOGRAPHICS



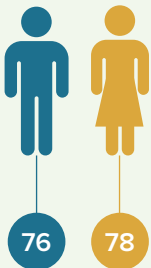
195 979

Population (2016)

80% Rural population



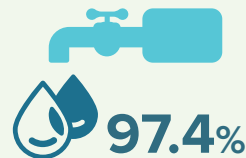
Life expectancy



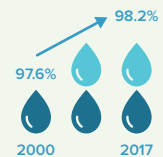
Crude birth rate: **24.7**



Under five years old
mortality rate: **17 per**
1 000 live births



of population have
access to basic drinking
water services (2017)



improved access to
basic sanitation
services

TOWARDS ACHIEVING FOOD SECURITY AND ENDING POVERTY

2 ZERO
HUNGER



Less than
5%
of the population is
undernourished



18.8%
of people live below the
national poverty line

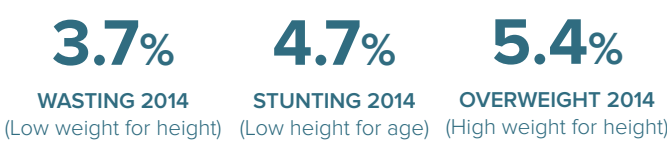


26.8%
of the population is suffering from
moderate to severe food insecurity
of which 2.6% is suffering from
severe food insecurity



FOOD INSECURITY IS MORE THAN UNDERNOURISHMENT

Children under five years old



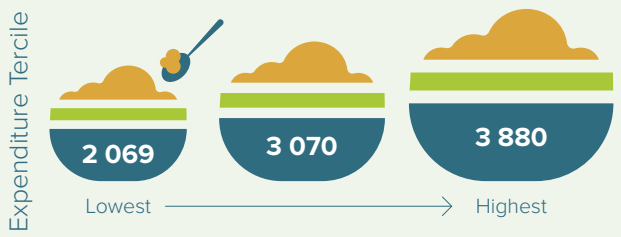
18 years and older

45.5%

PREVALENCE OF OBESITY IN ADULT POPULATION (2016)

ANALYSIS OF FOOD CONSUMPTION PATTERNS IN SAMOA^{1,2}

Average national consumption is about **2 800 kcal/capita/day** with some disparities at sub national level



Average dietary energy consumption (Kcal/capita/day)

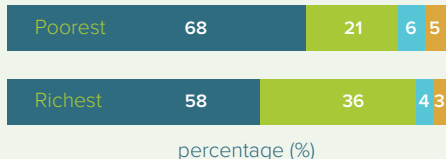
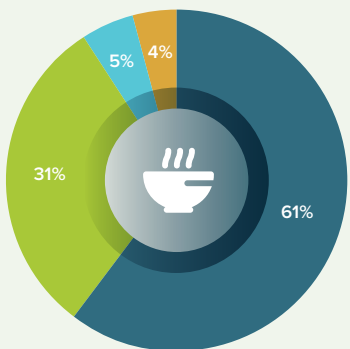
Average cost to acquire 1 000 kcal

Average dietary energy unit cost (Samoa Tala (WST)/1 000 kcal)

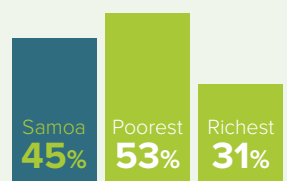


Compared to richer households, poorer households spend less to acquire cheaper and higher energy foods.

Contribution of each source of acquisition to total dietary energy consumed (DEC) in Samoa and for richer and poorer households



A Samoan will spend on average **WST 5.2 per day on food**
Share of food expenditures in total expenditures

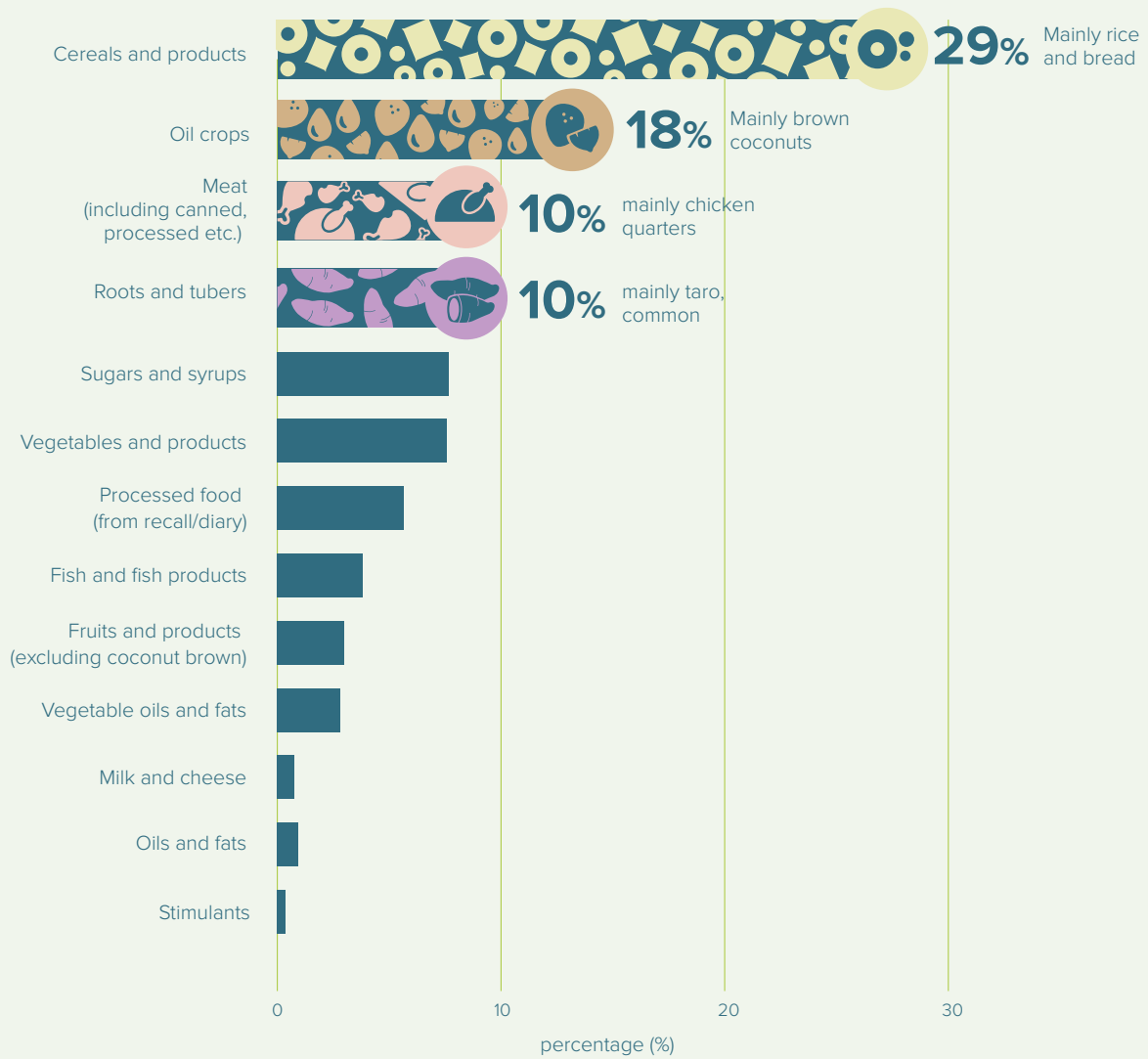


- Purchased foods consumed at home
- Food consumed from own production
- Food consumed away from home purchased or received free
- Food received for free and consumed at home

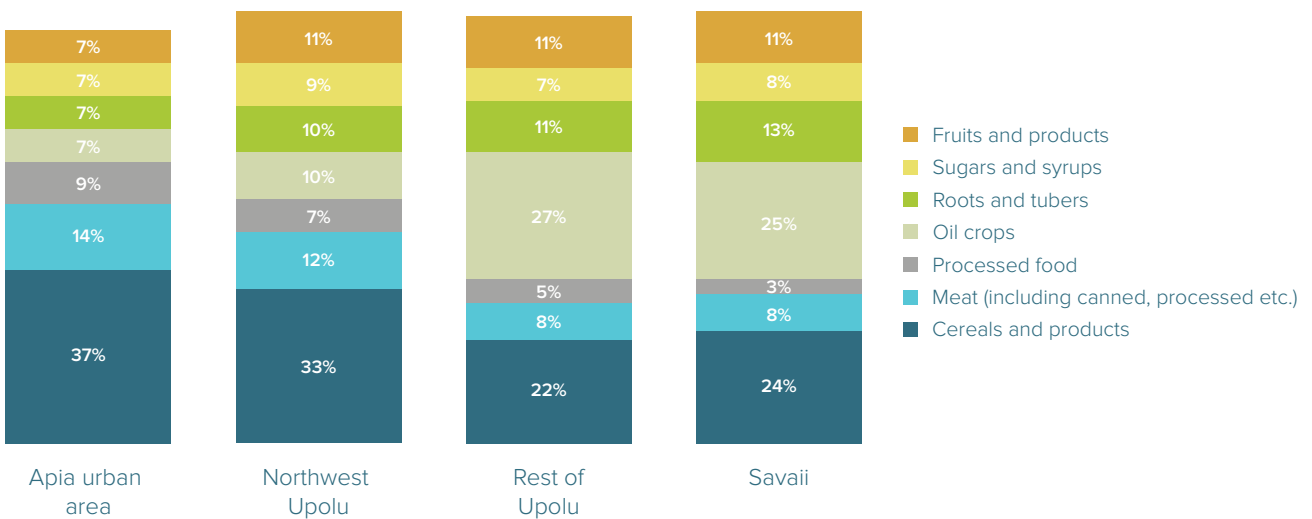
¹ Estimates refer to apparent consumption and are based on food quantities (edible amounts) available for consumption by the household, not on actual intake of the individuals.

² Estimates are based on the food data collected in the 2018 Samoa Household Income and Expenditure Survey analyzed by FAO in collaboration with Samoa Bureau of Statistics.

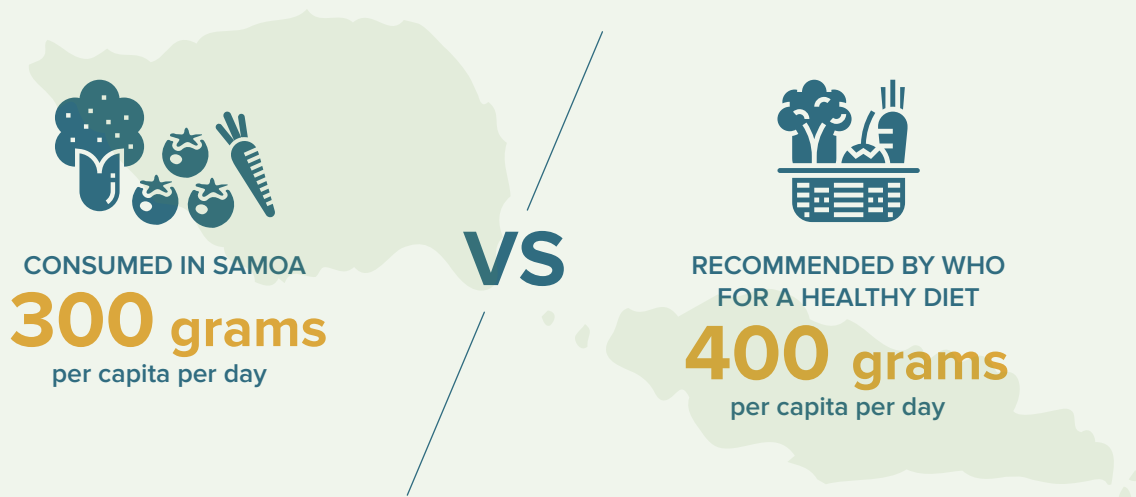
Percentage of food consumption by food groups



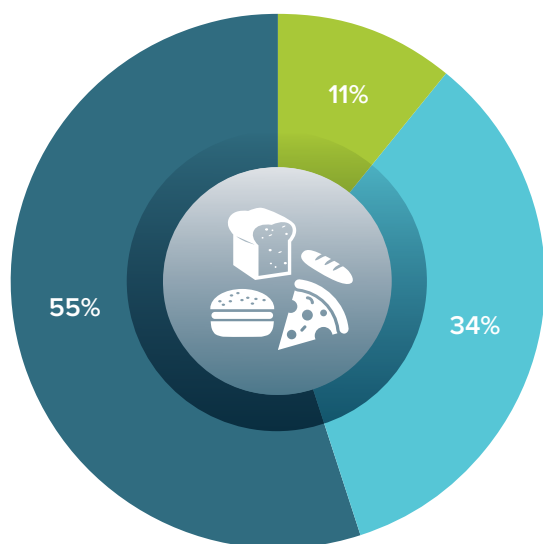
Contribution of main food groups to the total dietary energy consumed



Consumption of fruits and vegetables

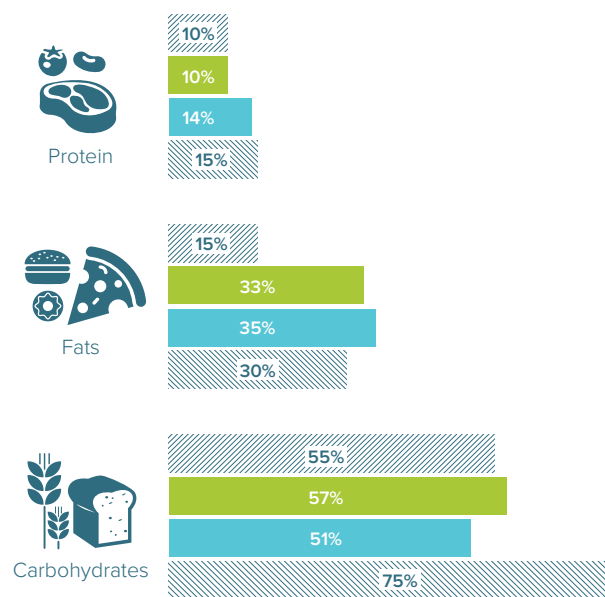


Diet too rich in fats and too low in carbohydrates



- Proportion of energy consumed as fats (%)
- Proportion of energy consumed as protein (%)
- Proportion of energy consumed as carbohydrates (%)

Nutrient contribution to dietary energy consumption



- Richer households
- Poorer households
- ▨ Lower limit of WHO recommendation
- ▨ Higher limit of the WHO recommendation

Contact:

Food and Agriculture Organization of the United Nations
Subregional Office for the Pacific Islands
Apia, Samoa
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SAP-SRC@fao.org



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**AMERICAN SAMOA GOVERNMENT
DEPARTMENT OF HUMAN & SOCIAL SERVICES**

“Matagaluega Tautua ma Alagamanuia mo Tagata Lautele”

GOVERNOR

Lemanu P. S. Mauga

Friday, July 30, 2021

LT. GOVERNOR

Talauaga E. V. Ale

DIRECTOR

Muavaefa'atasi

John E. Suisala

The Honorable Jim McGovern
Chairman, Committee on Rules
U.S. House of Representatives
H-312 The Capitol
Washington, DC 20515

DEPUTY DIRECTOR

Finance & Administration

Panisia Neueli

Dear Chairman McGovern:

DEPUTY DIRECTOR

Programs & Services

Josephine G. Lutali

Thank you so much for inviting me to submit written testimony to the Rules Committee on ways to end hunger and food insecurity in American Samoa. I am honored to join you and the distinguished members of the Committee in this conversation. Enclosed is my written testimony.

We also appreciate your decision to include the U.S. territories in this important series of Roundtables to examine ways to end hunger in America and for allowing our voices to be heard from the southernmost territory of the United States south of the Equator. Please let me know if you require additional information.

Sincerely,



MUAVAEFA'ATASI JOHN E. SUISALA
Director

*“Providing the best
possible services for
the people we serve.”*

Enclosure

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Written Testimony to the
House Rules Committee
U.S. House of Representatives
on
Ending Hunger in America: Examining Hunger in the U.S. Territories

Submitted by:
Muavaefa'atasi John Edward Suisala, Director
American Samoa Department of Human and Social Services
Pago Pago, American Samoa 96799

July 30, 2021

Talofa lava, Chairman McGovern, Ranking Member Cole, and distinguished members of the Committee. Thank you so much for inviting me to submit written testimony to the U.S. House Rules Committee on the issues of hunger and food insecurity in American Samoa. I am honored to join our esteemed Congresswoman, Honorable Uifa'atali Aumua Amata Coleman Radewagen, in this very important discussion to share with you our unique circumstances in respect to the need to achieve equity in accessing food assistance for our needy and vulnerable populations as well as ensuring that our food remains affordable, is constantly available, and safe.

At the outset, I would like to echo the sentiments and appreciation relayed by Congresswoman Radewagen for your tremendous support of additional funding for nutrition assistance for American Samoa following the devastation caused by Tropical Storm Gita in February 2018. Your support of this amendment allowed for the passage of an \$18 million appropriation that was authorized through the Additional Supplemental Appropriations for Disaster Relief Act of 2019 that enabled our department to establish and implement the American Samoa Disaster Recovery Food Assistance Program (ASDRFA). The ASDRFA provided one year of critically-needed disaster food assistance in the form of food coupons of \$139 a month for the first family member and \$104 for each additional family member for 5,181 families or 17,738 individuals from October 2019 to September 2020. Although the ASDRFA was a disaster food assistance program that was limited only to low-income families that were verified by the American Samoa Department of Homeland Security, FEMA, and the SBA to have been impacted by the disaster, this was in itself very significant in that it was the first time we received funding for a long-term food assistance program for low-income families to purchase and put food of their choice on their tables. Before the passage of the \$18 million appropriations in 2019, the USDA awarded in September 2018 a \$500,000 grant for a short-term disaster relief food assistance program that served 903 families or 2,325 individuals in December 2018 who received a one-time allotment of \$185 in food coupons. Because of limited funding, this program targeted the neediest of the needy or families and individuals at or below 50% of the maximum gross income eligibility table.

I thank Congresswoman Radewagen for articulating and highlighting the important issues and challenges relating to American Samoa's food security and food safety as well as cultural considerations in the

delivery of federally-funded services for our elderly and vulnerable populations. With those issues covered, I would like to focus my testimony on the need to 1) address American Samoa's food insecurity by expanding our Nutrition Assistance Program (NAP) to achieve equity for low-income families in the territory in accessing food assistance similar to low-income families in the 50 states, the District of Columbia, Guam, Virgin Islands, Puerto Rico, and Commonwealth of Northern Mariana Islands (CNMI), and 2) to provide parity in the maximum allotment amounts issued to our NAP recipients similar to SNAP recipients residing in Alaska, Hawaii, Guam and the U.S. Virgin Islands outside of the 48 contiguous states.

As you know, American Samoa is a small remote U.S. territory located in the South Pacific 2,600 miles southwest of Hawaii and 4,800 miles from California. Our territory consists of five volcanic islands and two coral atolls with a combined land area of 76 square miles and a population of 55,519 according to the 2010 U.S. Census. Our 2018 estimated population is approximately 58,000. We have the highest poverty rate of any state or territory so most of our people live below the poverty level. For decades, our minimum wages have been below the statutory minimum wage in the United States and other U.S. territories due to a weak economy that continues to depend on the territorial government and the tuna canning industry. Almost all of our food (95 percent) is imported with the majority from the U.S. mainland mostly by ocean freight that takes 14 days or more to arrive. Our limited natural resources and remote location pose a constant challenge to food security. The COVID-19 pandemic has exacerbated our vulnerability because of food shortages around the world and constant shipping delays that result in empty wholesale warehouses and empty shelves at local grocery stores.

The American Samoa Department of Human and Social Services (DHSS) that I head plays an integral role in the delivery of food assistance through the American Samoa Nutrition Assistance Program (ASNAP) that serves low-income elderly, blind, and disabled individuals and the American Samoa WIC Program that serves pregnant women, nursing and postpartum mothers, infants and children up to age 5. The two programs serve over 10,000 residents each month. DHSS also provides a wide array of services through eight divisions that include the Behavioral Health Services Division, Children and Family Services Division, Child Care Division, Developmental Disabilities Planning Council, Program Integrity and Tobacco Licensing and Enforcement Division, and the Special Projects and Community Assistance Division. The National School Lunch Program that is administered by the American Samoa Department of Education serves free meals to close to 16,000 school-age children from Head Start to public and private elementary and secondary schools and young children in child care facilities. The Territorial Administration on Aging also serves congregated meals three times a week to 3,724 elderly recipients. We are also awaiting approval by the U.S. Department of Agriculture of American Samoa's Pandemic EBT State Plan for the School Year 2020-2021 and the summer of 2021.

The ASNAP is funded through the Consolidated Nutrition Assistance Block Grants for Puerto Rico and American Samoa under Title 7, Chapter 51, Section 2028, where the Secretary of Agriculture is authorized to use 0.4 percent of the funds made available to Puerto Rico each fiscal year for payment to American Samoa to pay 100 percent of the expenditures by American Samoa for a nutrition assistance program. For Fiscal Year 2021, this amounts to \$8,185,000. This means we receive from the federal

government a very limited fixed level of annual funding that is less than one-half of one percent of the annual funding for Puerto Rico for food assistance regardless of need. As a result, we cannot expand our program to meet emerging needs during times of economic uncertainties or meet emergency and disaster relief/ recovery needs when a natural or man-made disaster strikes or during public health state of emergencies. Since NAP is separate from the Supplemental Nutrition Assistance Program (SNAP), American Samoa does not qualify for disaster SNAP benefits or D-SNAP and NAP does not have an automatic mechanism to provide disaster benefits. The additional funding of \$500,000 and \$18 million that we received in 2018 and 2019 for disaster relief and recovery benefits following Tropical Storm Gita was contingent on support from USDA and congressional action respectively. Without access to D-SNAP, we hope that you and your distinguished colleagues in the U.S. Congress will offer the same level of post-disaster support in the future similar to the tremendous support we received from you in 2019 in the aftermath of Tropical Storm Gita.

Like everywhere in America, those living in poverty are more vulnerable to food insecurity. This includes unemployed individuals, people with disabilities, the elderly, low-income families, families who are homeless or at risk of homelessness, and families in debt, just to name a few. However, individuals and families living in poverty in American Samoa are even more vulnerable to food insecurity because of our lack of access to food and cash assistance programs that similar individuals and families have access to across America and in the other four territories.

For a start, America's largest anti-hunger program, SNAP is accessible to needy families in the 50 states, the District of Columbia, Guam, and the U.S. Virgin Islands while the NAP block grant is accessible to needy families in Puerto Rico and the Commonwealth of Northern Mariana Islands. However, American Samoa's NAP serves only low-income elderly, blind, and disabled individuals but not needy families. And, while all the 50 states, the District of Columbia and CNMI participate in the Special Supplemental Income (SSI) program and Guam, Puerto Rico, and the U.S. Virgin Islands participate in the predecessors to the SSI —namely the Old Age Assistance for the Aged (OAA), Aid to Permanently and Totally Disabled (APTD), and the Aid to the Aged, Blind, and Disabled (AABD), American Samoa receives no federal funding whatsoever to provide cash assistance for our needy elderly, blind and disabled population. On top of that, we do not participate in the Temporary Assistance for Needy Families (TANF) program and other safety-net programs for those living in poverty and facing vulnerabilities.

In the late 1980s and in 1990, American Samoa's Congressman Faleomavaega Eni F. H. Hunkin pursued the extension of the SSI program to American Samoa to provide cash assistance to our low-income elderly, blind, and disabled population. Unfortunately, the biggest hurdle in extending SSI to American Samoa and the insular areas is its exorbitant cost, which was estimated by the General Accounting Office (GAO) to increase federal outlays 27-fold. According to a September 1987 GAO report titled, "Welfare and Taxes - Extending Benefits and Taxes to Puerto Rico, Virgin Islands, Guam, and American Samoa", "Had SSI been fully extended to the areas in 1984, federal costs for serving the aged, blind, or disabled would have increased by an estimated \$425.4 million, or 27-fold". The GAO estimate includes about 980 persons who would have been assisted by SSI in American Samoa. According to GAO's area-by-area analysis of the effects of extending the SSI program to the insular areas in 1984, the greatest estimated

cost would occur in Puerto Rico at \$425.86 million. The estimated federal cost if the SSI had been fully extended to Guam would be \$8.37 million; the U.S. Virgin Islands would be \$3.74 million and \$3.36 million for American Samoa.

When it became clear in 1991 that it was impossible to extend the SSI program to American Samoa, I recommended to Congressman Faleomavaega and he approved that we pursue the extension of a modified food stamp program as a replacement for SSI. When Governor A. P. Lutali took office in 1993, he gave the green light for us to work with the U.S. Department of Agriculture to pursue the extension to American Samoa of a modified food stamp program to serve our low-income elderly, blind and disabled population. The ASNAP was approved by USDA and extended to American Samoa in 1994 and as Program Director, I was very happy to join Governor Lutali and First Lady Susana in opening the program and issuing our first NAP allotments to our low-income elderly, blind, and disabled population in July of 1994. The program is governed by a Memorandum of Understanding between the U.S. Department of Agriculture and the American Samoa Government that is negotiated annually. Although the target population for the ASNAP is the same as the population served by the SSI, ASNAP benefits are issued in the form of food coupons with a maximum monthly benefit amount of \$139 per person, whereas the SSI issues monthly cash benefits at a much higher rate to provide a guaranteed minimum income to adults who have difficulty covering basic living expenses due to age or disability and who have little or no Social Security or other income.

Since its inception in 1994, the ASNAP has been an incredibly important resource for thousands of low-income elderly, blind, and disabled individuals in putting food on their tables and in reducing their risk of facing food insecurity. Unfortunately, their family members do not have access to the same benefits. ASNAP recipients usually spend their monthly benefits right away so it provides quick support to our local economy, which is significant as it helps generate economic activity.

To address food insecurity for our needy families and communities, we must expand American Samoa's NAP to achieve equity for low-income families in the territory in accessing food assistance similar to needy families living in the 50 states, DC, Guam, Virgin Islands, Puerto Rico, and CNMI and to bring parity in the maximum allotment amounts similar to SNAP recipients residing in Alaska, Hawaii, Guam and the U.S. Virgin Islands outside of the 48 contiguous states. We cannot expand our food assistance program at this time so long as our funding allocation is tied to Puerto Rico's annual funding and at less than one-half of one percent of their NAP appropriation. As it is now, we issue five levels of monthly allotments of \$56, \$71, \$89, \$111, and \$139 to our recipients depending on their income because our funding allocation under the current mechanism cannot sustain a maximum monthly allotment of \$139 for all recipients who are considered households of one. It is prudent that the current law is amended to separate American Samoa's NAP funding appropriation from Puerto Rico and keep the existing language that the funds are, ". . . for payment to American Samoa to pay 100 percent of the expenditures by American Samoa for a nutrition assistance program".

It is also important to note that addressing inequities for SNAP recipients across states is very different from addressing inequities for low-income families in American Samoa. The issues of SNAP inequities

for low-income families living in the states have a lot to do with issues and policies affecting eligibility and benefit amounts such as utility costs where differences in SNAP utility allowances mean that similar households living a few miles apart across state lines could receive significantly different benefit amounts. However, the issue of inequity for similar families living in American Samoa simply has to do with having no access to SNAP or NAP because American Samoa's NAP serves only low-income elderly, blind, and the disabled, and those receiving NAP benefits receive substantially less than the maximum allotment amounts for those residing outside of the 48 contiguous states. Thus, to achieve equity for American Samoa's low-income families, we propose to expand our NAP to serve low-income families, while maintaining eligibility for low-income elderly, blind, and the disabled and granting American Samoa's qualified families the SNAP maximum allotment amounts for Alaska, Hawaii, Guam, and the US Virgin Islands.

Moreover, instead of extending SNAP to American Samoa, we would like to maintain NAP so we continue to have the flexibility to design our program to meet our unique needs and circumstances. The expanded NAP that we propose describes and defines needy households to include the following individuals or groups of individuals:

1. An elderly who is 60 years of age or above
2. An individual who is blind
3. An individual with a disability
4. An individual living alone
5. An individual or group of individuals living with others, but customarily purchase food and prepare meals for home consumption separate and apart from others, or
6. A group of individuals who live together and customarily purchase food and prepare meals together for home consumption.

Moreover, with almost all of our food imported from the U.S. mainland, Samoa, Fiji, New Zealand, Australia, Southeast Asia, and the Far East, we must 1) maintain the constant availability of food by keeping regular sailings to and from our main trading ports and 2) maintain the affordability of food by having sufficient inbound and outbound cargoes to ensure overall lower freight rates. To achieve this, the U.S. Congress needs to keep the American Samoa Economic Development Credit (ASEDC)/Section 30A of the Internal Revenue Code to keep our last remaining tuna cannery from relocating to a foreign country and taking with them thousands of jobs and millions of dollars in economic activity. Section 30A is designed to encourage investment in the U.S. insular areas and create jobs by reducing federal taxes on income earned by qualifying corporations and helps offset some of the competitive disadvantages faced by the tuna canning industry. Keeping StarKist Samoa in the territory will ensure that we maintain regular sailings from the U.S. West Coast where most of our food comes from with two container ships a month on a 14-day interval carrying inbound supplies for the cannery and outbound tuna, which helps keep freight rates lower for inbound cargo including food. This translates into reasonable and affordable food prices on the shelves of local grocery stores. The same applies to food imported from our trading ports in Asia and the South Pacific as StarKist Samoa also imports raw fish, equipment, materials, and supplies from Samoa, Fiji, New Zealand, Australia, Southeast Asia, and the Far East where

some of our foods are imported. Moreover, maintaining Section 30A will also provide incentives to attract other food manufacturers to American Samoa to build up local food production to minimize our dependence on imported foods.

Finally, an automatic mechanism must be built into the NAP so disaster benefits can immediately kick in without having to submit a request with a comprehensive plan on the use of funds for USDA approval or having to go through the U.S. Congress for appropriate congressional action — both of which can significantly delay the process in getting the assistance to those who need it right away.

In closing, I want to share that food security and food safety are top priorities for Governor Lemanu P.S. Mauga and Lieutenant Governor Talauega Eleasalo Ale's administration. A Cabinet meeting was convened earlier this week to focus on this very issue. Governor Lemanu announced during the meeting that a Food Security Task Force will be constituted with representatives from the government, private sector, and community to make recommendations to achieving food security where we have consistent and reliable access to safe and nutritious food. The pandemic has highlighted the critical need to address food security and food safety as we see more interruptions in transportation with shipping delays, border closures, and disruptions to the supply chain worldwide.

I want to thank our federal partners, particularly the Food and Nutrition Service of the U.S. Department of Agriculture in both the Western Region and National offices for their continued commitment and support of American Samoa's food assistance needs through the NAP, the National School Lunch and Breakfast and WIC programs. These programs are making a huge impact in helping our vulnerable populations access quality and nutritious food. We can do more by expanding this opportunity to benefit our low-income families. I call on all members of the Committee and your colleagues in the U.S. Congress for your unwavering support to end hunger and food insecurity for our people by expanding NAP and keeping Section 30A of the Internal Revenue Code for American Samoa.

Thank you again for the opportunity to submit my testimony to illustrate American Samoa's unique circumstances and inequity in accessing food assistance and how we can strengthen and expand an existing program to help end hunger and food insecurity in American Samoa.

Soifua ma ia manuia.



**Catholic
Social
Service**

Catholic Charities Guam

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Deputy Director

July 20, 2021

The Honorable James P. McGovern
Congressman
U.S. House of Representatives
370 Cannon House Office Building
Washington, DC 20515

Re: Food Insecurity – Guam USA

Dear Congressman McGovern and Members of the House Rules Committee:

Buenas yan Hafa Adai. Catholic Charities of the Diocese of Agana, commonly known as Catholic Social Service (CSS), is privileged to provide this testimony relative to concerns and issues of food insecurity on our island territory of Guam.

As background, CSS is a large non-profit organization that administers eighteen programs at twenty sites and in the community, providing services and shelter to elderly, individuals with disabilities and those terminally ill, victims of child abuse, domestic violence and sexual assault, and the homeless. On average, CSS interacts with approximately 500 individuals monthly, with approximately 200 individuals within the direct care of CSS on a daily basis through our shelters and affordable housing. Our primary focus is on the provision of basic needs of food, clothing and safe housing as we work with individuals to address barriers to housing stability and hunger insecurity. We are an administrative unit within the Archdiocese of Hagatna and a member under the umbrella of Catholic Charities USA.

CSS operates a food pantry which is open five days a week, Monday through Friday, from 8:00 am to 5:00 pm. Pre-COVID, we averaged five to ten walk-in requests per day for food. During COVID, the number increased to an average twenty per day with food drop-offs added to elderly households, households with individuals with disabilities, and families with young children who lacked transportation. CSS' operations evolved during COVID to a food bank site for USDA commodities, boxed food items, and corporate bulk donations, and extended to coordinating with other non-profit organizations and government social services for distribution and delivery to shut-ins and isolated households.



"Respecting The Dignity Of The Human Person Through Service"



Pre-COVID, CSS' target populations were those vulnerable populations of victims and unsheltered homeless who have the highest risk for experiencing hunger and food insecurity. During COVID, as most government services and private sector operations were suspended and employees were furloughed without pay, and prior to the onset of federal COVID financial assistance, there was an increase in the intake for food assistance and requests for food delivery.

Although federal COVID assistance is implemented and currently on-going, most households remain on the pantry rolls due to other issues and barriers which are outlined herein.

1. Housing instability is the most critical factor leading to hunger and food insecurity with unsheltered homeless experiencing the highest level of food insecurity. Despite being eligible and/or receiving SNAP benefits, most of our clients lose assistance due to failure to recertify their assistance, or who lose their card which then results in dormancy and eventual termination.
 - a. Unemployment is a key factor to housing instability and eventual homelessness. Mainstream cash assistance is subsistence level and wholly insufficient to cover market rent.
 - b. Overcrowded households, often consisting of multi-generational households, are a result of unemployment of its younger members or inability to pay fair market rent amounts. Such economic impact extends to the high cost for non-food supplies, including children and adult diapers and nutritional supplements.
 - c. Availability of natural supports is challenged as the island shifts or has shifted from an extended family system to a more nuclear family system. Stress and conflicts among family members, resulting in estranged relationships, further limit the capacity to maintain and strengthen supports. Most individuals and families look to government services to meet this resource and often demand exceeds available resources.
 - d. Emergency homeless shelters are maximized and at full occupancy, with a wait-list that may be greater than 30 days for admissions.
2. Lack of transportation results in failed appointments and if gainfully employed, results in tardiness to work resulting in adverse action. Despite the island size of approximately 35 miles long, transportation from point to point is not helpful in its current design and time availability. Although there are new transportation strategies being implemented at the public mass transit level, it is far from providing a reliable resource if a household is not able to afford purchase of its own vehicle.
3. Undiagnosed and untreated mental health issues and substance use disorders is a growing factor leading to both food insecurity and housing instability, especially in households with young children.

4. Reliance on imported food products and fast food meals contribute to incidences of multiple chronic medical conditions which affect the wellness of individuals, especially those who comprise the main workforce population. Specifically, the serious effects of diabetes that result in multiple amputations impact the individual's capacity to obtain or maintain gainful employment. Additionally, there is no incentive for individuals and households to sustain themselves with small gardens or raising livestock.

5. Lastly, the effects of the compact treaty entered in to between the United States and the former Trust Territory nations in 1986 has added to the numbers of those with high risk of food insecurity, particularly among citizens of the State of Chuuk. These citizens comprise the majority population in mainstream benefits, child welfare services, homeless shelters and correctional institutions. Unemployment and high alcohol use are common characteristics among this population receiving various social services, including among women, and are hard-to-serve cases that often require multiple agency intervention. Although in-migration was effective since 1986, it is not clear why these individuals are not able to adapt and adjust to a new environment and become self-reliant.

We hope that our information provides a snapshot of the challenges we experience 'on the ground,' and look forward to improving actions that strengthen individuals and families' capacity to be self-sustaining and self-reliant in the most dignified manner.

Thank you for this opportunity to provide input.

Put Respetu,

Diana Calvo

Diana Calvo
Executive Director



U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON RULES
EST. 1789 | JAMES P. McGOVERN (MA-2), CHAIRMAN

U.S. HOUSE OF REPRESENTATIVES
Committee on Rules

**ROUNDTABLE: “Ending Hunger in America: Food
as Medicine”**

September 1, 2021

Testimony, as prepared by Barbara J. Petee, Executive Director, The Root Cause Coalition and Chief Government Relations and Advocacy Officer, ProMedica

Given on September 1, 2021 to the U.S. House of Representatives Committee of Rules

Good afternoon Chairman McGovern, ranking Member Cole, and Members of the Committee. My name is Barbara Petee and I serve as both the Executive Director of The Root Cause Coalition and the Chief Advocacy and Government Relations Officer for ProMedica; a health and well-being organization based in northwest Ohio, with a national footprint in senior care and healthy aging, as well work that spans the nation in addressing basic needs that, when lacking, contribute to poor health; commonly referred to as the social determinants.

Six years ago, The Root Cause Coalition was founded by ProMedica and the AARP Foundation to address the social determinants of health – such as nutrition and housing insecurity, isolation and economic hardships - by working with cross sector organizations from around the nation. Today we are nearly 100 member organizations strong, representing healthcare, insurance, business, education, faith communities, social services, local government, foundations, food banks and food assistance organizations; large and small. We come from different backgrounds but share a common goal – to achieve health equity for all. In fact, it isn't just a common goal – it is our mission. And as we all know now, now more than ever, these issues are staring us straight in the eyes.

It is a pleasure and distinct honor to be with you today to discuss one of the Coalition's central principles: that *hunger* is indeed a health issue, and that nutrition insecurity has deep implications for our individual and public health. It goes without saying that these insecurities broadly contribute to any host of diet-related chronic conditions and skyrocketing healthcare costs. As such, recognizing and acknowledging the vital framework that *Food Is Medicine* plays in combatting these inequities is critical to achieving our common goal.

COVID-19 has underscored and laid bare that our playing field isn't level. The marginalized and those who struggle daily to make ends meet – many of whom we've come to know as essential or frontline workers – remain in the margins because the way in which we address these issues has been through a patchwork of programs.

To be sure, many organizations – hospitals and health insurers included – have developed incredible programs and models that address the nutrition needs of their patient and clients that, in turn, improves overall health.

Many of those organizations are members of Root Cause, including ProMedica, Common Spirit Health, Presbyterian Health System, RWJ Barnabas Health, Adventist, Methodist LeBonheur, Metro Health, Ascension, OSF Health, Loma Linda, Kaiser Permanente, Blue Cross & Blue Shield, Humana, and Care Source, to name a few.

But all the individual programs – collectively – cannot do what comprehensive national health policy could do to appropriately ensure that access to nutritious food for all becomes a part of our nation's health care delivery model.

There are slightly varying estimates, but Bread for the World puts the nation's cost of hunger at \$160 Billion – that's with a B – annually. We've heard some significant figures since the onset of the pandemic, so a Billion may not resonate as it once did. But if you consider the implications of the \$160 Billion and what it means in lost productivity, lost wages, medical costs – to the individual as well as the industry – for conditions that could have been addressed through nutritious food, as well as the shame and stigma that hunger brings, it seems obvious that it is well beyond time to admit *hunger is a health issue and we can address this issue with food as medicine policies and programs.*

In fact, recent research from The Root Cause Coalition shows that there is public will to address it – over three-quarters of Americans say they support hunger as a policy priority; we need the political will, as well.

Our current health care delivery model is at an inflection point; born in a post-World War Two era that spurred the building of hospitals and clinics, and accelerated the development of medicine, treatments and technology that made advancements we could not imagine just 75 years ago was – and is – remarkable.

But along the way we lost our footing and our focus to ensure individuals – our patients, our neighbors, our fellow citizens – had access to the most basic needs that impact health, including nutritious food. We have put less focus on access and *prevention*, and it's led us to a point where on any given day, in cities across our country, the most amazing advances in medicine can save lives, while too many others wither and experience unimaginable consequences – even death – due to lack of nourishing food and other basic necessities. And so often, access to these basic necessities is tied to income, education and race. It should not be the case that your ZIP code determines your health and how long you live. That's wrong.

You'll hear from others on the panel this afternoon about the work they are doing in their organizations, across communities and across the nation – and how the lives of hundreds of thousands of individuals have been improved because of their thoughtful approach to addressing hunger.

I've had the great privilege to work with most of them and some are also members of The Root Cause Coalition. Our Coalition is rich with examples of how members are addressing hunger and nutrition in the communities and states in which they serve.

For example, ProMedica built a grocery store in a food desert to ensure equitable access to healthy food for residents who live in an inner-city neighborhood. A 'veggie mobile' serves both the inner city and rural communities, and our food clinic has proven to reduce readmissions and improve the overall health of those who are given a 'prescription' for food to supplement their diet – reducing the need for medicine as well.

ProMedica, Presbyterian Health System, and so many hospitals across the country screen their patients for food insecurity and make the appropriate community connections to ensure that needs are met.

Insurers are equally committed. For example, Kaiser Permanente is one of the insurers that is taking a closer look at how interventions promoting food as medicine can improve health outcomes and decrease costs. They are actively evaluating interventions, such as medically tailored meals and produce prescriptions, to understand what works, and under what conditions.

I encourage the committee to engage with *all* insurers to understand their current efforts, questions and challenges they may face.

And our non-clinical members – especially food banks – who work in communities with hospitals, insurers, schools, and other organizations are helping forge the way. But we can't fix our nation's healthcare model one pilot or program at a time.

One of our key priorities as a Coalition is to advocate for the reforms that include metrics and new payment models in Medicare and Medicaid that address health inequity, and ensure payment to care providers and non-clinical community-based organizations for demonstrated value related to addressing the social determinants. That's the model we can and MUST build – together.

So much research and study has gone into this area and we know much more than we did just a few years ago. We know that many American adults are suffering from at least one chronic, diet-related health condition, and if we are going to truly address the root causes of health inequities, we must address health outside of traditional Medicine –we must address health *before* medicine, because Food is Medicine.

In closing, I would like to thank Chairman McGovern, Ranking Member Cole, and every member of the committee for your focus on this issue. As we all know, the American people have been through so much, but The Root Cause Coalition shares your sense of obligation and understands that any healing from this period cannot be a return to normal. The 'normal' that was pre-COVID was not acceptable. We must do better. Collectively, we believe we can.

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**Testimony for the Rules Committee Democrats Roundtable
September 1, 2021
2:00-3:30 pm EST**

**Karen Pearl
President & CEO, God's Love We Deliver
Chair, The Food Is Medicine Coalition**

Thank you for the opportunity to address the role of medically tailored meals in helping resolve our national predicament of food insecurity, poor health outcomes and rising healthcare costs. I am grateful to the Chairman for inviting me and to all of you for the honor of presenting here today.

I will begin by laying out the following proposition: We will never reach our healthcare goals of improving outcomes, lowering costs and creating equitable access without fully integrating the medically tailored meal intervention into healthcare.

I know that's bold, and I'll tell you why.

First, let me introduce myself. I am Karen Pearl, President & CEO of [God's Love We Deliver](#). God's Love is a nonsectarian, nonprofit provider of medically tailored meals – or MTM - in NYC and surrounding counties. Each year, we deliver more than 2.5 million meals to 10,000 people living with over 200 different critical illnesses like HIV, cancer, cardiovascular disease, renal failure and more. We support families by feeding the children and caregivers of our severely ill clients and we deliver to our community with the help of 17,000 volunteers. Our signature difference is nutrition, with 8 registered dietitian nutritionists on staff. We partner with many healthcare plans and hospitals to integrate this life-saving intervention into the care continuum.

I am also the Chair of [The Food Is Medicine Coalition \(or FIMC\)](#), a national coalition of nonprofits delivering medically tailored meals, nutrition counseling and education. Last year, FIMC agencies cooked and home delivered 11 million meals to over 48,000 people across multiple states and the District of Columbia Today, I speak from the God's Love AND FIMC perspectives.

History

The impact of the medically tailored meal model has gained much attention recently, but the concept is not new. God's Love We Deliver started over 35 years ago at the height of the AIDS pandemic, when one woman delivered groceries to a man who was dying of

AIDS. She came back the next day and the groceries were still on the counter. She had an epiphany. People in this state of illness did not just need food, they needed nutritious meals, prepared for their unique medical circumstances and home-delivered to their doors. For this population, a meal is the difference between life and death. Thus, a movement was born.

Nutrition science has been a focus of our mission since the beginning when we started our Nutrition Department, staffed by Registered Dietitian Nutritionists, that helped clients combat wasting, manage medication and side effects and eat right for their other diagnoses. In 2001, seeing the need in our community, God's Love expanded our mission to serve people living with all severe and chronic illnesses. Today, most of our clients are living with multiple diagnoses – 42% live with 4 or more illnesses at once. Clients have complex dietary restrictions and medical conditions that make it impossible for them to take advantage of traditional emergency food support systems. **For the acute population that is driving so much of the cost of healthcare today, adding something as fundamental as a meal tailored for their specific medical circumstances – can turn their situation around.**

Medically Tailored Meals are more than a meal, they are an intervention. Designed by RDNs and chefs and recommended in partnership with healthcare providers, the intervention includes a rigorous dietary assessment and individualized medical nutrition therapy. Meals are cooked from scratch in our kitchen, with no preservatives, starters or fillers, blast chilled and flash frozen to preserve flavor, and then home-delivered to clients. Our meals have to be delicious and visually appealing as appetite is one of the first things to go when people are sick. As our Executive Chef says, "Our food is medicine, but it doesn't have to taste like medicine."

The Evidence

While access to food is a social determinant, MTM is an evidence-based proven intervention, with robust research behind it. **The value proposition for MTM is pretty simple.** MTMs are associated with:

- Reduction in ED visits by 70%
- Reduction in hospital admissions by 52%
- Reduction in admission to nursing facilities by 72%, and
- A 16% net decrease in health care costs

Policy

It is because of these types of outcomes that early on in the HIV Epidemic, The Ryan White HIV/AIDS Program chose a whole person approach, including food and nutrition services alongside medical and pharmaceutical support. **Ryan White remains the only dedicated federal funding stream for MTMs, yet still does not cover all those who come to us in need.** Access to MTMs is largely funded through private philanthropy across the country, resulting in system-wide gaps.

Healthcare Innovation

MTMs are not generally a reimbursable benefit for enrollees in state Medicaid programs, and Medicare covers only a small portion of enrollees at the discretion of plans. Yet, because of the compelling research results, some states and managed care plans have begun to use waivers and regulatory flexibilities to pilot coverage of MTMs.

All of this – pilots and research – are demonstrating that MTM and medical nutrition therapy work. And they work in different settings, with different illnesses and with all demographics.

While much success has been seen in these pilots, they remain on the margins of innovation and fall short of establishing the widespread coverage needed to ensure equitable access across the U.S. **Changing healthcare policy to fund, deliver and explicitly evaluate the MTM intervention in Medicare and Medicaid would solve this issue.**

MTM Demonstration Pilot Act

Last year, Mr. McGovern and other members of the Bipartisan Food Is Medicine Working Group introduced the Medically Tailored Home-Delivered Meal Demonstration Pilot Act of 2020 (H.R.6774). The bill would establish a multi-state Medicare pilot program that would ensure that medically vulnerable people get access to lifesaving medically tailored meals in their home, while providing the outcomes data we need to build a more resilient and cost-effective health care system. The pilot would provide a multi-state project which will allow expansion of services to more geographies and a testing of effectiveness in different regions. Thoughtful policy changes such as this are steps in the right direction.

The time is now to change the healthcare landscape and to make MTM a recognized benefit in all health care plans, including Medicaid, Medicare, and private insurance. During the Covid pandemic, the gaps in equity and access for people who need quality food and nutrition services was laid bare. A person's diet often has life and death consequences. When people are severely ill, good nutrition is one of the first things to deteriorate, making recovery and stabilization that much harder, if not impossible. Early and reliable access to medically tailored meals helps individuals live healthy and productive lives, produces better overall health outcomes and reduces health care costs. It is a solution that improves population and individual health, reduces healthcare inequality, improves the experience of care, and has been proven to reduce costs.

I hope you will join in the effort to ensure that MTM are part of the solution to improving health, lowering healthcare costs, and ending hunger in America.

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PRODUCE PRESCRIPTIONS

A POWERFUL TREATMENT AND PREVENTION OPTION FOR HEALTHCARE PROVIDERS

Statement of:

Michel Nischan

Co-Founder and Executive Chairman, Wholesome Wave

Ending Hunger in America: Food As Medicine

Roundtable, House Committee on Rules

September 1, 2021



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Good afternoon Chairman McGovern and distinguished members of the Committee on Rules. My name is Michel Nischan, I am the co-founder and Executive Chairman at Wholesome Wave. Thank you for holding this event and for inviting all of us to participate in this important roundtable discussion on food as medicine, I am honored to be here.

Has your doctor ever told you to eat more fruits and vegetables? Probably. I know mine has. But until now, doctors could only provide the advice, without the resources to act on it. This is a huge distinction, especially if you're struggling with low income.

When the late Gus Schumacher and I founded [Wholesome Wave](#) in the basement of my restaurant, we aligned on one simple belief, and that is the power of fruits and vegetables to change and improve lives. As simple as that sounds, it is absolutely true. As a chef and a father of two children with Type 1 Diabetes, I've learned about that power and really wanted to make the lifestyle changes that were accessible and meaningful to my family, like choosing and eating more fruits and vegetables, available to all families regardless of struggles with low income or poverty. Our core value, and core belief, is that everybody, regardless of race, ethnicity, age, or income, has the right to feed themselves and their families well. And they want to.

Wholesome Wave has been working on nutrition security and learning these things to be true through nutrition incentive programs tied to SNAP since 2007. Our focus on food as a powerful prevention option in healthcare began in 2010, when I learned about an initiative in Ypsilanti, Michigan, where a health center was offering \$5 "Fruit and Vegetable Prescription" vouchers to be redeemed at the local farmers' market with an aim to increase low-income community members' access to local fruits and vegetables.

We believed the power of food as medicine was very real, so we started engaging with, iterating, and nationally expanding these program models to really help highlight that connection, and achieve a proof of concept for good nutrition as a form of diet-related disease prevention and management. We've reached thousands and thousands of patients in dozens of states and territories, from Codman to Crenshaw, Skowhegan to Chicago, and Washington, DC to the Navajo Nation. The one thing that we've learned in all of these places regardless of urban or rural or territorial, they work.

Today Wholesome Wave continues to address **nutrition** insecurity by developing and deploying programs, platforms, and seed funding to support community-rooted health organizations in their efforts to address this horrible lack of affordability and lack of access to healthy food across the

country. The outcomes of this work and the evidence derived are essential considerations for both food and health policy.

Our programs also prove that good food is good health *and* good business. The redemption of the healthy food prescriptions at farmers markets and local grocers have increased sales and income for both farmers, retailers, their support service supply chain partners, but also provide a robust full-community engagement at these vital neighborhood markets, so that the markets actually look like the entire community, instead of just for those who could afford to participate.

In the years since, we've launched numerous programs across the country. We've expanded the model to be *delivered* at Federally Qualified Health Centers, hospitals, community-based clinics, and more. We have expanded options for *redemption* options to include large-scale grocery stores, Community Supported Agriculture (CSA) programs, mobile produce markets, even online food order and delivery. This approach is now a real movement, spearheaded by innovative healthcare and community-based leaders, in rural, urban, and tribal communities alike.

To-date we have identified over 100 active programs at several hundred sites across the country, many of which are represented by our [National Produce Prescription Collaborative](#). The NPPC is an organized collective to support and leverage Produce Prescription programs and practices as prevention & intervention for diet-related disease through policy and by further embedding these models into healthcare and community food systems.

As my colleagues on this panel will confirm, the impacts of these programs have been impressive and warrant serious consideration by all who wish to improve the health and the lives of vulnerable Americans in a cost-effective way. These programs have been the subject of over 30 studies in peer-reviewed scientific and economic journals just in the last 5 years. These articles have consistently reported on the power of Produce Pprescriptions to improve intake of fruits and vegetables, improve overall dietary consumption, reduce the gap between actual consumption and the national daily recommendations, lower weight, lower blood pressure, and lower Hemoglobin A1C — the key biometric indicator used in diagnosing diabetes and its preconditions. What does not show up in these studies, but my colleagues know to be true, is the joy and the dignity factor that these programs create.

With the rapid uptake and promising results of these programs across the country, our priority is to establish the body of evidence that demonstrates the value of Produce Prescription programs and medically-tailored meals in improving health outcomes, customer experience, and improving



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the overall healthcare system. We spend a hundred thousand dollars per patient just on dialysis for one year. Three hundred and seventy seven thousand Americans will be on dialysis this year, at a cost of \$49 billion dollars. That's a LOT of fruits and vegetables.

In this vein, we support a CMMI pilot at CMS which includes Produce Prescriptions as a treatment lever in an innovative value-based care model. CMS continues to seek ways to better understand how to systematically identify and respond to the health-related social needs of Medicare and Medicaid beneficiaries in order to reduce total healthcare costs and create better health outcomes. Our experience confirms that Produce Prescriptions help facilitate and accomplish these goals in a cost effective way.

Additionally, we would like to see Produce Prescriptions integrated into federal programs such as Medicare and Medicaid in a sustainable and consistent way. Specifically by providing a Produce Prescription benefit to cover produce and services for members with diagnosed diet-related conditions who have challenges accessing nutritious and affordable food.

Again, Chairman McGovern and members of the Committee, we appreciate your tremendous work and commitment to our country, and for covering this important and powerful issue — I look forward to a fruitful discussion.

Some Peer-Reviewed Fast Facts About Produce Prescriptions in 2021:

- A pooled sample of 13 studies showed a 22% increase in F&V consumption, equivalent to 0.8 servings/day, a 0.6kg/m² BMI decrease, and a 0.8% HbA1C decrease. To further advance and scale, there is a need for well-designed, large, randomized controlled trials in various settings to further establish the efficacy of healthy food prescription programs on diet quality and cardiometabolic health.
 - [Advances in Nutrition, May 2021](#)
- Participants enrolled in a program in North Carolina not only increased their fruit and vegetable purchases but also decreased their sugar-sweetened beverage purchases.
 - [JAMA Network Open, August, 2021](#)
- A program within a primary care clinic in a community-based hospital saw a clinically important reduction in HbA1C equivalent to adding a new medication to their treatment regime. Investigators also found that HbA1C reductions were associated with voucher redemption in adults with Type 2 diabetes.
 - [Journal of Nutrition Education and Behavior, August, 2021](#)
- Just \$10/week for 8 weeks was enough to show a significant reduction in HbA1C in a cohort with diabetes. [HbA1C is associated with substantial costs of care.](#)
 - [Preventive Medicine Reports, May 2021](#)
- A small cohort in Georgia “reported significantly increased total intake of fruits and vegetables, knowledge of fresh fruit and vegetable preparation, purchase of fresh fruits and vegetables from a farmers market, and significantly altered food purchasing practices compared with the control group.”
 - [Health Promotion Practice, June 2021](#)
- In a study reporting on a program in North Carolina, the authors noted that “Produce Prescription Programmes can increase healthy food purchasing among food-insecure people, which may improve chronic disease care.”
 - [Public Health Nutrition, April 2021](#)
- Programs have shown success in changing (improving) attitudes towards fruits and vegetables.
 - [Cureus, March 2021](#)
- Programs have promise for pediatric participants as well, according to the authors “The current study provides evidence that fruit and vegetable prescriptions, easily ordered through EMR systems and provided to all pediatric patients, may have a significant influence on food insecurity and dietary patterns of children living in a low- income, urban community.”
 - [Nutrients, July 2021](#)

**Written Statement of Dr. Steven Chen, M.D.
Chief Medical Officer
ALL IN Alameda County
Before the
House Rules Committee
United States House of Representatives
“Ending Hunger in America: Food as Medicine”
September 1, 2021**

Chair McGovern, Ranking Member Cole, and distinguished members of the Committee, thank you for the opportunity to address you today regarding Alameda County’s ALL IN Food as Medicine Program. My name is Dr. Steven Chen, I am a family medicine physician and the Chief Medical Officer of [ALL IN Alameda County](#) in California, where I lead a local Food as Medicine initiative called [Recipe4Health](#) which is an expansion of a pilot program I started at Hayward Wellness Center, a Federally Qualified Health Center (FQHC) in Hayward, California in 2015.

My story as a physician is not unique. I started medical school 26 years ago and can break up my story in three 8-year spans. I spent the first 8 years training to become a doctor. I received zero training on how to use “Food as Medicine” to help my patients. I spent the next 8 years trying to apply what I learned in residency to the front lines of day-to-day care of my immigrant patients in Oakland’s Chinatown. I saw the limitations of how we cared for our patients in time pressured one-on-one 15-minute visits. My patients wanted alternatives to taking a pill every day. They had many questions about using food to treat their conditions, for which I had few answers. Like many primary care doctors, I flirted with burn out, with frustration, with a sense of helplessness. So, I made a shift. I spent the next 8 years as a Medical Director designing different ways to care for patients, creating a Food as Medicine model that connected an urban farm to my clinic, seeing patients in group medical visits instead of 15-minute one-on-ones, integrating food insecurity screening into the electronic health record, and getting strong initial health outcome results. This early success led to the opportunity to replicate and strengthen this model across Alameda County and beyond.

In the following written testimony, I define a category of interventions collectively referred to as Food as Medicine; describe Alameda County’s Food as Medicine model called Recipe4Health; review Recipe4Health patient outcomes; and conclude with a discussion of challenges and opportunities as we look to expansion and long-term sustainability of Food as Medicine, which has the potential to lower healthcare costs and improve population health.

Food as Medicine

Food as Medicine is based on the idea that we should think about food as a type of medicine that can prevent, treat, and reverse disease to improve overall health. Using food in a clinical setting helps the healthcare system address food and nutrition insecurity, chronic disease, racial and health equity, and the intersections between them. A landmark 2018 study demonstrated that an unhealthy diet is the leading cause of death in the United States, surpassing tobacco use, high blood pressure, and obesity, and causing more than half a million deaths per year in the United States.¹

Whereas unhealthy diet is the leading cause of mortality in the United States², healthy food can improve health outcomes^{3,4,5,6} and reduce healthcare costs,^{7,8,9} two important healthcare system goals. Individuals consume approximately 100 bites a day, which equates to about 2,000 pounds of food a year. If healthcare systems are able to influence the food people eat, and the food system around them, we would see health outcomes improve and our food economy change. Chronic disease causes suffering and costs society money that could be spent elsewhere. Currently 133 million Americans are affected by chronic diseases,¹⁰ and 86% of United States healthcare costs are spent treating patients with those diseases.¹¹

Further, there are intersections between, chronic disease and food insecurity; food insecurity increases the rate of diabetes by 200%.¹² The [Alameda County Community Food Bank](#) found that for the households they serve, 20% include at least one person with diabetes and 39% include someone with high blood pressure.¹³ Finally, we know that food insecurity and chronic disease disproportionately impact low-income communities of color. In Alameda County, as across the country, there are clear racial and ethnic inequities in food insecurity: 25%¹⁴ of those reporting food insecurity in the County were African-American (though they represent 10% of the County population) and 30% were Hispanic (though they represent 23% of the County population).^{15,16} Furthermore, we know that this high-level data can hide inequities within populations: local neighborhood research found 61% food insecurity within the indigenous Guatemalan Mayan community compared to 39% within the broader LatinX population.¹⁷

ALL IN Alameda County

In 2014, on the 50th Anniversary of President Johnson's War on Poverty, Alameda County Supervisor Wilma Chan, who has led forward looking health policy in government for over 25 years, launched ALL IN Alameda County (ALL IN) through a Board of Supervisors resolution to address issues of poverty across the county. Within four years, ALL IN transitioned from a community initiative within Supervisor Chan's office to a formal business unit within the County Administrator's Office.

ALL IN actively collaborates with community members and leaders, county agencies, industry, and community-based organizations on issues such as food insecurity, community engagement and empowerment, workforce and economic development, school readiness, and ensuring children, youth, and families have adequate supports for equitable and sustained health and wellbeing. Since 2015, ALL IN has raised over \$5.1 million in philanthropic and governmental funding to implement strategies addressing issues of poverty.

More information about ALL IN is available in the [ALL IN Alameda County 2021-2024 Strategic Plan](#).

Recipe4Health Origin Story

Recipe4Health, grew out of a combination of two earlier Food as Medicine programs, one starting in January 2015 at Hayward Wellness under Dr. Steven Chen and another started by the late Dr. Bertram Lubin, pediatrician and former Chief Executive Officer of [University of California, San Francisco \(UCSF\) Benioff Children's Hospital Oakland](#), following a visit to the Boston Medical Center. Dr. Lubin was excited by what he saw in Massachusetts, including an onsite Preventative Food Pantry to provide fresh produce and other healthy food to those patients who were food insecure and with medical conditions that would benefit from an ongoing healthy diet. As a result, he immediately asked his hospital's Center for Community Health and Engagement (now the [Center for Child & Community Health](#)) to research how Children's Hospital Oakland could launch a similar program.

In 2015, Dr. Lubin partnered with Alameda County Supervisor Wilma Chan to fund a study to evaluate the outcomes of providing weekly produce boxes also known as community supported agriculture (CSA) boxes to patients with diabetes and related health conditions. Simultaneously, and coincidentally, Dr. Chen was working with his team to build an on-site Food Pharmacy and Behavioral Pharmacy Group Medical visits to support clinicians to address food/nutrition insecurity and chronic disease. This was the beginning of Food as Medicine programs in Alameda County, which have also included pop-up monthly food pharmacies at clinics in addition to the clinically integrated Recipe4Health model.

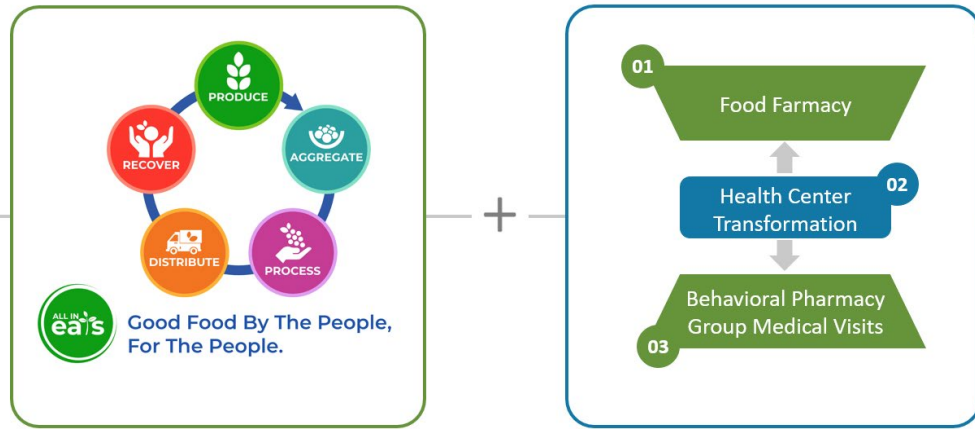
Recipe4Health Model

ALL IN Alameda County's Recipe4Health initiative is an integrative model for healthcare that addresses the social determinants of health (specifically food insecurity and social isolation) and chronic disease. This model advances health and racial equity by transforming the healthcare system's capacity to increase access to and utilization of affordable, nutrient-rich, whole medically supportive food¹⁸ and to provide ongoing behavioral change support to improve the health of individuals, families, and communities. Alameda County's FQHC network of clinics serve over 280,000 patients with over 1.57 million visits per year.¹⁹ The majority of those patients (89%) are people of color.²⁰

Recipe4Health integrates with the circular food economy²¹ by sourcing food from local farms that use regenerative growing practices, meaning they improve soil health, human health, and planetary health with an equity lens. Through clinically integrated sites, Recipe4Health works to address food and nutrition security and treat, prevent, and reverse chronic disease, which has been shown to reduce emergency department visits,²² hospitalizations,²³ and medication usage.²⁴

Circular Food Economy

Recipe4Health



The clinically integrated Recipe4Health model builds three important pieces of innovative infrastructure with clinics:

1. Food Farmacy: Where a traditional prescription is filled at a pharmacy, Recipe4Health’s produce prescriptions are filled by a “food farmacy” or farm stand typically physically located in the clinic. Healthcare staff refer food/nutrition insecure and/or patients with a diet-sensitive chronic condition for a free 16-week prescription of fresh produce, with each week’s dose including approximately 16 servings of vegetables. The food has a value of \$10/bag and has been provided through delivery to patients’ doorsteps since the start of the COVID-19 pandemic. Delivery has increased the amount of produce going directly to individuals, regardless of transportation or mobility.



Sample bag of food provided weekly through the Food Farmacy (16 servings)

The prescription is “filled” by the [Alameda County Deputy Sheriffs’ Activities League’s](#) social enterprise [Dig Deep Farms](#), an urban farm utilizing regenerative practices to fortify the soil and grow nutrient-dense food. Further benefiting the community, Dig Deep Farms creates green economy jobs for formerly incarcerated or returning citizens to work as “farmacists,” farmers, and delivery drivers.



Dig Deep Farm’s urban agriculture provides the vegetables for the Food Farmacy

“I really like the vegetables. They’re consistent, and they’ve helped me to make a change in the things that I eat and what I keep at home.” – Previous Recipe4Health Patient

2. Behavioral Pharmacy: Group medical visits (GMV) bring together patients with various medical conditions to “move, nourish, connect, and be” through weekly visits that include physical activity, healthy meals and nutrition education, social connection, and stress reduction. This four-month “Behavioral Pharmacy” group medical visit program teaches patients how to make fruits and vegetables a regular part of their diet. GMVs meet once a week to learn about smart shopping, cooking skills, movement, mindfulness, and more. All GMV patients receive a produce prescription, and sessions include nutrition education based on produce distributed that week. Further the GMV is held in coordination with a clinic provider (e.g., MD or NP), to provide chronic disease management and address food insecurity.

The Behavioral Pharmacy Group GMVs are the result of a partnership between each community clinic and [Open Source Wellness](#), a local not-for-profit community based organization. The Behavioral Pharmacy GMVs are currently delivered virtually and occur weekly (approximately 48 weeks a year) per COVID-19 regulations. New patients can join monthly reducing the time between a patient’s referral and participation. Group size is ideally 12-24 patients per session, and the groups intentionally accept patients with different medical conditions ranging from diabetes to depression in one universal group. This is different than traditional single disease specific groups like a diabetes group or a hypertension group. The Open Source Wellness model is based on a proven behavior change model that capitalizes on the power of community.



Group Medical Visit patients engaging in physical activity together

“When I leave the group [medical visit], it’s good. Like when a child is given a toy and goes out with that smile and joy, I feel the same as that child. You come out of the group with more energy and positivity. The group nourished your soul, gave you more strength, as if they tell you: You still have a lot to give; you come back to life.” – Previous Recipe4Health Patient

3. Provider Training: Providers and healthcare staff receive state-of-the-art trainings on how to use “Food as Medicine.” ALL IN trains clinical teams at clinics on the latest science and develops their confidence to implement nutrition interventions in a clinical visit with diverse patients. Staff also receive training on implementing universal food insecurity screening, improving Supplemental Nutrition Assistance Program (SNAP) referrals (known as CalFresh in California), and referring to the Food Farmacy and/or the Behavioral Pharmacy.

In addition to these three components, Recipe4Health is part of a larger local systems change effort that includes farming, employment, and food recovery to promote wellness, improve food security, and address climate change referred to as the circular food economy.

Finally, ALL IN provides significant operational support for each clinic to launch Recipe4Health, ongoing capacity building, and planning towards sustainability. This includes, but is not limited to coordinating between the clinic, Dig Deep Farms (food source), and Open Source Wellness (behavioral health program); developing workflows in coordination with clinic teams; training new staff and GMV providers; identifying funding; working with clinics on partner agreements (e.g., Memorandum of Understanding) to ensure data sharing; and more.

Recipe4Health Funding

Currently, Recipe4Health is funded through a combination of public and private funding. Federal funding from the [United States Department of Agriculture, National Institute of Food and Agriculture, Gus Schumacher Nutrition Incentive Program](#) supports the clinic food pharmacy and food prescription delivery, as well as the Behavioral Pharmacy, provider training, evaluation, and program operations. Recipe4Health receives local foundation/private funding from managed care health plan [Alameda Alliance for Health](#), the [Stupski Foundation](#), and the [Hellman Foundation](#) to support all key program elements including the Food Pharmacy, Behavioral Pharmacy, provider training, evaluation, and program operations. In addition, local funding from Alameda County supports personnel and program operations.

To support expansion of the Recipe4Health model, ALL IN leverages funding raised to cover the cost for participating clinics through the first year which includes food sourcing from Dig Deep Farms and Behavioral Pharmacy operations from Open Source Wellness. ALL IN's funding also covers the necessary staffing and operational support for training and technical assistance to participating clinics. ALL IN works with each clinic on lessons learned during that first year with the goal to create a longer-term plan for funding and sustainability.

Recipe4Health Population Served

Recipe4Health currently operates in four Alameda County FQHCs which provide primary care services in underserved areas that are largely communities of color. Between January 2020 and July 2021, Recipe4Health clinics have provided produce to over 1,300 patients resulting in the provision of nearly 20,000 bags of vegetables (over 300,000 servings). The Behavioral Pharmacy has served 165 patients.

Recipe4Health Intervention Results

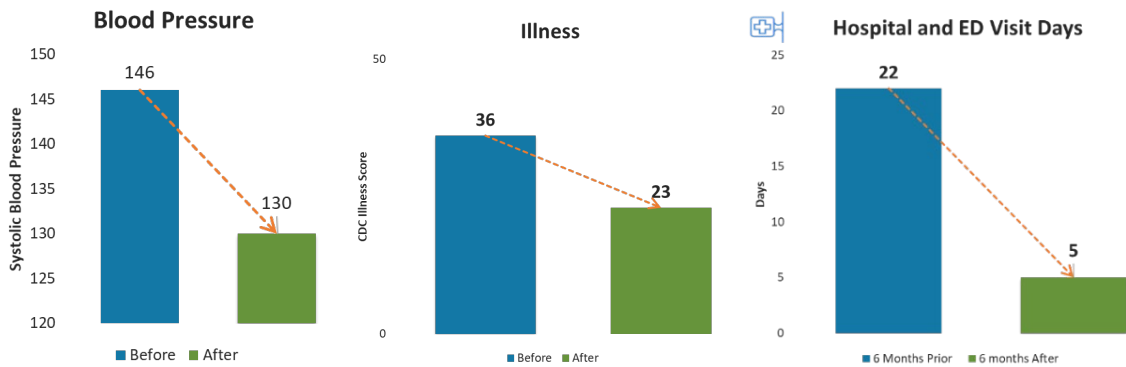
Recipe4Health's preliminary results are based on participants enrolled in the combined Behavioral Pharmacy GMV and Food Pharmacy and indicate improvements in health outcomes, mental health, health promoting behaviors, and food/nutrition security. The following data were collected during the pandemic when physical and mental health were worsening nationwide.

Physical Health Outcomes

1. *Blood Pressure*: GMV patients (n=23; p<0.01) showed a 16-point reduction in systolic blood pressure.²⁵ A 20-point elevation in systolic blood pressure is associated with twice the risk of death from a heart attack or stroke.²⁶

2. *Illness*: GMV patients reported decreased illness and improved overall health. Recipe4Health uses the standard 4-item set of Healthy Days core questions (CDC HRQOL- 4)²⁷ to capture self-reported physical and mental health (range of 0-90). Preliminary results (n=50; p<0.001) show a reduction of 13 points.

3. *Hospital and Emergency Department Visit Days*: Patients participating in the GMV (n=49) had 77% fewer hospital and emergency department (ED) visit days in the 6 months after participation in the GMV compared with 6 months prior (p=0.14),²⁸ as shown by the charts on the next page. Fewer hospital and ED visits results in cost savings for the healthcare system as well as improved quality of life for patients.

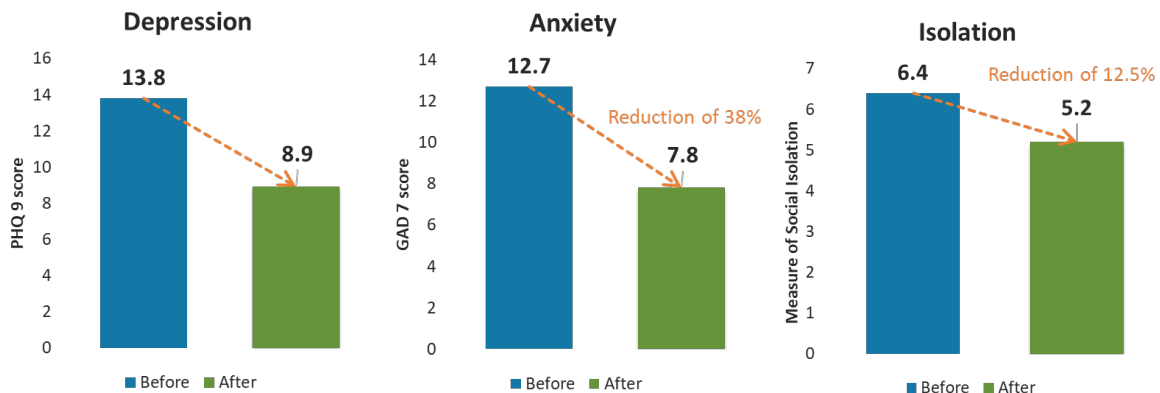


Mental Health Outcomes

1. *Depression:* Patients participating in the GMVs showed a change from moderate depression to mild depression. Depression data represent a subsample of patients with elevated depression at baseline (n=22). Depression improved from pre-test to post-program participation, showing a reduction of 35% based on the Patient Health Questionnaire-9 (PHQ-9)²⁹ with scores reduced from 13.8 to 8.9 (p=0.01). The PHQ-9 has a range of 0-27, with 5, 10, 15, and 20 as cut points for mild, moderate, moderately severe, and severe depression.

2. *Anxiety:* Patients participating in the GMVs showed a change from moderate anxiety to mild anxiety. Anxiety outcomes represent a subsample of patients with elevated depression at baseline (n=19; same subsample as the depression analysis). Anxiety improved from pre-test to post-program participation, with a reduction of 38% on the Generalized Anxiety Disorder-7 (GAD-7)³⁰, with scores reduced from 12.7 to 7.8 (p=0.01). The GAD-7 has a range of 0-21 with 5, 10, and 15 as cut points for mild, moderate, and severe anxiety.

3. *Social Isolation:* GMV patients saw a decrease in loneliness, despite dramatically increasing isolation and loneliness during the pandemic. Based on the UCLA 3-item loneliness screener,³¹ social isolation (n=22) decreased 12.5% among GMV patients from 6.4 to 5.2 (screener ranges from 3-9) during a pandemic year mandating social distancing (p<0.01). Social isolation has an equivalent impact on mortality as smoking 15 cigarettes/day, and a greater impact than physical inactivity or obesity.³²



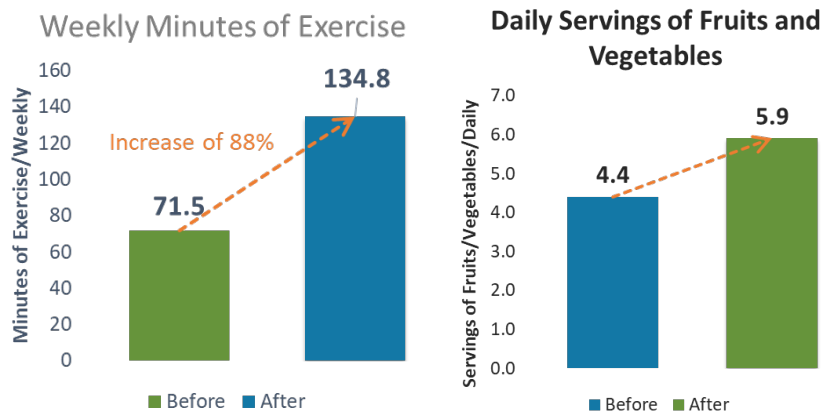
“Well I felt like I wasn't alone, I wasn't the only one going through something. And it kind of uplifts your spirit hearing other people respond to what you say.” – Previous Recipe4Health Patient

Health-Promoting Behaviors

1. **Exercise/Physical Activity:** Weekly minutes of exercise increased among GMV patients from 71.5 minutes/week to 134.8 minutes/week (n=87; p<0.001) during a pandemic year which often was associated with decreases in exercise. Federal guidelines recommend 150 minutes of exercise per week,³³ which is associated with lower diabetes, hypertension, and incidence of cancer.

My husband sees that I'm going to do Zumba, and I tell him: Let's do Zumba, come on everyone. And we do Zumba as a family and that's what I like.” – Previous Recipe4Health Patient

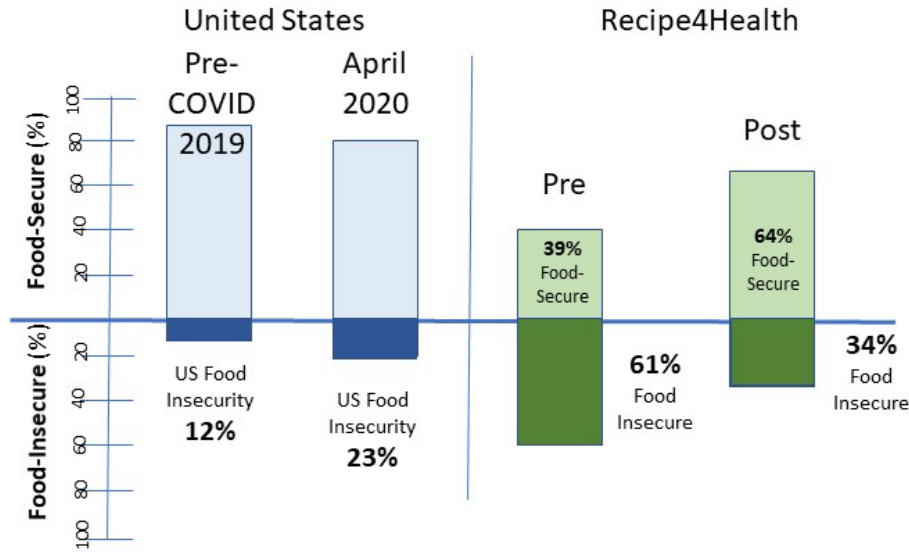
2. **Fruit and Vegetable Consumption:** Based on a 2-item fruit and vegetable intake screening,³⁴ daily servings of fruits and vegetables increased by 25% among GMV patients (n=88) from 4.4 servings/day to 5.9 servings/day (p<0.001). An increase of 1 serving (1/2 cup) of fruit and vegetables per day decreases all-cause mortality by 5%³⁵ and could save 30,301 lives across the United States per year.³⁶



“People who have never eaten vegetables in their life before, are now eating vegetables.” – Clinic-Based Recipe4Health Staff Person

Food Security

Food insecurity status decreased among GMV patients (n=88; p < 0.001) with reduction of 25%, from an initial 61% down to 34%,³⁷ as shown on the charts on the next page. This was significant given that the United States population as a whole experienced a doubling in overall food insecurity from 12% to 23% and tripling among households with children – the most vulnerable of all groups during this last pandemic year.³⁸



“Now eating well is not about money. The food is delivered here. I cook it up the same day it arrives, so we have the greens and carrots at every meal. Better food choices are available to me now.” – Previous Recipe4Health Patient

Recipe4Health Case Study

Mr. X is a 56-year-old Mexican-American man diagnosed with high blood pressure, diabetes, and who was morbidly obese. His doctor prescribed him a produce prescription through the Recipe4Health Food Pharmacy. Each week, he received a bag of regeneratively grown vegetables, delivered to his home, along with a recipe on how to prepare the food. Mr. X’s doctor also prescribed the Behavioral Pharmacy Group Medical Visit to provide nutritional and behavioral coaching to strengthen the effect of the food prescription. Mr. X regularly attended the weekly Group Medical Visits.

By the end of his four months of participation in Recipe4Health, Mr. X increased his fruit and vegetable intake by 2 servings per day to 5 servings per day. This is likely to have long-term impacts on Mr. X’s health, by reducing his likelihood of mortality from any cause.³⁹ Further, his high blood pressure dropped 16 points, reducing his risk of heart attack or stroke. His diabetes, which had been poorly controlled, moved to prediabetic ranges. Finally, by the end of the program he went from a sedentary lifestyle to exercising 4.5 hours per week and lost 60 pounds.

As this case study demonstrates, produce prescriptions, plus nutritional and behavioral coaching has the potential to support improvement in a person’s health, well-being, and healthcare utilization.

Challenges and Opportunities

Federal Grant Funding – In 2019, ALL IN received a 3-year \$507,258 produce prescription grant from the United States Department of Agriculture Gus Schumacher Nutrition Incentive Program (GusNIP). GusNIP allows grantees the opportunity to demonstrate and evaluate the impact of produce prescriptions and

of nutritional education opportunities on fruit and vegetable consumption, food insecurity, and healthcare usage and associated costs. Due to limited sources of funding for implementing Food as Medicine initiatives, federal grant programs such as GusNIP remain essential to support program costs, identify best practices nationally, and build organizational capacity.

Public Insurance Innovations – Following states like Massachusetts, North Carolina, and Oregon, California has recently taken an important step to integrate Food as Medicine into the healthcare system through the [state’s Medicaid waiver](#), which is currently pending approval by the Centers for Medicare & Medicaid Services (CMS). If approved by CMS, California managed care plans will have the option to offer medically supportive food and nutrition and other services that address basic needs which impact health outcomes “in lieu” of traditional healthcare services beginning January 2022. This includes a broad spectrum of interventions such as produce prescriptions, food pharmacies, healthy food boxes, and medically tailored meals. To secure the benefits of this spectrum of services, they must be fully integrated into the medical system from screening and referral through medical billing and invoicing. Transitioning Food as Medicine services beyond Medicaid waivers to fully covered reimbursable public health insurance benefits would impact many more lives.

Circular Food Economy – Recipe4Health integrates with Alameda County’s [circular food economy](#), also known as ALL IN Eats. ALL IN Eats is a public/private collaborative launched in 2020 to increase food security, reduce health disparities, promote environmental sustainability, and provide food entrepreneurship and living wage employment opportunities for vulnerable populations, including those who are formerly incarcerated. ALL IN Eats partners like Dig Deep Farms, grow the nutrient-dense food provided to Recipe4Health patients – the first part of the circular food economy. Building out a local food economy requires substantial up-front capital commitments for essential infrastructure such as the land on which to grow food, and food hubs which offer commercial kitchens, large-scale refrigeration, and space to process, aggregate, cook, and distribute meals, produce, and recovered food to the food insecure and/or those with chronic, diet-related diseases.



ALL IN Eats van filled with recovered apples

Evaluation – ALL IN has built a strong data management architecture in partnership with [Stanford University](#), the [University of California San Francisco](#), and the [Community Health Center Network](#) to conduct a robust evaluation of Recipe4Health. The evaluation will feature process and outcomes evaluations, using a rigorous mixed methods design (i.e., both qualitative and quantitative analyses) to examine program effectiveness and inform future implementation and dissemination. The process evaluation will document implementation and operations processes, challenges, and successes, and identify opportunities to improve future implementation. The outcome evaluation will examine effectiveness of Recipe4Health to increase fruit and vegetable consumption and on measures related to healthcare utilization and health outcomes. In addition to continuing prospective analyses such as this, there is an ongoing need for analyses evaluating the long-term health impacts, cost effectiveness, and cost savings of Food as Medicine interventions.

Training and Capacity Building – Despite increasing national recognition, food as medicine is still largely a new concept to many healthcare providers and clinic staff, not regularly covered in medical education programs. Further, implementing food/nutrition insecurity and other social determinants of health screenings in the exam room or the clinic is new for many clinicians and clinics. ALL IN has developed a robust training and capacity building technical assistance program to support successful implementation of the Recipe4Health model into healthcare settings. ALL IN provides evidence-based training on clinical nutrition topics including, but not limited to: eating patterns (e.g., Mediterranean, Whole Food Plant Based, Ketogenic, DASH, etc.), insulin resistance and inflammation as root causes for illness, food interventions specific to particular conditions (e.g., hypertension, chronic kidney disease, depression, etc.), organic vs. regenerative food vs. GMO foods, whole vs. refined grains, how to read food labels, and practical tools for use in a primary care setting. Further, ALL IN trains clinic staff, including Medical Assistants on how to administer food insecurity screenings. Further work and funding support is needed to better integrate Food as Medicine concepts into graduate and continuing medical provider education.

Partner/Funder Acknowledgement

This work would not be possible without our programmatic partners listed below. Our partners have persisted through a global pandemic to deliver healthcare services and Food as Medicine initiatives to patients throughout Alameda County. We deeply extend our gratitude for the time and energy of clinic staff and healthcare leadership who work to implement Recipe4Health in their clinics. ALL IN also thanks the Recipe4Health evaluators, Alameda County agencies, funders, and policy partners.

- [Alameda County Board of Supervisors](#)
- [Alameda County Administrator’s Office](#)
- [Alameda County Health Care Services Agency](#)
- [Alameda Alliance for Health](#)
- [Community Health Center Network](#)
- [Dig Deep Farms](#) and the [Alameda County Deputy Sheriffs’ Activities League](#)
- [Open Source Wellness](#)
- [United States Department of Agriculture, National Institute of Food and Agriculture, Gus Schumacher Nutrition Incentive Program](#)
- [Hellman Foundation](#)
- [Stupski Foundation](#)
- [Stanford University](#), School of Medicine
- [University of California, San Francisco](#)
- [Medically-Supportive Food and Nutrition \(MSF&N\) Steering Committee](#)
- Current Recipe4Health Clinic Partners include:
 - [Tiburcio Vasquez Health Center](#)
 - [LifeLong Medical Care](#)
 - [Native American Health Center](#)
 - [Alameda Health System – Hayward Wellness Center](#)
- [Gretchen Swanson Center for Nutrition](#)

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- ¹⁸ “Medically supportive food and nutrition” refers to a spectrum of interventions that provide nutrient-rich whole food, including any fruit, vegetable, legume, nut, seed, whole grain, low mercury/high omega 3 fatty acid seafood, and/or lean animal protein used for prevention, reversal, or management of certain health conditions. In Alameda County, we source our produce from local farms utilizing regenerative farming practices to ensure local, seasonal, and pesticide-free medicinal foods and improved soil health.
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Misters Chairmen, members of the committees, and members of Congress, thank you very much for the invitation to speak with you today. My name is Santana Diaz, the Director of Culinary Operations and Innovation / Executive Chef for Food & Nutrition Services at UC Davis Health.

Good food is...

Good medicine

Good health

Good for the local economy

Good for the environment (it encourages/supports sustainability)

At UC Davis we are approaching food as medicine from multiple angles: Investment, Food Integration, Behavioral Change, Sourcing from regional farmers. UC Davis has been transitioning to a farm to fork model over the last 4 years. It has been a collaborative effort that we have been testing and piloting. Food Nutrition Services has partnered with our Center for Precision medicine, Center for Precision Nutrition, Center for Healthcare Policy and Research, Health Equity Diversity and Inclusion, and many more to implement. Data is recorded by Precision Medicine and we are using data to adapt our effort and gauge our effectiveness. This collaboration and multi-prong approach is necessary to make change happen.

Food touches every human. Nutrition security is about clean, healthy food.

Good food is good medicine -- The traditional blanket approach to meal preparation in hospitals is to feed everyone the same, motivated by cost and labor. So regardless if someone is in the hospital for a broken arm, they get the same low sodium diet that is meant for the 45% of patients who require it. The stigma of hospital food is that it is bland, colorless and tasteless. Food that tastes bad goes to waste and creates waste.

Patients hospitalized at UC Davis Medical Center are today getting the best, most nutritional food possible, with the freshest ingredients, because it complements the great care we provide and enhances healing. Food that is natural, not manufactured, not processed, and without preservatives has best nutritional value, to provide the body with tools it needs to heal.

Healthcare facilities can use the inpatient meals experience to educate and introduce healthy food as medicine over the average of 6.1 days patients are in care. Using fresh food that provides nutrients and not just filling.

Good food requires food requires awareness -- Good food does at times require an open mind and awareness, and what some call "food literacy." Part of our role in Food and Nutrition Services is to offer an array of delicious and nutritious food items, which can help people develop an appreciation for fresh, healthy – *and tasty* – ingredients. Our goal is to show people food can taste good, be healthy, and be satisfying without a lot of processing. Raising awareness and a taste for good food among our employees, students, visitors and patients is an important way to increase the desire for healthy eating at home, too.

Our hope is that the information they take back home will help reach others without having to become a patient.

Good food is a good investment and good for the local economy -- Food waste is not sustainable and its expensive. Using fresh food that tastes good is benefits our patients, our business, our local farmers and environment.

As a business issue when we spend X amount on the 2.4 million meals that go into the garbage, we need to address that. Not only is it a menu engineering issue, but also a labor model structure issue.

Buying from local growers and ranchers – especially at UC Davis Health’s scale – helps provide the economic security that individual farmers in our local region truly need to survive in this day and age. We need to recognize the importance of growing our own food, California alone, loses 50,000 acres per year of a land and about 39k of that to urban development. We’ve built relationship with growers, encouraging some to try new and different crops that are unique and exciting for menu planning and variety. It also helps the farmers forecast planting. These local connections help ensure that we can provide healthy foods for our patients, employees and visitors. This approach also helps keep food prices lower for everyone, because farmers know they have already sold a significant portion of their crops before they even harvest. It’s a win-win for everyone and a model that other communities can find inspiring.

Good for the environment--UC Davis Health has prioritized sustainability by reducing food waste and food packaging, and buying locally to reduce fuel usage, emissions, and transportation costs. What we’re doing IS good for people and the environment.


Thank you for allowing me to be with you today.

COMMUNITY HEALTH CENTERS AS FOOD OASIS PARTNERS:

Addressing Food Insecurity for Patients and Communities



.....



**THERE'S NOT FOOD THAT'S
FRESH AND AVAILABLE
WITHIN 5-10 MILES, AND
IT CAN BE EXPENSIVE TO
HAVE HEALTHY FOOD.**

—Sophie Birdwell, Nutrition Services Coordinator, North Texas Food Bank



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FOR OUR PATIENTS IT COMES DOWN TO:

'I've gotta' pay the rent or have heat, vs. I've gotta' have food,' so they buy things that are cheap and fix it in a cheaper manner, which turns out to be fast food, fried foods, fatty foods that aren't beneficial to their health.

—Van Breeding, MD, Mountain Comprehensive Health Corporation



Executive Summary

FOOD INSECURITY, defined as difficulty in accessing affordable nutritious food, affects approximately 14% of our nation's population and is linked to poor health and economic outcomes. Acute problems like hunger, anemia and poor school attendance are connected to food insecurity. Chronic health problems like diabetes, obesity, heart disease and pediatric developmental delays are also related. Like other disparities, food insecurity affects people of color, immigrants, homeless populations, farmworkers and the urban poor more than others.

Millions of people receive their primary care from the national network of America's Community Health Centers. Since their inception in the 1960s, health centers have recognized the important role they can play in identifying and addressing food insecurity as an integrated component of patient care, and have taken their own steps to help. Increasingly, these health care organizations are screening for social determinants of health, including identifying hunger as a basic "vital sign." Screening models such as the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool¹ have been tested to include food insecurity with other health indicators. As health centers learn more about the problems of food insecurity within their communities, they are more frequently offering unique solutions to help.

The "Community Health Centers as Food Oasis Partners" initiative has identified and documented interventions at health centers that are responsive to food insecurity problems and present opportunities for replication and expansion. With funding from the Medtronic Foundation, the National Association of Community Health Centers (NACHC)

queried health centers around the country to analyze their food security efforts and document how they may help to reduce health disparities. Responses from 67 health centers show a substantial variety of interventions (with 98 types of programs identified). From these questionnaires, 14 centers were selected for in-depth case studies highlighted in this guide and three sites were chosen to be featured in a video. NACHC also interviewed national and regional organizations working to reduce hunger for possible collaboration with health centers.

This guide offers promising practices and features partnership opportunities for successful food security programs at and with health centers. These examples take place in urban, rural, homeless, immigrant and migrant settings. Model interventions range from culturally specific community gardens, farmers markets, groceries, cafes, kitchens, food prescriptions, mobile markets and more. The collection offers exciting ideas and resources to initiate and refine food assistance efforts at health centers nation-wide, with tools to evaluate the health impact of these efforts and validate their importance.

¹The PRAPARE tool is a national standardized patient risk assessment protocol designed to engage patients in assessing and addressing social determinants of health. The tool was developed by the National Association of Community Health Centers (NACHC), the Association of Asian Pacific Community Health Organizations, the Oregon Primary Care Association and the Institute for Alternative Futures. For more information, visit www.nachc.org/prapare.



Background on Food Assistance Activities

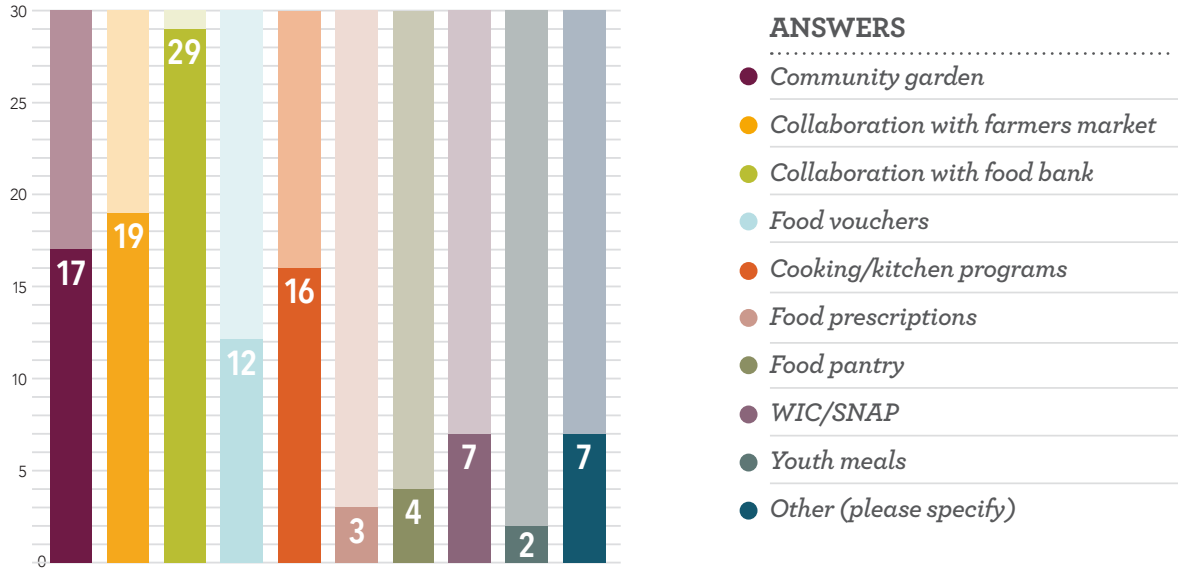
THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC) began the “Community Health Centers as Food Oasis Partners” initiative with an online questionnaire to learn how health centers are addressing food scarcity within their communities. Sixty-seven (67) health centers responded “yes,” they are engaged in food program interventions. Among these 67 centers, 98 food insecurity programs were identified.

The chart to the right summarizes some of the overall findings.

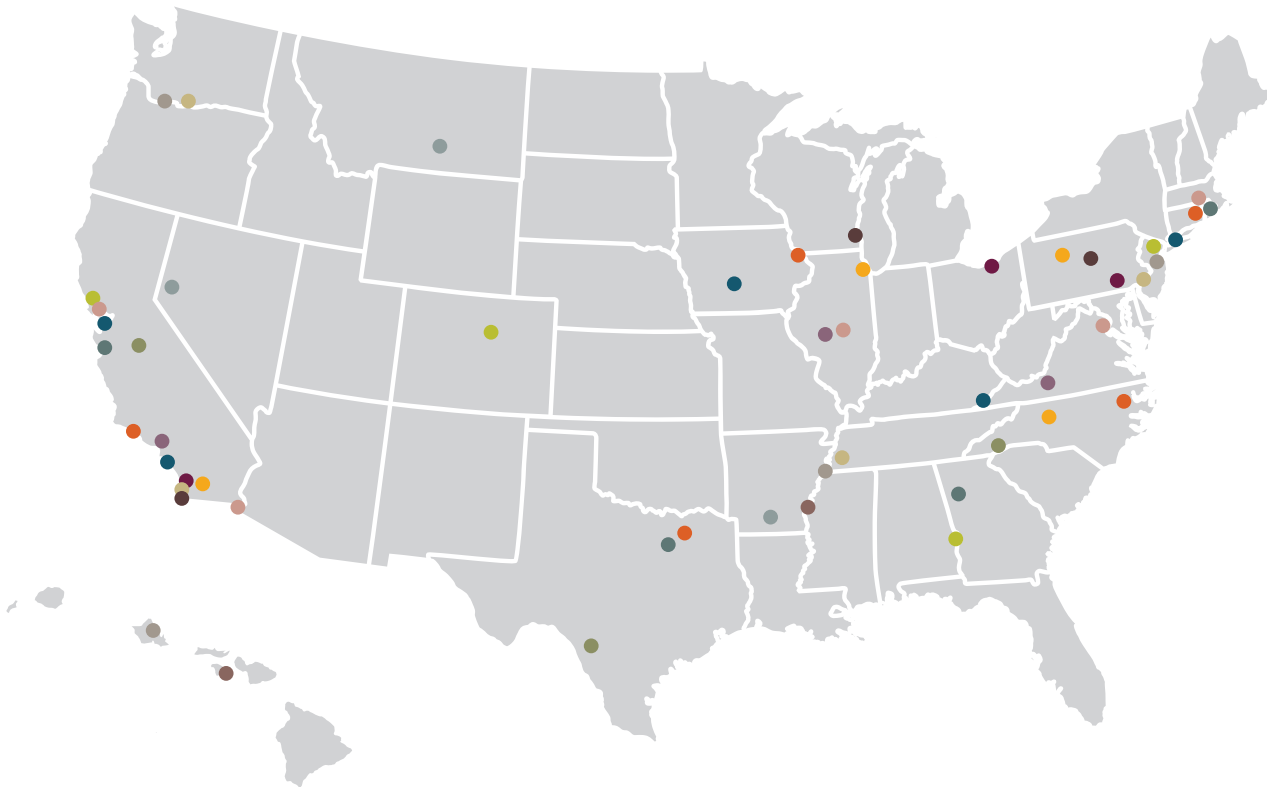
Fourteen (14) centers were selected to interview further and are presented as individual case studies in the pages that follow. They have diverse characteristics to reflect the diversity of America’s Health Centers, including region of the country, urban/rural setting and populations served. They also reflect different types of food program interventions and partnerships to give the reader more food for thought. Most of these centers actively integrate their food security efforts into their comprehensive primary care services.

- › [Bread for the City, Washington, DC](#)
- › [Brockton Neighborhood Health Center, MA](#)
- › [Community Health Service Agency, Inc., TX](#)
- › [Cornell Scott-Hill Health Center, CT](#)
- › [Erie Family Health Center, IL](#)
- › [La Maestra Community Health Centers, CA](#)
- › [Mountain Comprehensive Health Corporation, KY](#)
- › [Native Health, AZ](#)
- › [OLE Health, CA](#)
- › [Petaluma Health Center, CA](#)
- › [PrimaryOne Health, OH](#)
- › [RiverStone Health, MT](#)
- › [Roanoke Chowan Community Health Center, NC](#)
- › [Siouxland Community Health Center, IA](#)

SUMMARY OF FINDINGS



LOCATION OF RESPONDENTS TO FOOD OASIS QUESTIONNAIRE



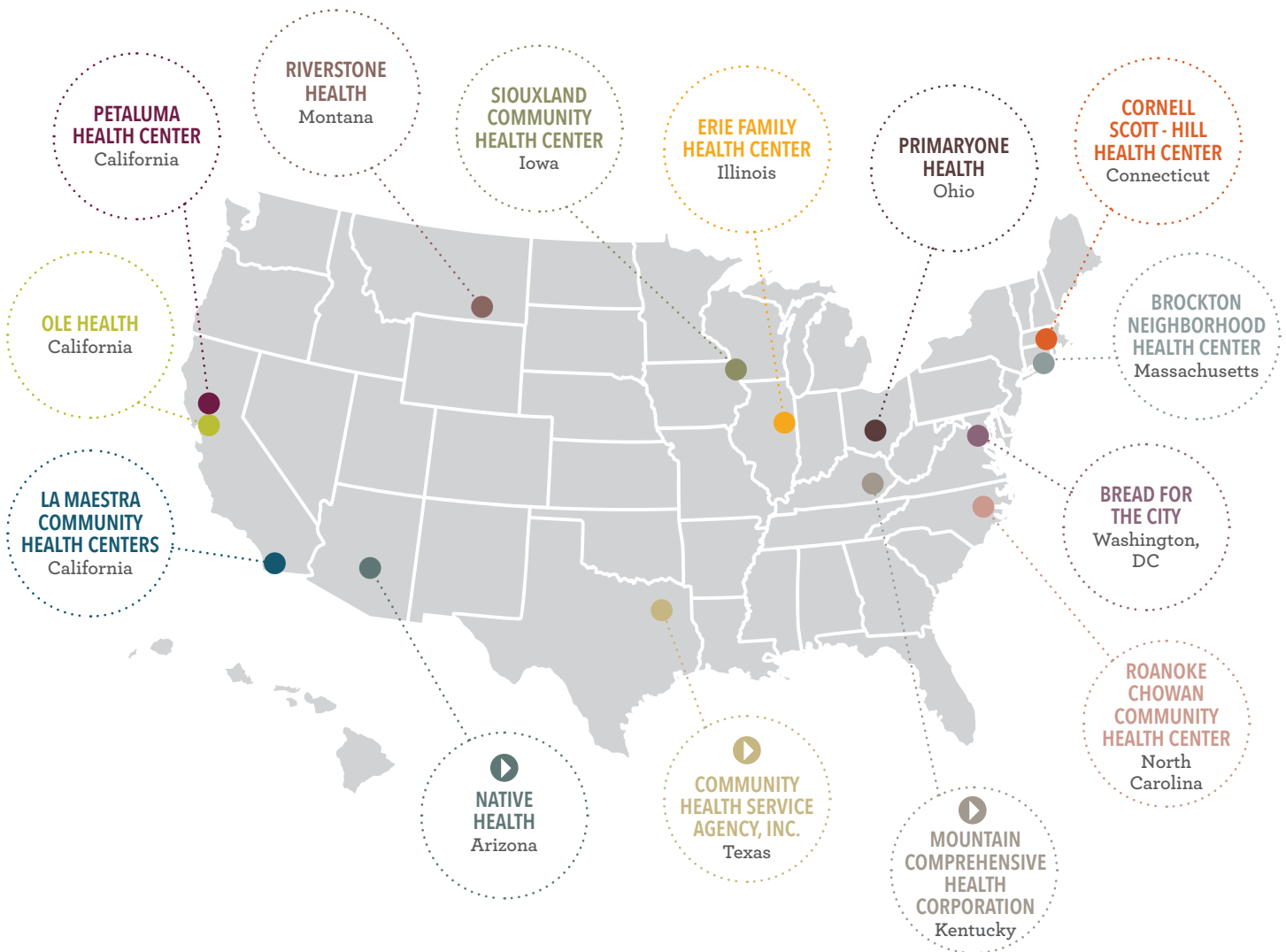


Health Center Case Studies

NACHC conducted telephone interviews with key stakeholders at 14 health centers represented in the following case studies. Interviews revealed examples of promising practices that are replicable and sustainable and how interventions impact health outcomes in target populations. Stakeholders described how their food program was initially created, who is served, how the program is funded, how leadership and community members are involved, how surprise encounters have been managed, hopes for the future and advice for centers that wish to embark on similar efforts.

NACHC visited three of these health centers for deeper understanding and to video record their work to share with health centers nationwide. The site visits provided a richer appreciation of the patient experience. The NACHC team visited the Community Health Service Agency, Inc., in Greenville, Texas; Mountain Comprehensive Health Corporation in Whitesburg, Kentucky; and Native Health in Phoenix, Arizona. NACHC is grateful to these centers for their time, insight and support in assisting with the development of these case studies.

HEALTH CENTER CASE STUDIES



The food security programs hosted by these health centers include but are not limited to:

- › Community and native gardens
- › Food vouchers and food prescriptions
- › School-based programs
- › Youth camps
- › USDA meal programs
- › Community supported agriculture distributions
- › Food demonstrations and cooking classes
- › Immigrant and culturally specific interventions
- › Partnerships with farmers markets and/or grocery stores

CASE
STUDY

1

Bread for the City

WASHINGTON, DC

FOUNDED ON FOOD ACCESS, WITH ROOFTOP GARDENS, GLEANINGS, PANTRIES AND A FARM

Its name reflects its origins. Bread for the City (BFC) started as a hunger relief organization over 40 years ago. Partnering with Capital Area Food Bank in 1976, it opened a food pantry serving Washington DC's low-income families and elderly. The medical clinic started in 1974, standing alongside the pantry. The organization grew to include legal, social and educational services, becoming a Health Resources and Services Administration (HRSA) funded health center about five years ago.

operated by the University of the District of Columbia (UDC). Staff and volunteers grow orchard fruit, including pears, apples and berries.

George Jones, CEO, says the farm has become a laboratory for volunteers and patients to work together just outside of the city, enjoying the fresh air, building garden skills and participating in alleviating food insecurity. About 10-15,000 pounds of produce has been harvested for the pantry from the farm (UDC also contributes extra produce from some of their field).

Rooftop gardens have also been added at both clinic sites. Volunteers, including patients, tend the plants. Classes are held on the rooftop, covering topics such as nutrition, food preparation and garden skills.

Glean for the City is a program started by the center that is in partnership with metro area farmers markets. Volunteers pick up donated food from the markets that didn't sell. They receive 1-2000 pounds of donated food on these weekend gleanings, adding it to the week's pantry offerings.

Despite all the success, Jones wishes they could grow more and do more. He notes that the farm food costs more to produce than it would to simply buy. But BFC is about transformation, and that process requires more than simply handing out food. Bread for the City lives up to its name.

The food pantry operates five days a week, eight hours a day. Patients and community members may access it once per month, with about 5000 families using it monthly. Most families visit the food pantry six to seven times per year.

The pantry is designed as a supplement to assist families to make ends meet. Originally, three days

worth of food was given, but this has increased to five. It bridges the gap between Supplemental Nutrition Assistance Program (SNAP) benefits, which typically last 3.1 weeks, and the end of the month. Staples are included, so there is always a meat, fresh food and some shelf stable food.

In recent years, BFC increased its ability to provide fresh food by leasing a three-acre portion of a farm

For over 40 years, Bread for the City has provided the urban poor with a food pantry and access to tools that assist community development and health justice.

Community gardens, produce bags, gleanings and connections to social services are fundamental to the health care at the center.

PROMOTING EQUITY WITH CHOICE

Bread for the City (BFC) promotes economic and racial justice. Addressing food insecurity is one piece of that effort. They also provide legal, housing, medical, literacy and other social services. As they examine ways in which structures deter equity, Jones says they are also looking at how BFC might have unrecognized implicit bias in its practices.

Giving clients power over their choices is one way BFC tries to promote equity. Clients select what they want from the varieties

of produce, meat, grains and shelf stable items available. They have a distribution allotment, but if they prefer all their vegetables to be broccoli, that is their choice. This simple act changed the way food transactions are perceived by staff and clients.

The center also avoids offering non-nutritious foods. Their gardens, gleanings and farm allow them to limit pantry food to about 60% of the total. Patients with literacy problems are assisted reading labels and making their own choices without being stigmatized.



INTERVENTIONS

PARTNERING WITH AN AREA FOOD BANK

COLLABORATING WITH A LOCAL UNIVERSITY FARMING PROGRAM

PARTNERING WITH LOCAL SOCIAL SERVICE, LEGAL AID, LITERACY, HOUSING AND OTHER MEDICAL SERVICE PROVIDERS

CREATING ROOFTOP GARDENS AT CLINICS WITH CLASSES IN GARDENING, COOKING AND NUTRITION

PARTNERS

CAPITAL AREA FOOD BANK

FEEDING AMERICA

LOCAL COALITIONS

UNIVERSITY OF THE DISTRICT OF COLUMBIA



Brockton Neighborhood Health Center

BROCKTON, MASSACHUSETTS

COMMUNITY HEALTH WORKERS, GROCERIES, GARDENS AND MARKETS

Two years ago, Brockton Neighborhood Health Center (BNHC) opened a new site with a teaching kitchen. Just next door, Vicente's Market opened a new grocery store. A collaboration to reduce food insecurity flourished as they shared resources.

Vicente's is a well-known market that caters to Cape Verdean immigrants but also has a wide variety of foods that are part of the diets of the health center's diverse cultural groups. BNHC is an urban clinic with a long history of addressing food insecurity through food vouchers, public programs and charitable partnerships.

Brockton Neighborhood Health Center partners with a statewide program, a local grocer, a college and hospitals to comprehensively fight hunger.

One of those partnerships is Project Bread, a statewide coalition that raises funds to help area organizations meet the food security needs of their communities. BNHC

has participated with Project Bread for 13 years, receiving funds on an annual basis.

Providers refer patients to a social worker who determines their needs and links them with community resources. Food vouchers are given to meet immediate hunger needs and can be spent at Vicente's. Vicente's gives store credit for healthy choices and displays nutritional content of foods. Sample recipes are shared using products

from the store cooked in BNHC's teaching kitchen. Funds also allow the purchase of several Community Supported Agriculture (CSA) subscriptions. The produce is brought to the center and used in the kitchen as well as given away.

Alexandra Avedisian, Community Health Program Manager, leads the food security initiatives. She says the key to success is using community health workers (CHWs). Trained in health promotion and case management, they represent the distinct cultural communities of the patients. As one CHW put it, "We work with, not for, the patients."

Stonehill College is another partner to BNHC. It has a campus farm, and the manager brings produce from that farm to sell at BNHC during the summer months. This mobile market supplies fresh produce at low cost to patients at the center. Some of the patients also receive vouchers from Project Bread monies to assist their purchases. Patients learn about foods they might not find familiar and enjoy learning from the Stonehill manager. This mobile market plans to expand to a public housing site that BNHC serves.

Avedisian has a word of caution. A hospital partner wanted to double their vouchers because they recognized BNHC's good work. However, that strained the capacity of the CHWs in other areas. Sometimes you have to limit even successful ideas until funding supports infrastructure.



GARDENS AS THERAPY

In the course of assisting women with depression, Ginger, a Brockton Neighborhood Health Center (BNHC) social worker, realized the center’s Ecuadorean women immigrants all shared a common longing. They missed farming the land and contributing food to their family’s table. Ginger got permission to use some of the land associated with Vicente’s Market as a garden plot and a group therapy project was sown in that soil.

Groundbreaking was on a wet rainy Sunday in April. Women not only came, but brought their young children dressed in Sunday suits. The work became a celebration. An elderly woman lent a hand from her wheelchair, eager to do her part.

Every Friday they met, working for an hour in the garden and then gathering in group therapy in the teaching kitchen. Harvests were plentiful, with food brought home weekly to the women’s families. When the weather turned dry, members of the group showed up during the week to water and tend the plants.

It may not be Ecuador, but these women have a new sense of home and land. Strong community bonds are forming along with a sense of purpose and pride. Mental health needs are met with physical health activities and new opportunities for work. The center hopes to replicate this idea in the coming years.

INTERVENTIONS

**A TEACHING KITCHEN WITH CLASSES
IN COOKING AND NUTRITION**

**A LOCAL GROCERY STORE
PARTNERSHIP FOR FOOD VOUCHERS
AND NUTRITION EDUCATION**

**LEVERAGING SERVICES THROUGH
THE PROJECT BREAD COALITION**

**A COMMUNITY GARDEN
AND THERAPY PROGRAM**

**PARTNERSHIPS
FOR FOOD DONATIONS**

**A MOBILE FOOD MARKET FOR
LOW-COST PRODUCE IN PARTNERSHIP
WITH THE LOCAL COLLEGE**

**HIRING A COMMUNITY HEALTH
PROGRAM MANAGER TO LEAD
FOOD SECURITY EFFORTS WITH TRAINED
COMMUNITY HEALTH WORKERS**

PARTNERS

FALLON HEALTH INSURANCE

PROJECT BREAD

STONEHILL COLLEGE

VICENTE’S GROCERY

Community Health Service Agency, Inc.

GREENVILLE, TEXAS

FOOD 4 HEALTH: NUTRITION ASSISTANCE IS PREVENTIVE HEALTH CARE

Serving five areas in rural northeast Texas, Community Health Service Agency, Inc. (CHSA) confronts many obstacles when facing the issue

of food security. These rural areas are spread out with few services between them. Public transportation is limited and many of the patients have language barriers as well. Despite the presence of some local food pantries, there are limited local resources to assist patients.

for the program. Health data are collected after the patient is enrolled in the program.

Staff identified 25 patients in just the first day of screening. About half of the enrollees were Spanish speaking and most were in young families. Family size is a factor in determining food needs.

After enrolling, patients are given vouchers to use at the NTFB distributions. Distributions are coordinated with patient tracking, which includes information on body mass index (BMI), chronic disease status, blood pressure and glycated hemoglobin level (HgbA1c). NTFB staff visit the site weekly for three months.

The weekly food packages include shelf stable foods such as rice and beans, as well as fresh produce. Recipes are included and patients get a weekly gift, like an oven mitt. If they attend all distributions they get a graduation gift and additional resources.

CHSA is rolling the program out to all of its sites, 25 patients at a time. They are already seeing real change. Patients report less food insecurity, healthier selections and increased fruit and vegetable consumption. Complete data isn't in, but one woman dropped her HgbA1c from 12 to 8 percent and also lost 20 pounds.

CHSA hopes to expand and show how food assistance impacts the overall well-being of their patients.

Community Health Service Agency, Inc. partners regionally with the North Texas Food Bank to couple food distribution with continuity of health care, addressing health outcomes as well as food quality and access.

The North Texas Food Bank (NTFB) approached CHSA about partnering to identify and address food insecurity in these rural locales. Rather than just add extra food delivery sites, the NTFB designed the Food 4 Health program, which includes screening for needs, tracking health outcomes associated with nutritional practices, distributing fresh healthy foods and educating about healthy food choices that are budget friendly. The goal is to assist patients to overcome food insecurity through a three-month program intervention.

Outreach and enrollment workers at health center sites screen patients for food insecurity using a standardized brief assessment (see Getting Started with your Own Food Insecurity Program on page 48). The screening is done in Spanish and English, with positive answers qualifying patients

IMPROVING FOOD INSECURITY LEADS TO IMPROVING HEALTH OUTCOMES

Community Health Service Agency, Inc. (CHSA) has been serving patients and community members for close to 40 years in Northeast Texas.

Among those served is a patient by the name of *Bobby. Bobby has lived in Northeast Texas most his life. Once Bobby was diagnosed with diabetes a few years ago, he knew he had to make some lifestyle changes.

Bobby began coming to CHSA in 2015 where he quickly learned how to manage his diabetes through care coordination that included education and self-management. He was screened in 2016 for the Food 4 Health program and anticipated the start date in early 2017.

Bobby began his weekly distributions with the North Texas Food Bank and quickly made friends with the staff. He enjoyed discussing the various healthy food topics and new recipes provided by the staff. Sometimes his wife would even tag along to hear the good news.

Bobby saw a dramatic decrease in his glycated hemoglobin level (HgbA1c) levels from before the program at 13.5 in late 2016 to end of the program at 10.8 in the summer of 2017.

He says he's feeling great and has really enjoyed the new recipes and will continue with this lifestyle change even though the program has ended for him.

**Name has been changed for anonymity.*



INTERVENTIONS

USING FOOD SECURITY SCREENING TOOLS TIED TO VITALS

CREATING A 3 MONTH "FOOD 4 HEALTH" PROGRAM WITH EDUCATION AND SERVICES (IN SPANISH AND ENGLISH)

OFFERING FOOD VOUCHERS AND NUTRITION EDUCATION

PARTNERING WITH LOCAL FOOD BANK

PARTNERS

BAYLOR UNIVERSITY

HOPE CLINIC PILOTED THE PROGRAM IN 2015

NORTH TEXAS FOOD BANK

Cornell Scott-Hill Health Center

NEW HAVEN, CONNECTICUT

FOOD FOR HEALTH: INPATIENT, OUTPATIENT, MOBILE AND FESTIVE

Homeless, working poor, HIV infected, mentally ill, elderly, chronically ill, school-based, immigrant: Cornell Scott-Hill Health Center (CSH) serves all of these subpopulations and more in inner city New

Haven, Connecticut. The diversity of their patients is matched by the diversity of their food security efforts. CSH brought food to 4400 patients through its multiple programs last year, collectively called Food For Health.

CSH believes food security is central to its mission.

Because it manages two inpatient treatment facilities, it has an industrial kitchen and a chef. That has helped CSH spread food interventions throughout the organization.

The center has a number of wellness food initiatives where patients learn nutrition and food preparation. Cooking Matters is one course used. Many of the patients have not been previously taught how to prepare fresh food and lack food preparation tools. CSH also enrolls patients in Supplemental Nutrition Assistance Program (SNAP) as part of eligibility assistance.

Healthy Snacks for Children started when behavioral therapists realized children were hungry after school. They needed to eat before they could focus on the

appointment. At first, therapists supplied the food. Now the program is funded by grants and donations.

Child and family guidance centers have a snack closet, which every child visits when they arrive. Staff believes it builds retention and enables visits to be more effective.

The Grow Truck is an intervention aimed at preschoolers and their families. The center partners with the Connecticut Food Bank and the University of Connecticut to bring this supermarket on wheels to the center January through May. Parents are allowed to select fresh fruit, vegetables and meat. They are given education on food, budgeting and reading to their children as part of the intervention.

CSH started the Summer Supper Meal Truck and the Connecticut Mobile Food Pantry collaborative in partnership with public schools and United Way. Each summer weekday, the truck delivers hot meals to children between 4:30 and 5:00 pm. Staff report the children come running when they see the truck. The mobile pantry accompanies the truck four times during the summer, giving parents the chance to select groceries while their children get supper.

CSH looks forward to evaluating the health impact of these programs. Last year they offered services to 4428 patients, 1444 SNAP enrollees, 2984 summer meals, and 50 holiday baskets. They estimate 279 employee hours per year on their food initiatives.

From preschool to old age, inpatient rehab to outpatient assistance, Cornell Scott-Hill Health Center addresses food scarcity in an integrated fashion as part of its mission. With a host of community partners, it is transforming community health.



INTERVENTIONS

KITCHEN-BASED CLASSES IN
FOOD PREPARATION, SAFETY
AND NUTRITION

A HEALTHY SNACKS PROGRAM
FOR CHILDREN AND
A SNACK CLOSET

A MOBILE FOOD PANTRY IN
PARTNERSHIP WITH A LOCAL
UNIVERSITY AND FOOD BANK

A SUMMER MEALS TRUCK IN
PARTNERSHIP WITH LOCAL PUBLIC
SCHOOLS AND THE UNITED WAY

A HOLIDAY FOOD-BASKET PROGRAM

RECOGNIZING FOOD CHALLENGES DURING HOLIDAYS

For many families living paycheck to paycheck, the end of the month is marked by scarcity. So it is especially difficult that our biggest holidays are also at month's end. Thanksgiving, Christmas and Kwanzaa are tough for Cornell Scott-Hill families to navigate. Food resources are often stretched in favor of a little gift or travel money.

For several years, the center sponsored an employee and community food drive, donating all collections to a local charity. Last year, they

decided to focus on patient families and put together 50 large baskets of food. Each basket supplied a full holiday feast.

Families are nominated by staff at the 20 sites. Volunteers deliver the baskets to patient homes. The response has been overwhelming. The personal aspect of care from center to patient family has kept it from feeling like a handout—instead it is received as an embrace. Next year's goal is to serve 100 families with baskets.

PARTNERS

CITY SEED MOBILE MARKET

CONNECTICUT FOOD BANK

COOKING MATTERS

FAITH COMMUNITIES

NEW HAVEN PUBLIC SCHOOLS

SENIOR CITIZEN HOUSING

STATE OF CONNECTICUT SOCIAL SERVICES

SUMMER SUPPER MEAL TRUCK

UNITED WAY

WALMART FOUNDATION

Erie Family Health Center

GREATER CHICAGO, ILLINOIS

ACCESS, NUTRITION, EDUCATION AND PARTNERSHIP

During any given week, Erie Family Health Center's (EFHC's) calendar is filled with Zumba, swimming, line dancing, walking, low impact aerobics, yoga, meditation, cooking classes and more. Patients, staff and community find health care is a lot more about well-being than diagnostic codes and exam room encounters. Food security activities flow naturally from this design structure.

When EFHC CEO Lee Francis, MD, MPH, responded to NACHC's survey, he remarked that seeing all of their food activities in one listing helped him see the breadth

and depth of what they are doing. Like many community health centers that are fully engaged with their communities, it was easy to see the trees but not the forest they are growing. Food security efforts at EFHC include almost a dozen interventions that span child-centered to elderly-based activities. Building on existing strengths with their school-based health centers, EFHC started a community garden in a district designated as a food desert. The garden is part of the school health program, introducing children to

new foods while also building in nutrition and exercise components. As others with school gardens have said, sharing in the growing, cooking and eating of the food has transformed the children's food experiences.

Top Box Foods (see Top Box Foods in Food Oasis Partners At a Glance, p. 42) partners with EFHC to deliver boxes of fresh produce and frozen meat at deeply discounted prices. Patients, staff and community members preorder boxes, which are then delivered on a regular route every month. The center's kitchen is used to create sample meals from the boxed food selections. This mobile food program brings high quality grocery items into food deserts and is supported as a social enterprise. Future plans are to have a mobile food bank delivery route as a complementary food source.

Other food programs include Cooking Matters and diabetes prevention classes for Hispanic women. These programs include grocery store visits and meal planning. Children are offered the BALANCE program, focusing on nutrition education and the prevention of childhood obesity. Fun events such as mini marathons are also sponsored by EFHC.

With care like EFHC's, doctors may become obsolete!

Now celebrating its 60th anniversary, Erie Family Health Center serves 70,000 patients in 13 Chicago area locations. Community-based work is integral to their operations, with schools, kitchens, food depositories and community partners joining together to improve food security and health.



PARTICIPATING WITH TOP BOX FOODS IS A COMMUNITY AFFAIR FOR BOTH STAFF AND PATIENTS.

A SHIFT IN FOCUS

With 25 years' experience at Erie Family Health Center (EFCH), including work as an internist, CMO and CEO, Dr. Francis has seen special initiatives in health centers come and go. Health Disparities Collaboratives, Patient Centered Medical Homes, electronic health records and social determinants of health have all been in fashion. But in interviewing Dr. Francis, it's clear he sees wellness and health promotion as a community-based effort that encompasses the best of these initiatives and that outlasts any jargon-laden concepts.

An MPH trained staffer directs patient programs and support services. This includes most of the food security efforts. It also

encompasses the many exercise and mind-body fitness programs available, as well as nutrition and cooking classes. Programs are designed to be inclusive of all the different cultural groups at the center, from Hispanic women, to schoolchildren to African-American seniors. The fact that teaching kitchens are being incorporated into all new facilities enhances these efforts.

Like most centers, many staff are from target communities. By empowering the whole community, health outcomes are optimized for patients, staff and local families with children in local schools. Health promotion is not limited to a chronic disease or an age group but seen as the fundamental work of primary care.

INTERVENTIONS

SCHOOL & COMMUNITY GARDENS WITH CLASSES

FOOD BOX DELIVERY SITES

FOOD DEPOSITORY MOBILE PILOT

MULTIPLE WELL-BEING PROGRAMS THAT TARGET PATIENTS OF DIFFERENT AGE GROUPS

TEACHING KITCHENS AND COOKING MATTERS

PARTNERS

CHICAGO FOOD DEPOSITORY

CHICAGO SCHOOLS

TOP BOX FOODS

La Maestra Community Health Centers

SAN DIEGO, CALIFORNIA

CIRCLE OF CARE JOINS FOOD, FAMILIES, HEALTH

From its beginning as a community-based literacy project, La Maestra Community Health Centers (LMCHC) has rooted care in the social determinants of health. Now serving low-income residents of San Diego, with a population that includes homeless, refugee and immigrant patients, LMCHC has a design model it calls “Circle of Care.” The focus is on compassion and self-sufficiency through community advocacy, community development, community promotions, networking and collaboration.

Literacy, employment, housing and food access have always been integrated into La Maestra Community Health Centers’ Circle of Care. Through 15 years of persistent transformation, the center now offers garden spots, fresh food, a food pantry, holiday meals and resources for immigrants, refugees, homeless and other urban underserved in San Diego.

mornings a week and includes special services to assist those with homeless situations and chronic diseases or dietary needs. Health educators and volunteers link pantry users to other needed services.

The “Circle” has individual health at its center, growing outward into well-being. It includes the recognition of housing, job training, food assistance, medical care, eligibility assistance and legal aid within the model.

The food pantry began when LMCHC realized their patients needed more consistent access to donated food and that they could ensure quality and availability. Formally registered in California, it operates three

Zara Marselian, founder and CEO, shares that the pantry requires a lot of oversight and paperwork. Despite coordinating with churches and farmers, the food still was not always available or fresh. That changed when they partnered with Feeding America. (see Feeding America in Food Oasis Partners At a Glance, p. 40)

La Maestra collaborates with a church to provide food for a hot meal, which then gives them access to Feeding America resources. The food quality is consistently high and they supplement with donations from bakeries and other garden food producers.

Community gardens are the newest features. LMCHC has the only true garden in their designated food desert. Patients and community members can lease one of the 36 plots for \$36 per year. Gardeners feed their families and also use produce in local restaurants and sell it in the local farmers market. Micro-enterprise is another of LMCHC’s emphases, and this combination of food production with marketing fits right in.

Education, nutrition, business skills, exercise and community building are all benefits of the gardens. Children, mothers and seniors all participate and share cultural favorites, explaining the uses of different herbs and spices. What has been labeled a desert is flourishing with growth and health.

SENIORS FIND SUPPORT AND COMMUNITY AT FOOD PANTRY

One of the surprises to La Maestra staff is how the food pantry has become a social venue for the area's seniors. The doors don't open until 9:00 am, but by 7:30 am there is a group of people in line. They aren't just waiting—they are visiting, sharing recipes and, sometimes, sharing secret concerns.

La Maestra staff notice that a number of seniors will not mention problems like elder abuse to a doctor, but they do tell their neighbor. They share with volunteers and staff who mingle with them at the pantry. Many of the seniors also serve as volunteers at the pantry and are trained to facilitate helping anyone in need of clinic care get connected into

the center through a warm hand off. It is a safe and culturally appropriate setting for those in need.

Health educators assist clients in food selections from the pantry that are tailored to their housing and health conditions. Recently, a man walked up to staff at the pantry who were discussing health selections and told them they had changed his life. Despite a 4th grade education and homelessness, he said he now understood how to manage diabetes and lost 45 pounds while receiving integrated food and health care from La Maestra. He felt hopeful and healthy.

The pantry produces more than meets the eye.



INTERVENTIONS

STRENGTHENING A LOCAL FOOD PANTRY IN COLLABORATION WITH OTHER FOOD AND SOCIAL SERVICE PROVIDERS, AND LEVERAGING THE COMMUNITY BUILDING THAT HAPPENS THERE (ESPECIALLY FOR SENIORS)

FOOD DELIVERY IN PARTNERSHIP WITH A LOCAL CHURCH

COMMUNITY GARDENS IN FOOD DESERTS, WITH PRIVATE LEASING PLANS (36 PLOTS/\$36 YEAR)

EDUCATION IN NUTRITION AND HEALTH, PLUS BUSINESS DEVELOPMENT CLASSES

PARTNERS

FAITH COMMUNITIES

FEEDING AMERICA

FOOD BANK

“

I WANTED TO LET YOU GUYS KNOW YOU CHANGED MY LIFE.

Mountain Comprehensive Health Corporation

WHITESBURG, KENTUCKY

THE FARMACY FOOD PRESCRIPTION PROGRAM

In the southeastern Kentucky coal fields, rates of diabetes, obesity and cardiovascular disease are among the highest in the nation. Communities are isolated by the mountainous terrain, with few local health and human services available in the sparsely populated towns. High chronic disease can be tied back to deeply embedded cultural habits like frying most food, smoking and being sedentary.

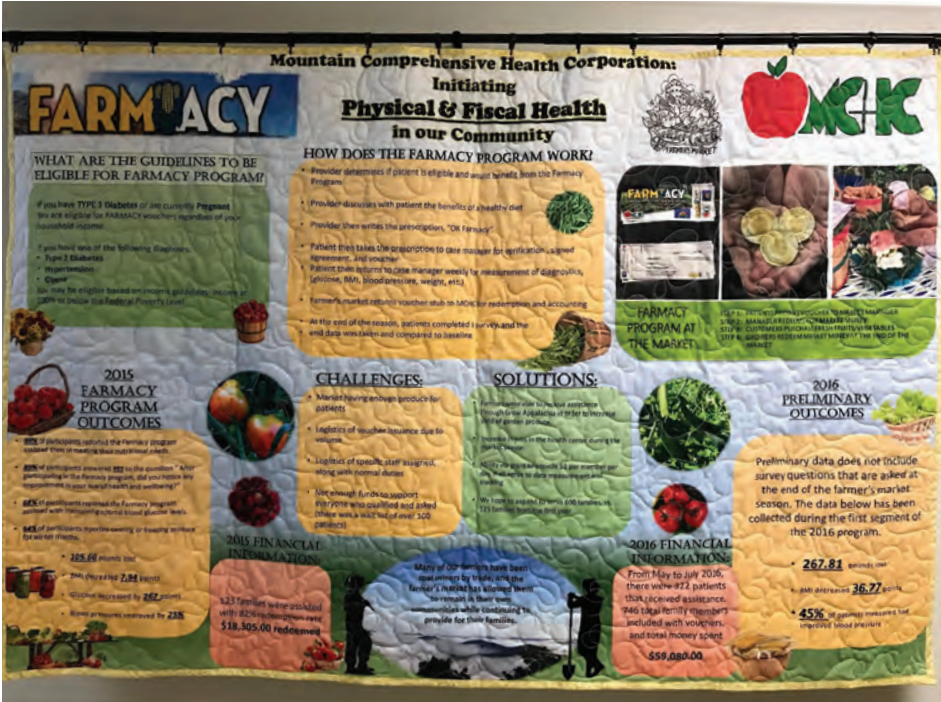
Mountain Comprehensive Health Corporation (MCHC) designed the Farmacy program to overcome these obstacles

to health. Now in its second year, the Farmacy program has documented significant improvements in family health while also providing financial incentives to local farmers. The farmers market has become a community gathering spot that relieves isolation and renews local pride in Appalachian made goods.

From June to September, MCHC provides food prescriptions for patients to use at the local farmers market. These are worth \$2 per day per household member, meaning a family of four gets a prescription worth \$56/week. Providers write prescriptions for those who have a chronic disease, Type 1 diabetes, pregnancy or poverty. Patients bring their prescription to a case manager who determines level of family need. Wooden tokens serve as currency.

The Farmacy program at Mountain Comprehensive Health Corporation provides fresh local produce prescriptions to needy families while helping to sustain area farmers and support community development in rural Appalachia. Health outcomes tracked by University of Kentucky show significant improvements in BMI, HgbA1C and blood pressure control among participants.





ONE FAMILY'S STORY

*Bill and *Alice were sweethearts who traveled together on truck routes before settling again into the Kentucky foothills. Changes in the economy led to multiple job changes for them both, from trucking to coal to unemployment. A combination of scarce resources and despondency sapped their reserves, with Bill becoming morbidly obese and diabetic, and Alice obese and sedentary.

The Farmacy program turned their lives around. Faced with insulin dependence and a deteriorating lifestyle, Bill enrolled in the program. He thought it would just help his family afford some food. But nutrition education helped him choose to grill or bake food rather

than fry. Vegetables at the market were unfamiliar, but Bill found he enjoyed trying them. He learned to eat okra as a fresh food, snacking on it when hungry and becoming satisfied. Meanwhile his body mass index (BMI), blood pressure, cholesterol and glycated hemoglobin level (HgbA1c) all dropped dramatically.

Bill found himself taking more walks and leading his family to a healthier lifestyle. He no longer needs insulin. Alice has a new sense of community and looks forward to seeing folks at the Saturday market, swapping stories of recipes, canning and feeling healthy. The family puts away food for the winter and looks forward to many healthy years ahead.

*Names have been changed for anonymity.

INTERVENTIONS

FOOD PRESCRIPTION PROGRAM (THE FARMACY PROGRAM) OFFERS DISEASE SPECIFIC FOOD VOUCHERS FOR THE LOCAL FARMERS MARKET (322 PATIENTS AND 784 TOTAL PEOPLE IN 2016 AND \$117,000 INVESTED IN THE WORK OF LOCAL FARMERS)

LOCAL UNIVERSITY PARTNERSHIP HELPS TRACK HEALTH OUTCOMES FOR PARTICIPANTS (CUMULATIVE BMI DROPPED BY 37 POINTS, 268 POUNDS CUMULATIVE WEIGHT LOSS)

NUTRITION EDUCATION PROGRAMS HAVE LED TO 70% OF USERS CANNING OR FREEZING PRODUCE FOR THE OFF SEASON

PARTNERSHIP WITH THE USDA SUMMER FEEDING PROGRAM HELPS KIDS WHEN SCHOOL IS OUT

PARTNERS

COMMUNITY FARM ALLIANCE

GROW APPALACHIA

UNIVERSITY OF KENTUCKY

USDA

WELL CARE

Native Health

PHOENIX, ARIZONA

NATIVE AND COMMUNITY GARDENS, READ-IT-AND-EAT, FOOD BACKPACKS, KIDS CAFÉ, WELLNESS WARRIORS AND MORE

On a bright February day, preschoolers sprawl on the floor in the community room as they listen to a story about corn, beans and carrots. “Corn grows UP, carrots grow DOWN, and beans grow ROUND and ROUND,” says the librarian, teaching hand motions to the children.

Meanwhile, the adults sit at tables, listening and joining in. As story time ends, fresh produce is distributed, along with today’s recipe for lunch: tuna apple salad and raw veggies with dip in a

bell pepper bowl. Children help prepare the food while parents learn about healthy eating on a budget.

Read-It-And-Eat is Native Health’s latest innovative food project. Linking literacy and healthy food, the Phoenix library staff host

story time every Wednesday while the center staff educate about nutrition and food preparation. A meal is prepared and shared, and everyone leaves with library resources and a bag of fresh produce.

This is just one of the many ways Native Health serves as a food oasis. Serving urban tribal members as well as other underserved Phoenix residents, the center is in a food desert with a 30 minute drive to the nearest grocery stores.

Native Health invited leaders from the U.S. Department of Agriculture (USDA) to examine the needs of their population, becoming the first health center to offer Summer Meals. Partnering with St. Mary’s Food Bank, breakfast, lunch and dinner are served. Called “Kid’s Café,” cold meals are prepackaged and handed out on site to any child requesting one. No eligibility is required, and not all recipients are patients of the center. A Sharing Basket in the lobby allows families to put in extra food they don’t want so that it is available for others. A refrigerator on-site holds all the meals.

The Backpack Program is typically done at schools, but Native Health is piloting it as a health center activity. Nonperishable food provided by the food bank is given to families for weekend and emergency use. Any child in need may receive a backpack.

Cooking Matters, a national program, is linked with Read-It-And-Eat as well as other classes. Kitchen supplies, cooking classes and produce are shared with participants.

What are their keys to success? Susan Levy, the staff person overseeing these projects, credits CEO, Walter Murillo, with vision and a spirit of collaboration. The leadership allows staff to try ideas, even if they fail. Native Health grows not just food, but community, health and innovation.

At Native Health, addressing food insecurity is integrated into all center operations. A spirit of innovation, participatory leadership and volunteerism permeates this health center.



TRADITIONAL AND COMMUNITY GARDENS AND ADAPTATIONS

Native Health partnered with the city of Phoenix and Native Seed Search to plant a half acre traditional garden using indigenous seeds such as Hopi corn and beans. The same site also contains many community gardens, over 30 of which are sponsored by Native Health and open to the community. Several are designed for wheelchair access.

Garden-based activities include plant and nutrition education, Wellness Warriors meetings, indigenous recipes and cooking classes. A walking path is adjacent to the beds and passive exercise equipment is planned.

The gardens are part of a downtown beautification project and directly across from the center. When the land suddenly became slated for urban development, the gardens had one week to relocate before being removed. Native Health tried to intervene, and then got busy preserving the gardens. In the space of one week they had secured a new site, and with volunteers, were able to relocate their work!

A site visit showed this vision permeates the center, with every staff member a part of making a difference.

INTERVENTIONS

PARTNERING WITH A LOCAL FOOD BANK TO OFFER A SUMMER MEALS PROGRAM (SERVING 35,000 MEALS) WITH “KIDS CAFÉ” BACKPACK MEALS

AN AFTER SCHOOL MEAL PROGRAM (SERVING 5000 MEALS) CREATED WITH PARTNERS

WEEKLY READ-IT-AND EAT IN PARTNERSHIP WITH THE PHOENIX PUBLIC LIBRARY

A WELLNESS WARRIORS PROGRAM WITH CHILDREN WHO LEARN HEALTHY LIFESTYLE LESSONS

A TRADITIONAL NATIVE GARDEN WITH INDIGENOUS PLANTS (SOME ARE WHEELCHAIR FRIENDLY) CREATED IN FOOD DESERTS. NUTRITION AND GROWING CLASSES ARE OFFERED.

A “SHARING BASKET” OFFERED IN THE CLINIC LOBBY

PARTNERS

AZ DEPARTMENT OF ECONOMIC SECURITY

AZ DEPARTMENT OF EDUCATION

NATIVE SEED SEARCH

PHOENIX PUBLIC LIBRARY

SPROUTS GROCERY

ST. MARY’S FOOD BANK

USDA

OLE Health

NAPA VALLEY, CALIFORNIA

ADDRESSING DIVERSE PATIENT GROUPS THROUGH CENTER MARKETS, COMMUNITY GARDENS, CAMP COOKS AND COMBINED AREA RESOURCES

OLE Health has a long history of serving agricultural workers in Napa Valley. Ongoing work includes meal planning with cooks at farmworker housing sites, offering a monthly fresh food market, growing community gardens, accessing area resources and surveying all patients for food insecurity.

Most health center staff recognize that their patients face barriers to care, but the extent of the problems becomes clearer after asking a few simple questions. That's what OLE Health learned when they surveyed about food security challenges faced by their community.

Using a validated food security instrument (see

Getting Started with your Own Food Insecurity Program, p. 48), patients were asked if they were worried their food would run out before they had money to buy more, and if they actually had run out of food for a period of time. An overwhelming 84% of patients responded that they faced these situations in the previous 12 months. The same number desired more resources to help them acquire food.

OLE Health responded. Every third Friday of the month patient services staff host a free fruit and vegetable market at center sites. The market is a festive occasion, used also as an outreach and health screening event. There they feed about 180-200 people per month. Screenings are repeated at each market to track current

needs. No identification card is required at the market, which increases access for patients often facing barriers as immigrants.

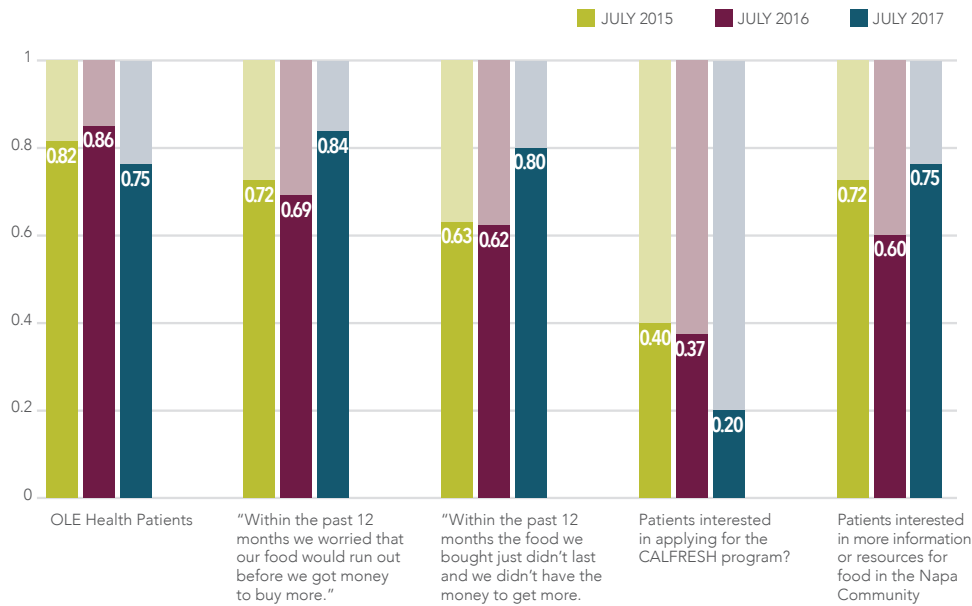
A monthly calendar of food resources is distributed, showing where and when things like hot meals are available and what one needs to qualify. Patients are diverse, with the elderly, homeless, farmworkers, HIV infected, chronically ill and children identified with food insecurity.

Staff said they don't identify needs if they aren't committed to responding to them. Social determinants of health are increasingly collected around the country, but OLE Health is concerned any data collected that identifies problems should be acted upon. One surprise for staff was how many resources were actually available in the community. The efforts to provide resources resulted in stronger collaborations between the center and a number of outside organizations. The Food Bank donates food for the market, medical residents from Kaiser Permanente teach about healthy food options and volunteers from the community assist with the food distribution.

Plans for the future include building a teaching kitchen in a new clinic site, gathering needs from patient-centered focus groups and expanding community gardens.

FOOD INSECURITY SURVEY RESULTS

July 2015–July 2017



TRANSFORMING THE CULTURE OF FARMWORKER FOOD OPTIONS

Despite working in the fields from sunrise to dusk, agricultural workers are often trapped in their own food deserts. Seasonal workers may live in rural locales without access to markets selling fresh food. Migrant workers face greater barriers, including unfamiliarity with local resources, inadequate transportation, uncertain migration plans and housing that is often unsafe and without kitchen access. Groups of farmworkers still depend on shared housing with cooks who supply all the food and meals.

OLE Health is working with three farmworker housing sites serving about 180 men. They are coordinating meal plans with cooks, facilitating community gardens and inviting the farmworkers to participate in all food security efforts.

Health screenings done at the housing sites showed many problems associated with poor diets. Having the survey data allowed the center to collaborate with cooks and housing staff to improve well-being in a collaborative fashion. Farmworkers now have the self-management skills to continue this change as they migrate.

INTERVENTIONS

WORKING WITH THREE FARMWORKER HOUSING SITES TO SERVE MORE HEALTHFUL MEAL PLANS

CREATION OF A FOOD SECURITY SCREENING TOOL WITH TWO IMPORTANT QUESTIONS

MONTHLY FREE FRUIT AND VEGETABLE MARKET IN PARTNERSHIP WITH A LOCAL FOOD BANK

NEW PARTNERSHIPS WITH KAISER PERMANENTE FOR FOOD AND NUTRITION EDUCATION

FUTURE HOPES FOR A TEACHING KITCHEN AND COMMUNITY GARDENS

PARTNERS

CALFRESH

CENTER FOR VOLUNTEER AND NONPROFIT LEADERSHIP

KAISER PERMANENTE

MEALS ON WHEELS

NAPA VALLEY FOOD BANK

THE TABLE

Petaluma Health Center

PETALUMA, CALIFORNIA

INTEGRATIVE MEDICINE PROMOTES WELLNESS THROUGH GARDENS, FARMACY AND PLAY

When most people think of a California-based wellness and integrative medicine center, a community health center serving low-income farmworkers may not come to mind. Yet, Dr. Fasih Hameed is changing stereotypes as well as

health outcomes at Petaluma Health Center (PHC) in Northern California. Since starting a small garden program eight years ago, PHC has grown an innovative array of food interventions for the families they serve.

Located in a rural food desert, Petaluma school district data show a third of children are food insecure. Over 50% of youth are over-

weight and obese. Low quality filling food meets caloric needs but not nutritive ones. The situation is more tragic because many of the families are current or past migrant farmworkers. Surrounded by produce fields, they lack access to fresh food for themselves.

The original clinic garden started as a community effort. PHC volunteers dubbed themselves the Gang Green! Produce was given away to patients and used to conduct nutrition and cooking classes. Youth took part through PLAY—Petaluma Loves Active Youth. Overweight children helped garden and also took part in food preparation and in eating together.

When the center relocated, its small gardens were replaced by a huge 10,000 square foot garden. Many volunteers helped with this effort, acknowledging its impact on food security. Produce is distributed to families, used in the pediatric and diabetes programs, and harvested by patients. Anyone can pick ripe produce as long as they don't uproot the plants.

The new site has a teaching kitchen that uses garden produce to demonstrate healthy cooking. Staff worked with the area food pantry to tailor donations to include only healthy choices. Donated food boxes are opened so clients can be shown how to prepare unfamiliar foods. The center even has an online cooking show!

Dr. Hameed started PHC's FARMACY food program several years ago. The PHC FARMACY is an organic food market set up in the health center in partnership with Petaluma Bounty, a community organization that provides multiple programs to expand the community's capacity to feed its members today and into the future. Produce originates from Petaluma Bounty's local nonprofit farm that sells shares to the center as a Community Supported Agriculture (CSA). Gleanings from area farms are also donated. Produce is sold on a sliding fee scale, with CalFresh benefits and Electronic Benefit Transfer (EBT) cards and food stamps accepted.

PHC's keys to success? Start small but think big. See gardens as symbols of beauty and plenty, and let that be conveyed to your patients as a symbol for the goodness of their own self-care.

Petaluma Health Center is countering the reality of high rates of obesity and food insecurity in their farming communities with programs directed at children and their parents that include gardens, play, produce boxes and food preparation.

“ START SMALL BUT THINK BIG.



PETALUMA LOVES ACTIVE YOUTH: PLAY

The PLAY initiative aims to reduce childhood obesity by emphasizing behavioral change, food access and education. Collaborators with PHC include Petaluma Bounty, nutritionists, exercise instructors, college students, neighbors and Kaiser Permanente. Weekly groups held with children and parents have activities that support family change.

The program started with the realization that obtaining labs on an obese child, or referring him to an endocrinologist, didn't fix the problem at the root. Specialty help was two hours away and culturally foreign. Sustainable change required a program that would be acceptable to the child and his or her parent.

Borrowing from the style of an organization called Centering Pregnancy, Dr. Hameed planned group medical visits for the children. Visits include a variety of activities: gardening, food preparation, fun exercise and healthy snacking complement weight and blood pressure checks.

Real change is a slow process, but body mass indexes (BMIs) are trending down. The words of an eight year old: "I like the program because I'm eating healthy foods, and it's helping me lose weight... it's changed my life, so I can be healthier in the future."

INTERVENTIONS

USING COMMUNITY "CLINIC GARDENS" FOR NUTRITION EDUCATION, TO REDUCE FOOD INSECURITY AND TO FIGHT OBESITY

STARTING THE "PLAY" INITIATIVE (PETALUMA LOVES ACTIVE YOUTH) TO BRING PHYSICAL ACTIVITY, THROUGH GARDENING, TO YOUTH

PRESCRIBING GROUP MEDICAL VISITS FOR WELLNESS EDUCATION WITH CHILDREN AND THEIR FAMILIES

USING A TEACHING KITCHEN IN THE CLINIC FOR COOKING DEMONSTRATIONS AND NUTRITION EDUCATION

PARTNERING WITH LOCAL FOOD BANK TO OFFER MORE HEALTHY OPTIONS

USING A "FARMACY" PROGRAM WITH SLIDING FEES OFFERED AT A FARMERS MARKET ORGANIZED AT THE HEALTH CENTER

PARTNERS

BAKER CREEK SEED BANK

CITY OF PETALUMA

COTTAGE GARDENS NURSERY

DAILY ACTS

GREENSTRING FARMS

INTELISYS GREEN TEAM

PETALUMA BOUNTY

PETALUMA COMMUNITY GARDENS

ROGER GADOW

SONOMA COMPOST

PrimaryOne Health

COLUMBUS, OHIO

UNIVERSAL SCREENING AND FOOD BANK COLLABORATION IMPROVE HEALTH OUTCOMES

It started with a student internship in dietetics. Patients with diabetes were taught self-management and given food baskets in collaboration with the Mid-Ohio Food Bank. Tracking health outcomes, the student showed the positive impact of the nutrition education coupled with food.

PrimaryOne Health (POH) calls that model “produce pass outs.” The Food Bank decided to further couple food distribution with health outcomes, and expanded its partnership with POH to include

produce prescriptions. Any patient found food insecure is given a “produce prescription” to receive food from the Food Bank.

Not only people with diabetes, but all patients at POH are screened for food insecurity using the validated two question form (see Getting Started with your Own Food Insecurity Program, p. 48). The screening is incorporated with other screens such as for depression, dental and visual problems. The center found patients prefer to fill out a paper screening form themselves rather than tell the answers to staff. The self-administered screen is given to the medical assistant who records it in the electronic record.

Produce prescriptions are then faxed to the Food Bank and put in its PantryTrak software system. The prescriptions are viewable at any of the 10 partner food pantries where patients receive their food. Use of the prescriptions is tracked and patient outcomes can be associated with pantry use.

Produce pass outs are not prescription-based and occur at the center sites. Tents and tables are set up outside for a food market. The Food Bank delivers fresh produce to both patients and community members. The center tracks patients who use the market and invites community members to receive health care as new patients.

Same day and walk-in appointments are available at the markets. Enabling services, including enrollment assistance, are also provided. Health education is offered as well as food demonstrations.

The center has hired more dieticians and is expanding the food programs. Dieticians also use screening to refer patients to Meals on Wheels. More partnerships are in the works.

Outcomes are impressive. Over 300 patients have been screened as food insecure, with 54% of these using the produce prescriptions. Of those filling the prescription, 74% showed a decrease in glycated hemoglobin level (HgbA1c), weight loss or both. Over 12,000 individuals have been fed through POH food programs. One quarter of market attendees enrolled in health care while at the markets.

PrimaryOne Health incorporates screening for food insecurity into all visits. Through collaboration with the Mid-Ohio Food Bank, Ohio State University and local partners, they feed over 12,000 people a year and have an evidence-based practice showing improved health outcomes in food recipients.

LESSONS LEARNED

Staff credit their program success to the depth of relationships they have in the community. Investment in student education, collaboration on grants and participation in area events has strengthened their ties with the Ohio State University, Mid-Ohio Food Bank and community members.

The produce pass outs have drawn large numbers of community members to the center. Over half of market users are not current patients. The center enrolled over 600 families into care through market attendance.

Patient preference in screening design is important. Self-administered screens were more successful in identifying and

responding to need. Using one central location for the faxed food prescriptions also helped tracking. Originally, faxes were sent to the ten participating pantries, but the data were lost or discarded. The Food Bank is able to track using its software, which streamlines data collection and follow-up.

Staff learned how much hunger exists in their own area. They tell the story of an unkempt man who appeared homeless and refused all medical services. He did accept produce from the pass out. After receiving a bag of food, he sat on the curb, cracked open a watermelon, and devoured the whole thing. His hunger was raw. He's not a health statistic, but his outcome is real.

INTERVENTIONS

PARTNERING WITH A LOCAL FOOD BANK TO PROVIDE FOOD BASKETS TO 12,000 PEOPLE

OFFERING A PRIVATE, SELF-ADMINISTERED WRITTEN TOOL FOR PATIENTS TO RECORD FOOD INSECURITY AMONG OTHER MEASURES

TRACKING THE IMPACT OF FOOD PROGRAMS TO RECORD A 74% IMPROVEMENT IN HEALTH OUTCOMES AFTER FOOD PRESCRIPTION PROGRAMS WERE INTRODUCED

RECRUITING NEW PATIENTS AT 18 FOOD MARKETS

OFFERING SAME-DAY WALK-IN CHECK-UPS AT MARKETS, WITH 6 CENTER SITES PARTICIPATING



PARTNERS

10 FOOD PANTRIES

MEALS ON WHEELS

MID-OHIO FOOD BANK

OHIO STATE UNIVERSITY

UNITED HEALTH CARE

“ WE WERE SUCCESSFUL BECAUSE OF THE RELATIONSHIPS WE HAD IN THE COMMUNITY. ”

RiverStone Health

BILLINGS, MONTANA

HEALTHY BY DESIGN: MAKING GOOD CHOICES EASY

A few years ago, some home gardeners brought in surplus squash to share at RiverStone Health. Informal offerings became regular donations to a table in the lobby. This mini gardeners market grew bigger and moved to the parking lot. A natural way to assist patients with food insecurity was born.

Like most city farmers markets, the one in downtown Billings charges a fee to vendors. Small gardeners didn't find it practical to sell there, but were happy to offer their overflow

produce to RiverStone when asked. RiverStone's center-based gardeners market soon became too large for their space. So they partnered with the parks and recreation department in Billings to start a gardeners market in the park across the street.

The project grew with a partnership called Healthy By Design and other community agencies wishing to combat obesity and address food insecurity. Master gardeners joined in, teaching community members how to cultivate their food. Supplemental Nutrition Assistance Program (SNAP) and Women, Infants & Children (WIC) vouchers became accepted at the market as well. Informal in approach, the market is held on Wednesday evenings during the summer, with food available for purchase and for donation.

A booth at the gardeners market gives youth a \$2.00 voucher to use if they try fresh produce. Recipes and cooking classes are also on display, helping consumers try unfamiliar fresh foods.

RiverStone currently uses a paper screening tool to screen patients for social factors that affect their health. Their goal is to screen every patient annually. By using the social risk screening questions from the PRAPARE tool¹, they ask if patients have had trouble accessing food in the past year. Those with difficulty are referred to case managers who help them with resources such as the food bank, SNAP, meal programs and produce markets. In addition to annual screens, case managers ask about food needs at every encounter with high-risk patients.

RiverStone staff scan paper screening forms into patients' electronic health records to facilitate team-based management of patients' social needs. However, staff hope to routinely integrate social risk screening using information technology strategies, such as having patients independently complete electronic screening forms prior to visits so staff could better plan for their visits. RiverStone remains committed to screening patients and expanding health care to include interventions for social factors.

RiverStone advises patients about resources available in the community. Slowly but surely they feel confident that needs can be addressed in collaboration with others.

RiverStone Health screens patients for needs, then responds with the community to share garden surplus, integrate programs and help youth and seniors start a greenhouse garden together. Montana is largely frontier, with a climate and geography that harshly challenges food security.

“ EVERY PATIENT IS SCREENED ANNUALLY FOR SOCIAL DETERMINANTS OF HEALTH.

A GREENHOUSE FOR YOUNG AND OLD

The latest development in RiverStone’s work with Healthy By Design is a greenhouse project. Three South Side neighborhoods in Billings have been without a single grocery store for over three years. The only place to buy food without leaving the community was a Family Dollar store.

Obtaining a small neighborhood planning grant from the Kresge Foundation, a community coalition that included a youth program, senior center and the health center considered what would best fit the community’s needs and culture. Establishing a greenhouse adjacent to the community center appealed to them as it would both build community relationships and

offer community-driven solutions to food insecurity.

Children in after school, summer and preschool care join in with elders at the Senior Center, learning how to plant fruits and vegetables and making friendships with seniors who have much experience to share. Master gardeners offer advice and support. Families learn the joy of eating home grown food, and new habits are born.

This next step in combating food insecurity is one that has the potential to create generational change. Melissa Henderson of RiverStone Health says the key is to move forward methodically.

INTERVENTIONS

A COMMUNITY-DRIVEN FARMERS MARKET WITH MANY SUPPORTIVE PARTNER ORGANIZATIONS

SCREENING FOR SOCIAL DETERMINANTS OF HEALTH WITH THE PRAPARE TOOL

AN INTERGENERATIONAL GREENHOUSE PROJECT TO BRING FOOD TO UNDERSERVED AREAS, TEACH GARDENING AND OFFER NUTRITION EDUCATION

PARTNERS

BILLINGS FOOD BANK

FRIENDSHIP HOUSE

SENIOR COMMODITIES

GARDENERS MARKET

HEALTHYBYDESIGNYELLOWSTONE.ORG

KRESGE FOUNDATION

MASTER GARDENERS

SOUTH SIDE COMMUNITY CENTER



The PRAPARE tool is a national standardized patient risk assessment protocol designed to engage patients in assessing and addressing social determinants of health. The tool was developed by the National Association of Community Health Centers (NACHC), the Association of Asian Pacific Community Health Organizations, the Oregon Primary Care Association and the Institute for Alternative Futures. For more information, visit www.nachc.org/prapare.

Roanoke Chowan Community Health Center

HERTFORD COUNTY, NORTH CAROLINA

FARM TO SCHOOL TO HEALTHCARE

When Catherine Parker asked a class of high school students if anyone had ever been to a farmers market, only three students raised their hand. Then she asked how many students had eaten at a fast food restaurant that week. Every

hand went up. In fact, they had all been twice.

Parker and her team at Roanoke Chowan Community Health Center (RCCHC) changed those statistics this year with the implementation of Farm to School to Healthcare. In coordination with the schools as well as a host of community partners, RCCHC helped create and implement a food oasis in rural northeast North Carolina. Unlike most interventions, this one integrates youth into every aspect of the work.

Parker is the Director of the Hertford County Student Wellness Center, a school-based program of RCCHC. High school and early college students learn about food security as a social

justice and a health issue. School gardens at primary and high school levels are designed and constructed by the students. Literacy and writing classes incorporate farm and garden knowledge into the curriculum.

Approximately 125 students helped to build the gardens, earning credit for physical education hours. Volunteers from the community pitched in with materials and labor. Almost 100 students work to maintain the gardens.

The Roanoke Chowan Community Health Center's Farm to School to Healthcare Initiative recognizes that many things from family habits to geographic barriers to poverty and health literacy all impact health outcomes. Through youth-led gardens and markets, integrated nutrition education in the schools and construction of walking trails, the community landscape has literally been changed for good.



After building the garden and cultivating it, participants sell the produce at a student-run market. Early college students learn about small business operations by setting up displays, answering customer questions and preparing samples of healthy recipes from the produce for sale. Community partners assist the student education.

Student-run markets are set up at the health center. Patients in need receive Prescription Produce Vouchers, which allow them to purchase market produce in \$10 increments. Over 226 pounds of fresh produce was sold at the first market and a remaining 146 pounds donated to a local food pantry. Those

shopping at the center market said they'd shop this way again, with 80% stating it leads them to eat more fruits and vegetables and 40% believing it improves their health. Customers expressed gratitude for the market and optimism for the future based on the student-led concept.

Before the market, parents believed fresh produce was more costly than frozen or canned. More than half said they couldn't access fresh produce. With the markets at the center and the gardens at the schools, families in this rural North Carolina area are seeing fresh food options that are accessible and affordable.

CHANGING THE BUILT ENVIRONMENT

As health centers increasingly address social determinants of health in their populations, they are becoming innovators beyond the walls of the clinical buildings. From her office window at Roanoke Chowan Community Health Center (RCCHC), Catherine Parker could see three schools. However, none of the schools could be reached on foot. Ravines and other obstacles prevented anyone from walking between the schools and the center.

RCCHC received a grant to create an Americans with Disabilities Act compliant walking trail between the schools, the center and the Main Street sidewalks. True to their youth-led emphasis, the center had students name the trail. They

chose P.A.W.—Promoting Active Wellness—which also incorporates their school mascot, the Bears.

A school-wide Walk Day celebrated the trail construction. Approximately 775 students participated, logging over 500 combined miles. The primary school is building a garden alongside the trail, which will be incorporated into the garden-market program.

Not only school children, but also community patients of the center benefit from the trail. As there is a connection with Main Street, many patients can now walk to the center rather than drive. This example of changing the built environment is one that can have an enormous impact on improving health outcomes.

INTERVENTIONS

A FARM TO SCHOOL TO HEALTHCARE INITIATIVE WITH SEVERAL SCHOOL GARDENS AND A YOUTH LEAD MARKET BUILT IN A FOOD DESERT

EDUCATIONAL OFFERINGS FOR HIGH SCHOOL STUDENTS IN JUSTICE, BUSINESS, HEALTH, FITNESS AND MORE

PRESCRIPTION PRODUCE VOUCHERS OFFERED TO PATIENTS IN NEED

PARTNERS

ACTIVE ROUTES TO SCHOOLS

COMMUNITY EXTENSION AGENCY

KATE B. REYNOLDS CHARITABLE TRUST

PARTNERSHIP TO IMPROVE COMMUNITY HEALTH

RESOURCEFUL COMMUNITIES

ROANOKE CHOWAN COMMUNITY COLLEGE

ROANOKE CHOWAN FOUNDATION

ROANOKE CHOWAN PUBLIC SCHOOLS

Siouxland Community Health Center

SOUTH DAKOTA, IOWA, NEBRASKA

INTEGRATING SOCIAL DETERMINANTS OF HEALTH AND GROWING AN EXTRA ROW

When many of us think of South Dakota, Iowa or Nebraska, we don't think of refugees, HIV and immigrants. But where these three states meet, so do these special populations. Siouxland Community Health Center serves them as well as other rural

residents in the heartland of the United States.

Siouxland has a large number of Somali refugees and immigrants who work in meatpacking. They often arrive with nothing but a few clothes and do not have formal organizational support. The center has responded with a clothing program as well as grocery gift cards. They purchase discounted grocery cards from a number

of area grocers, and case managers then give these to patients in need. Mari Kaptain-Dahlen, who leads food security efforts at Siouxland, reports that cards are given away on a daily basis.

Siouxland's system goes beyond free grocery cards. It addresses the social determinants of health that lead to hunger. Kaptain-Dahlen recognizes that the

populations they serve need more than food and clothes. They may lack safe housing or equipment with which to cook a meal. Language, literacy and transportation are real obstacles.

Siouxland has its own foundation to address the unmet needs of their community. If transportation is a barrier, food is delivered. If housing is an issue, legal aid is available. For patients living with HIV, additional supports are available. Partners from the community assist the foundation: Walmart gives discounted clothing and a local union adopted them as their holiday charity. Emergency dental needs are supported by the local hospital.

Siouxland encourages local gardeners and farmers to sign up and "grow an extra row" of produce to assist those in need. The food is collected and distributed to participating community agencies.

The Grow an Extra Row initiative is done in collaboration with the district health department. It is now in its third year at the center. Patients in need receive food prescriptions from staff. Food is delivered seasonally from May through October, transforming the lobby of the health center into a mini farmers market. Patients, staff and growers are enthusiastic about the benefits of this program.

Siouxland Community Health Center recognizes food security as integral to health and is responding in a coordinated fashion that allows them to track and respond to their patients' needs. This Tri-State area has a short growing season, harsh winters and a diverse rural population.



INTEGRATING SOCIAL DETERMINANTS OF HEALTH INTO ALL ASPECTS OF CARE

Siouxland Community Health Center was an original pilot site for the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)¹, incorporating social determinants of health data into patients' electronic health records using GE Centricity. Siouxland is now aiming to screen all patients using PRAPARE, which includes food security, transportation issues, language used, educational level and other social risk factors. The health center also documents which patients report needing legal aid assistance. Needs related to this information are flagged for the care team to see.

In addition to food issues, the center has realized how many needs there are related to substandard housing for their populations. Iowa Legal Aid

is partnering with them to find solutions to problems such as mold, faulty heating and safety hazards. The response has been powerful, with many more patients now sharing needs that have previously been hidden. The providers have stated they had no idea their patients were facing so many problems that clearly impacted their ability to be healthy.

The center plans to examine next the relationship between meeting some of the social needs and impacting health outcomes. Iowa Legal Aid is working with a children's hospital, tracking emergency department use and hospital admissions as it relates to asthma and substandard housing. The center hopes to collaborate with them on a similar model.

INTERVENTIONS

USING SOCIAL DETERMINANTS OF HEALTH QUESTIONS TO IDENTIFY PATIENTS WHO ARE FOOD INSECURE

THE SIOUXLAND FOUNDATION, CREATED TO RAISE MONEY FOR INTEGRATED SOCIAL AND HEALTH SERVICES

A GROCERY CARD DISTRIBUTION PROGRAM FOR HEALTHY FOOD VOUCHERS

THE GROW AN EXTRA ROW PROGRAM, INSPIRING LOCAL FARMERS TO GROW A LITTLE MORE FOR DONATION

PARTNERING WITH LOCAL SOCIAL SERVICE, LEGAL AID AND HOSPITAL/DENTAL PROVIDERS TO ADDRESS BROAD-RANGING NEEDS

PARTNERS

BUSINESS COMMUNITY

DISTRICT HEALTH DEPARTMENT

FOOD BANK

GROCERS

IOWA LEGAL AID

LEADERSHIP SIOUXLAND

THE LOCAL HOSPITAL

WALMART

¹The PRAPARE tool is a national standardized patient risk assessment protocol designed to engage patients in assessing and addressing social determinants of health. The tool was developed by the National Association of Community Health Centers (NACHC), the Association of Asian Pacific Community Health Organizations, the Oregon Primary Care Association and the Institute for Alternative Futures. For more information, visit www.nachc.org/prapare.



Food Oasis Partners At a Glance

NACHC interviewed some of the national, regional and local organizations leading the way to address food insecurity in the United States. The purpose of these interviews was to learn about promising practices and identify mechanisms for collaboration between food security programs and community health centers. Programs were selected based on literature reviews, health center recommendations, media coverage and word of mouth. Nine programs are highlighted here. Thank you to these organizations for providing NACHC with the information below.

AMPLEHARVEST.ORG

www.ampleharvest.org

DESCRIPTION/MISSION

A web-based organization to encourage and enable fresh food donations from local gardens

REACH

Serves all 50 states

Sharing about 277 pounds of food per gardener per year

Almost 20% of US gardeners know of AmpleHarvest.org for donations

KEY ACTIVITIES/SUCCESSSES

» AmpleHarvest.org connects food pantries and feeding programs together so that area gardeners can share their food programs to be recognized locations where area gardeners can share their food

HIGHLIGHTS

- ✓ Food waste in home and community gardens exceeds 11 billion pounds annually — this could be shared!
- ✓ Reducing waste can also reduce hunger

*partners with health centers

ARCADIA CENTER FOR SUSTAINABLE FOOD & AGRICULTURE: ARCADIA MOBILE MARKET

www.arcadiafood.org

DESCRIPTION/MISSION

Non-profit dedicated to creating a more equitable and sustainable local food system in the Washington, DC area

REACH

Clients are mainly African American (8,000 - 10,000 households)

Now in its fifth season, it serves 14 regular weekly stops and sold nearly \$450,000 in fresh, wholesome, local and sustainably raised food

Arcadia's Mobile Markets serve about 30% of all SNAP transactions and 15% of all Produce Plus Program benefits (a \$10 free fruit and veggie voucher from DC)

KEY ACTIVITIES/SUCCESSSES

- » Brings farm food to low-food access neighborhoods
- » School bus fit with refrigerators, freezers and racks for produce
- » It doubles the value of SNAP, WIC and Senior FMNP credits

HIGHLIGHT

- ✓ They hope other retailers will compete for their customers' business so they can move to new food deserts and begin the process again

CANSTRUCTION*

www.canstruction.org

DESCRIPTION/MISSION

Canstruction combines art and food security by hosting free events in communities where donated cans of food are fashioned into imaginative sculptures

REACH

Events have helped raise over 40 million pounds of food to local foodbanks since 1992

KEY ACTIVITIES/SUCCESSSES

- » Events include youth focused efforts as well as community-wide competitions to build the best sculpture
- » Some Citywide Can Art Exhibition participants compete to win titles for the best structures

HIGHLIGHT

- ✓ Recognized for commitment to art, innovation and hunger relief and art exhibitions

**partners with health centers*

FEEDING AMERICA*

www.FeedingAmerica.org

DESCRIPTION/MISSION

The nation's largest domestic hunger relief organization

REACH

Serves over 46 million Americans each year

- Provide over 4 billion meals
- Work with 200 food banks and 60,000 plus partner agencies nationally

KEY ACTIVITIES/SUCCESSSES

- » Source foods from large food manufacturers for food banks
- » The Washington DC office works with Congress to support hunger relief programs

HIGHLIGHTS

- ✓ Addressing the meaning of living with a comprehensive approach
- ✓ Closing the “map the meal gap,” (a research project examining state and county food insecurity rates)

MEALS ON WHEELS AMERICA*

www.mealsonwheelsamerica.org

DESCRIPTION/MISSION

The oldest and largest national organization supporting the more than 5,000 community-based senior nutrition programs across the country that are dedicated to addressing senior hunger and isolation

REACH

Coordinates more than 2.4 million meals annually to homebound adults age 60+ through home delivery or by congregate meals to senior centers and other senior gatherings

KEY ACTIVITIES/SUCCESSSES

- » Coordinate health activities like immunization campaigns into their meal events
- » More health organizations are starting to get involved, and NACHC's survey shows that health centers are indeed partnering with them

HIGHLIGHT

- ✓ More integration with the health care community to show the health impact of this social and nutritional service



NORTH RISING, PILLSBURY UNITED COMMUNITIES

www.health-rise.org/healthrise-us/pillsbury-united-communities/

DESCRIPTION/MISSION

A chronic disease community-based program in Minneapolis, MN that incorporates access to food and nutrition as part of a focus on wellness

REACH

North Minneapolis (mostly African Americans)

KEY ACTIVITIES/SUCCESSSES

» The work includes community gardens, family meals at a community center, a grocery store and community health worker engagement

HIGHLIGHT

✓ Social determinants of health must be addressed to change long-standing chronic diseases within communities

SECOND HARVEST HEARTLAND

www.2harvest.org

DESCRIPTION/MISSION

One of the nation's largest, most efficient and most innovative food banks

REACH

Over 500,000 lbs. of food distributed

Somali immigrants, Hispanics, Caucasians, African Americans and other urban poor in southern MN and western WI

Serves about 530,000 people per year, with 1500 food Rx referrals

KEY ACTIVITIES/SUCCESSSES

- » Expanded to include food resource referrals (Food Rx)
- » Patients are screened for food insecurity in the Hennepin County Medical Center electronic medical record
- » Staff can order a food Rx to Second Harvest, which intakes patient food needs and triages them to sign up for SNAP, food pantry resources and other available programs

HIGHLIGHTS

- ✓ Also known as Food Rx
- ✓ Interventions must be patient-centered and individually tailored but also easy on the health system workflow



**partners with health centers*

SHOP HEALTHY NYC*

www1.nyc.gov/site/doh/health/neighborhood-health/shop-health.page

DESCRIPTION/MISSION

Increases healthy food options and engage residents and organizations to support sustainable food retail in the community

REACH

Serves 86,468 residents in Brownsville, 83,268 in East Tremont and 120,511 in East Harlem

KEY ACTIVITIES/SUCCESSSES

- » Works with the community, stores and food distributors so healthy food options are optimized
- » Helps retailers display healthy options well, assist distributors in identifying healthy options and work with community members to promote those options

HIGHLIGHTS

- ✓ Putting healthy items into corner stores in underserved areas
- ✓ An implementation guide is available at <https://www1.nyc.gov/assets/doh/downloads/pdf/pan/shop-healthy-implementation-guide.pdf>

TOP BOX FOODS*

www.topboxfoods.com

DESCRIPTION/MISSION

Offers fresh produce and frozen meats to fill the gaps in food deserts

REACH

Serves 8,000 people, mostly working poor elderly who raise grandchildren

Primarily targets Chicago but are expanding to New Orleans and Atlanta


About 3,000 produce and protein boxes are sold each month

KEY ACTIVITIES/SUCCESSSES

- » Sells affordable fresh produce and proteins to people living in food deserts through a network of local partners
- » Sells fresh produce and high quality frozen meats which are difficult to find in food deserts. Most food banks have limited supplies.

HIGHLIGHT

- ✓ Use market-forces to address a societal problem at the root
- » Local partners coordinate monthly distributions. People order at 40% of retail prices, and food is delivered to central pickup locations.
- » Top Box processes the payments, accepts SNAP benefits and gives 5% of sales back to their community partners



**REACH OUT TO THOSE LOCAL
RESOURCES AND THEN JUST
BUILD THOSE RELATIONSHIPS
AND CONTINUED PARTNERSHIPS.**

—Audrey Ketchum, Compliance Officer, Community Health Service Agency, Inc.



Reflections and Recommendations From Health Centers

COMMUNITY HEALTH CENTERS respond in diverse, creative and sustainable ways to issues of food insecurity within their communities. Some have been doing it for over 40 years, while others are just getting started. A number of centers are able to tie food program use to health outcomes and hope to show real benefits over time. While there is great variety in methods used to combat food insecurity, a number of common recommendations and words of wisdom have emerged that contribute to success.

ENGAGE LEADERSHIP

Health centers repeatedly reference the importance of having health center leaders endorse food programs so they can be prioritized for implementation. Leaders typically aren't involved in the operational side of things, but they do have a deep knowledge of program goals, methods and needs. They can serve as ambassadors for the programs as well as guides.

COMMIT TO COMMUNITY HEALTH

Successful health centers see their mission as one that extends beyond the walls of clinics. The goal is to engage in measuring and addressing community health needs with similar energy and resources used to engage individuals in the exam room setting.

KNOW YOUR COMMUNITY RESOURCES

Health centers describe the importance of knowing community resources and how to leverage them. Many centers find that there are food resources readily available so they don't need to replicate what's there, but they can collaborate with them and link people in need with existing services. With stronger community partnerships, a variety of center activities can be enhanced. The "ownership" of innovative programs is often shared with others, with every partner playing to its strength.

CONSIDER THE STRENGTH OF INNOVATION AND RISK

The health centers profiled here are risk-takers. They start programs based on need without being certain of success. They have, in fact, admitted failure at a number of points. But they keep trying. They are open to change and to testing ideas. They allow champions of the project to run with an idea to explore possibilities. They transparently document their mistakes so they can learn. Unlikely partners, such as libraries, emerge in these settings.

FOCUS ON PROGRAM INTEGRATION

For a health center, the staff must learn to incorporate screening for food insecurity and improve food security program(s) as a regular function of care. It is not contained to nutrition, health education, outreach or other such departments, but integrated throughout the organization. Staff has opportunities for participation, whether programmatically or through volunteer efforts.

PATIENT-CENTERED CARE MEANS CHOICE

Old methods of giving pre-packaged food are largely discarded by these health centers. Creating opportunities for patients to make their own food selections and participate in food preparation based on their interests yields improved use of resources. Patients collaborate with each other as well as staff as they choose food, share recipes, comment on likes and dislikes and learn new skills. Food is an important social connector and element of identity.

CONSIDER SCALE, BIG IS NOT ALWAYS BETTER

As with anything, rapid expansion can hurt a food program. Sustainability depends on being realistic about the time, effort and resources needed to accomplish the goal. Several health centers had early success that sparked interest among partners but found they couldn't expand without dramatically changing their departments. They chose to continue to do well in their committed roles while meeting some, but not all, food needs. Successful centers have well-organized program directors who avoid burnout and manage multiple demands with competence.

NAYSAYERS ARE THERE

Not everyone is positive about food resource development. Health centers face opposition both in the community and in the organization. Some food pantries compete with each other, some staff think patients take advantage of programs, and some people think efforts are too small to matter in the long run. Successful centers handle negativity without being compromised by it.

HEALTH IMPACT IN ITS INFANCY

Most health centers want to measure the health impact of their efforts but don't have the tools and resources to do so. Even those who incorporate food insecurity screens into their electronic records have difficulty associating food receipt with health outcomes. Those that have been successful have university and large health care organizations as partners. Clear relationships between changes in food insecurity and changes in obesity, hypertension and diabetes control are non-existent. Still, a number of centers are collecting data that associate changes in health conditions with changes in food access and these efforts will assist future development of measures.

HUNGER IS MORE PRESENT THAN MOST CENTERS KNOW

Every health center interviewed said that although they knew patients were medically underserved, they did not know how extensive the problem of hunger is in their community. Most centers commented that many staff also experience food insecurity and need better resources in their food desert communities. Hunger is often hidden and stigmatized. Obesity is misunderstood as a sign of food security rather than of malnutrition based on inadequate food availability. The end of the month is particularly difficult for many, when food money competes with bills and other obligations. Benefits such as the Supplemental Nutrition Assistance Program (SNAP) do not last all month. School programs are interrupted seasonally. Weekends can be times of particular hunger. Holidays can be as well, especially when they occur at the end of a month and include extra expenses for travel and gifts. Every successful center tries to incorporate staff, patients and community into food programs to improve access in an inclusive way.



SCREENING REQUIRES TIME AND RESOURCES

Medical staff is asked to screen on more issues every year. Screenings that require patient questionnaires, such as depression, food insecurity, housing and smoking status, burden the office visit at the front end. Patients often don't understand why these personal questions are being asked and staff are pulled away from more typical medical tasks. If findings do not have an organized resource intervention available, all are frustrated by positive findings. Successful health centers use patient-administered screens and have clear processes for responding to positive findings. Before adding a new screen, centers must be assured it will be efficient, effective and culturally acceptable.

MOST SUCCESSES HAVE MANY FACETS

Most successful health centers have multiple methods of alleviating food insecurity. They blend gardens, pantries and markets. They offer U.S. Department of Agriculture (USDA) meals on site and sponsor innovative literacy and nutrition classes. They target youth and elderly. Centers start with one intervention but build on it so that food programs can reach any patient at any point of need. These centers show no signs of stopping or diminishing their programs, but are constantly looking for ways to grow.



AT FIRST WE WERE WORRIED: Was it going to be difficult? Would it work? Yet, it has been so simple and our staff has been so awesome at this. It takes very little staff time and no extra money. It has shown amazing results over time. Partners come forward and want to help and want to get involved. This is what solves the problems – people coming together and working together.

—Susan Levy, Communications and Community Relations Director, Native Health



Getting Started with Your Own Food Insecurity Program

WITHOUT A DOUBT, individual health center and partner food organization efforts to address food insecurity and related health effects are innovative, productive and show positive results.

The following recommendations are offered to health centers that wish to take steps to address food insecurity in their communities:

COLLECT DATA


- ✓ Create a map of existing food distributors/resources in your community
- ✓ Include food insecurity and food desert measures in your Community Needs Assessment
- ✓ Implement the validated two question Hunger Vital Sign™ food insecurity screen into your practice and document results (available in English and Spanish at www.childrenshealth-watch.org/public-policy/hunger-vital-sign/)
 - We (I) worried whether our food would run out before we (I) got money to buy more
 - The food that we (I) bought just didn't last and we (I) didn't have money to get more
- ✓ Create a database to measure desired outcomes in any food intervention started at the center
- ✓ Track food resource usage and link to health outcomes
- ✓ Show the medical economics argument for the cost of food programs as they reduce risk for cardiovascular, endocrine and mental health morbidity and mortality

PLAN

- ✓ Engage community partners in problem solving
- ✓ Contact regional and national food security organizations for assistance
- ✓ Offer staff a chance to develop food resource solutions
- ✓ Contact successful health centers for mentorship and advice

ADVOCATE FOR FUNDING AND PARTNERSHIPS

- ✓ Advocate for policies that allow health centers to fund food resources for patients through national, state and local departments of education, agriculture and labor
- ✓ Link food security efforts with health, racial and economic justice activities in your community for better state and national policy and program development



FOCUSING ON FOOD INSECURITY AND THE FACTORS THAT MAY CAUSE ILLNESS, OR THE SOCIAL DETERMINANTS OF HEALTH, HAS ALWAYS BEEN THE MISSION OF COMMUNITY HEALTH CENTERS SINCE THEIR INCEPTION SOME 50 YEARS AGO.

—Malvise A. Scott, Senior Vice President for Partnership and Resource Development, NACHC



NACHC Food Oasis Glossary

COMMUNITY GARDEN

A piece of land gardened collectively by a group of people, which can have various therapeutic, lifestyle and educational benefits.

COMMUNITY HEALTH CENTERS

Community health centers serve as the primary medical home for nearly 26 million people in more than 10,400 rural and urban communities across America. Health centers, sometimes called Federally Qualified Health Centers, are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Most health centers receive Health Center Program federal grant funding to improve the health of underserved and vulnerable populations. Some health centers that meet all Health Center Program requirements do not receive Federal award funding. These are called Health Center Program look-alikes.

COOKING/KITCHEN PROGRAMS

Programs aimed to teach patients how to replicate low-cost, healthy recipes at home; offered as a holistic approach to health and wellness.

ELDERLY

Any individual over the age of sixty-five.

FARMERS MARKET

A regular event in which farmers come to a defined location to sell their local and sustainable products.

FOOD BANK

A non-profit organization that collects and distributes food to hunger relief organizations.

FOOD DESERT

Geographic area lacking affordable fresh fruit, vegetables, and other nourishing whole foods within walking distance or simple bus travel of residential spaces. This is largely due to a lack of farmers markets, grocery stores, and affordable healthy food providers. A food desert may be rural or urban.

FOOD INSECURITY

The state of being without reliable access to a sufficient quantity of affordable, nutritious food.

FOOD OASIS

A place where self-sustaining and innovative practices are developed to empower inhabitants of food deserts to have better access to healthy eating environments and foods.

FOOD PANTRY

An independent facility that receives, buys, stores and distributes food directly to those in need in their community.

FOOD RX

A prescription for healthy food, often with financial incentives, intended to provide nutrition education, to connect patients to local resources and to promote behavior change.

FOOD VOUCHERS

A type of healthy food assistance; often used as an incentive to participate in healthy living programs.

HIV

Human immunodeficiency virus. If left untreated, HIV can lead to acquired immunodeficiency syndrome (AIDS), a chronic and potentially life-threatening condition.

HOMELESS

Multiple definitions, but inclusive here as those who are unsheltered; residing in charitable sheltered spaces; doubled up in a household with another family; or living in a residence without tenant rights, exclusive of parent-child relationships.

MIGRANT/SEASONAL AGRICULTURAL WORKERS

A person who, for purposes of employment, must travel across geographic boundary lines to obtain work in agriculture, resulting in the necessity to change residences while working/a seasonal worker obtains their principal income through agricultural labor but does not have to move in order to do so.

MOBILE MARKET

A farmers market on wheels that delivers local, sustainable, and fresh food to underserved communities.

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC)

Founded in 1971, NACHC serves as the national health care advocacy organization for America's medically underserved and uninsured and the community health centers that serve as their health care home. NACHC works in conjunction with state and regional primary care associations, health center controlled networks and other public and private sector organizations to expand health care access to all in need.

- » Serves as the national and unified voice to advocate on behalf of medically uninsured and uninsured populations.
- » Advocates for growth and development of health centers and the needs of all medically underserved and uninsured populations.
- » Provides training and technical assistance to health center staff and boards in operational, financial, clinical and governance areas.
- » Conducts research — independently and in collaboration with others — to advance the body of community healthcare knowledge.
- » Develops strategic partnerships in both the public and private sectors to support the work of health centers and improve the health of patients and communities nationwide.

PROTOCOL FOR RESPONDING TO AND ASSESSING PATIENTS' ASSETS, RISKS, AND EXPERIENCES TOOL (PRAPARE)

The PRAPARE tool is a national standardized patient risk assessment protocol designed to engage patients in assessing and addressing social determinants of health. The tool was developed by the National Association of Community Health Centers (NACHC), the Association of Asian Pacific Community Health Organizations, the Oregon Primary Care Association and the Institute for Alternative Futures. PRAPARE is available as templates for the following four Electronic Health Records: NextGen, eClinical Works, GE Centricity and Epic. For more information, visit www.nachc.org/prapare.

PUBLIC HOUSING

Program established by the U.S. Department of Housing and Urban Development to provide rental housing for eligible low-income families and individuals, the elderly, and persons with disabilities.

RURAL

An open countryside with population densities less than 500 people per square mile and areas with fewer than 2,500 people; refers to a population type served by health center food assistance programs or activities.

SCHOOL-BASED

Population served by health center food assistance program or activity.

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

A federal aid program of the Food and Nutrition Service (FNS) of the United States Department of Agriculture, that provides nutrition education, federal grants to states for supplemental foods and healthcare referrals for low-income pregnant, breastfeeding, and non-breast-feeding postpartum women and to infants and children up to age five who are at nutritional risk.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

A federal aid program of the Food and Nutrition Service (FNS) of the United States Department of Agriculture that provides nutritional assistance benefits for low- and no-income people living in the United States. SNAP helps supplement monthly food budgets of these individuals and families to buy the food they need to maintain good health and allow them to direct more of their income toward essential living expenses.

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)

The federal executive department that develops national laws related to agriculture, forestry, food, and farming. The department aims to meet the needs of farmers and ranchers, work to assure food safety, promote agricultural trade and production, foster rural communities, protect natural resources and to end hunger in the United States and internationally.

URBAN

Densely settled area of 50,000 or more people; refers to a population type served by health center food assistance programs or activities.



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NATIONAL ASSOCIATION OF
Community Health Centers



Congressman Jim McGovern
370 Cannon House Office Building
Washington, DC 20515

Health Care Without Harm, Healthy Food in Health Care Program

Policy Priority Areas

Investing in local and sustainable food initiatives and enterprises can play an important role in building community health, wealth, and climate resilience by growing a reliable regional food supply, increasing food access and affordability, and creating new job and ownership opportunities. In [Delivering community benefit: Healthy food playbook](#), Health Care Without Harm identified programs and partnerships pursuing “triple win” opportunities that improve healthy food access, support economic and workforce development, and strengthen local and sustainable food systems. Examples of such work in New England include the Vermont Community Foodbank’s Vermonters Feeding Vermonters program, which contracts with local farms to grow foods for distribution to its clients, and Community Servings’ medically tailored meal program, which incorporates locally sourced foods and includes a job training component. A new initiative seeks to build on existing partnerships and collaborations to catalyze further growth in the regional food system through comprehensive planning efforts. The [New England Feeding New England Partnership](#) is examining agricultural production, emergency preparedness, and food security with consideration for changing climate, environmental, and health conditions. Principles of equity and resilience serve as the foundation of this work to grow and strengthen the regional food system. New policies and programs focused on food system development can be designed to ensure equitable access to opportunities for building health and wealth. The outcome of these efforts will be a stronger, more resilient, regional food system capable of nourishing our communities on a daily basis and in the face of disruption.

Place-based project sites (for visits)

- [Western Massachusetts Food Processing Center/Franklin County Community Development Corporation: Western Massachusetts Food Processing Center](#) (FPC) was created by Franklin County Community

Development Corporation in 2001 to support new and growing food businesses. In partnership with local farms, the FPC processes 150,000 pounds of local produce annually to produce Valley Veggies, a line of fresh frozen vegetables. As part of the Northeast Food Collective, FPC is collaborating with other regional processors to grow reliable and year round access to locally produced foods.

- [Cooley Dickinson Hospital](#): Cooley Dickinson Hospital is a long time partner of Health Care Without Harm. Chef Gary Weiss takes part in Health Care Without Harm's Regional Leadership team and has been a leader in local food procurement. Cooley Dickinson's community focused efforts have engaged partners and community members in growing food access. In 2017, the hospital partnered with Healthy Hampshire to conduct a local food assessment. Cooley Dickinson [secured a grant](#) in 2020, through the Moving Massachusetts Upstream Investment fund, to support creation of the Hampshire County Food Policy Council to address healthy food access, a need identified in its recent Community Health Needs Assessment.
- [UMass Carbon Farming Initiative](#): UMass is the site of a temperate climate silvopasture plot. Silvopasture systems combine trees with pastures to increase productivity and biosequestration of carbon. The UMass plot combines plantings of hybrid chestnut trees and pasture for rotational grazing of sheep.
- [Springfield Food Policy Council](#): Under the leadership of Liz O'Gilvie, the Springfield Food Policy Council is working to address nutrition inequity and hunger in the community. Its work to increase access to fresh, affordable food includes expanding urban agriculture and partnering with the City of Springfield and Sodexo to establish the Springfield Culinary Nutrition Center.
- [MAACHI](#): The [Alliance for Community Health Integration](#) Coalition, coordinated by Massachusetts Public Health Association, brings together public health, consumer advocacy, social service, and community organizations to engage health care to address social determinants of health and advance health equity.

Recently supported legislative actions:

- 1115 Waiver Recommendations to MassHealth
 - Massachusetts' 1115 Waiver designs MA state Medicaid system and must be renewed approximately every five years. Supported the inclusion of health care systems' addressing health-related social needs (e.g. food

insecurity) and reimbursement for services like Food is Medicine programs.

- MA Farm to School Grant Program
 - [This bill](#) was reintroduced by Senator Lesser and Representative Pignatelli in MA.
 - Establishes a competitive grant program to help more schools provide students with healthy, locally grown foods in school meals and support new markets for farmers and fishermen.
 - The proposed program supports infrastructure investments, staff training, and educational initiatives that lead to farm to school program success and sustainability; supporting local economies and regional food systems.
- CAAB368 - Medically Supported Food Prescriptions:
 - Aims to directly address racial and ethnic health disparities, combat chronic disease, and reduce health care costs as well as nutrition and food insecurity among Medi-Cal beneficiaries by establishing a two-year, food prescription pilot in partnership with the health plans
 - Food prescriptions are an effective medically supportive food intervention used to treat, reverse, and prevent chronic health conditions like diabetes, hypertension, and depression.
 - Improving the health status, nutrition security, and overall resiliency of Medi-Cal beneficiaries is especially important in light of the COVID-19 pandemic and the disproportionate impact it is having on low-income households and communities of color.

General policy recommendations:

- [USDA Supply Chain Recommendations](#)
- CMS address food insecurity and improve community resilience by supporting medically tailored nutrition interventions (including medically tailored meals, produce prescription programs and others):
 - Include medically tailored nutrition interventions as a covered/reimbursable service and expense;
 - Create nutritional and procurement criteria for these programs that address locally, sustainably, and equitably grown and produced food and beverages (consider leveraging the [Food Services Guidelines for Federal Facilities](#) for this);
 - Establish accountability measures for these programs to report against this criteria;

- Incentivize (through increased reimbursement/meal budget) these programs to source food and beverages that are locally, sustainably, and equitably grown and produced (i.e., purchasing medically-tailored meals prepared locally).
- CMS include procurement of locally, sustainably, and equitably grown and produced food and beverages, and food waste reduction, recovery and management in [Conditions for Coverage \(CfCs\) and Conditions of Participations \(CoPs\)](#).
 - Create nutritional and procurement criteria that addresses locally, sustainably, and equitably grown and produced foods (consider leveraging the [Food Services Guidelines for Federal Facilities](#));
 - Establish accountability measures to report against this criteria;
 - Incentivize (through increased reimbursement/meal budget) these programs to source foods that are locally, sustainably, and equitably grown and produced.
- Federal health care facilities conduct a comprehensive assessment of:
 - Current implementation of local, sustainable and equitable food and beverage purchasing, baselining this purchasing using available programs and tools being used by some institutional entities and municipalities (example tool: [Good Food Purchasing Program](#));
 - Progress made and barriers encountered in implementing the current [Food Services Guidelines for Federal Facilities](#) in both selling (in cafeteria) and serving (in patient service) food.
 - Use the information collected through the assessments above to establish criteria and set goals and targets related to local, sustainable and equitable food and beverage purchasing, and establish a tracking system with mandated regular reporting on progress.
- Health Care Without Harm and its partners recently launched the development of a food purchasing standard for local, sustainable and equitable procurement for use in hospitals, school, universities, municipalities and other institutional food sectors. This [Anchors in Action](#) food procurement standard will be integrated into and support the above recommendations.

April 26, 2021

Representative James P. McGovern
Chairman, The Committee on Rules
U.S. House of Representatives
H-312 The Capitol
Washington, DC 20515

Re: Rules Committee Hearing Examining the Hunger Crisis in America

Chairman McGovern:

Thank you for your work on food insecurity in the United States and for holding a Rules Committee Hearing on the hunger crisis in this country. We appreciate your leadership in this area and look forward to working with you on policy initiatives to help patients in Northern New England and across the country.

Dartmouth-Hitchcock Health (D-HH) is one of the most rurally-located academic medical centers in the country. We recognize that food security and dietary quality are key factors driving health outcomes among children and adults in both rural and urban settings. The rate of food insecurity in our region has nearly doubled since the onset of the COVID-19 pandemic, bringing healthy food access to the forefront for our rural communities. Even before the pandemic, food insecurity affected rural communities at higher rates compared to urban areas across the country.¹

D-HH is New Hampshire's only academic health system, committed to providing all of our patients with high quality care. We serve a regional population base of 1.9 million people in New Hampshire, Vermont and across New England, providing access to more than 1,400 primary care doctors and specialists in almost every area of medicine. The health system includes Mary Hitchcock Memorial Hospital, our flagship hospital in Lebanon and part of Dartmouth-Hitchcock Medical Center, as well as member hospitals in Lebanon, Keene, New London and Windsor, Vermont. Mary Hitchcock Memorial Hospital is classified as both a Rural Referral Center and Sole Community Hospital and three of our member hospitals are rurally-designated critical access hospitals.

In addition to our member hospitals, the health system includes the Norris Cotton Cancer Center, one of 51 NCI-designated comprehensive cancer centers in the country, the Children's Hospital at Dartmouth-Hitchcock, the Visiting Nurse and Hospice Association for Vermont and New Hampshire, and 24 ambulatory clinics throughout New Hampshire and Vermont. Dartmouth-Hitchcock trains nearly 400 residents and fellows each year and performs world class medical research in partnership with the Geisel School of Medicine at Dartmouth. D-HH is the largest private employer in New Hampshire with over 13,000 affiliated employees throughout the region.

¹ USDA, Household Food Security in the United States, 2019 ; Internal D-HH data, 2021.

Recognizing the importance of food and nutrition for the health of our communities, even before COVID-19 underscored this need, we began implementing a **Food is Medicine strategy**. Our Food is Medicine approach is centered on identifying food insecurity, referring patients to nutrition supports, and hosting healthy food provision and nutrition services. We have implemented several new services to help address food and nutrition needs, narrowing an important gap in health care prevention and treatment.

As a key first step, we are implementing a **standard screening tool** in our primary care clinics to systematically screen for social determinants of health, including food security, building on past experience with patient assessments. With the support of strong community partnerships, we have six **Food is Medicine** programs currently offered with additional services under development:

1. We provide **emergency shelf stable food bags** to food insecure patients in our clinics. This program served approximately 1,000 individuals with 600 food bags in its first year and continues to grow. This program is offered in partnership with a local food pantry, the Upper Valley Haven, and serves patients in pediatrics, adult primary care, the emergency department, and obstetrics and gynecology.
2. We provide fresh, **organic farm shares for pregnant women at risk for substance use** on a weekly basis during the growing season. This program, supported by the Dartmouth College Organic Farm, is now in its third year and reaches about 15 women at risk each week. Farm shares provide a valuable source of free, nutritious food during a period of high nutritional demand, supporting women's wellbeing during the prenatal period.
3. We are currently piloting **healthy food prescriptions for pediatric patients** and their families. Patients who screen positive for food insecurity or are otherwise identified by their care team as having a need are referred to the Community Health Worker in the Children's Hospital at Dartmouth-Hitchcock. The patient's family receives a food prescription for a selection of healthy foods, including ample fresh produce, tailored to the household's dietary needs. Food prescriptions are packaged and provided by the Upper Valley Haven, where families are also connected to additional resources. This pilot program provides transportation support to help overcome a crucial barrier to food access for rural families.
4. We established a **Farmacy Garden** on our medical center campus in partnership with Willing Hands, a local food recovery and distribution organization. Our Farmacy Garden includes a 6,000 square foot garden and an orchard of 50 fruit trees and shrubs. The Farmacy grew over 500 pounds of produce during its second growing season in 2020. Over 200 volunteers contributed approximately 400 hours at the Farmacy in its first two years. Now in its third season, the Farmacy provides an opportunity for physical activity, a way to connect with the food system, and a respite from the clinic for garden volunteers, many of whom are D-HH employees. Produce grown in the garden supports Willing Hands' distribution network, supporting access to fresh fruits and vegetables for over 60 nonprofit organizations serving the region's food insecure populations.
5. We have a **Culinary Medicine** program that is on the cutting edge of service delivery and research. Directed by Dr. Auden McClure, the Culinary Medicine program designs and offers cooking classes that teach basic skills and nutrition education to enable long lasting dietary change. During the pandemic, we offered several courses and cooking demonstrations virtually. Part of a national teaching kitchen collaborative, research is integrated into culinary programs to contribute to the evidence base for teaching kitchens as a nutrition and health intervention.

6. Finally, in 2019 we conducted a pilot of a **rural Medically Tailored Meals** program for patients with congestive heart failure. Evidence from MTM programs, primarily from urban areas, shows promising results for reducing health care utilization and improving health outcomes. Our rural population faces unique challenges in food access and service delivery. We partnered with a local senior center and the existing meals on wheels service to create and deliver meals to patients. This small pilot demonstrated that MTM was both feasible and acceptable, and that sustainable funding models are needed to support these programs in rural areas.

These efforts represent a starting point to address food insecurity and nutrition in our region. Our population faces a high risk of food insecurity with limited transportation options to access food and nutrition supports. We are committed to improving health and wellbeing in our communities and aim to continue integrating Food is Medicine approaches into patient care and treatment. We look forward to working with you to help develop impactful, sustainable strategies toward ending hunger in America.

Sincerely,



Chelsey Canavan
Community Health Team



Sally Kraft, MD, MPH
VP, Population Health



Children's Hospital Colorado

www.childrenscolorado.org

March 29, 2022

The Honorable James McGovern
Chairman of the Rules Committee
U.S. House of Representatives
370 Cannon House Office Building
Washington, D.C. 20515

The Honorable Tom Cole
Ranking Member of the Rules Committee
U.S. House of Representatives
2207 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman McGovern and Ranking Member Cole,

On behalf of Children's Hospital Colorado (Children's Colorado), we write in support of the efforts of the House Committee on Rules to end hunger in the United States, and we sincerely appreciate the opportunity to share our strategies to address population health through our Resource Connect model and to reduce food insecurity through our Food as Medicine initiative.

At Children's Colorado, we see, treat and help to heal more kids than any other hospital in our seven state Rocky Mountain region. In addition to our patient care, Children's Colorado supports families by providing care coordination, advocacy and facilitating access to community programs and resources. In 2019, we proudly established Resource Connect, a centralized model to address the various social needs that impact families' health. Through Resource Connect, our clinical providers are able to address a multitude of family needs, including tackling food insecurity through our Food as Medicine initiative.

To promote and support the health of patients and their families, our Healthy Roots Food Clinic at Children's Colorado provides a plentiful selection of shelf-stable and fresh, nutritious food including multiple protein and dairy options to accommodate a variety of meal plan needs that consider allergies and medical conditions, guidance on community resources and basic nutrition and safe food education support to the Children's Colorado Health Pavilion patients and their families. The Healthy Roots Food Clinic represents one of the aspects of our multi-pronged Food as Medicine Initiative.

The Healthy Roots Food Clinic is based on the principle of food as medicine and the belief that hunger is, at its core, a health issue. In the *New York Times*, the journalist David Bornstein captured this belief in the vivid terms espoused by one of its early proponents:

In 1965, in an impoverished rural county in the Mississippi Delta, the pioneering physician Jack Geiger helped found one of the nation's first community health centers. Many of the children Geiger treated were seriously malnourished, so he began writing "prescriptions" for food – stipulating quantities of milk, vegetables, meat, and fruit that could be "filled" at grocery stores, which were instructed to send the bills to the health center, where they were paid out of the pharmacy budget. When word of this reached the Office of Economic Opportunity in Washington, which financed the center, an official was dispatched to Mississippi to reprimand Geiger and make sure he understood that the center's money could be used only



for medical purposes. Geiger replied: “The last time I looked in my textbooks, the specific therapy for malnutrition was food.” The official had nothing to say and returned to Washington.¹

Unfortunately, notwithstanding Dr. Geiger’s defiant approach, since 1965 the federal government’s willingness to treat hunger and food insecurity as a health issue, with policy solutions rooted in the healthcare system, hasn’t progressed nearly as far as it should have. Resource Connect does not send bills to Medicaid for the food or the nutrition services we provide to our patients and families. Nearly all of the work detailed below is currently enabled by generous support from philanthropic organizations.

This letter first outlines our current programmatic approach to supporting community social and food-security related needs. Second, and more importantly, it underscores the urgent importance of Medicaid and other federal health programs adopting Dr. Geiger’s approach. For Children’s Colorado to sustain our work in the long-term, and for other organizations to expand similar programs to other communities across our state and nation, the federal government must use the policy levers at its disposal to drive a transformation in the healthcare delivery system to treat food as medicine. The good news is that we believe that via funding and reimbursement changes, support for technical assistance, and the active sharing of best practices across health systems, dramatic progress is possible.

Resource Connect Model

According to the American Journal of Public Health, 50 percent of the variables we can modify to impact community health outcomes are either social or environmental - including factors such as housing stability and food security.² Behaviors like diet and exercise, make up another 30% of modifiable health factors. That means removing common obstacles to practicing healthy habits can make a big difference in supporting healthier communities.

In August 2019, Children’s Colorado opened its new Health Pavilion. On the first three floors are outpatient primary care and specialty providers, dentists and mental health therapists. Through a universal psychosocial screening tool delivered to each patient, patients and families seen in the Health Pavilion who indicate an unmet social need—such as accessing regular meals or uninterrupted electricity at home—are referred to the facility’s fourth floor, Resource Connect, where a network of community health navigators and partners are ready to provide wraparound care and support.

Resource Connect comprehensively addresses social needs, including food security, energy assistance, eligibility for public benefits, legal services, community resource navigation and more. The services provided through Resource Connect promote equitable access to the resources that all families, including families of color and families with low incomes, need to improve their comprehensive picture of health and well-being. This is all accomplished through robust partnerships between Children’s Colorado and community-based organizations.

Any patient who is seen at the Children’s Colorado Health Pavilion—which has seen approximately 551,707 healthcare visits since opening—can be referred to Resource Connect by their provider. Patients and families can access Resource Connect on the same day and within the same building as their clinic visit. Community health navigators and clinical social workers identify families’ particular needs and connect them to partners who are co-located a few doors down in a shared space. Since opening in October 2019, Children’s Colorado providers and other team members have referred 4,062 families to Resource Connect.

¹ <https://opinionator.blogs.nytimes.com/2011/07/28/treating-the-cause-not-the-illness/>

² Social Determinants of Health Equity | AJPH | Vol. 104 Issue S4 (aphapublications.org)

Resource Connect anchors the Children's Colorado strategy for population health, delivering healthcare that lasts beyond a clinic visit and enhances care for patients and families by creating a centralized place to access the most common social needs. Resource Connect represents Children's Colorado's contribution to an ongoing, nationwide shift towards whole child health.

Overall, Resource Connect has been valuable because families are able to access wraparound services in one location. This reduces one of the biggest barriers for families: the time it takes to get connected to and then access services in multiple locations. Referrals are made to various types of programs by organizations who are collaborative and co-located partners, and by using "warm-handoffs," referrals are often more likely to be successful and families in turn get what they need. Lastly, our integrated care model has the ability to keep track of our referrals to community-based resources, which is rare in cross-system support models such as this.

Focus on Food Insecurity and Food as Medicine Initiative

In Colorado, food insecurity in many communities was exacerbated by the COVID-19 pandemic. Hunger Free Colorado reported in April 2021 that 16% of Colorado children were not getting adequate nutrition³. Within Children's Colorado's own primary care patient population located in the Child Health Pavilion nearly 6% of families self-reported food insecurity in 2021.

There is a growing body of research demonstrating inextricable links between food security and health outcomes, hunger and healthcare costs. The American Academy of Pediatrics states, "Children who live in households that are food insecure...are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently. Lack of adequate healthy food can impair a child's ability to concentrate and perform well in school and is linked to higher levels of behavioral and emotional problems from preschool through adolescence."⁴ In its 2021 publication, "Food Is Medicine: Final Project Report⁵," Feeding America noted that food insecurity has been linked to over \$77 billion in additional health care expenditures each year in the U.S."

Limited access to nutritious food is driven by many factors, including the inability to purchase nutritious food, lack of availability of nutritious food, and cultural differences that are not congruent with typical American processed foods. All of this can harm vital health, growth and developmental factors that start in childhood and compound over the lifespan.

Children's Colorado has responded by developing a multifaceted Food as Medicine initiative in which we are committed to the philosophy that nutrition *is* a vital element of medical care; further, we are activating services that will ensure all children and families have easily accessible, affordable and nutritious foods for optimal health and well-being. In addition, we also provide education and support for families on a wide range of food topics such as recipe reading, organizing and shopping based off a food plan, storage and preparation practices.

In the summer of 2018, we opened the Healthy Roots Garden, a garden on our main hospital campus that produces around 1,500 pounds of produce annually with 65 different produce varieties. All produce from our garden is distributed in our food clinic. Due to the pandemic, for much of 2020, we paused on advancing our Food as Medicine strategy and instead mounted a mobile grocery distribution in response to the increased need for food wrought by COVID-19. Over time, fortunately, several other community

³ <https://hungerfreecolorado.org/facts/>

⁴ <https://publications.aap.org/pediatrics/article/136/5/e1431/33896/Promoting-Food-Security-for-All-Children>

⁵ <https://hungerandhealth.feedingamerica.org/wp-content/uploads/2021/04/Food-is-Medicine-Final-Report-and-Key-Learnings-2021.pdf>

organizations also mobilized food distribution programs and were able to meet the exacerbated need, allowing us to return attention to our long-term, systems-level Food as Medicine work. Several other community organizations continue to lead mobile distribution at this time.

In 2021, the Healthy Roots Food Clinic received 1,149 referrals from primary care clinics in our Health Pavilion and served 2,851 people (1,237 children and 1,614 adults). One hundred percent of visits were “successful,” meaning that all families who sought food were provided nutritious groceries and basic food education. Most of these referrals came from our Health Pavilion’s primary care clinic which provides comprehensive, team-based, family-centered primary care in a medical home model to more than 12,000 children annually from birth to 18 years, regardless of their ability to pay. More than 85% of Children’s Colorado’s children are insured by Medicaid/publicly funded insurance or underinsured/not insured. Families seen at the Health Pavilion are ethnically and racially diverse; many identify as Latino and there is a growing population of immigrant families from Africa, Nepal, and southeast Asia. Approximately 60% of children seen are age 3 and under. Significant health disparities exist amongst these children. For example, within the three zip codes immediately surrounding the hospital and from which the majority of our Children’s Colorado’s families come, children have higher rates of hospital utilization than their peers in bordering zip codes, and use hospital services like the emergency room at a rate of 70% more.

Thus far in 2022, we are working towards adding clinical nutrition care by hiring a registered dietitian. We are also taking steps towards full integration with our electronic medical record system. This is a crucial step in integrating our Healthy Food Roots Clinic into a clinical model that operationalizes the Food as Medicine initiative.

School Partnerships

In the summer of 2021, with generous philanthropic support, we launched pilot replications of the Healthy Roots Food Clinic and Resource Connect model in two schools within the Aurora Public School district (APS). The program is implemented in partnership with the communities we serve. At Children’s Colorado’s Aurora Public School food clinic partnership sites, Crawford Elementary and Central High School, we served approximately 1,185 students in 2021. Both schools are part of the APS ACTION Zone⁶, a network of five schools that serves 4,200+ students, roughly 10% of all APS students, and demographics include:

- Students come from 50+ different countries and speak over 150 languages
- 66% of students are Hispanic, 15% Black, 12% Asian, 1% Native American and 4% White
- 82% qualified for Free or Reduced Lunch
- 75% English Language Developers

The Future of Food as Medicine - Expansion Ambitions, Sustainable Funding and Supports

Over the next several years, Children’s Colorado’s Food as Medicine initiative aims to evolve to a more holistic and integrated model by progressing from simple food practices (i.e., food distribution) to nutrition planning to improved health outcomes. This will entail a variety of different efforts such as:

- Expanding our food practices and our education sequence to families around nutrition planning to ensure a comprehensive understanding about food quality, portion sizes, age-appropriate quantities based on individual needs, eating behaviors, and nutrition plans for specific medical needs. We also plan to expand a basic food care package that will include community resources to be provided to families upon discharge of inpatient visits.
- We will seek to hire a registered dietitian as our Food as Medicine model centers much of the clinical program elements around care plans developed by a registered dietitian. The

⁶ ACTION Zone - The Office of Autonomous Schools (aurorak12.org)

registered dietitian will co-embed in the Child Health Advocacy Institute (the department under which the Food as Medicine model and food clinic are housed) and Lifestyle Medicine, a specialty clinic that provides multidisciplinary treatment options for obese or overweight infants, toddlers, school-age children and adolescents.

- We will seek to continue the replication of the Food as Medicine model in nonclinical settings to magnify the impact of holistic, integrated approaches. Children's Colorado will continue to provide robust technical assistance to Aurora Public Schools to evolve the program into a fuller clinic model by providing continuing training opportunities for the APS-hired Community Health Navigator as well as evaluation oversight.
- We will strategically and intentionally partner with other enterprise divisions and service lines such as the Pediatric Mental Health Institute so that our patients, their families, and community members can gather in the garden's holistic, healing environment and experience naturally grown and harvested nutritious fruits and vegetables.
- We will also develop vigorous data and evaluation practices so we can gain meaningful insights about how best to bridge addressing social determinants of health in clinical and community settings. Data will continue to play a critical role in understanding indicators of success so that we can better tailor our medical and nonmedical interventions as well as share our learning to inform the larger Food as Medicine movement and population health programming.
- We will seek to disseminate our model replication information and findings to raise awareness as we advocate for legislative and regulatory change. We will help build upon mounting public awareness of the intersection of food and well-being, and the growing understating that there are pervasive challenges to the food system that go beyond individual responsibility.

The Need for Sustainable Solutions

As noted above, philanthropy is a primary source of support for Food as Medicine efforts and activities. The Children's Hospital Colorado Foundation is fortunate to have steadfast partners who are helping us advance this body of work while also financially supporting it. Significant and multiyear gifts propel this work forward over the longer timeline required to demonstrate the transformative, cross-sector solutions necessary to influence state and federal policy change. In short, philanthropic support has been essential to these efforts thus far. But philanthropy has always been intended as a bridge to a more sustainable payment solution to allow this work to advance and expand.

Food as Medicine, alongside Resource Connect, is pivotal to Children's Colorado's strategy to advance a holistic model of care that bridges clinic and community in equitable and accessible ways, and sustainability continues to be a focal point of our work. It's important to note that 88% of patients referred to Resource Connect are enrolled in Medicaid, and 89% of patients referred to the Healthy Food Roots Clinic are enrolled in Medicaid. However, there currently is no clear pathway to healthcare funding that accounts for investments that address social determinants of health. Therefore, we believe the Centers for Medicare and Medicaid Services should enable transformation in the healthcare delivery system can be implemented through funding and reimbursement, technical assistance, and sharing of best practices across health systems.

Over the next several years, we aspire to leverage our philanthropic support to test, refine, and scale health programs such as Food as Medicine. We will then clearly articulate the value of such social interventions and develop a strong case for direct support through non-philanthropic means such as federal grants and eventually Medicaid payments and reimbursement. Integrating programs that address social determinants of health that impact our patients and family's ability to lead healthy lives, like food insecurity, into Medicaid reimbursement is an essential and critical need towards eliminating health

disparities and leveraging social health interventions that can have an impact at an individual and population level. Federal Medicaid policy changes that would best support this innovative work include the following:

- Expanding the activities eligible for HITECH grant funding to include support for building data system capacity to track outcomes of cross-system referrals to community-based supports
- Ensure equitable access to healthy eating/active living and other health-related social needs programs by expanding:
 - Provider eligibility rules
 - Reimbursable CPT and HCPC code sets
 - Federal match for data and evaluation activities required to build an evidence base and drive quality improvement for these supports
 - Direct federal reimbursement for a broad array of activities associated with “care coordination”: case management, peer services, resource navigation, and cross-system, team-based care management
 - Funding and technical assistance to scale out lessons learned from InCK pilot models
 - Policies limiting diagnosis-based reimbursements, such as guidance ensuring that dietitians, exercise physiology, and nutrition education services are reimbursed at the same rates and provider requirements for any diagnosis
 - Policies reimbursing at cost and incentivizing a broad array of prevention and health promotion services
 - Direct reimbursement of community-based services at non-medical settings, such as exercise physiological education provided by a licensed clinician at a community recreation center.

In closing, Children’s Hospital Colorado truly appreciates the Committee’s interest in our models for addressing hunger and facilitating broader pediatric population health transformation related to Resource Connect and the Food as Medicine Initiative. Please do not hesitate to contact Zach Zaslow, Senior Director of Government Affairs and Medicaid Strategy, at Zach.Zaslow@childrenscolorado.org for more information.

Sincerely,

/s/

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U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON RULES
EST. 1789 | JAMES P. McGOVERN (MA-2), CHAIRMAN

U.S. HOUSE OF REPRESENTATIVES
Committee on Rules

**ROUNDTABLE: “Ending Hunger in America: Examining Hunger
on College Campuses”**

September 8, 2021

Roundtable Examining Hunger on College Campuses ([link](#))

Testimony by: Ruben E. Canedo (he/they), Director Strategic Equity Initiatives, UC Berkeley

Thank you for your invitation to participate in today's roundtable discussion. I'm honored to be here with you and to call in the generations of students who have previously, are currently, and who will experience basic needs challenges across food, housing, health, transportation, dependent care, etc.. We also call in our communities who have dedicated and those still dedicating some or all of their time to supporting students' basic needs. This is a multigenerational journey that we are honored to serve as bridges, organizers, and alchemists of possibilities with you today.

Chairman McGovern recently visited both our UC Berkeley campus and the Berkeley Food Network. I had the honor of attending both sessions and learned from the powerful stories and efforts happening in our Bay Area, State, and across the country. I was left in awe and energized knowing that we are not alone in believing and contributing every day to the basic needs of our communities. Within a matter of days we learned about the formal letter signed by the 25 Chairs of House Committees encouraging President Biden to convene a national conference to vision and design a roadmap to end hunger in America by 2030. Immediately after, I received the invitation to join today's roundtable.

I share the journey to my participation today to frame the depth of my awe. The abundance that has flowed leading up to today is unheard of:

When I was in Calexico High School, despite being part of federal and state funded programs like TRiO, AVID, and Mock Trial ... despite being part of the chosen few in AP courses ... despite being heavily involved in leadership roles - no one ever spoke to us - much less - trained us to understand and navigate our basic needs into and through college. At best, we were told about application requirements, applying for FAFSA, and some factors to consider in making our decision of where to attend college. No one ever spoke or prepared us for what to do, how to navigate, and succeed in college - only how to get there.

When I received a full ride scholarship to attend UC Berkeley, I was told that I didn't have anything to worry about because of my full ride scholarship. Then I got there and I learned that I wouldn't be allowed to work because of my full ride scholarship, despite the scholarship not providing enough funding to cover my basic needs year round - much less support my family the way I had earned the honor of doing so. When I asked college counselors, state and federal campus programs, and equity support services about support with basic needs - they would each share that I wasn't alone in my struggles. Many had experienced the same challenges 5, 10, and 20 years ago when they were in college. In their effort to norm and affirm me that I wasn't alone, I was only further heartbroken that so many of us were struggling to eat, remain safely housed, care for our health, and there were no organized or coordinated efforts to support us. We had no idea that all of our challenges would get even worse through the 2008-2009 recession and the 82% UC tuition increase as a result of less funding directed to our UC system from federal and state budgets.

We speak so much about higher education being the great social equalizer in our country. I guess, in its literal sense, my college experience was equal in that I was expected to attend and perform through the rigorous academic landscapes of UC Berkeley just like all my peers. Never did a professor in any of my undergraduate or graduate courses provide an equitable quantity or rigor of reading, assignments, midterms, or finals to adjust for the fact that some of us had to work multiple jobs and had responsibilities beyond our academics... and others... did not. I had peers who were generationally wealthy, legacy students, and other intersectional privileges where they could solely focus on their

academics. To this day I haven't heard of a college or university across the country that has an equity centered academic policy to honor the health, wellbeing, and capacity of students through their undergraduate and graduate degree completion.

Today, the total cost of attendance, which includes both tuition and cost of living, are more expensive than ever before. Not only are things more expensive, students are having to navigate college through ongoing environmental catastrophes, compound pandemics, extreme political swings that impact budgets and decision-making, and no navigational training or preparation prior to entering college.

Thankfully, we've been in an emergent community organizing journey since I graduated. Today, at UC Berkeley our Chancellor actively names basic needs as a priority, our new Vice Chancellor of Equity & Inclusion actively shares about her lived experiences & commitments to improving basic needs, and all new admits and continuing students are welcomed with information and invitations to our UC Berkeley Basic Needs Center. This is not just at UC Berkeley, all 10 UC campuses have an institutionalized basic needs committee, we have a UC Systemwide Basic Needs Committee that coordinates research, prevention services, sustainability, and advocacy with all 10 campuses, all student elected and organizing entities are organized to improve student basic needs, we've built infrastructure for basic needs and health equity efforts at the UC Office of the President, and we have a very proactive UC Regents Board dedicated to improving student basic needs. Beyond UC, we created the California Higher Education Basic Needs Alliance (CHEBNA) to unite and coordinate basic needs efforts across the public higher education segments of California: California Community Colleges, California State University, and University of California. Our UC and CHEBNA efforts have earned us trust-centered relationships with state departments and committees, state associations, and state coalitions dedicated to improving basic needs of all people, including college students. Through this emergent journey, we have learned with great detail timely solutions and possibilities that can move us towards ending hunger in America:

- **Name College Students**
 - Name college students amongst our federal priority populations alongside children, single parents, disabled, veterans, and elderly community members.
 - College students have intersectional identities, they are single parents, disabled, veterans, elderly, and/or have dependents that are children or elders.
- **Design for College Students**
 - Design college student policies, protocols, and cultures across all federal departments.
 - We cannot only name college students as a priority population in the existing systemic and institutional landscape.
 - We must be intentional about advancing our current systems and institutions towards serving college students with a sense of belonging, equity, effectiveness, and accountability.
 - We already have solutions to existing challenges and even more possibilities will be generated by finally naming & designing for college students as a priority population for all federal departments.
 - Additionally, college students, especially our first-generation college students, are the ones assisting and translating federal programs and processes for our families.
- **Prevent Systemic Crises**
 - As we name and design college students into our federal ecosystem we must also do everything possible to prevent students experiencing challenges that need crisis interventions.

- We can prevent students from experiencing basic needs challenges by ensuring that students can cover their cost of attendance. Beyond tuition, the cost of living is the true debt generator. Doubling the Pell Grant for undergraduate students will move us in that direction.
- We need to understand and commit to our graduate and professional school students who will not benefit from Doubling the Pell Grant. We must ensure that they can also cover their cost of attendance, especially given their more challenging landscape of starting with higher levels of debt and having less financial aid to fund their graduate/professional degrees.
- **Organize for belonging, equity, and justice**
 - As we energize the healthiest and best journey ahead, we must organize.
 - Organize our data, tracking, and reporting. We need a student basic needs assessment at the start, midpoint, and end of year to track the non-linear basic needs experiences of our students. This data will inform effective practices to share out, equity centered decision-making for resources, policy-making, and implementation.
 - Organize these and future roundtables and hearings to connect participants, efforts, and possibilities to make progress according to capacity rather than wait for everything to be ready.
 - Organize the journey towards, success of, and strategy beyond the upcoming White-House Conference to End Hunger in America. We are ready and energized to contribute to the planning, facilitation, and implementation of agreements reached at the White-House Conference.

We are not interested in placing college students in a hierarchy of human value over the rest of our communities. Rather, we understand the many transformative ways that taking care of college students will allow them to go off and take care of communities they will live in, work with, and lead. We thank you for your invitation to today's conversation and to the efforts ahead that will end hunger in America.

I leave you with what became a guiding compass for me through our compound pandemic times, an offering from Octavia Butler:

“God is Change,
 And in the end,
 God prevails.
 But meanwhile...
 Kindness eases Change.
 Love quiets fear.
 And a sweet and powerful
 Positive obsession
 Blunts pain,
 Diverts rage,
 And engages each of us
 In the greatest,
 The most intense
 Of our chosen struggles.”

May our positive obsession be ending hunger in America and may our chosen struggle be to end hunger in America with values of belonging, equity, pleasure, and justice.

Testimony of Dr. Sara Goldrick-Rab

President and Founder
The Hope Center for College, Community, and Justice at Temple University
Professor of Sociology & Medicine
Temple University

Prepared for the U.S. House of Representatives Committee on Rules
Ending Hunger in America: Hunger on College Campuses

September 8, 2021

Chairman McGovern, Ranking Member Cole, and distinguished members of the Committee, thank you for your commitment to highlighting and taking bold action to end hunger in America—including on college campuses. The opportunity to speak today is a bright sign of progress, and a true honor.

My name is Sara Goldrick-Rab, and I'm the founder and president of The Hope Center for College, Community, and Justice. I'm also Professor of Sociology and Medicine at Temple University. Founded at Temple in 2018, The Hope Center is transforming higher education into a more effective, equitable, and impactful sector using a powerful combination of applied scientific research, technical assistance to colleges and universities, policy advising with state and federal governments, and strategic communications. We view students as humans and lifelong learners whose college educations will improve their communities and the nation. **Our primary expertise is in basic needs security, including food security, among college students.**

The evidence is clear: addressing students' basic needs is required for ensuring their success in college.¹ In addition, while these hearings are focused on ending hunger, many students facing food insecurity are also in need of safe, secure, and adequate housing—to sleep, to study, to cook, and to shower; healthcare to promote sustained mental and physical well-being; affordable technology and transportation to learn and get to class; resources for personal hygiene; and childcare and related needs. Without these basic needs met, students struggle to learn, achieve, and graduate. They fall deeply into debt, often leaving college without degrees needed to repay it.

This problem wastes talent and moves our country backwards. We must address the root causes driving food insecurity on campus and beyond. This goes far beyond the high price of college and failures of the financial aid system; it includes the paucity of living wage jobs, the extraordinary levels of wealth inequality and the racial wealth gap, and the systemic flaws in the so-called safety net.²

Having been deeply engaged in this work for more than 20 years, I assure you that basic needs insecurity in higher education, particularly food insecurity and hunger, is real, pervasive, and something that we can absolutely solve with the right combination of political will and strategic investment.

KEY FACTS ABOUT FOOD INSECURITY IN HIGHER EDUCATION

The Hope Center was the first to collect data on college food insecurity across the nation at a time when it was hardly recognized. The #RealCollege Survey, which we created in 2015, is the nation's largest annual assessment of students' basic needs that provides a detailed assessment of the problem by institution, and often by state. The survey has been completed by more than 550,000 students at 530 colleges and universities in all 50 states. We assess food insecurity using the validated 18-item instrument developed by the U.S. Department of Agriculture, which is especially appropriate because an estimated 1 in 5 students has a child and the instrument takes their needs into account.³

Our most recent survey, fielded in the fall of 2020 during the COVID-19 pandemic, included responses from nearly 200,000 students attending 202 colleges and universities in 42 states. Consistent with prior surveys, we found that 1-in-3 students experienced food insecurity in the 30 days prior to the survey;

¹ Broton, K. & Cady, C. (2020). *Food Insecurity on Campus: Action and Intervention*. Johns Hopkins University Press; Wolfson, J. et al. (2021). The effect of food insecurity during college on graduation and type of degree attained: evidence from a nationally representative longitudinal survey. *Public Health Nutrition*, DOI: [10.1017/S1368980021003104](https://doi.org/10.1017/S1368980021003104)

² Goldrick-Rab, S. (2016). *Paying the Price: College Costs, Financial Aid, and the Betrayal of the American Dream*. University of Chicago Press.

³ U.S. Department of Agriculture, Economic Research Service. (2012). U.S. adult food security survey module: Three-stage design, with screeners.

1-in-3 students who struggled to learn because they could not access or afford balanced meals; because they were worried about whether food would run out before they could buy more; because they were experiencing hunger. As with so much across our economy and our education system, we detect profound inequities:

- Students at community and technical colleges are 10 percentage points more likely to experience food insecurity compared to their peers at four-year institutions. Students attending Historically Black Colleges and Universities and those attending Tribal Colleges and Universities experience food insecurity at much higher rates than students at Predominately White Institutions.
- Compared to non-Hispanic white (28%) students, rates of food insecurity are much higher among African Americans (47%), Hispanic or Latinx students (40%), Indigenous and Native (51%), and multi-racial (40%) students.
- Pell Grant recipients (44%) experience higher rates of food insecurity than their counterparts (27%).
- Students with children (47%) experience higher rates of food insecurity when compared to non-parenting students (31%).
- Older students, including those over 25 years old (40%), experience significantly higher rates of food insecurity than younger students aged 18 to 20 (26%).
- Rates of food insecurity are also much higher among LGBTQ students, veterans, former foster youth, and students who pursuing higher education after exiting the criminal (in)justice system.⁴

This problem cannot simply be attributed to the pandemic and the current economic crisis. Our pre-pandemic surveys found persistent, and sometimes higher, rates of food insecurity in the five years leading up to 2020.⁵ This is because higher education and safety net policies have failed to address the new economics of college and evolve with the students they are meant to serve. Stagnant incomes, declining state support for higher education, the rise in college prices that affect all but the top earners, and a threadbare social safety net have all made a college degree less attainable and students more likely to face trouble affording all of the costs associated with attending school. The pandemic-induced recession and economic uncertainty exacerbated these trends and dynamics, but it did not create them.

Public benefit programs like SNAP are a critical tool to help reduce hardship among students. Yet these programs contain unnecessary restrictions that limit students' ability to access the very benefits that would reduce hunger and help them succeed.⁶ Our 2021 survey showed that only 1 in 5 students facing food insecurity utilized SNAP benefits, largely due to restrictions on who can access them and the difficulty in applying.⁷ Even students deemed eligible for SNAP or other supports are blocked by complex bureaucracies and administrative burdens.⁸ As a result, according to a 2019 study by the Government Accountability Office (GAO), 57% of students who are likely food insecure and eligible for SNAP do not receive it.⁹ While Congress and the Biden administration should be commended for temporarily expanding

⁴ The Hope Center for College, Community, and Justice. (2021). *#RealCollege 2021: Basic Needs Insecurity During The Ongoing Pandemic*. <https://hope4college.com/wp-content/uploads/2021/03/RCReport2021.pdf>. The Hope Center for College, Community, and Justice. (2020). *Tribal Colleges and Universities: #RealCollege Survey Report*. <https://hope4college.com/tribal-colleges-and-universities-realcollege-survey-report/>

⁵ The Hope Center for College, Community, and Justice. (2020). *#RealCollege 2020: Five Years of Evidence on Basic Needs Insecurity*. <https://hope4college.com/realcollege-2020-five-years-of-evidence-on-basic-needs-insecurity/>

⁶ Center for Law and Social Policy. (2021). *Frequently Asked Questions About SNAP and Students*. <https://www.clasp.org/publications/report/brief/frequently-asked-questions-about-snap-and-students>

⁷ The Hope Center for College, Community, and Justice. (2021). *#RealCollege 2021: Basic Needs Insecurity During The Ongoing Pandemic*. <https://hope4college.com/wp-content/uploads/2021/03/RCReport2021.pdf>

⁸ Herd P, and Moynihan D. (2018). *Administrative Burden: Policymaking by Other Means*. Russell Sage Foundation.

⁹ U.S. Government Accountability Office. (2019). *Food Insecurity: Better Information Could Help Eligible College Students Access Federal Food Assistance Benefits*, <https://www.gao.gov/products/gao-19-95>

student eligibility for SNAP, and expanding benefits during the public health emergency and beyond, there is much more to do to align benefits with the needs of today’s students.

HOW HIGHER EDUCATION IS ADDRESSING FOOD INSECURITY

In the absence of significant federal leadership, and with modest state support, over the last five years many colleges and universities and their off-campus partners have taken it upon themselves to go beyond food pantries in addressing food insecurity. This is important because while campus food pantries help draw attention to the problem, they are not effective in reducing food insecurity.¹⁰

Centralizing access to public benefits, emergency aid, case management services, and a food pantry in one location is a particularly promising approach.¹¹ Evaluations of the model used by Single Stop USA, and results of a randomized controlled trial evaluating Amarillo College’s Advocacy and Resource Center, are revealing. With their basic needs addressed, students have substantially greater likelihoods of success in college.¹²

Nonprofits can assist: on 10 community and technical college campuses throughout Seattle, the United Way of King County operates Benefits Hubs with the support of AmeriCorps VISTAs.¹³ RISE, a California-based nonprofit, utilizes a peer-to-peer modeled approach via Student Navigator Networks, in which students help their peers locate information and apply for public benefits.¹⁴ This year the California legislature passed AB132, providing \$30M to community colleges and requiring them to establish basic needs centers. Many California four-year colleges and universities already have these centers, thanks in part to the state’s 2017 Hunger-Free Campus legislation (today’s testimony from Ruben Canedo will address this). Hawaii is also funding programs that incorporate support for applying for SNAP benefits with other supports like tuition assistance and reimbursement for educational materials, transportation benefits, and more.¹⁵

Recognizing that the National School Lunch Program abruptly ends when a student finishes high school, some colleges and universities provide free meals on campus. Compton College in Los Angeles partners with Everytable to provide daily free meals to students as well as free home meal delivery.¹⁶ In 2019, following a student hunger strike, the University of Kentucky partnered with Aramark to open the ONE Community Café. The café serves to-go meals for \$1 and in its first year fed about 24,000 students.¹⁷ White Mountains Community College in New Hampshire recently began providing daily breakfast and

¹⁰ Poppendieck, J. (1999). *Sweet Charity? Emergency Food and the End of Entitlement*. Penguin Books.

¹¹ Price, D. & Umaña, P. (2021). *One Stop Center Models: A Guide to Centralizing Students’ Basic Needs Supports*. The Hope Center for College, Community, and Justice. <https://hope4college.com/one-stop-center-models-a-guide-to-centralizing-students-basic-needs-supports/>

¹²What Works Clearinghouse, Institute of Education Sciences, U.S. Department of Education. (November 2020). Single Stop USA’s Community College Initiative. Retrieved from [https:// whatworks.ed.gov](https://whatworks.ed.gov); Goldrick-Rab, S., Clark, K., Baker-Smith, C. & Witherspoon, C. (Forthcoming). *Supporting the Whole Community College Student: The Impact of Nudging for Basic Needs Security*. The Hope Center for College, Community, and Justice.

¹³ The Hope Center for College, Community, and Justice & DVP – Praxis. (2020) *Cross-Sectoral Benefits Hubs: An Innovative Approach to Supporting College Students’ Basic Needs*. https://hope4college.com/wp-content/uploads/2020/12/UWKC_BenefitsHubReport_FINAL_12.01.2020.pdf

¹⁴ RISE Basic Needs Advocacy and Direct Support: <https://risefree.org/basic-needs-advocacy-direct-support/>

¹⁵ Hawai’I Nutrition Education and Training (HINET), <http://hinethawaii.org/>

¹⁶ For more, see: <http://www.compton.edu/adminandoperations/campuspolice/Documents/student-emails/042120-Free-Food-Options.pdf>

¹⁷Momeyer, S. 2020. UK’s \$1 per meal cafe continues on almost a year after student hunger protests. *Kentucky Kernel*. http://www.kykernel.com/lifestyle/uks-1-per-meal-cafe-continues-on-almost-a-year-after-student-hunger-protests/article_a92d15f4-4066-11ea-a0ff-1b22bf0e7d14.html

lunch and one dinner per week to all enrolled students.¹⁸ This month, Ozarks Technical and Community College in Missouri announced that it will expand its successful free breakfast program to all of its campuses.¹⁹ The Swipe Out Hunger program, whose CEO Rachel Sumekh is testifying today, offers a swipe donation program that also helps students eat on campus. Students at Spelman College and Morehouse College led a 2017 hunger strike in order to bring that program to campus.²⁰ It appears the effort is warranted: The Hope Center’s rigorous evaluation of a meal voucher program at Bunker Hill Community College in Massachusetts found that it boosted credit attainment, likely improved students’ well-being and reduced the severity of food insecurity.²¹

Emergency cash aid is another promising approach to addressing food insecurity in a way that centers students’ dignity and choice. The latest #RealCollege survey found that “having more or better food to eat” was one of the top five most-cited uses of emergency grant aid funds, including by 6 in 10 two-year college students.²² In partnership with the American Federation of Students, the nonprofit Believe in Students operates a FAST Fund program engaging faculty to distribute emergency aid in a compassionate and rapid manner to students across the nation.²³ Compton College, Dallas College, the San Diego Community College District, Western Governors University, and many others offer fast and easy access to emergency funds using an app called *Edquity*.²⁴ Among the more than 97,000 students at 18 institutions who have applied for emergency aid using that app, an estimated 44% were food insecure. An initial evaluation suggests that students who received \$250 in support via *Edquity* were twice as likely to graduate.²⁵ Given Congressional support for the Higher Education Emergency Relief Funds (HEERF), campuses have an opportunity to use federal emergency aid funds to prevent students from going hungry or leaving school because they cannot afford food or other necessities. Moreover, several states including Wisconsin, Minnesota, California, and Washington offer state funding for student emergency aid.

RECOMMENDATIONS

These initial actions by colleges and universities, and a handful of states, are a good start but far from sufficient to address a problem that affects at least five million college students. At a time when education beyond high school is more essential than ever to family stability and community health, federal higher education and public benefit programs must be designed, funded, and implemented to ensure that food insecurity is not an obstacle.

(1) LEVERAGE FEDERAL FINANCIAL AID

Americans care about what we count and count what we care about. Until recently, no one systematically assessed food insecurity among students and the problem flew under the radar. The federal

¹⁸ For more, see: <https://www.wmcc.edu/wmcc-launches-free-meals-program-for-students/>

¹⁹ Riley, C. (Sept. 3, 2021). “Free breakfast program expands to all campuses at Ozarks Technical Community College.” *Springfield News-Leader*. <https://www.news-leader.com/story/news/education/2021/09/03/ozarks-technical-community-college-otc-expands-free-eagle-breakfast-program/8165907002/>

²⁰ Hill, Selena. (2017). “Spelman President Vows to Feed Hungry Students Following Hunger Strike.” *Black Enterprise*. <https://www.blackenterprise.com/spelman-hungry-students-hunger-strike/?test=prebid>

²¹ Broton, K., Goldrick-Rab, S., and Mohebbi, M. (2020). *Fueling success: An experimental evaluation of a community college meal voucher program*. The Hope Center for College, Community, and Justice. https://hope4college.com/wp-content/uploads/2020/03/BunkerHill_Report.pdf

²² The Hope Center for College, Community, and Justice (2021)

²³ Disclosure: I founded and serve on the board of Believe in Students, see www.believeinstudents.org

²⁴ Disclosure: My research contributed to the development of the *Edquity* app and I am *Edquity*’s Chief Strategy Officer, as a paid consultant and stockholder.

²⁵ Anderson, D.M. (2021). *Edquity grantees cross the finish line at Compton College*. <https://www.edquity.co/compton-college-edquity>

government has tremendous leverage through Title IV federal financial aid programs to require institutions to document and address food insecurity. At minimum, institutions should be required to regularly assess and report levels of basic needs insecurity (both food and housing) among their students. Colleges that receive GI Bill and Veterans Benefits should be required to report and have a plan to address food and basic needs insecurity for veterans and servicemembers.²⁶

Congress must also ensure that colleges receive sufficient appropriations to address food insecurity. Most current funding allocates funds by aggregating part-time students into full-time equivalents (FTE), which greatly reduces support for the ~6 million part-time college students, many of whom have children and are at greater risk of food insecurity. It is far more effective and equitable for federal and state policymakers to distribute funds based on total headcount rather than FTE.²⁷

(2) EXPAND SNAP BENEFITS AND THE NATIONAL SCHOOL LUNCH PROGRAM

Joint action by agencies including the USDA, the Department of Education, Housing and Urban Development, and Health and Human Services is required to expand and align programs to address food insecurity for students. During the pandemic, Congress took the necessary step of temporarily expanding SNAP eligibility for students with a \$0 Expected Family Contribution and those eligible for work study. In addition, we commend the Biden Administration and the USDA for revising and updating the Thrifty Food Plan which will expand SNAP benefits by nearly 25 percent from pre-pandemic levels.²⁸ It is now time to go further. Congress should pass and the Biden Administration should sign the Student Food Security Act, which would permanently expand eligibility for SNAP to students eligible for work study or those with a \$0 Expected Family Contribution and provide grants to institutions that serve high numbers of low-income students & students of color to identify and reduce food insecurity. In addition, the Enhanced Access to SNAP Act (EATS) Act would include attending an institution of higher education as a form of SNAP qualification, similar to work.

Congress should also expand the National School Lunch Program (NSLP) to students in higher education. The NSLP is a program that has been successful in reducing malnutrition and expanding health and academic well-being.²⁹ It is only logical, given the pervasiveness of food insecurity in higher education, to expand the program to college students who have already demonstrated financial need.

(3) MAKE FEDERAL FUNDING FOR EMERGENCY AID PERMANENT

Through the three rounds of HEERF funding, Congress has allocated billions of dollars in direct emergency grants to students coping with the financial and health fallout from the ongoing pandemic. Critically, emergency grants are available to students who cannot complete the FAFSA and they can be

²⁶ In our experience, community colleges and regional four-year institutions are much more likely to voluntarily collect and report these data; colleges with high-research activity and low admissions rates, and for-profit colleges, are less likely to collect and report data and should be required to do so in order to receive federal aid.

²⁷ Welton, C., Goldrick-Rab, S., and Carlson, A. (2020). *Resourcing the Part-Time Student: Rethinking the Use of FTEs in Higher Education Budgets*. The Hope Center for College, Community, and Justice. https://hope4college.com/wp-content/uploads/2020/05/RealCollege_PolicyBrief_HCvFTE.pdf

²⁸ Butcher, K. (2021). *The new Thrifty Food Plan re-evaluates a 50-plus-year-old design and low-income kids will benefit*. Brookings Institution. <https://www.brookings.edu/opinions/the-new-thrifty-food-plan-re-evaluates-a-50-plus-year-old-design-and-low-income-kids-will-benefit/>

²⁹ Goldrick-Rab, S., Broton, K., Colo, E. (2016). *Expanding the National School Lunch Program to Higher Education*. The Hope Center for College, Community, and Justice. <https://hope4college.com/expanding-the-national-school-lunch-program-to-higher-education/>

disbursed quickly, filling in where standard Title IV financial aid falls short.³⁰ This support will be needed well beyond the pandemic, as students continue to endure economic volatility, the effects of climate change, and so much more. Congress should work to make the emergency aid a permanent fixture of federal higher education policy, drawing on groundwork laid by The Emergency Grant Aid for College Students Act. Funds could be allocated to institutions that report high levels of basic needs insecurity among students, and increased during regional or national economic downturns. Administrative support must be provided to help institutions establish and scale their infrastructure for this work to ensure funds are distributed quickly and without hassle.

(4) PROVIDE INCENTIVES AND ACCOUNTABILITY FOR INSTITUTIONS TO ADDRESS FOOD DESERTS AND FOOD PRICES

Campus food insecurity is also a function of the availability of nutritious food, as well as high food prices imposed upon students. For example, in North Philadelphia—the neighborhood around my institution, Temple University and the home to many Community College of Philadelphia students—30% of residents are food insecure.³¹ Meanwhile, most grocery stores in the city are clustered in higher-income neighborhoods, leading to food deserts in the exact areas where many #RealCollege students live, study, and work. Congress should provide incentive funds for both institutions of higher education and the communities in which they reside to address food deserts and expand the availability of nutritious, low-cost food to students at all campuses. Believe in Students is working with area organizations in Philadelphia to offer a low or no-cost off-campus food option.³²

Finally, we must hold institutions accountable for prioritizing affordability, student health, and academic success when setting meal prices for campus dining, particularly when negotiating with private food service providers. Colleges and universities should be required to submit regular information regarding campus food prices and how they compare to food prices locally, regionally, and nationally.

CONCLUSION

Federal higher education and public benefit systems are behind the times. Students are dropping out of college not for lack of talent but for lack of food. We are eating our seed corn. This is the legacy of a lack of public investment, rising prices, dramatic increases in inequality, and above all, a basic misunderstanding of who students are and what they need to succeed.

I thank this committee for its leadership and willingness to hold this series of roundtables on how to combat and end hunger across the country, and for a particular willingness to shine a light on the very real problem of campus hunger and food insecurity. I also thank #RealCollege students, who have known about this crisis for a long time and been ignored. Their actions and advocacy are why we are finally here today. Now is our time to make the investments necessary to end this absurd problem once and for all.

³⁰ Goldrick-Rab, S. (2020). *Guide to Emergency Aid Distribution*. The Hope Center for College, Community, and Justice. <https://hope4college.com/guide-to-emergency-grant-aid-distribution/>

³¹ Feeding America. (n.d.). Food Insecurity in Philadelphia County.

³² Sweitzer-Lamme, M. “Gathering with Dignity.” *The Philadelphia Citizen*. <https://thephiladelphiacitizen.org/gather-food-hall-temple/>



**Testimony of Dr. Joseph Ray
Acting Director, Counseling and Placement
Allen University**

September 8, 2021

**U.S. House of Representatives Committee on Rules Hearing on
*Ending Hunger in America: Hunger on College Campuses***

Allen University: An HBCU Perspective on Ending Food Insecurity on Campus

Thank you Chairman McGovern, Ranking Member Cole, and distinguished Members of the House Committee on Rules for holding this hearing and providing me with the opportunity to speak today about food insecurity on college campuses. My name is Dr. Joseph Ray and I am the Acting Director of Counseling and Placement at Allen University located in Columbia, South Carolina.

Data Shows that Food Insecurity is a Widespread Problem on College Campuses.

Food insecurity is a major issue on college campuses across the country, with recent studies indicating that 20-50% of college students in the U.S. experience food insecurity. This is far higher than rates of food insecurity among the general population, which is closer to 12%.¹ It is also important to note that not all students have equitable access to food supports and services, with recent research showing that Historically Black Colleges and Universities (HBCUs) are significantly more likely to be located in low food access areas than public non-HBCUs.² Food insecurity can have a negative impact on student academic performance as well as overall health and well-being.^{3,4,5} Yet, the misconception that food insecurity doesn't affect college students remains commonplace. This is fueled in part by outdated perceptions of what the "typical" college student looks like. For example, not all students come from middle-or upper-class backgrounds. Many are the first in their family to attend college and work full-time jobs while attending school to support themselves and their families.

¹ Freudenberg, N., Goldrick-Rab, S., & Poppendieck, J. (2019). College students and SNAP: The new face of food insecurity in the United States. *American Journal of Public Health, 109*(12), 1652-1658. <https://doi.org/10.2105/AJPH.2019.305332>

² Kornbluh, M., Hallum, S., Wende, M., Ray, J., Herrstadt, Z., & Kaczynski, A. T. (2021). Examining Disparities in Food Access Between Historically Black Colleges and Universities and Non-Historically Black Colleges and Universities. *American Journal of Health Promotion, https://doi.org/10.1177/08901171211024412*

³ Goldrick-Rab, S., Richardson, J., & Hernandez, A. (2017). Hungry and homeless in college: Results from a national study of basic needs insecurity in higher education. Wisconsin HOPE Lab. Retrieved from <https://hope4college.com/wp-content/uploads/2018/09/Hungry-and-Homeless-in-College-Report.pdf>

⁴ Crutchfield, R. M. & Maguire, J. (2018). California State University Office of the Chancellor Study of Student Basic Needs. Retrieved from <http://www.calstate.edu/basicneeds>

⁵ Raskind, I. G., Haardorfer, R., & Berg, C. J. (2019). Food insecurity, psychosocial health, and academic performance among college and university students in Georgia, USA. *Public health nutrition, 22*(3), 476. <https://doi.org/10.1017/S1368980018003439>

Knowing that Columbia has a host of colleges and universities, and that food insecurity on college campuses is a rising issue across the U.S., the Columbia Food Policy Committee voted in 2020 to create a subcommittee to help bring about programmatic and policy change on Columbia campuses and across the city to reduce the rate of college students experiencing food insecurity. The subcommittee is currently comprised of five institutes of higher learning: Allen University, Benedict College, Columbia College, the University of South Carolina, and the University of South Carolina School of Law, with 2-3 College Student Organizers and a minimum of one faculty/staff mentor representing each school.

The Columbia Food Policy Committee believes that the insights and voices of college students are vital to this work, however, they also recognize that many students face financial barriers to completing their schooling and must prioritize employment over other opportunities. To create a more equitable opportunity for students to participate in this subcommittee, the committee secured funding to compensate students for their time and efforts in the form stipends and food vouchers.

Since beginning work in the Fall of 2020, the subcommittee has focused on a variety of topics including:

- Sharing best practices surrounding campus food pantry management.
- Supporting Benedict College's successful opening of a food pantry on their campus.
- Reducing the stigma associated with food insecurity.
- Exploring the feasibility of and planning for a Food Pantry Reciprocity Program. The program would allow students from participating schools to gain access to all food pantries located at participating schools.
- Conducting student-led virtual focus groups to explore the ideas, concerns, and perspectives of college students, faculty, and staff regarding food insecurity on their campuses. Findings will be shared with the full Columbia Food Policy Committee, the Columbia City Council, and be used to inform future directions of the subcommittee.
- Expanding transportation options for students to access grocery stores.

Future plans include:

- Creating a central hub/platform for college food pantries to share resources.
- Developing food security trainings to present to different campus and community organizations.
- Creating policies that will increase healthy food options available at the food pantries housed in our academic institutions.

Allen University's Food Pantry Provides Welcomed Relief to HBCU Students Experiencing Food Insecurity.

Today's college student does not fit the profile of the typical college student of the late 1950s and 1960s. During this era college students were warned that they would be 20-25 pounds heavier by their senior year. Eating an abundance of campus cafeteria food was blamed for the massive weight gain of students which drastically increased the waistlines and ring sizes of many students who never dreamed that they would have a weight problem. As a freshman at South Carolina State University in 1969, I heard the rumors about becoming overweight if you ate too much of the cafeteria food. To complicate matters even further, I was a work study student assigned to the campus cafeteria.

During my four year (1969-1973) stretch as an undergraduate and work study cafeteria worker, I noticed lots of bloated waistlines around campus. I am proud to say that the bloated waistlines at SC State University, an HBCU located in Orangeburg, South Carolina, were a direct result of Black students having adequate financial aid, scholarships, and work study jobs that allowed them the luxury of having access to an adequate food supply (Campus cafeteria) and to live on campus as a fulltime student. Many of my classmates chose to live on campus because the nearest grocery store was at least 4 miles from campus. In essence, the HBCU I attended, and 98 other HBCUs were in Low food access areas (LFAs)

according to a study published in the *American Journal of Health Promotion* titled: *Examining Disparities in Food Access Between Historically Black Colleges and Universities and Non-Historically Black Colleges and Universities*.² As one of the co-authors of this research study, I was surprised to learn that so many HBCUs are in LFAs.

In May of 1969, President Nixon addressed Congress with a message that according to a Time magazine report exposed the problem. In his message to Congress he promised to revamp the Food Stamp program. However, despite his promises, things got worse, and by 1974 he resigned in the wake of the Watergate scandal when the United States was now experiencing a full-blown food crisis. In 1984, *President Reagan's Task Force on Food Assistance* failed because the task force infuriated community activists when they stated that they could not find widespread evidence of hunger. Now here we are today dealing with a food crisis that will cause a young student to fail a class because they had to choose between paying rent or buying food. Today's HBCU college students are having it rough. So many of our students must work fulltime jobs to help pay for their tuition because they are not receiving enough Pell grant money to cover the cost of their tuition. They do not have the luxury of having enough to eat, devoting enough time to study, getting adequate rest, and experience prolonged bouts of stress and anxiety.

Allen University Food Pantry.

I started the *AU Food Pantry* in *April of 2019* when I was hired as the campus counselor in the division of Student Affairs. In my job description, it clearly stated that starting a food pantry was a top priority of Dr. Ernest McNealey, President of Allen University. I was hired on a Monday and had the food pantry up and running on Friday. The tremendous sense of urgency to start the food pantry was very evident in the *110 students* that showed up during the Grand Opening ceremonies.

The success of the AU Food Pantry is due to the generous help of one community nonprofit that stepped in to help me set up the food pantry from the very start. I have also picked up two additional sponsors which have helped the food pantry to continue distributing weekly food bags throughout the academic school year. We also have two student organizers who serve as volunteers and on the College Food Insecurity Subcommittee. To date, the AU Food Pantry has distributed **2,878 food bags** to students living on and off-campus. In addition to providing students with healthy snacks, we also include a variety of fruits and nuts.

Recommendations for Addressing Food Insecurity at HBCUs:

- Increase the amount of Pell Grant money to offset the rising costs college tuition.
- Establish an Emergency Fund Account to help students from creating debt to pay for living expenses like rent, utilities, food, car repairs, and other incidentals.
- Allen University has a cooperative agreement with Comet City Bus Transportation to allow our students to ride the city bus “free” anywhere throughout the city (Students only must show their Student ID).
- Since many of our students are from rural, low-income families, where many of their family members also face food insecurity, efforts should be made to conduct a needs assessment to ensure that the food insecurity problems are not ongoing when they leave campus to return to their respective hometowns. For instance, monthly food packages can be sent to families from nonprofits in the area in which they live.
- Improve the financial wellbeing of students by teaching them financial literacy.

Thank you for your time and for helping to bring national attention to this important issue.



HUNGER SOLUTIONS
INSTITUTE

**Testimony of Dr. Alicia Powers
Managing Director
Hunger Solutions Institute**

September 8, 2021

**U.S. House of Representatives Committee on Rules Hearing on
*Ending Hunger in America: Examining Hunger on College Campuses***

The importance of a quality college education in the American workplace cannot be understated. In our modern society, a college education continues to be a major contributor to financial opportunity for the American family. Pop culture references further lend importance to the college experience as a rite of passage for a burgeoning adult, filled with independence, social events, coffee shop study groups, and life-long friendships. Yet, research suggests more than 30% of American college students struggle to meet even basic needs as they pursue a better future¹. To ensure all students have the opportunity to pursue higher education and the benefits it provides to their personal lives, the American economy, and our democratic republic, colleges and universities must have the capacity to strategically address student basic needs. Focusing specifically on the issue of college student food insecurity, this paper will provide a research-informed picture of college student food insecurity, explore factors contributing to a student's difficulty accessing adequate food resources, and review promising efforts of the

¹ Government Accountability Office [GAO]. (2018). Food Insecurity: Better Information Could Help Eligible College Students Access Federal Food Assistance Benefits. (GAO Publication No. 19-95). Washington, DC: U.S. Government Printing Office.

Hunger Solutions Institute at Auburn University and partnering universities of the Alabama Campus Coalition for Basic Needs (ACCBN) to address college student food insecurity throughout the state of Alabama.

College Student Food Insecurity Prevalence and Risk Factors

While data on the prevalence of food insecurity in college students remains sparse, many researchers are working to develop common methods to measure food insecurity in the college student population. In a recent United States Government Accountability Office report² that included a review of 31 studies, estimates of food insecurity among college students ranged from 9 percent to more than 50 percent. Twenty-two of the 31 studies indicated food insecurity rates of more than 30 percent, which translates to about 1 in 3 college students being food insecure.

Hunger Solutions Institute is supporting Alabama colleges and universities in utilizing common metrics and methods to determine the prevalence of food insecurity in college students throughout Alabama. A study aggregating food insecurity prevalence among nine Alabama four-year universities is underway and completed analyses of six individual universities reveal food insecurity prevalence ranging from 30% to 63% of responding students. The diverse results of these analyses imply that *all* universities have work to do to address basic needs and promote student success; a third of the student population facing food insecurity, at the very least, is far too many students struggling to juggle academic responsibilities with accessing adequate food resources.

² Government Accountability Office. (2018).

While data also is sparse on risk factors of college student food insecurity, researchers have found specific groups of students face food insecurity to a greater degree. Student groups facing food insecurity to a greater degree include first-generation college students, students receiving SNAP, being a single parent, being disabled, being homeless or at risk of homelessness, being a former foster youth, students of color, LGBTQ+ students, and students that were primary caretakers for children^{3 4 5 6}.

Hunger Solutions Institute also is supporting Alabama colleges and universities in determining target indicators of food insecurity in college students throughout Alabama. Preliminary data in four-year universities indicate that student demographics and food insecurity risk factors vary substantially, even among universities within the same state. Although aggregate data has not been fully analyzed at the time of this report, initial results from three Alabama universities suggested interesting trends among student responses: Food insecurity was higher among younger students, Black students, individuals enrolled full-time, and students working more than one job. Individuals facing higher levels of food insecurity were more likely to receive at least one form of public assistance (such as SNAP, TANF, housing assistance, etc.).

³ Goldrick-Rab, S., Richardson, J., Schneider, J., Hernandez, A., & Cady, C. (2018). *Still hungry and homeless in college*. Madison, WI: Wisconsin Hope Lab.

⁴ Martinez, S., Maynard, K., & Ritchie, L. (2016). *Student food access and security study*. Oakland, CA: Nutrition Policy Institute.

⁵ Payne-Sturges, D.C., Tjaden, A., Caldeira, K.M., Vincent, K.B., & Arria, A.M. (2018). Student hunger on campus: Food insecurity among college students and implications for academic institutions. *American Journal of Health Promotion*, 3(2), 349-354.

⁶ Phillips, E., McDaniel, A., & Croft, A. (2018). Food insecurity and academic disruption among college students. *Journal of Student Affairs Research and Practice*. 55(4), 353-372.

The Food-Insecure College Experience

In addition to broadening understanding of the prevalence and target indicators of college students facing food insecurity, Hunger Solutions Institute and the Alabama Campus Coalition for Basic Needs (ACCBN) seeks to give a voice to students experiencing food insecurity on Alabama college campuses. With the expertise of qualitative researcher Dr. Crystal Garcia, professor of Educational Administration at University of Nebraska, Lincoln, Hunger Solutions Institute and ACCBN desire to bring awareness to the unique struggles of students who are food insecure while trying to obtain a higher education. Experiences of these students humanize statistics presented in this paper and contemporary research on this topic; every number has a name.

A full-time undergraduate student at a typical four-year university in Alabama attends 12 to 18 hours of class each week, and university policy states this assumes approximately 2 to 2.5 hours of work outside of instruction per course credit, totaling between 34 and 60 hours per week of class attendance and related study. One interviewed student highlighted the impact of food insecurity on her ability to complete her studies, noting, “Food was impacting my ability to go to class and perform because I’d be in these three-hour classes where I had to focus for those three hours. I couldn’t because I was hungry, and I didn’t have anything to eat. I just didn’t.” Even the most diligent student may struggle to meet requirements of their academic responsibilities when experiencing food insecurity.

Hunger Solutions Institute and ACCBN’s recent qualitative research further demonstrated that students who independently attempt to fund living expenses while pursuing their studies face difficult decisions about paying bills and buying food. One student mentioned,

“It's an overall issue of students only being able to work [on campus] a maximum of 20 hours, and they're not the highest paying jobs and you know, students have to live as well. And sometimes it came with harder choices, paying for rent and for school related things over having something to eat.”

It was encouraging to hear the availability of campus food aid has a profound impact on student success. Students remarked that having reliable access to food was “life changing,” that it was “something to keep you going,” and “one less thing to have to tackle” from an overwhelming list of responsibilities. Poignantly, one student remarked, “I would not have been able to hold on if food was not, if that did not keep me going. I know that sounds like really, that doesn't sound that great, but that's just the truth of what it is. During those times I had mental health resources. I had food resources. All of my basic needs were pretty much covered. So I was able to continue to prioritize education.” One thing highlighted from speaking directly with college students who struggle with food insecurity is that assistance from their institution of higher learning can essentially be a deciding factor if a degree is within reach.

Contributing Factors to Campus Food Insecurity

Americans who attain college degrees are more likely to make higher wages^{7 8}, experience healthier lives^{9 10}, are less likely to experience poverty¹¹, and contribute positively

⁷ Abel, J. R., & Deitz, R. (2014). Do the benefits of college still outweigh the costs? *Current Issues in Economics and Finance*, 20(3).

⁸ Trostel, P.A., (2015). It's not just the money: The benefits of college education to individuals and to society.. *Government & Civic Life*, 4.

⁹ Schafer, M. H., Wilkinson, L. R., & Ferraro, K. F. (2013). Childhood (mis) fortune, educational attainment, and adult health: Contingent benefits of a college degree? *Social Forces*, 91(3), 1007-1034.

¹⁰ Trostel, P (2015).

¹¹ Trostel, P. (2015).

to the social and economic well-being of society¹². Yet, as the desire for higher education and college enrollment has increased, the attainment of a college degree has become less affordable; American families incur more debt, work longer hours, and spend a larger percentage of their income on a college education than ever before¹³. This notably impacts students within lower socio-economic households more than their middle-class and affluent counterparts, with financial barriers hindering their opportunity to leave behind generational poverty and participate as a contributing member of the American economy.

Students who benefit from public assistance throughout K-12 education, such as the National School Lunch Program, become vulnerable to food insecurity as they pursue higher education. The expansion of SNAP eligibility to college students under the Consolidated Appropriations Act of 2021 made public food assistance available to an estimated 3 million college students¹⁴, but when these temporary adjustments expire, these students will return to the familiar experience of choosing between paying for their studies, paying bills, and accessing food. Research suggests many food insecure college students experienced hunger prior to matriculation (Forman, Managing, Dong, Hernandez and Fingerman 2018; Martinex, Maynard, and Ritchie 2016), and reduced access to public assistance programs compounds food insecurity as students pursue higher education.

¹² Chan, R. Y. (2016). Understanding the purpose of higher education: An analysis of the economic and social benefits for completing a college degree. *Journal of Education Policy, Planning and Administration*, 6(5), 1-40.

¹³ National Center for Public Policy and Higher Education (2002). *Losing ground: A national status report on the affordability of American higher education*. National Center for Public Policy and Higher Education.

¹⁴ Daughtry, O. (February, 2021). Millions of additional college students now eligible for SNAP benefits through Coronavirus relief. National Association of Student Financial Aid Administrators. https://www.nasfaa.org/news-item/24792/Millions_of_Additional_College_Students_Now_Eligible_for_SNAP_Benefits_Through_Coronavirus_Relief

Minimal information available to students for accessing food resources and stigma that may accompany accessing assistance further exacerbates college student food insecurity (King 2017¹⁵, Twill, Bergdahl and Fensler 2016¹⁶; Henry 2017¹⁷). A key aspect of Hunger Solutions Institute and ACCBN-led research is to assist universities in identifying campus policies, practices, and culture that may impede students' ability to address food insecurity. Utilizing the Campus Food-Aid Self-Assessment Tool (C-FAST)¹⁸, ACCBN partnering universities conduct a comprehensive evaluation of student supports, campus awareness and advocacy, and education about food insecurity on each individual campus. Awareness of institutional shortcomings addressing students' basic needs is key to effectively reducing college student food insecurity.

Broadening Capacity to Address College Student Food Insecurity

In 2019, the Hunger Solutions Institute, in partnership with the Auburn University Nutrition, Dietetics, and Hospitality Management Department launched the Alabama Campus Coalition for Basic Needs (ACCBN). Initially, ACCBN was made up of 12 four-year universities in Alabama, including three Historically Black Colleges and Universities. In 2021, ACCBN expanded to include the Alabama Community College System and its corresponding 27 community colleges. The mission of ACCBN is to unify college campuses throughout Alabama to ensure

¹⁵ King, J.A. (2017). *Food insecurity among college students - Exploring the predictors of food assistance resource use*. (Unpublished doctoral dissertation). Kent State University, Kent, OH.

¹⁶ Twill, S.E., Bergdahl, J., & Fensler, R. (2016). Partnering to build a pantry: A university campus responds to student food insecurity. *Journal of Poverty*, 20(3): 340-358.

¹⁷ Henry, L. (2017). Understanding food insecurity among college students: Experience, motivation, and local solutions. *Annals of Anthropological Practice*, 41(1): 6-19.

¹⁸ Rains, S., & Powers, A. (2021). Validating the campus food aid self-assessment tool. *Society for Nutrition Education and Behavior*. August 8-10, Virtual.

student basic needs are met, thereby empowering all students to succeed in school, earn their degrees, and open doors to opportunity. ACCBN is focusing its initial efforts on college student food insecurity.¹⁹

ACCBN serves as a statewide network of Alabama colleges, universities, and key stakeholders seeking to eliminate college student food insecurity. Additionally, ACCBN strives to increase awareness of college student food insecurity; make college student food security a priority on college campuses; and support strategies to ensure access to healthy, affordable, and culturally appropriate foods on Alabama college campuses, at universities, and in surrounding communities. Hunger Solutions Institute supports capacity building and collaborative research at each college and among all university partners to assist ACCBN in realizing its goals.

Collaborative Hunger Solutions Institute and ACCBN research efforts confirmed there is no “silver bullet” solution to addressing college student food insecurity at every college/university; the diversity of our nation is reflected in the variety of higher education institutions across the United States. Rather, the Hunger Solutions Institute posits the solution for each college or university rests in a careful assessment of strengths and challenges at each institution, led by a coalition of passionate and diverse advocates for student needs. Recognizing and respecting the diverse demographic make-up and unique campus culture of each institution, each ACCBN partnering university follows a six-step process to address student food insecurity:

¹⁹ See Addendum A for more detailed information on ACCBN.

- ENGAGE a coalition of passionate and diverse stakeholders throughout the college setting and surrounding community.
- ASSESS the prevalence of student food insecurity and elements of campus culture that may be improved to reduce college student food insecurity.
- IMPLEMENT a plan with measurable goals, based on the collected data, to address the needs and target indicators.
- EVALUATE the impact of the intervention(s), assessing the direct effect on students and including post-intervention measures of food insecurity prevalence and campus culture.
- CELEBRATE successes throughout the process, recognizing progress and sharing lessons with others to replicate throughout colleges and universities within the United States and abroad.

The Hunger Solutions Institute supports ACCBN in systematically addressing college student food insecurity throughout the state of Alabama in data-driven ways. A comprehensive investigation of the prevalence of student food insecurity, target indicators of students facing food insecurity, and campus culture and resources available to address student food insecurity informs a deliberate plan aligning with the university's strategic plan and maximizes use of available human and financial resources.²⁰ The Hunger Solutions Institute emphasizes that supporting data-driven, innovative solutions specific to each college is critical in addressing college student food insecurity.

²⁰ See Addendum B for a brief sample report and Addendum C for a detailed sample report HSI provides Alabama colleges and universities following the comprehensive assessment and supporting development of the deliberate plan.

Although current endeavors to guide Alabama colleges through the capacity building and collaborative research process are currently funded by private foundations, opportunities remain for federal and state governments to facilitate this kind of targeted, long-term change on campuses nationwide. The Hunger Solutions Institute at Auburn University urges each member Congress to carefully examine legislation that may provide universities the opportunity to address the critical issue of college student food insecurity and appropriate funds accordingly. The collaboration of financial and legislative support from the federal government, and the prioritization of colleges and universities to this crucial issue, will inevitably promote opportunities for all Americans - regardless of humble beginnings or unexpected obstacles - to become educated and engaged citizens.

Addendum A
Alabama Campus Coalition for Basic Needs Overview



Alabama Campus Coalition for Basic Needs

The Auburn University **Hunger Solutions Institute** (HSI) leverages collective efforts of postsecondary education institutions to promote adoption and advancement of best practices to address food and nutrition insecurity. In 2019, HSI in partnership with the Auburn University nutrition, dietetics and hospitality management department established **Alabama Campus Coalition for Basic Needs** (ACCBN), made up of 12 Alabama four-year universities and 13 Alabama community colleges:

- Alabama A&M University
- Alabama State University
- Auburn University
- Jacksonville State University
- Troy University
- Tuskegee University
- University of Alabama
- University of Alabama at Birmingham
- University of Montevallo
- University of North Alabama
- University of South Alabama
- University of West Alabama
- Bishop State Community College
- Calhoun Community College
- Central Alabama Community College
- Coastal Alabama Community College
- Drake State Community and Technical College
- Lawson State Community College
- Northeast Alabama Community College
- Northwest-Shoals Community College
- Shelton State Community College
- Snead State Community College
- Trenholm State Community College
- Wallace Community College
- Wallace State Community College

ACCBN focused its initial efforts on food insecurity. Through support of ECMC and Ichigo Foundation grants, each partner university engages a campus coalition to lead student food security efforts and identifies a campus champion to serve as a liaison between the campus coalition and ACCBN. The universities also complete assessments measuring student food insecurity prevalence and target student indicators as well as campus food aid resources and culture.

Mission

The Alabama Campus Coalition for Basic Needs seeks to **unify** colleges and universities throughout Alabama to ensure student basic needs are met, thereby **empowering** all students to succeed in school, earn degrees and open doors to opportunity.

Goals

- Increase **awareness** of college student hunger at colleges, universities and throughout Alabama.
- Cultivate a **strong** statewide **network** of Alabama colleges, universities and key stakeholders seeking to eliminate college student hunger.
- Strive to make college student hunger a **priority** on college campuses, in surrounding communities and throughout Alabama.
- Support strategies to ensure **access** to healthy, affordable and culturally appropriate foods on Alabama college campuses, at universities and in surrounding communities.

Addendum B
Brief Sample Report



University

FOOD INSECURITY REPORT

PREPARED BY THE HUNGER SOLUTIONS INSTITUTE, MARCH 2021

Executive Summary

The Auburn University **Hunger Solutions Institute** (HSI) leverages collective efforts of postsecondary education institutions to promote adoption and advancement of best practices to address food and nutrition insecurity. In 2019, HSI in partnership with the Auburn University Department of Nutrition, Dietetics and Hospitality Management established **Alabama Campus Coalition for Basic Needs** (ACCBN), made up of 12 Alabama four-year universities and 13 Alabama community colleges:

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- University of Montevallo
- University of North Alabama
- University of South Alabama
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- Calhoun Community College
- Central Alabama Community College
- Coastal Alabama Community College
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- 2 Cultivate a **strong** statewide **network** of Alabama colleges, universities and key stakeholders seeking to eliminate college student hunger.
- 3 Strive to make campus food security a **priority** on college campuses, in surrounding communities and throughout Alabama.
- 4 Support strategies to ensure **access** to healthy, affordable and culturally appropriate foods on Alabama college campuses, at universities and in surrounding communities.

Campus Overview

(Removed to maintain confidentiality)

Student Food Insecurity Prevalence and Target Student Indicators

A total of **25%** of responding students indicated the highest level of food insecurity, **12%** of responding students indicated marginal food insecurity and **63%** indicated food security.

As adverse experiences students reported during college increased, so did their food insecurity prevalence. A moderate, direct correlation ($r=0.56, p<.05$) was noted between the total number of adverse life events identified and total food insecurity score.

As supportive personal relationships students reported experiencing increased, their food insecurity prevalence decreased. A weak, indirect correlation ($r=-0.12, p<.05$) was noted between total number of indicated social-emotional supports and total food insecurity score.

Campus Food Aid Resources and Culture

A series of indicators were used to measure the university's performance in student food security support across six dimensions: (1) student services and supports, (2) involvement, (3) advocacy, (4) campus culture and awareness of food insecurity, (5) education and training and (6) research, scholarship and creative works.

Campus performance was scored on a scale from 1.00 (early action stages) to 4.00 (best practice achieved). The university scored highest in campus culture and awareness of food insecurity, achieving the best practice in all associated indicators (mean score = **4.00**). The university also scored highly in student services and supports with a mean score of **3.67** for both fall 2019 and fall 2020. The mean score for involvement was **3.00** followed by a **2.75** in advocacy. The university showed the greatest opportunity for improvement in education and training (mean score = **1.00**) and research, scholarship and creative works (mean score = **1.00**).

Recommendations for Next Steps

- 1 Establish an experiential learning **curriculum** in hunger/food insecurity for undergraduate and/or graduate students.
- 2 Create an opportunity for student-faculty **research** collaboration on hunger/food insecurity issues.
- 3 Develop opportunities for students currently engaged in student food insecurity activities to formalize involvement through establishment of a **student organization** addressing basic needs.



Addendum C
Detailed Sample Report



_____ **University**

FOOD INSECURITY REPORT

PREPARED BY THE HUNGER SOLUTIONS INSTITUTE AT AUBURN UNIVERSITY

Data collection and analysis by **Malerie Goodman** and **Sara Rains**,
Hunger Solutions Institute graduate research assistants, in collaboration
with the _____ **University**.

To protect the privacy of ACCBN partner institutions, all information identifying the university featured in this report has been removed.

Thank You from the Hunger Solutions Institute

The prevalence of college student food insecurity is alarming. Even more alarming is the impact of college student food insecurity on student persistence, academic performance and course attendance. Action must be taken to optimize college student success for all.

Alabama colleges and universities are taking action using a data-driven, systematic approach focused on improving a broad array of campus resources and culture. Through collaborative efforts of the Alabama Campus Coalition for Basic Needs (ACCBN), Alabama students will succeed in school, earn their degrees and open doors to opportunity. Universities partnering with ACCBN must be commended for their leadership and action in addressing student basic needs collectively and on their own campuses. Alabama college and university administrators, faculty, staff and students also must be commended in swiftly acting to ensure students' most basic needs are met. Funding partners, like the ECMC and Ichigo Foundations, must be applauded as their funding support inspires and facilitates improvements in educational outcomes – especially among underserved populations – through evidence-based innovation.

I am honored to co-facilitate ACCBN and support its associated colleges and universities as we all seek to ensure Alabama thrives in the 21st century.

Sincerely,
Alicia Powers
Managing Director, Hunger Solutions Institute

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- 9 | Student Food Insecurity Prevalence and Target Student Indicators**
- 14 | Campus Food Aid Resources and Culture**
- 23 | Recommendations for Next Steps**
- 25 | Appendix of Resources**

Executive Summary

The Auburn University **Hunger Solutions Institute** (HSI) leverages collective efforts of postsecondary education institutions to promote adoption and advancement of best practices to address food and nutrition insecurity. HSI serves as secretariat for **Universities Fighting World Hunger** (UFWH) and **Presidents United to Solve Hunger** (PUSH). UFWH began in 2004 through a partnership with the UN World Food Programme. To date, UFWH has engaged more than 300 postsecondary student groups dedicated to producing graduates who are globally aware and socially engaged. PUSH is a global consortium of more than 100 two- and four-year colleges and universities whose presidents have prioritized food and nutrition security through teaching, research, outreach and student engagement.

HSI launched **End Child Hunger in Alabama** (ECHA) in 2013. ECHA's network has grown to include more than 50 key state leaders from government, nonprofit, faith-based communities, education and the private sector and has supported successes involving child nutrition programs, state legislation, public campaigns and many others. In 2019, HSI in partnership with the Auburn University nutrition, dietetics and hospitality management department established **Alabama Campus Coalition for Basic Needs** (ACCBN), made up of 12 Alabama universities:

- **Alabama A&M University**
- **Alabama State University**
- **Auburn University**
- **Jacksonville State University**
- **Montevallo University**
- **Troy University**
- **Tuskegee University**
- **University of Alabama**
- **University of Alabama at Birmingham**
- **University of North Alabama**
- **University of South Alabama**
- **University of West Alabama**

ACCBN focused its initial efforts on food insecurity. Through support of ECMC and Ichigo Foundation grants, each partner university engaged a campus coalition to lead student food security efforts and identified a campus champion to serve as a liaison between the campus coalition and ACCBN. The universities also completed assessments measuring student food insecurity prevalence and target student indicators as well as campus food aid resources and culture. This report provides assessment findings along with evidence-based recommendations for next steps.

Mission

The Alabama Campus Coalition for Basic Needs seeks to **unify** colleges and universities throughout Alabama to ensure student basic needs are met, thereby **empowering** all students to succeed in school, earn degrees and open doors to opportunity.

Goals

- 1** Increase **awareness** of college student hunger at colleges, universities and throughout Alabama.
- 2** Cultivate a **strong** statewide **network** of Alabama colleges, universities and key stakeholders seeking to eliminate college student hunger.
- 3** Strive to make college student hunger a **priority** on college campuses, in surrounding communities and throughout Alabama.
- 4** Support strategies to ensure **access** to healthy, affordable and culturally appropriate foods on Alabama college campuses, at universities and in surrounding communities.

Campus Overview

(This section removed for confidentiality)

Student Food Insecurity Prevalence and Target Student Indicators

Based on a survey administered fall 2020, **30%** of responding students experienced food insecurity within the past 30 days. The mean total food insecurity score was **1.40 (± 2.14)** on the United States Department of Agriculture (USDA) Household Food Security Survey scale of 0 to 6 with scores of 0 to 1.99 indicating no/marginal food insecurity, 2 to 4.99 indicating moderate food insecurity, and 5 to 6 indicating high food insecurity.

Roughly **35%** of respondents indicated they accessed food resources on campus, in the community or from personal networks in the past 12 months.

Students who did not receive public financial assistance were at lower risk for food insecurity than those who had received public assistance since the COVID-19 pandemic began. Students who used a job, Pell Grant, other government grants, university scholarships, student loans, savings, credit cards, and/or family and friends to fund their education demonstrated higher mean food insecurity scores than those who did not.

Campus Food Aid Resources and Culture

A series of indicators were used to measure institutional performance in student food security support across six dimensions: (1) student services and supports, (2) involvement, (3) advocacy, (4) campus culture and awareness of food insecurity, (5) education and training, and (6) research, scholarship and creative works.

Campus performance was scored on a scale from 1.00 (early action stages) to 4.00 (best practice achieved). The university scored highest in student services and supports, achieving the best practice in five associated indicators (mean score = **3.56**). The university also scored highly in advocacy, achieving best practices in two associated indicators (mean score = **3.50**). The mean score for campus culture and awareness was **3.00** followed by involvement (mean score = **2.67**), and research, scholarship and creative works (mean score = **2.67**). The university showed the greatest opportunity for improvement in education and training with a mean score of **1.50**.

Recommendations for Next Steps

1

Establish an experiential learning **curriculum** in hunger/food insecurity for undergraduate and/or graduate students.

2

Build and strengthen campus relationships through the establishment of a campus food security **coalition**.

3

Encourage and/or incentivize student-faculty **research** collaboration on hunger/food insecurity issues.

Prevalence and Target Indicators

The university administered an 82-item survey to measure basic needs of attending students. Leaders administered the online survey in November 2020. Staff solicited survey responses from a stratified random sample of 50% undergraduate students, 50% graduate students and 50% professional students who were enrolled in both spring and fall 2020. A total of 7,551 students were contacted to participate in the survey. Participating students were offered the opportunity to register for a drawing for a \$100 Amazon gift card. A sample of **2,011** students responded to the survey, a response rate of 26.6%.

Survey questions addressed demographic information (gender, relationship status and enrollment status), resources available to the student (public assistance, financial aid) and adverse experiences impacting the student's college experience. Questions regarding basic needs included inquiries about financial hardship, housing and food insecurity.

The survey included the six-question version of the USDA Household Food Security Survey (2012) to gauge the prevalence of food insecurity among attending students. The survey inquired about food insecurity experiences during the fall 2019 and spring 2020 semesters as well as within the last 30 days (as specified by the USDA Household Food Security Survey [2012]). Participant responses regarding current food insecurity were used in the following analysis.

This survey was conducted during the novel coronavirus pandemic, which may significantly impact student responses. The survey included a number of items that compared the respondent's current experience to pre-COVID-19 conditions or previous semesters.

Demographics of Survey Respondents

The majority of survey respondents were female (**69%**), full-time students (**81.9%**) and undergraduate students (**62%**). Approximately **62%** of the respondents were White. Three-quarters of participating students currently live in on-campus housing. Of the students who responded, **12%** utilize a Pell Grant to assist with tuition expenses, and **46%** have accessed public assistance (such as TANF, SNAP, WIC, etc.) since the beginning of the COVID-19 pandemic.

Student Food Insecurity Prevalence

Food security was determined using scoring procedures prescribed by the USDA (2012). Responses to questions addressing food insecurity were scored as binary variables (0 or 1). Responses of Sometimes True or Often True were scored affirmative (1), and when indicating how often food insecurity was experienced in the last 30 days, responses of three days or more were scored affirmative (1). Affirmative responses were summed to provide an overall measure of food security. Total raw food security scores ranged from 0 to 6. Total raw scores are defined by the USDA (2012) as follows: 0 to 1, high or marginal food security; 2 to 4, low food security; 5 to 6, very low food security. For the purposes of this report, a score of 0.00 to 1.99 will be defined as food secure and a score of 2.00-6.00 will be defined as food insecure.

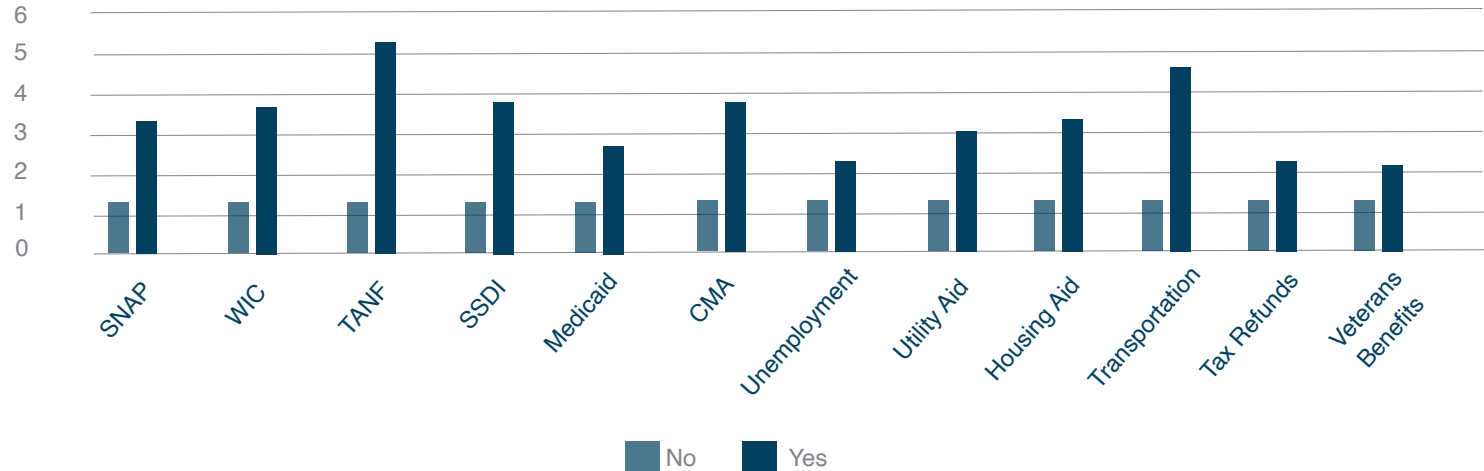
Based on results of the survey, 30% of responding students indicated food insecurity. The mean total food insecurity score was 1.40 (± 2.14).

Holding all else constant within a statistical regression, student indication that they had accessed assistance for food resources in the past calendar year was associated with a food insecurity score more than two points higher than those who had not ($p < .05$). Roughly **35%** of respondents indicated they had accessed the campus food pantry, a community food bank, a soup kitchen, a dumpster, a charity or church, and/or a family/friend for food assistance in the past 12 months.

Students who did not receive any public financial assistance (TANF, SNAP, WIC, SSI, SSDI, Medicaid, CMA, unemployment, aid for utilities, housing, transportation, tax refunds or veteran benefits) were at lower risk for food insecurity than those who had received public assistance since the COVID-19 pandemic began. Holding all else constant within a statistical regression, student indication that they had not received public assistance during the COVID-19 pandemic was associated with a lower food insecurity score of approximately **0.3 points** ($p < .05$).

¹ TANF – Temporary Aid for Needy Families; SNAP – Supplemental Nutrition Assistance Program; WIC – Women, Infants and Children Program; SSI – Supplemental Security Income; SSDI – Social Security Disability Insurance; CMA – Childcare Management Assistance program

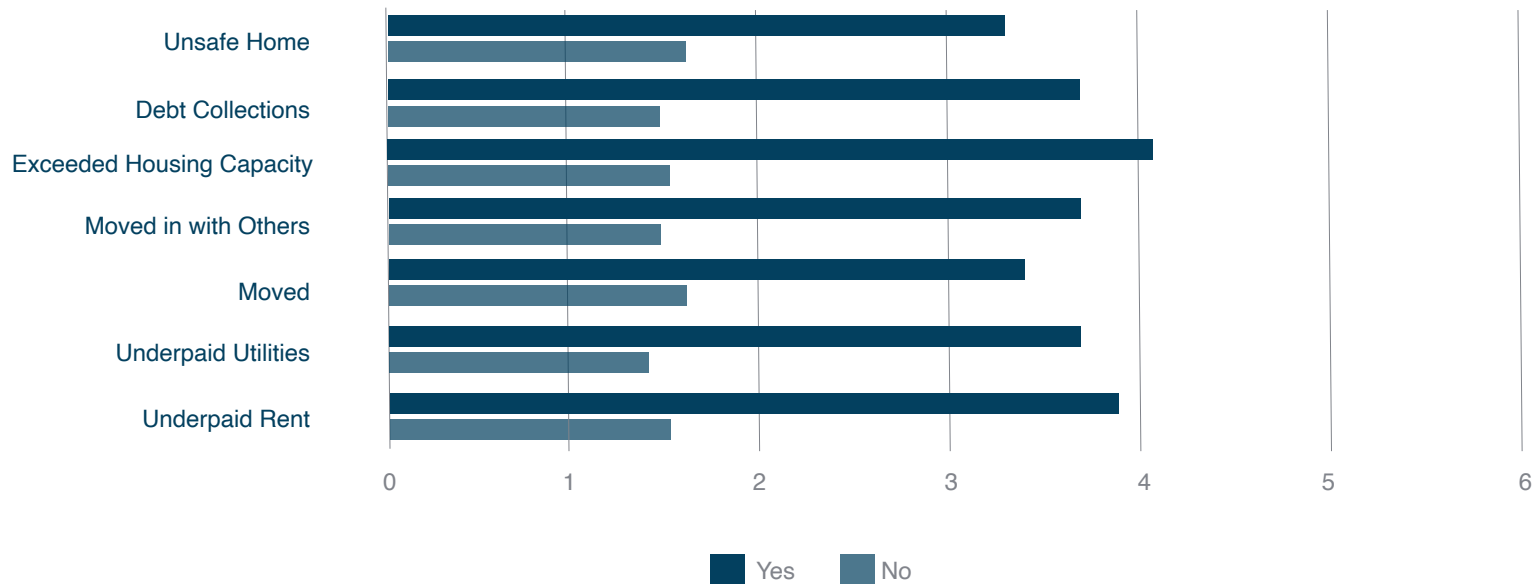
MEAN FOOD INSECURITY SCORE BY TYPE OF PUBLIC ASSISTANCE ACCESSED SINCE THE BEGINNING OF COVID-19



Students experienced a number of adverse circumstances that negatively impacted their food security in the 30 days preceding the survey. Students who had to underpay rent ($W=32114$, $p<.05$), experienced a rent increase ($W=61812$, $p<.05$), had to underpay utilities ($W=59716$, $p<.05$), moved homes ($W=12150$, $p<.05$), moved in with others ($W=39570$, $p<.05$), lived in situations that exceeded housing capacities ($W=20854$, $p<.05$), had received calls from debt collections ($W=34227$, $p<.05$), or had to remain in an unsafe living environment ($W=17830$, $p<.05$) in the past 30 days reported significantly higher mean food insecurity scores than those who did not. Students living on campus indicated a higher mean food insecurity score than students living off campus ($W=68046$, $p<.05$).

Interestingly, students who had a job since the COVID-19 pandemic began indicated higher mean food insecurity scores than those who did not ($W=316993$, $p<.05$). Students working more than one job demonstrated the highest mean score of food insecurity ($M=2.736$). Individuals who reported they were looking for work at the time of the survey also indicated a higher mean food insecurity score than those who were not ($W=39947$, $p<.05$).

MEAN FOOD INSECURITY SCORE BY ADVERSE CIRCUMSTANCE IN THE LAST 30 DAYS



Students who used a job, Pell Grant, other government grants, university scholarships, student loans, savings, credit cards and/or family/friends to fund their education demonstrated higher mean food insecurity scores than those who did not. Holding all else constant, students utilizing a Pell Grant or student loans to fund their education was associated with greater food insecurity (**0.53 and 0.27 points higher, respectively, $p < .05$**).

A variety of Ordinary Least Squares (OLS) regression models were explored to identify reliable risk factors for food insecurity among the student sample. A model including student access of food assistance in the past 12 months (binary variable), student access of government assistance since the COVID-19 pandemic began (binary variable), student using the Pell Grant to fund their education, student utilizing student loans to fund their education, sexual orientation (heterosexual or not), and gender (female or not) explained approximately **36%** of the variance among food insecurity scores (**$R^2 = 0.3557$**). All variables in the model were statistically significant (**$p < .05$**).

Target Student Indicators

The following student characteristics may suggest a heightened level of risk for food insecurity as indicated by analysis of data:

Students who sought out food resources within the past 12 months.

Students who accessed public assistance since the beginning of COVID-19:

- TANF, SNAP, WIC, Medicaid, CMA, unemployment insurance, utilities assistance, housing assistance, transportation assistance, tax refunds/incentives and/or veterans benefits

Students who do not identify as heterosexual.

Students who use the Pell Grant and/or student loans to fund their education.

Students who recently experienced adverse circumstances such as:

- Experiencing an increase in rent
- Underpaying utilities or rent
- Moving or moving in with others
- Living in an unsafe environment or in an environment beyond its typical housing capacity
- Receiving calls from debt collectors

Students living in public housing.

Students living on campus.

Students who are working or looking for work.

Students who participate in extracurricular activities.

Students who are no longer considered dependents of their parents.

Students who are not American citizens.

Students who have transferred from another university.

Students who do not live with a partner.

Resources and Culture

Representatives of the university submitted the **Campus Food Aid Self-Assessment Tool (C-FAST)** in fall 2020. C-FAST is a survey-based tool designed to gauge college campus performance in six dimensions: (1) student services and supports, (2) involvement, (3) advocacy, (4) campus culture and awareness of food insecurity, (5) education and training, and (6) research, scholarship and creative works. Campus representatives rated the institution's performance in each dimension using a series of indicators defined within the tool.

Campus Overview

Campus performance was scored on a scale from 1.00 (early action stages) to 4.00 (best practice achieved). The university scored highest in student services and supports, achieving best practice in five associated indicators (mean score = 3.56). The university also scored high in advocacy, achieving best practices in two associated indicators (mean score = 3.50). The mean score for campus culture and awareness was 3.00, followed by involvement (mean score = 2.67), and research, scholarship and creative works (mean score = 2.67). The university showed the greatest opportunity for improvement in education and training opportunities with a mean score of 1.50.

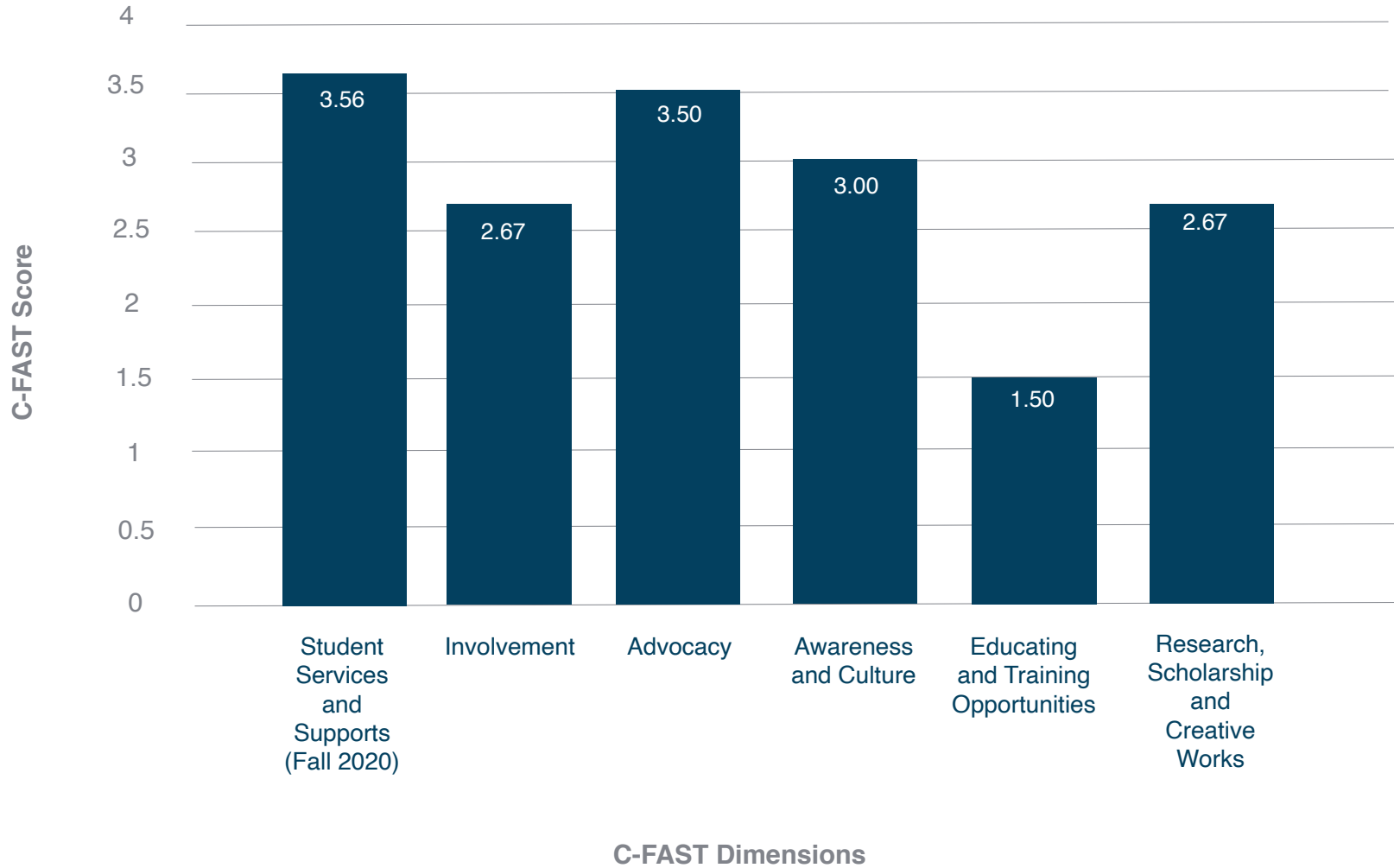
Student Services and Supports

Providing emergency and long-term food and financial services are imperative to reducing student food insecurity and among the most common actions taken by colleges and universities to support students experiencing food insecurity. Locations and methods of aid distribution are important factors ensuring students can access needed aid. In C-FAST, student services and supports were defined as aid available to serve immediate and long-term food security needs of students, which may come in the form of food, financial or other direct aid. Aid distribution included processes for distribution, audiences to whom aid was distributed and effectiveness of distribution methods.

The university achieved best practice in the majority of indicators relating to student services and supports.

Fall 2020 mean C-FAST score (on a scale of 1.00-4.00): **3.56**

MEAN C-FAST SCORE



Best Practices Achieved

Emergency and long-term services and/or supports for students facing food insecurity are:

- **Consistently available**
- **Sufficient to serve all students facing food insecurity**
- **Single, clear and easy to follow (process) for access**
- **Broadly advertised to students on campus using methods of communication that reach all students on a regular basis**
- **Provided by one or more faculty and/or staff members with these responsibilities included in their job description as a primary job responsibility**

Opportunities for Improvement

Current Status: Emergency and/or long-term services and/or supports for food insecure students are available during all hours of university operations.

Next Steps: Partner with campus departments/offices that are active even when the university is not in session to increase accessibility to services and/or supports.

Best Practice: Emergency and/or long-term services are available during all hours of operation and when the university is not in session. Times of availability do not hinder student access.

Current Status: Multiple services and supports for students facing food insecurity are available at differing locations on campus.

Next Steps: Centralize student services and supports, so students can access all resources with a single visit.

Best Practice: Multiple services and/or supports for students facing food insecurity are available at a single location on campus.

Current Status: Services and/or supports for food insecure students are advertised broadly to faculty and/or staff on campus but are not communicated via a method that reaches all faculty and/or staff on a regular basis (hiring orientation materials, campus-wide emails, etc.).

Next Steps: Work with offices that communicate with all faculty and staff to find opportunities to include support information in faculty/staff communication.

Best Practice: Services and/or supports are advertised broadly to faculty/staff using methods that reach all faculty and/or staff on a regular basis such as orientation materials, campus-wide emails or other methods.

Current Status: Available services and/or supports make it possible for students facing food insecurity to meet most of their nutritional needs.

Next Steps: Develop services and/or supports to meet all nutritional needs of students facing food insecurity.

Best Practice: Available services and/or supports make it possible for food insecure students to meet all nutritional needs.

Involvement

Increased involvement from a variety of campus constituents can aid greatly in the effort to minimize student food insecurity. In this study, involvement is defined as individuals and/or groups taking action and the extent to which they are acting to reduce student food insecurity. A strong group of actors from diverse backgrounds on campus can make an effective impact on minimizing student food insecurity.

The university has made progress in multiple areas relating to campus involvement but has not achieved best practices for indicators. Opportunities exist to develop efforts toward the achievement of best practices.

Fall 2020 mean C-FAST score (on a scale of 1.00-4.00): **2.67**

Opportunity for Improvement

Current Status: A formal group(s) of students with a limited impact is involved in addressing student food insecurity.

Next Steps: Support the student group(s) in expanding their impact through partnerships with other organizations, departments or offices across campus.

Best Practice: A formal group(s) of students with a campus-wide impact is involved in addressing student food insecurity.

Opportunity for Improvement

Current Status: Only individual faculty, staff and/or administrators, or an informal group(s) of faculty, staff and/or administrators, are involved in addressing student food insecurity.

Next Steps: Identify faculty, staff and/or administrators currently involved in addressing student food insecurity and present opportunities for them to formalize their involvement.

Best Practice: A formal group(s) of faculty, staff and/or administrators with a campus-wide impact is involved in addressing student food insecurity.

Opportunity for Improvement

Current Status: Individuals and/or groups on campus are working together cohesively to coordinate efforts to address student food insecurity.

Next Steps: Institute a campus policy appointing leadership of student food insecurity efforts to ensure long-term collaboration among involved parties.

Best Practice: An individual, office or other entity is mandated to lead collaboration, and individuals and/or other groups are working cohesively.

Advocacy

Research indicates the importance of having students, faculty, staff and administrators at multiple levels and positions who are aware of student food insecurity and advocate on behalf of student basic needs.

In this study, advocacy is defined as the presence of diverse campus actors who promote awareness and encourage policies/practices to support students facing food insecurity.

The university has achieved best practices in advocacy processes and policies. Opportunities for growth exist relating to the impact of advocacy groups on campus.

Fall 2020 mean C-FAST score (on a scale of 1.00-4.00): **3.50**

Best Practices Achieved

Processes and/or policies on campus (1) support student advocacy, and they are utilized by students across campus and (2) support faculty, staff and/or administrator advocacy, and they are utilized by faculty staff and/or administrators across campus.

Opportunity for Improvement

Current Status: A formal group(s) of students with a limited impact is involved in advocacy for student food security issues.

Next Steps: Seek opportunities to increase the impact of student advocacy through partnerships and campus-wide platforms.

Best Practice: A formal group(s) of students with campus-wide impact is involved in advocacy for student food security issues.

Opportunity for Improvement

Current Status: A formal group(s) of faculty, staff and/or administrators with a limited impact is involved in advocacy for student food security issues.

Next Steps: Seek opportunities to increase impact of faculty, staff and/or administrator advocacy through partnerships and campus-wide platforms.

Best Practice: A formal group(s) of faculty, staff and/or administrators with a campus-wide impact is involved in advocacy for student food security issues.

Campus Culture and Awareness of Student Food Insecurity

Stigma has been recognized as one of the greatest barriers to serving and reaching students facing food insecurity. Creating a culture that accepts and normalizes student needs can help reduce the stigma students face. Additionally, increased campus awareness can be a key element in creating and improving programs for students facing food insecurity. In this study, campus culture indicators determined the extent of actions taken by the campus to improve the pervasive attitudes and beliefs held by those on campus toward students, student food insecurity and food insecurity supports. Indicators also determined the extent of actions taken by the campus to increase awareness of the issue of student food insecurity.

The university has made great strides in multiple areas relating to campus culture and awareness but has not achieved best practices for indicators. Opportunities exist to develop efforts toward the achievement of best practices.

Fall 2020 mean C-FAST score (on a scale of 1.00-4.00): **3.00**

Opportunities for Improvement

Current Status: Efforts or programs to increase student awareness of food insecurity are promoted/run regularly on campus but are shared using methods that do not reach all students.

Next Steps: Identify ways to increase reach of student awareness campaigns through campus partnerships and creative avenues of communication.

Best Practice: Efforts or programs to increase student awareness of food insecurity are promoted regularly on campus and shared using methods that reach all students.

Current Status: Efforts or programs to increase faculty/staff/administrator awareness of food insecurity are promoted/run regularly on campus but are shared using methods that do not reach all faculty/staff/administrators.

Next Steps: Identify ways to increase reach of faculty/staff/administrator awareness campaigns through campus partnerships and creative avenues of communication.

Best Practice: Efforts or programs to increase faculty/staff/administrator awareness of food insecurity are promoted regularly on campus and shared using methods that reach all faculty/staff/administrators.

Current Status: Efforts or programs to reduce stigma of food insecurity and normalize the need for food assistance are promoted/run regularly on campus but are shared using methods that do not reach all students.

Next Steps: Identify ways to increase reach of efforts to reduce food insecurity stigma and normalize the need for food assistance through campus partnerships and creative avenues of communication.

Best Practice: Efforts or programs to reduce the stigma of food insecurity and normalize the need for food assistance are promoted regularly on campus and are shared using methods that reach all students.

Current Status: Efforts to reduce the stigma of services and/or supports for food insecurity are promoted/run regularly on campus but are shared using methods that do not reach all students.

Next Steps: Identify ways to increase reach of efforts to reduce the stigma of food insecurity services and/or supports through campus partnerships and creative avenues of communication.

Best Practice: Efforts or programs to reduce the stigma of services and/or supports for food insecurity are promoted regularly on campus and shared using methods that reach all students.

Education and Training

Education and training of administrators, faculty, staff and students on issues relating to food insecurity have been shown to improve academic outcomes for students facing food insecurity. In this study, education and training indicators encompassed a strong curriculum in hunger and/or food insecurity to help inform students, faculty and staff, as well as call students to action and reduce stigmas and misconceptions regarding hunger and/or food insecurity. Education and training opportunities include academic curriculum, professional development and other non-curricular learning opportunities for administrators, faculty, staff and students.

Opportunity for Improvement

Current Status: An undergraduate course on hunger/food insecurity is not offered.

Next Steps: Incorporate information on hunger/food insecurity in an undergraduate course already taught on campus.

Best Practice: An undergraduate course(s) is offered regularly on a scale that meets demand within institutional constraints.

Opportunity for Improvement

Current Status: A hunger/food insecurity minor is not offered.

Next Steps: Formally or informally incorporate hunger/food insecurity information in a minor already offered on campus.

Best Practice: A hunger/food insecurity minor is offered to undergraduate students.

Opportunity for Improvement

Current Status: A graduate course on hunger/food insecurity is not offered.

Next Steps: Incorporate information on hunger/food insecurity in a graduate course already taught on campus.

Best Practice: A graduate course(s) on hunger/food insecurity is offered regularly on a scale that meets demand within institutional constraints.

The university has many opportunities for growth in education and training relating to food insecurity.

Fall 2020 mean C-FAST score (on a scale of 1.00-4.00): **1.50**

Opportunity for Improvement

Current Status: A hunger/food insecurity graduate certificate is not offered.

Next Steps: Formally or informally incorporate hunger/food insecurity information in a graduate certificate already offered on campus.

Best Practice: A hunger/food insecurity graduate certificate is offered.

Opportunity for Improvement

Current Status: Student education and/or skills training to manage food insecurity are offered but not regularly and/or are only offered to a limited number of students.

Next Steps: Identify resources needed to expand student education and/or skills training in order to meet institutional demands.

Best Practice: Student education or skills training to manage food insecurity offered on a scale that meets demand within institutional constraints.

Opportunity for Improvement

Current Status: Faculty, staff and/or administrator continuing education or professional development offerings on campus food insecurity are available but only taught as part of continuing education or professional development offering on another subject/topic area.

Next Steps: Develop continuing education or professional development offering focused on college student food insecurity, and identify ways to share with faculty, staff and/or administrators.

Best Practice: Continuing education or professional development is offered that meets demand within institutional constraints.

Research, Scholarship and Creative Works

Research, scholarship and/or creative works are primary functions of higher education institutions. By examining food security issues, colleges and universities contribute to the growing body of knowledge aimed to improve awareness, practices and policies addressing food insecurity.

C-FAST indicators included the conduct of research, scholarship and/or creative works relating to food insecurity to add to the body of knowledge on food insecurity and bring attention to the issue through presentations, publications and conversations prompted by research.

The university has made great strides in multiple areas relating to research, scholarship and creative works but has not achieved best practices for indicators. Opportunities exist to develop efforts toward the achievement of best practices.

Fall 2020 mean C-FAST score (on a scale of 1.00-4.00): **2.67**

Opportunity for Improvement

Current Status: Undergraduate research, scholarship and/or creative works on food insecurity engages students in multiple departments and/or disciplines, but there is little collaboration among different departments/disciplines for this work.

Next Steps: Identify a leader in research collaboration on campus, and partner to develop an opportunity for undergraduate research collaboration on food insecurity.

Best Practice: Undergraduate research, scholarship and/or creative works occur in multiple disciplines with interdisciplinary collaboration.

Opportunity for Improvement

Current Status: Graduate research, scholarship and/or creative works on food insecurity engages students in multiple departments/disciplines, but there is little collaboration among different departments/disciplines for this work.

Next Steps: Identify a leader in research collaboration on campus, and partner to develop an opportunity for graduate research collaboration on food insecurity.

Best Practice: Graduate research, scholarship and/or creative works occur in multiple disciplines with interdisciplinary collaboration.

Opportunity for Improvement

Current Status: Faculty and/or staff research, scholarship and/or creative works on food insecurity engages one or more faculty and/or staff but is isolated to a single department or discipline on campus.

Next Steps: Identify or develop an incentive for research collaboration on food insecurity issues, and share with relevant faculty and/or staff.

Best Practice: Faculty and/or staff research, scholarship and/or creative works occur in multiple disciplines with interdisciplinary collaboration.

Recommendations for Next Steps

The university's **Strategic Plan** presents a framework for progress in its mission to (removed to maintain confidentiality). The following recommendations align the evidence-based findings of the college student food insecurity prevalence survey and C-FAST with the goals and objectives of the university's strategic plan.

University Goal – (removed to maintain confidentiality)

Strategic Goal: (removed to maintain confidentiality)

Evidence-Based Recommendation for Next Step

Establish an experiential learning curriculum in hunger/food insecurity for undergraduate and/or graduate students. This can begin with the modification of an existing course to address food insecurity in its course content. Over time, efforts can progress to develop a full course and even an undergraduate minor or graduate certificate.

Example: The Auburn University Hunger Studies Minor emphasizes problem-based learning to engage students representing every discipline – from agriculture to marketing, from finance to design – to apply their major studies in cross-disciplinary classes and interactive coursework to study and address the causes, consequences and responses to hunger. The Hunger Solutions Institute at Auburn University will openly share curriculum information to support the adaptation of a Hunger Studies course and/or minor on new campuses. See appendix for more information.

University Goals – (removed to maintain confidentiality)

Strategic Goal: (removed to maintain confidentiality)

Strategic Goal: (removed to maintain confidentiality)

University Goal – (removed to maintain confidentiality), cont.

Evidence-Based Recommendation for Next Step

Build and strengthen campus relationships through the establishment of a campus food security coalition. Identify faculty, staff and administrators with influence and/or interest in food security issues, and invite them to form a coalition on food security and basic needs. Once a core group has been identified, determine an appropriate route to formalize the coalition within the university's framework to establish and strengthen the influence of the coalition. The development and implementation of a campus action plan can serve as an excellent opportunity to establish member commitment and engagement.

Example: The University of North Alabama (UNA) established a diverse and active coalition to address campus basic needs. Members include representatives from the Office of Student Engagement, the Campus Food Pantry, Dining Services, Housing and Residence Life, Financial Aid, Disability Support Services, Military and Veterans' Services, faculty, a community member, a recent alumnus and a student resident advisor. Regular action items for coalition members have promoted commitment and sustained engagement from members. See appendix for more information.

University Goal – (removed to maintain confidentiality)

Strategic Goal: (removed to maintain confidentiality)

Evidence-Based Recommendation for Next Step

Encourage and/or incentivize student-faculty research collaboration on hunger/food insecurity issues. This research could follow up on student food insecurity issues identified in this report or expand locally, statewide, nationwide or globally. Aim to establish annual support for continued research collaborations.

Example: The Deaton Scholars Program (DSP) engages students from every college and discipline at the University of Missouri in the fight against global poverty and hunger. As DSP participants, students join diverse teams and delve head-first into creative problem solving. With the help of program leaders, students gain hands-on experience proposing, funding and implementing their own solutions. See appendix for information.

Appendix of Resources

Experiential Learning Curriculum (Hunger Studies Course and Minor)

Dr. Alicia Powers
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Enhancing Faculty Awareness and Support (UNA Red Folder)

Holly Underwood, LPC
University Case Manager
University of North Alabama
hunderwood1@una.edu

Bethany Green
Assistant Director of Community Service and Outreach
University of North Alabama
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Food Security Research Opportunities (Deaton Scholars Program)

Summer LaRose
Deaton Scholars Program Director
Brady and Anne Deaton Institute for University Leadership in International Development
University of Missouri
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DeatonScholars@missouri.edu



The Hunger Solutions Institute was established by the College of Human Sciences and the Alabama Agricultural Experiment Station at Auburn University to further Auburn's nationally recognized efforts in food security domestically and globally. Auburn University is an equal opportunity educational institution/employer. hungersolutionsinstitute.org

Testimony of Rachel Sumekh

Founder and CEO
Swipe Out Hunger

Prepared for the U.S. House of Representatives Committee on Rules
Ending Hunger in America: Hunger on College Campuses

September 8, 2021



STUDENT HUNGER IS REAL. WE CAN HELP END IT.

SwipeHunger.org
818-636-5002
800 Wilshire Blvd
Los Angeles CA 90017

Chairman McGovern, Ranking Member Cole, and distinguished members of the Committee,

I'm speaking to you today on behalf of Swipe Out Hunger and the nearly 1 in 3 American college students who despite experiencing chronic food insecurity show up to class every day¹. Who take placement exams on empty stomachs, write essays and study for finals with minds that work twice as hard to stay focused because as Maslow taught us, there's a hierarchy to our most basic needs. Who despite all the odds and challenges, choose to show up and seek a better life by pursuing their degree. I thank you for this opportunity to help tell their story and to discuss how we can end the crisis of college student hunger once and for all.

For the past 11 years, since the age of 18, I've served as the CEO of Swipe Out Hunger, a national nonprofit founded while I was a student at UCLA. We began as a group of friends who had excess dollars on our meal plans and after months of negotiating, convinced our campus administration to allow students to donate their extra meal points to hungry individuals around our Los Angeles community. It was less than one term before we became aware that our very own peers were struggling with hunger. We began channeling the tens of thousands of dollars in meal points we were collecting into our on campus food bank and in a new program we started— a meal voucher program which gave food insecure students dining hall credits. Now, every student could enter and have a warm, nutritious meal just like everyone else. For us, it was simple – If I have access to incredible dining so I can show up to class able nourished and able to focus why shouldn't my food insecure peers? From its beginnings as a grassroots movement at UCLA in 2010, Swipe Out Hunger has since served 2.5 million nourishing meals across 41 states and more than 142 campuses.

During this time, I've crossed the country visiting campuses and speaking with students at every level of higher education institution our nation offers. From large state schools such as Pennsylvania State University to urban campuses like California State East Bay, to community colleges such as Mass Bay Community College. While I meet with uniquely individual students, staff and faculty on every campus, I have come away with a few universal lessons.

First, despite media narratives to the contrary, our current generation of college students are brighter, more innovative and equipped with a higher level of work ethic than any generation before. According to a 2019 report from the Hope Center, 70% of students who had a basic needs insecurity also were employed². Few stories better illustrate this than Suraiya, a recent graduate from Monroe College in Bronx, NY - Suraiya dropped out of high school, raised three

¹ Goldrick-Rab, S., Richardson, J., Schneider, J., Hernandez, A., & Cady, C. (2018). STILL HUNGRY AND HOMELESS IN COLLEGE. Wisconsin Hope Lab. <https://hope4college.com/wp-content/uploads/2018/09/Wisconsin-HOPE-Lab-Still-Hungry-and-Homeless.pdf>.

² Baker-Smith, C., Coca, V., Goldrick-Rab, S., Looker, E., Richardson, B., & Williams, T. (2020). #RealCollege 2020: Five Years of Evidence on Campus Basic Needs Insecurity. The Hope Center . https://hope4college.com/wp-content/uploads/2020/02/2019_RealCollege_Survey_Report.pdf.

beautiful children while struggling with poverty, food insecurity and domestic violence. Yet despite those challenges and the responsibilities she had to raise her family, Suraiya got her GED, enrolled in college and continued to pursue her dream of one day becoming a homicide detective. During the pandemic, Swipe Out Hunger helped Suraya successfully enroll in SNAP, receiving \$300/mo to support her family while she pursued her degree. I'm so proud to say that just this year, Suraya has been accepted into the NYPD detective academy.

The second truth I have witnessed is that these challenges existed for college students well before the COVID-19 pandemic exacerbated them to an unfathomable level. According to pre-pandemic reports, nearly 1 in 3 or 6.5 million college students experienced food insecurity, while 1 in 5 experienced homelessness or housing insecurity³. When I visited the University of Maryland College Park, just 8 miles from the US Capitol building, I heard first hand the severity of the issue. One student Tania said to me "[Before going to school,] I made sure that I drank a lot of water because it's free and makes you feel fuller. I'm used to powering through the pain."

We know that the level of need has only grown since the pandemic. According to a report by Swipe Out Hunger and Chegg.org, more than half of all college students nationally (52%) visited food pantries during the pandemic to meet their needs and nearly a quarter (24%) have had to take out a loan to cover food costs.⁴

Third, I learned that dedicated staff and administrations are endlessly innovating on nearly every campus nationwide to serve their students in this time of need - despite a lack of governmental support and funding. More than 1,000 campuses from the smallest community colleges to the largest state schools are operating food pantries on their campuses. Staff use a toolbox of direct service and public benefit programs to serve students immediate and long term needs. For example, California State University East Bay (CSUEB) helps more than 1,000 students with SNAP pre-screenings, applications, and reporting each year. The University of Pittsburgh works with a neighboring church to run a food pantry and provide fresh produce, meat and dairy to students; Bucks County Community College students can receive a \$50 grocery store gift card and help from a case manager on accessing other resources.

One such staff member is Waleek Boone, a Student Life Specialist at Medgar Evers College in Brooklyn, NY who has worked around the clock with a team of only three student volunteers to keep the pantry open throughout the pandemic and its darkest days in New York. They distributed thousands of bags of groceries to students, many of whom recently lost their jobs and are struggling with housing insecurity.

³ Goldrick-Rab, S., Richardson, J., Schneider, J., Hernandez, A., & Cady, C. (2018). STILL HUNGRY AND HOMELESS IN COLLEGE. Wisconsin Hope Lab. <https://hope4college.com/wp-content/uploads/2018/09/Wisconsin-HOPE-Lab-Still-Hungry-and-Homeless.pdf>.

⁴ Chegg.org and Swipe Out Hunger. (2020). 2020 state of the STUDENT: Covid-19 & food insecurity. Swipe Out Hunger. <https://www.chegg.org/covid-19-food-insecurity-2020>.

To cite the Hope Center again, 1 in 3 students lost their jobs during the pandemic⁵. Waleek reiterated to us that “They know we’re risking our lives to help serve them. Without the goodwill of these volunteers, however, this lifeline for hundreds would have been forced to close.”

Despite groundbreaking programs, institutions are too underfunded and understaffed to address the level of need on their campus. Pantries struggle with finding space, acquiring refrigeration and purchasing food. Restricted SNAP eligibility makes it burdensome and too time consuming for enrollment assistance. When so many of the support teams on campuses are working for free, there is only so much you can ask of your students or part time staff.

This leads me to my last and most important lesson learned, with the right combination of priorities - college student hunger can truly be solved. How often do we get to say something like that? Despite the challenges that lay ahead, the solutions to ending this crisis and building back a stronger, healthier and more thriving nation are right in front of us. We believe that there are three initial steps that Congressional members can take today to begin this process.

First, we can make the most powerful and effective tool in our arsenal (SNAP) more available and accessible to low-income college students. For too long outdated and draconian eligibility rules made millions of American college students ineligible to access this critical program.

Generally, college students must work 20 hours a week to be eligible for SNAP benefits. For many, meeting this burdensome requirement while also attending school full-time, studying for classes and so on is near impossible. The recent changes by Congress in the Emergency Coronavirus Relief Act, temporarily expanded eligibility to SNAP for more than 3 million students by waiving the onerous work requirement for students with either a \$0 expected family contribution or eligible for work study⁶. These additional dollars have an enormous impact on a student's ability to provide for themselves and their families while performing academically.

Rep. Jimmy Gomez (D-CA) and Sen. Kirsten Gillibrand (D-NY) have introduced the EATS Act, legislation that would make permanent the added eligibility for low-income college students. I would like to personally ask each of you and your colleagues to pass the EATS act today and help bring this essential resource to millions of new students in a time of great need.

Our second recommendation is to learn from our state legislatures across the country for how we can tackle these challenges. Over the last 4 years numerous states have introduced, passed and invested in a program known as Hunger Free Campus. Hunger Free Campus, originally developed and written in the hallway of the California state capitol on the very laptop I’m speaking to you through today, sends funds to public colleges who are already taking action on student hunger on campus. Hunger Free Campus is an incentive bill that has proven to add

⁵ Goldrick Rab, S., Coca, V., Kienzl, G., Welton, C. R., Dahl, S., & Magnelia, S. (2020). *#REALCOLLEGE DURING THE PANDEMIC*. RealCollege. https://hope4college.com/wp-content/uploads/2020/10/Hopecenter_RealCollegeDuringthePandemic_Reupload.pdf.

⁶ Granville, P. (2021, February 3). Congress made 3 million college STUDENTS newly eligible for SNAP food Aid. Here's what must come next. The Century Foundation. <https://tcf.org/content/commentary/congress-made-3-million-college-students-newly-eligible-snap-food-aid-heres-must-come-next/>.

additional ability of campuses large and small to serve their student communities in need. Rather than creating a new program, Hunger Free Campus is built on the foundation that each of our campuses have the answers on how to solve basic needs insecurity, they just need the added capacity and support.

First passed in California in 2017, the Hunger Free Campus Bill was then passed in New Jersey in 2019, and Maryland and Minnesota in 2021. It is currently in the legislative process in Massachusetts, Pennsylvania, New York, North Carolina and states across the country such as Colorado have enacted portions of the program within their departments of higher education.

To date the Hunger Free Campus grant program has distributed more than \$70 million dollars in the last four years to campuses. Our state legislatures have shown that they are willing to heed the call during this emergency and stand by their most vulnerable students. The success of Hunger Free Campus programs have prevented thousands of students from being subject to food insecurity and its impacts. We call on this committee and your colleagues in Congress to create a national Hunger Free Campus program that provides investments to our campuses and their staff working to end hunger.

Lastly, any funding we pass to end college student hunger will simply be a bandaid to the greater crisis which is our severely underfunded financial aid system. We must double pell and provide students, up front, with the dollars they need to succeed academically through a reformed financial aid program and more funding for emergency grants.

When we began Swipe Out Hunger, universities were reluctant to acknowledge and actively denied having food insecure students on their campus. Today, universities from rural community colleges to ivy league institutions are boasting their available pantries and basic needs services. There is no better moment for Congress to take action and finally end the extremely solvable problem that is college student hunger. Thank you for your time and leadership on this critical issue.

A handwritten signature in black ink, appearing to read 'Rachel Sumekh', written in a cursive style.

Rachel Sumekh
CEO Swipe Out Hunger

The Implications of Food Insecurity at a HBCU (P04-086-19)

Linda Thompson, Chimene Castor, Rajae Gayle, and Allan Johnson

Howard University

Objectives: The objectives of the study were: 1) to determine whether there is food insecurity among matriculating students attending a Historically Black College/University (HBCU), 2) to investigate the associations between food security status and the demographic characteristics (gender, classification, housing status) of students, 3) to examine the relationship of food security status to the consumption of fruits and vegetables (FV), 4) to investigate the association of student food security status with overweight/obesity, and 5) to assess fast food consumption among food insecure students.

Methods: Five hundred Seventy undergrad and graduate students were recruited to participate in an online survey. The survey was voluntary and anonymous. Data were collected via a 20-item survey using Qualtrics, an online software program that allows its users to create and distribute survey instruments. The main survey questions were derived the Six-item United States Department of Agriculture-Adult Food Security Survey Module (USDA-AFSSM). The survey also included questions which measured: height and weight, daily fruit

and vegetable consumption, fast food purchases and potential food pantry utilization. The remaining questions in the survey determined demographic characteristics which included gender, class, meal plan, and housing status.

Results: Data indicated 77.7% (405) of the sample had experienced some level of food insecurity over the last 12 months, whereas 116 (22.2%) were determined to be food secure. The prevalence of the four categories of food security status is shown in Figure 1.

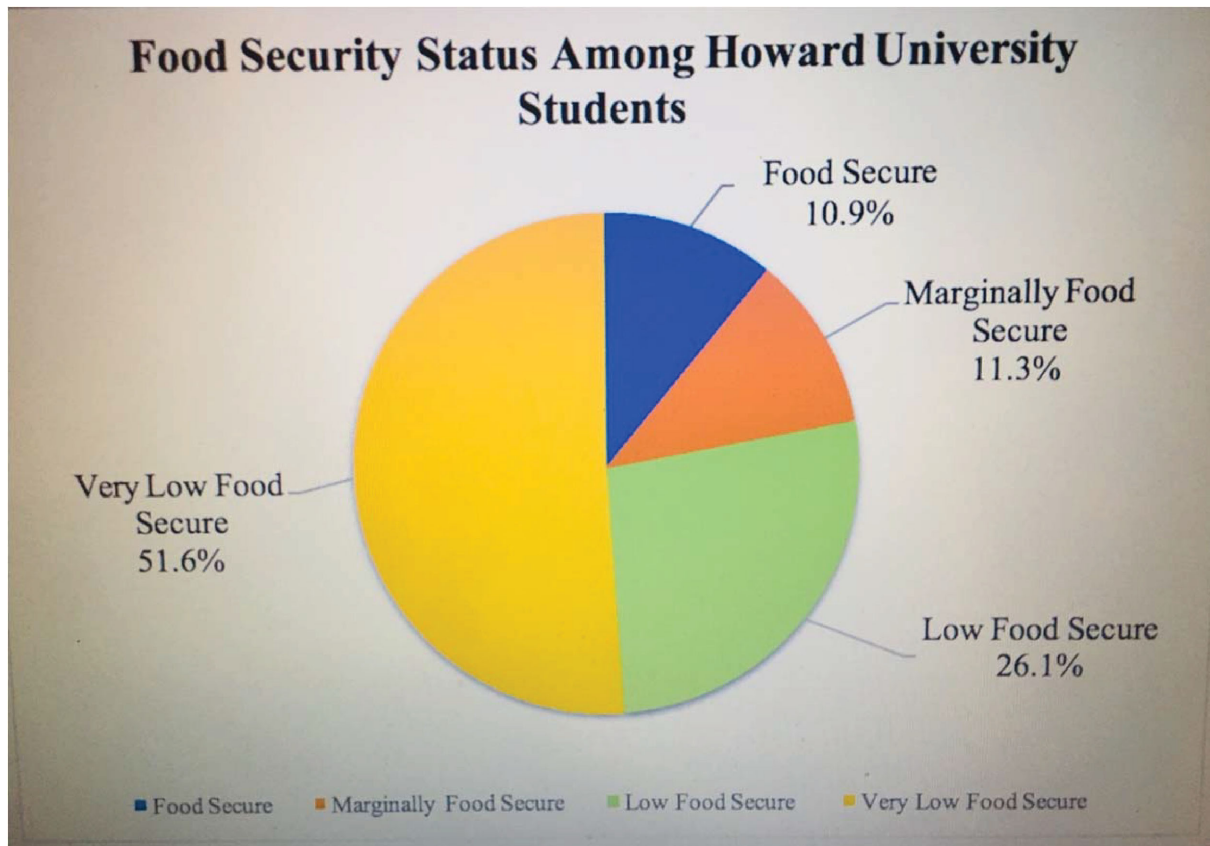
Food insecure students were significantly more likely to purchase fast foods two or more times a week and had significantly lower mean fruit and vegetable intakes than food secure students.

Sophomores were least likely to be food secure (11.1%), while graduate/professional students were most likely to be food secure (37.6%). Students living on campus were found to be more likely to be food insecure.

Conclusions: The present study provides evidence of significant food insecurity. More fast food and decreased fruit and vegetable consumption was found among the food insecure vs food secure. Food security on college campuses bears further investigation.

Funding Sources: Howard University.

Supporting Tables, Images and/or Graphs



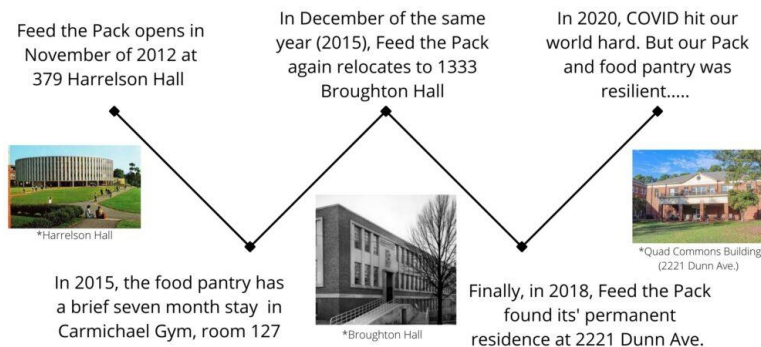
FEED *the* PACK

THE FOOD PANTRY AT NC STATE

The mission of the Feed the Pack Food Pantry at NC State is to help meet the food needs of all members of the NC State community with dignity and respect.

How We Began...

Students, faculty, and staff from across the university began recognizing the amount of food insecurity experienced at NC State in the spring of 2012. A steering committee was formed to research other college food pantries in the area and determine the feasibility of opening one at NC State. After realizing the great need for a pantry at NC State, the steering committee worked on gathering donations and developing a Student Leadership Team that would run the pantry's operations while the steering committee was transformed into an Advisory Board. The first space in 379 Harrelson Hall was donated by NC State Facilities, and the initial funding for our shelving came from Rodgers Construction—the company that built Talley Student Union.



The original location of the pantry was in a small classroom, 379 Harrelson Hall. In 2015, Feed the Pack had a brief seven month stay in 127 Carmichael Gymnasium. In December 2015, Feed the Pack found themselves moving to another temporary location in 1333 Broughton Hall. Finally, in August of 2018, Feed the Pack made its final and hopefully permanent move to the Quad Commons, a location that was previously a C-Store.

Feed the Pack first opened its doors to students, faculty, and staff in November 2012. Since that time, it has served over 16,000 visits to the pantry and given out over 325,000 pounds of food. Countless student organizations, individuals, departments, offices, and community partners have helped Feed the Pack reach its goals over the past eight years.

College Students and SNAP: The New Face of Food Insecurity in the United States

Over the last decade, multiple studies of food insecurity among college students have found rates from 20% to more than 50%, considerably higher than the 12% rate for the entire US population.

Reasons for higher rates of food insecurity among college students include a growing population of low-income college students, high college costs and insufficient financial aid, more financial hardship among many low- and moderate-income families, a weak labor market for part-time workers, declining per capita college resources, and Supplemental Nutritional Assistance Program (SNAP) policies that specifically exclude many college students from participation.

This essay reviews the causes and consequences of food insecurity on campus, explores reasons for the low SNAP participation rate, and describes how campuses have responded to food insecurity. It summarizes federal, state, and local changes in SNAP policies that can facilitate college student participation and retention and suggests strategies for more robust and effective university responses to food insecurity, including SNAP enrollment campaigns, a stronger role for campus food services, and a redefinition of the goals and purposes of campus food pantries. (*Am J Public Health*. 2019;109:1652–1658. doi: 10.2105/AJPH.2019.305332)

Nicholas Freudenberg, DrPH, Sara Goldrick-Rab, PhD, and Janet Poppendieck, PhD



See also Nestle, p. 1631.

Over the last decade, multiple studies of food insecurity among college students have found rates ranging from 20% to more than 50%, depending on the population studied, sampling methods, and measures used to define food insecurity.^{1–4} These rates are considerably higher than the 12% food insecurity rate that US Department of Agriculture (USDA) reported for the general US population in 2017.⁵

At the end of 2018, the US Government Accountability Office (GAO) released a report on food insecurity among US college students. The GAO estimated that although approximately 7.3 million US college students had household incomes below the level that qualifies them for eligibility for the Supplemental Nutritional Assistance Program (SNAP; formerly known as Food Stamps), only 2.26 million (31%) were actually enrolled in SNAP.⁶ Moreover, a recent survey of more than 86 000 students at 123 colleges and universities found that just 20% of food-insecure college students received SNAP.¹ These rates are far lower than the 85% participation rate for SNAP-eligible individuals in the general US population in 2016.⁷ What accounts for the high levels of food insecurity among college students and why are so few students enrolled in SNAP, the nation's largest food benefit and poverty reduction program?

To answer these questions and suggest solutions, we summarize evidence from recent literature reviews and multicampus studies

of college food insecurity,^{1–4} public and media reports on campus food insecurity,^{8,9} our own experience studying and addressing food insecurity for 10 years at multiple universities, and our participation in national coalitions that seek to reduce college food insecurity.

Consistent with the GAO report,⁶ we demonstrate that college students are a new population at risk for food insecurity, joining other demographic groups such as single-parent households, those living in poverty, recent immigrants, low-wage workers, and older people. By analyzing the social, political, and economic forces that have put college students at risk for food insecurity, we hope to inform efforts to ensure that SNAP and other responses to food insecurity address the changing face of hunger and food insecurity in the United States.

WHY ARE SO MANY COLLEGE STUDENTS FOOD INSECURE?

Five trends explain the rise of food insecurity among college students; together, these

constitute the “new economics of college,” which we argue is the fundamental cause of high college food insecurity.

First, a much higher proportion of college students face financial challenges today than in the past. By 2016, 39% of college students were from households with incomes at or below 130% of the federal poverty line, an increase from 28% in 1996.⁶ In the past, traditional college students enrolled in college full-time immediately after high school, depended on parents for financial support, and worked part-time or not at all during the school year. Now, such students account for less than a third of college enrollment.⁶ In 2016, about half of all undergraduate students were financially independent from their parents. One third attended public 2-year colleges, also known as community colleges. More than a fifth had dependent children themselves, and 14% were single parents. A quarter worked full-time. Overall, 71% of college students had at least 1 of the characteristics of “nontraditional” students,⁶ showing that the more diverse populations that

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have entered college in higher numbers have now become the new collegiate norm.

Second, college has become more expensive. Between 1989 and 2016, the price for a 4-year degree doubled, even after inflation.¹⁰ Between the 2005–2006 and 2015–2016 school years, prices for undergraduate education at public institutions rose 34% and at private nonprofit institutions by 26%, after adjustment for inflation. Living expenses—including rent, food, transportation, books, and supplies—are also rising rapidly. Although the calculation of a student's financial need includes estimated living expenses, those estimates are often unrealistic and financial aid is rarely sufficient to cover them.¹¹

Third, as the proportion of students from low-income households has increased, the purchasing power of the Pell Grant, the main federal subsidy for low-income undergraduate students, has declined. When the program started in 1972, Pell Grants covered more than four fifths of the cost of attending the average 4-year public university. Now Pell Grants cover less than one third of the costs. The original Pell Grant covered all costs of the typical community college; today it covers about 60%.¹¹ Overall, the growth of federal Pell funding has not kept pace with the rise in the number of recipients, and out-of-pocket college costs have risen dramatically.

Fourth, it is now harder to pay for college by working. The value of the minimum wage has declined substantially, and college students are competing in a labor market where people are often underemployed and wages are low. Coupled with rising college prices, students must work nearly full-time to afford

full-time community college.¹¹ To avoid paying for benefits, today's employers, including universities, often divide full-time hours across multiple part-time workers, contributing to the growing number of students working several jobs to make ends meet. This can be especially hard because employees with class schedules (and often child care schedules) may find employers reluctant to offer the flexibility they need. When shifts change, students must adjust too, even if it means missing class. Students, then, are often forced to choose between work and school, which can lead to lost wages or lower grades.¹¹

The Federal Work-Study (FWS) program was supposed to help students work on campus rather than off, but the program is significantly underfunded and poorly allocated, resulting in insufficient resources for community college students. When students are fortunate enough to have FWS support, they often receive too little pay to make that their only job.

Finally, today's public colleges have less money to put toward supporting students and providing affordable food and housing. State funding for higher education has decreased by 25% per student over the last 30 years, and states have cut \$9 billion from higher education in the last 10 years alone. In public universities, budget cuts have led to significant reductions in student services.¹¹

WHY ARE SO FEW STUDENTS ENROLLED IN SNAP?

SNAP is widely regarded as the nation's first—and most important—line of defense against hunger. Had SNAP kept pace

with changing collegiate demographics and economies, the problem of rising college food insecurity might have been prevented or contained.

Why are so few seemingly eligible college students receiving SNAP? The answer lies in the program's rules and an explicit intention to keep college students from using the program. In 1980, responding to complaints that college students from middle-income and wealthy families were qualifying for the program by establishing independent households, and to what the *New York Times* described as the appearance “that food stamps were fueling the iconoclastic culture and radical politics of the nation's youth,” Congress declared that full-time students, defined as students attending classes at least half-time, were ineligible for food stamps unless they were working 20 hours a week or more or qualified for 1 of several possible exemptions. Four fifths of the 250 000 students then in the program lost their benefits.¹²

Students can be included on their parents' SNAP grants only if the family shops and eats as a single unit and students eat at least half their meals at home, a rule that may not fit the schedules of commuter students, who may sleep at home but study, work, and socialize elsewhere. Moreover, the GAO report notes that “Most students we identified as not receiving SNAP were financially independent and could likely apply for SNAP as their own household; dependent students who are potentially eligible can only receive SNAP as part of their parents' household.”^{6(p18)}

Unless they have children, part-time students are considered “able-bodied adults without dependents” and subject to the stringent work requirements

introduced with the 1996 Welfare Reform. Able-bodied adults without dependents are eligible for only 3 months of SNAP benefits out of every 36 months unless they are working 20 hours a week or more or are engaged in a recognized SNAP Employment and Training Program.¹³ For students with and without dependents, the 20-hours-per-week rule creates many challenges, in part because it is often difficult to obtain 20 hours from a single employer and because work interferes with academics.

Even though the rules do allow some full-time students to receive SNAP, they are written in a confusing manner that leads many to mistakenly conclude that students simply are not eligible^{14,15} (see the box on page 1654). The main message sent by the USDA and many intermediaries, including colleges, is that most college students are not eligible for SNAP. A search for “college students” on the USDA Food and Nutrition Service SNAP Web page finds the statement that “Most able-bodied students ages 18 through 49 who are enrolled in college or other institutions of higher education at least half time are not eligible for SNAP benefits.” The site then lists 6 categories of “exemptions,” 1 of which has 5 subcategories.¹⁵ Students who persist beyond the initial rebuff must assess their situations considering these categories. Thus, it is no surprise that many eligible students do not know they are eligible. The GAO study found that both students and college officials expressed confusion and uncertainty about the student eligibility rules.⁶

Even when students believe they are eligible for SNAP, stigma and the daunting process of application and enrollment may deter them from applying.¹⁶

EXEMPTIONS FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) QUALIFICATIONS FOR COLLEGE STUDENTS: UNITED STATES, 2019

Students who meet the income and assets limits, immigration status requirements, and household qualifications, and are enrolled in college at least half-time may qualify for SNAP through any ONE of these criteria:

- Are responsible for a dependent child younger than 6 years
- Are responsible for a dependent child between the ages of 6 and 12 years for whom they have trouble securing child care
- Work at least 20 hours per week in paid employment
- Receive Temporary Assistance for Needy Families (TANF) cash assistance or services
- Are aged 17 years or younger or aged 50 years or older
- Are single parents enrolled full-time and responsible for a dependent child aged 12 years or younger
- Participate in a state or federally funded work study program
- Participate in an on-the-job training program
- Are in school through a state or federally approved employment and training program
- Are unable to work for health reasons

Source: Welton¹⁴ and Supplemental Nutrition Assistance Program.¹⁵

And even when they apply, misunderstanding of the application by students or errors on the part of caseworkers may result in denial of students who are actually eligible.¹⁷

Because students receiving FWS are exempt from work requirements, in theory, FWS-eligible community college students facing a shortfall of funds for food should be able to obtain SNAP. In practice, however, only a fraction of students eligible for FWS actually have it, and many thus miss this exemption. In this way, SNAP rules restrict rather than enable food-insecure students' access to food.¹⁴

In sum, a problem created by a significant policy success—expanded enrollment of low-income students in college—was followed by the failure of federal policy to address 2 other trends: rising college costs and reduced financial assistance. These changes have led to growing food insecurity for college students, an example of a social problem exacerbated by policy-induced obstacles. The situation was further aggravated by a policy fix for

an ideologically constructed problem: deterring “undeserving” college students from enrolling in the food stamp program. That this stereotype is increasingly false as the new economics of college unfolds has not altered the policy debate. In 1980, and still today, the portrayal of food-insecure college students as undeserving of help fits into a wider conservative discourse that seeks to separate the “deserving” from the “undeserving” poor and then stigmatize the latter.¹⁸

WHY DOES COLLEGE FOOD INSECURITY MATTER?

For some observers, concern about college food insecurity is much ado about nothing. If some college students occasionally run short of food money, choose to go to a movie instead of buying food, or regularly fill up on ramen noodles, what's the harm? As James Bovard, a libertarian newspaper columnist, asks, did those students reporting food

insecurity “oversleep and miss breakfast?” He observes that “redefining hunger as abstaining from second servings makes for a push-button crisis.” He concludes “a national goal of ‘no college kid hungry’ would bloat more students at a time when obesity wreaks more havoc than a few missed meals. In the long run, obliterating individuals' responsibility for feeding themselves is the worst possible dietary outcome.”¹⁹

More broadly, a national discourse that demonizes the poor, recent immigrants, and people of color and discourages public investments that buffer the adverse consequences of growing income inequality²⁰ reinforces skepticism at the idea that college students might be struggling with food insecurity.

Despite political criticism of SNAP, public health evidence suggests that food insecurity contributes to adverse outcomes for college students. First, it worsens several health conditions. Gundersen and Ziliak's recent review of food insecurity and health²¹ found that in adult

populations, food insecurity was associated with diabetes, obesity, depression, decreased nutrient intakes, and poor self-rated health status. They conclude that a “compelling picture of food insecurity's association with negative health outcomes has emerged based on a wide array of data sets and empirical methods.”²¹ (pp1835–1836) Food insecurity contributes to obesity, especially for females, by encouraging consumption of lower-cost, calorie-dense food.²² Although the causal relationship between food insecurity and health is clear for many adverse outcomes, for others, data are lacking or the relationships may be reciprocal. Depression, for example, can be both a cause and consequence of food insecurity.²¹

Second, food insecurity appears to be associated with negative academic outcomes, a primary concern for universities. Several studies have found that food-insecure students are more likely to have low grade point averages, delayed graduation, or higher dropout rates than their food-secure peers.^{2,23,24} Other studies show that food-insecure students report higher levels of stress—itsself a barrier to academic success.²⁵ Because most of these studies are observational and represent a single point in time, the direction of causal pathways as well as the strength of the association in different student populations require further elucidation.

Given the reciprocal relationships between education and health, reducing food insecurity may have a synergistic impact on both health and educational outcomes. College completion is a powerful predictor of longevity, lifetime health, healthier behaviors, income, and life satisfaction.²⁶ The precautionary

principle, a basic public health value, suggests that in the face of compelling but uncertain evidence, health professionals should take action. This would seem to justify acting to reduce food insecurity on college campuses on the basis of the strong evidence of the health benefits of a college degree²⁷ and emerging albeit not yet definitive indications that food-insecure students are less healthy and less likely to complete college than their food-secure peers.

Further consideration of the most appropriate methods for assessing campus food insecurity is warranted. Some investigators using data from the Current Population Survey, which is based on household data rather than student surveys, have identified lower levels of food insecurity.²⁸ However, as the GAO noted,⁶ college students may not be well captured in those surveys, especially if it is their parents doing the reporting, the students meet the SNAP definition of independence, or (for students with unstable housing) they lack an established household with which to share food. The consistency of results across campus studies in different settings, time periods, and using different methodologies suggests that the findings on the magnitude of food insecurity and its impact on academic success and well-being warrant policy attention. Finally, the lifetime health, economic, and social benefits of college²⁷ justify public investment in programs that increase the attainment of degrees, including by ensuring that investments in financial aid are not undermined by shortfalls that leave students without enough to eat.

HOW DO CAMPUSES RESPOND TO FOOD INSECURITY?

In response to the growing recognition that many college students are food insecure, universities have launched a variety of interventions. The most common responses include creation of campus food pantries, meal vouchers for free meals in campus cafeterias, emergency assistance funds, and programs of outreach and information to assist students to obtain public benefits and community resources, including SNAP. Less common are garden programs, community-supported agriculture, farmers market-based food boxes, and projects associated with the diversion of food waste.

Food Pantries

Food pantries are spaces on campus where students can pick up free food to prepare and consume. A 2016 scan of student emergency aid provisions in higher education by the National Association of Student Personnel Administrators (NASPA) found that 45% of the 706 responding institutions, and 55% of public 2- and 4-year colleges, had food pantries.²⁹ They were the second most common form of emergency assistance in public colleges, after emergency loans, and their numbers have grown rapidly.^{29,30}

Pantries are appealing to both administrators and student groups seeking to respond to hunger. They are relatively easy and inexpensive to establish; 79% of the food pantries reported in the NASPA scan had annual budgets of less than \$10 000.²⁹ They have high visibility and symbolic resonance, allowing the institution to assert its responsiveness. They provide multiple avenues for students, staff, and faculty to get

involved: raising funds, securing donations, volunteering time. In the NASPA survey, food pantries were far more likely than any other form of emergency aid to rely upon campus fundraisers or funds allocated by a student government.²⁹ Food pantries are also magnets for outside donations. They impose a limited administrative burden, and they can expand or shrink with need. In many communities, a local food bank can make food available at deeply discounted prices.

Meal Vouchers

Meal vouchers provide students with free or subsidized meals in campus cafeterias. Vouchers are funded by the college itself, donated by campus food vendors, or given by other students through 1 of several “swipe-card” programs in which students donate unused meal-plan meals to other students. The national organization Swipe Out Hunger now partners with 50 campuses and reports having supplied 1.7 million meals since its creation.³¹ Arrangements differ substantially across campuses, but participation by the food service vendor is necessary.

Some colleges also make free food available to students via an app that identifies campus meetings that offer refreshments or by establishing a central location where leftover refreshments can be distributed. Like food pantries, meal donation programs provide only immediate and temporary relief. Recognizing this limitation, Swipe Out Hunger has crafted and promoted state legislation to encourage campuses to increase student access to SNAP and other public benefits.³¹

Emergency Funds

Emergency funds offer cash assistance or loans to help students prevent utilities cutoffs, pay for rent or emergency health care, and sometimes to purchase food or transportation. The goal is to address life circumstances that threaten to interrupt progress toward a degree. In the NASPA study, emergency loans were the most common form of emergency aid, typically offered to tide a student over while waiting for promised financial aid, but many institutions now also offer direct grants.²⁹ Other studies confirm the importance of emergency loans.¹⁷ Both Wisconsin and Minnesota now provide state support for college emergency loan grants.³²

Access to Benefits

Access to benefits, programs to educate students and college staff about SNAP, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and other public programs constitute another way in which campuses can assist students in need. Programs such as Single Stop and The Benefits Bank screen students for a wide array of public assistance and help them to apply, as well as assist them in the preparation of tax returns. Since Single Stop USA began its education program in 2009, primarily on community college campuses, it has helped 269 272 students obtain \$548 million in benefits and tax refunds.³³ An evaluation of Single Stop’s Community College Initiative by the Rand Corporation found that Single Stop use was associated with increased college persistence, defined as attempting more credits, earning more credits, and reenrolling for the next semester.³⁴

TABLE 1—Overview of Proposed Changes in Policy and Institutional Practices to Increase College Student Enrollment in Supplemental Nutrition Assistance Program (SNAP) and Reduce Campus Food Insecurity: United States, 2018–2019

	SNAP-Specific Changes	Other Changes
Federal		
Longer term	<p>Eliminate college student exemption for those who otherwise meet SNAP eligibility requirements.</p> <p>Align SNAP and Federal Work-Study and other financial aid eligibility requirements to reduce application and enrollment burden on colleges and students.</p>	<p>Create law and federal funding to provide subsidy for healthy affordable food on college campuses.</p> <p>Allocate funding for hunger-free campuses in Higher Education Reauthorization Act.</p> <p>Expand school lunch and breakfast programs from public schools to public universities.</p>
Shorter term	<p>Define college study as “training” or “work” for purpose of SNAP eligibility for full- and part-time students.</p> <p>Reduce work requirement for SNAP eligibility from 20 h per week to 15 h per week.</p> <p>Provide federal incentives for states and localities to move to electronic application and processing of SNAP benefits, to enable more time-pressed and technologically savvy college students to enroll.</p> <p>Support SNAP demonstration projects on college campuses that increase access to healthy food.</p>	<p>Increase Federal Work-Study funding to better meet needs and make more students eligible for SNAP.</p> <p>Encourage universities to distribute Federal Work-Study grants to maximize enrollment of eligible recipients in SNAP.</p>
State and local	<p>Designate community college enrollment as meeting the employment and training requirements for SNAP,^a using regulation rather than legislation as permitted by a federal law, the Perkins Career and Technical Education Improvement Act of 2006.</p> <p>Plan state- or municipal-wide SNAP education and enrollment campaigns that denormalize stigma and promote enrollment of eligible individuals.</p>	<p>Increase state funding for work-study</p> <p>Contribute state or local funding to hunger-free campus acts.^b</p> <p>Encourage on-campus restaurants and cafeterias to accept CalFresh (SNAP in California) benefits and to provide designated funds for on-campus food pantries.^c</p> <p>Provide state support for emergency loans to students.^d</p> <p>Require each campus to ensure that at least 1 staff member is designated to help students enroll in SNAP.^e</p>
University	<p>Launch university-wide SNAP education and enrollment campaigns that denormalize stigma and promote enrollment of eligible students using campus e-mail, text messages, classroom announcements, listing on syllabi, and peer outreach programs.</p> <p>Assess student food insecurity at time of registration and financial aid distribution and link students with needs to services.</p> <p>Train student-services personnel to identify food-insecure students and assist them to apply for and enroll in SNAP.</p> <p>Train students and faculty to assist food-insecure students to enroll in SNAP.</p>	<p>Designate a single campus official to take responsibility for assessing and addressing food insecurity and other social needs.</p> <p>Coordinate and integrate food security programs with other basic-needs initiatives such as housing assistance and homelessness prevention, emergency assistance, child care, and mental health services.</p> <p>Distribute College Work Study strategically to increase the number of students who achieve SNAP eligibility through participation in state or federal work study. Even a single hour each week of Work Study qualifies students for an exemption to the blanket ineligibility, but colleges have typically not distributed these very limited Work Study resources widely.</p> <p>Make food pantries hubs for connecting food-insecure students to the multiple services they need.</p> <p>Require university food service vendors to contribute to reducing food insecurity.</p> <p>Bring Single Stop or The Benefits Bank to campus to provide comprehensive benefits screening for students.</p> <p>Engage faculty, student-services staff, and student leadership and peer programs in active campaigns to destigmatize food assistance and promote participation.</p>

^aMassachusetts and Pennsylvania already do this.

^bCalifornia does this.

^cCalifornia has done this.

^dWisconsin and Minnesota do this.

^eCalifornia and New Jersey provide financial incentives for colleges to do this.

Other campuses have partnered with The Benefits Bank to use online screening software to conduct comprehensive screening and assistance, with similar findings of positive impact on academic progress toward a degree.³⁵ California and New Jersey have passed legislation—originally designed by Swipe Out Hunger—that provides incentives for campuses to ensure that at least 1 staff member is designated to help students enroll in SNAP.³²

Campus responses to student food insecurity include both top-down and bottom-up actions—and some hybrid models. Students have led most of the meal donation projects and have encouraged campus food service providers to enable such donations. Students at Spellman and Morehouse Colleges in Atlanta, Georgia, for example, recently staged a successful hunger strike to persuade college administration and the vendor Aramark to permit donations of meal-plan swipes.³⁶ The City University of New York organized a Campus Food Security Advocate Program that trained and deployed undergraduate students to conduct outreach and raise awareness of food insecurity on 2 campuses.³⁷ The students then organized food justice clubs that continue the work.

RECOMMENDATIONS

Recent attention to college food insecurity by policymakers, media, students, and higher education leaders has led to a robust portfolio of policy recommendations at the federal, state, local, and university levels.^{1,3,4,6,11,14,16,17,29–31,34,36–40}

We summarize these in Table 1, identifying recommendations at each level in 2 categories. The left column shows changes that contribute to the broad policy goal of

maximizing enrollment of food-insecure college students in SNAP, and the right column shows changes in policies and institutional practices that address other influences on college food insecurity.

Overall, these recommendations suggest that government and universities have a wide menu of options they can pursue to increase the low SNAP enrollment rates of low-income, often food-insecure college students. Table 1 distinguishes between federal policy changes to increase college students' access to SNAP that seem feasible to pursue in the short run—that is, in the current political climate of conservative opposition to safety net programs—versus the longer run. Other proposed changes will require deeper changes in the federal policy climate but may be pursued now at the state and local level, setting the stage for federal action at a later date.

In our experience, most colleges and universities in the public sector are willing to embrace some of the policy and programmatic changes listed Table 1, actions that can lead to further campus mobilization and measurable progress toward raising awareness and reducing campus food insecurity. There is more work to be done to engage private nonprofit and for-profit universities, which together enroll about 1 in 4 students.

Ultimately, the recommendations summarized in Table 1 provide a starting point for a national dialogue among higher education leaders, student groups, and advocates about a comprehensive, coordinated policy agenda that, we propose, could seek to end campus food insecurity in the next 5 years. Such an ambitious but feasible goal could encourage proponents to set priorities, establish effective

alliances and partnerships, and help update SNAP for the 21st century.

The recent introduction of federal legislation to enable more low-income college students to enroll in SNAP and increase awareness of the program,⁴⁰ coupled with state-level action in Pennsylvania and Massachusetts³² to designate all community college students as meeting SNAP training and employment requirements, show that some public officials are ready to act on this issue. They also provide an opportunity to engage college students in education and advocacy for such policy changes.

One key task is to move beyond the appealing but misguided belief that simply expanding college food pantries can end campus food insecurity. Pantries play an important role in addressing the acute, immediate needs of food-insecure students, but they do nothing to address the underlying cause: what we have labeled the “new economics of college” that make it harder for many college students to meet their basic needs. At worst, pantries relieve pressure for more fundamental solutions. Moreover, as a recent review noted, “not a single study has examined the effectiveness of food pantries at decreasing food insecurity on postsecondary education institutions.”^{3(p1788)}

Because food pantries are often the first point of contact between food-insecure students and university resources, they can become hubs for screening and enrolling eligible students in SNAP and other public benefits, publicizing affordable meals on campus, and engaging students in organizing for food justice as well as distributing food. By considering food pantries as the starting point rather than the

totality of a comprehensive response to food insecurity, advocates of ending food insecurity among college students—and other populations—can contribute to more sustainable solutions.

To implement these changes in policy will require a broad coalition of students, faculty, public health, higher education and food justice advocates, public officials, and social justice organizations. This coalition can frame the effort to end food insecurity among college students and fulfill the promise of SNAP as an integral part of related movements for equitable access to higher education, reductions in income and wealth inequality by race/ethnicity and class, improved well-being for all college students, and a food system that can ensure food security and dietary health for all Americans. **AJPH**

CONTRIBUTORS

N. Freudenberg and J. Poppendieck wrote the first draft, and all 3 authors reviewed and revised subsequent drafts and the final draft.

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CONFLICTS OF INTEREST

Sara Goldrick-Rab is also chief strategy officer for emergency aid at Edquity, a private company, where she is a paid consultant and holds stock. The terms of this arrangement have been reviewed and approved by the Temple University Human Participant Review Board. Edquity played no role in the preparation or review of this manuscript.

HUMAN PARTICIPANT PROTECTION

This essay is not based on human participant research and did not require institutional review board approval.

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U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON RULES
EST. 1789 | JAMES P. McGOVERN (MA-2), CHAIRMAN

U.S. HOUSE OF REPRESENTATIVES

Committee on Rules

ROUNDTABLE: “Ending Hunger in America: Examining the Role Schools Play in Ending Hunger and Improving Nutrition”

September 15, 2021

United States House Committee on Rules
Ending Hunger in America: The Role of Schools in Ending Hunger and Improving Nutrition
September 15, 2021

WRITTEN TESTIMONY

DENISE FORTE

INTERIM CEO OF THE EDUCATION TRUST

WRITTEN TESTIMONY

Chairman McGovern, Ranking Member Cole and members of the Rules Committee, thank you for the opportunity to testify on the issue of childhood hunger and improving access to nutritious food in our schools. My name is Denise Forte, and I am the Interim CEO of The Education Trust, a national nonprofit organization dedicated to closing opportunity gaps in education that disproportionately affect students of color and students from low-income backgrounds. I also was a congressional staffer for 20 years, most recently as the Staff Director for the Education and the Workforce Committee under Bobby Scott. In my early years on the Committee, I led a number of child nutrition reauthorizations, working closely with the House Hunger Caucus under Chairman McGovern's leadership, so I am very honored to be asked to share with you The Education Trust's thoughts on an issue that is near and dear to my heart.

Over the past year and a half, our nation has faced unprecedented challenges. From the COVID-19 pandemic and its devastating impact on our country's personal and economic health, to our long-awaited national reckoning with the realities of racism and police brutality, the inequities in our society have never been more apparent. Amid these ongoing national struggles and the outsized impact on communities of color and low-income communities, The Education Trust has worked to combat the inequities in our schools.

During COVID-19 school closures, Black, Latino, and Native American students have disproportionately suffered from the negative effects of the pandemic. While remote learning became the primary means of educating our children, Black, Latino, and Native American students had [less access](#) to devices and home internet service. Additionally, students of color more often had teachers with less support to execute online learning, parents whose jobs did [not allow for](#) telework or time to assist with schoolwork, and [more](#) socioemotional stressors than their White counterparts. This has contributed to [disproportionate amounts](#) of unfinished learning experienced by students of color. As we have worked to stem inequities in education over the past 18 months, it has become clear that we must also address other fundamental issues at the intersection of all the challenges affecting students in this country, including students who are experiencing homelessness, which is why it's great you have Barbara Duffield here, and the issue that brings us together today: childhood hunger and food insecurity.

Research has shown that hunger is deeply detrimental to learning. Properly nourished children are able to [more fully and actively participate](#) in school, which not only benefits them as students, but also benefits their peers and the entire school community. A healthy eating environment teaches children good nutrition and the elements of a proper diet, which can have [positive effects](#) on children's eating habits and physical well-being throughout life.

We have also learned that, at its core, food insecurity is a racial justice issue. Even before the pandemic, people of color were [disproportionately](#) surrounded by food deserts. Only 8% of Black Americans [have a grocery store](#) in their census tract, and 24% of Black Americans, 17% of Latinos, and 13% of Asian Americans [do not own cars](#), making grocery shopping more difficult and more time-consuming. In addition, individuals in communities of color have to travel [farther](#) to food stores than individuals in majority White communities and have access to fewer healthy, high-quality food options than White families. These racial disparities in food access have endured over decades and are a product of systemic racism and many of the same structural barriers that affect communities of color in healthcare, education, housing, and the workforce.

The pandemic has laid bare the many challenges that are present in our country's safety net and that have exacerbated food insecurity among communities of color. Hunger levels at the beginning of the pandemic were the highest they have ever been, and during the course of the last 18 months, the hunger epidemic has disproportionately affected communities of color. Two in five [Black and Latino households](#) (nearly 40%) with children struggled to put food on the table at the beginning of the pandemic. Last fall, The Education Trust-New York polled parents in the state of New York and found that [40% of parents](#) skipped or reduced the number of meals they consumed personally because of the pandemic. In addition, according to data released last week by USDA, the gap between White and Black households experiencing food insecurity widened during the pandemic.

To help stem the tide of rising childhood hunger, the country came together to deploy unprecedented resources to ensure students and families in need have sufficient access to nutritious food. The Pandemic Electronic Benefits Program (P-EBT) [provided essential benefits](#) to over 8 million families with children while schools were closed last school year. These Pandemic EBT benefits reduced food hardship experienced by low-income families with children and [lifted at least](#) 2.7 to 3.9 million children out of hunger. The Department of Agriculture expanded eligibility for the Supplemental Nutrition Assistance Program (SNAP), which has long been essential to ensuring many families have food on the table, alongside a 15% increase in maximum benefits. More recently, since the [Child Tax Credits payments began](#), the number of families reporting they do not have enough to eat dropped by 3.3 million.

These programs have played a critical role in stemming the rise of childhood hunger and mitigating the disproportionate impact of the pandemic on students and families of color experiencing food insecurity. Unlike in past recessions, food insecurity [did not increase](#) overall between 2019 and 2020.

But the work is not over, and the fight has never been more important. As school doors re-open this school year, [1 in 6 children](#) may be hungry as they return to school. The Biden-Harris administration has taken additional steps to combat the issue of food insecurity by [reimbursing](#) schools and childcare centers for free meals for all students this year. Additionally, the House Committee on Education and Labor last week recognized the need to remove structural barriers for students and families in the Build Back Better Act. The bill would extend and expand Summer EBT, expand student eligibility for school meals, and create a Healthy Foods Incentive demonstration pilot. The bill also proposes that local education agencies conduct Medicaid direct certification so all students who participate in Medicaid can automatically receive free or reduced-price meals.

Now is not the time to lose momentum. We must build on the successes of the government's response to the COVID-19 pandemic over the last year to ensure all students have sufficient access to quality and nutritious food.

To end hunger, we need bold ideas and a national commitment to achieve that critical goal. We need to be able to share best practices and innovation. A White House Conference can help us do that. Just as the series of Children's Conferences hosted by U.S. presidents from President Roosevelt to President Nixon sparked real change, so too can a conference to catalyze support to end hunger. The last such Children's Conference, held in 1969, sparked the creation of critical programs we still rely on today, but we need new commitments to meet this moment. A national conference will help create critical partnerships, bringing together stakeholders from all the sectors that have a role to play in ending hunger. Together, they can foster the next big ideas.

We need to double down on what works, including permanently expanding and extending summer EBT. Meals provided at school, while absolutely essential to student success, cannot alone solve child hunger issues and bridge existing inequities in access to food. Students need access to nutritional supports

before, during, and after the school day, including on weekends. Efforts in this area must both improve and expand access for students to participate in the school meal programs as well as make it easier for community-based organizations to provide meals to children and students during out-of-school time. Permanently extending and expanding Summer EBT can ensure that more children have access to healthy food during the summer months, and more families will take advantage of the program if there are coordinated efforts to provide families with information about it.

One way to redouble our efforts is to begin to address longstanding silos between education, agriculture, healthcare, and hunger. For example, in many states, despite shared goals of providing adequate nutrition to every child, education and nutrition data systems are not coordinated. During the pandemic, this created barriers to implementing Pandemic EBT. However, in states such as Michigan, we have a roadmap to fixing this coordination issue and removing barriers to the distribution of benefits. As a result of the Michigan Department of Education's proactive efforts to share complete education and nutrition data with the Michigan Department of Health and Human Services, the state was able to quickly distribute P-EBT benefits to families in need. While 34.5% of SNAP users [reported](#) skipping meals nationwide, only 25.4% of P-EBT recipients in Michigan reported skipping meals.

Another example comes from Virginia. At Virginia institutions of higher education, nearly 1 in 10 students are [suffering from food insecurity](#). College students face [unique barriers in accessing meals](#); many are balancing schoolwork with parenting, while others are working full or part time. In addition, college students, as well as those pursuing professional certifications or licensing, face unique barriers in meeting eligibility for SNAP. Virginia's General Assembly recognized its collective responsibility to create policy that simultaneously ensures no student goes hungry and that students can focus on learning. The Assembly [passed legislation](#) to create employment and training exemptions for this demographic so that they can receive SNAP benefits and thus reduce food insecurity.

These are just a few examples of the power of creating opportunities to better collaborate across sectors, something that a White House-hosted conference would facilitate.

We have seen the potential of rallying resources around ensuring that children have access to nutritious food. And, we know there is much more to do. As we look forward, our students are depending on us. There has never been a more pressing time to double down on giving our students all the supports they need – thoughtfully, comprehensively, and without barriers. We must not think about food and meals as separate entities from education, but think of them as integral to one another and entwined.

Thank you to the caucus for recognizing the importance of and potential for addressing hunger in America. Without addressing child nutrition, we cannot close the educational opportunity gaps that disproportionately affect students of color and students from low-income families. We look forward to being partners in this effort.

Written Testimony of Chef Ann Cooper
Founder and President of the Board, [Chef Ann Foundation](#)
Founding Member, [ScratchWorks](#)
Former School Food Service Director

House of Representatives, Committee on Rules
“Ending Hunger in America: The Role of Schools in Ending Hunger and Improving Nutrition”
Roundtable
Wednesday, September 15, 2021

Chairman McGovern, Ranking Member Cole, and distinguished Members of the Committee,

My name is Ann Cooper, and I am the Founder and President of the Board of the Chef Ann Foundation as well as a founding member of the ScratchWorks Collective and a former School Food Service Director for over two decades.

I am grateful for the opportunity to address this committee regarding childhood nutrition and the benefits of scratch cooking in school meal programs. Our country, our planet, our food system, and our children are facing many challenges today. We have an opportunity to address some of these challenges through our national school food programs.

I grew up in Hingham, MA and became a well-known chef in my early career, focused on creating culinary art in high-end restaurants. Through my work in sustainable food and agriculture, I was introduced to Alice Waters who helped me understand that our nation's school food system was broken and adding to our challenges around childhood wellness, planetary health, academic achievement, and health equity. As a young—and somewhat naive—chef, I was drawn to the challenge of school food and blazed a new career path in the early 2000's as the Food Service Director for Berkeley Unified School District in California.

I was shocked to learn of the reliance on packaged, processed foods there and felt that I had found my life's mission in helping to create the food that would shape the life-long nutritional habits of children. With the experience I had built from opening and running kitchens in restaurants, hotels, and cruise ships as well as overseeing catering events of 20,000 people, I worked with my school food team to create a new paradigm, relying on my culinary, procurement, labor training, and fiscal modeling skills. Dubbed “The Renegade Lunch Lady” by the media for serving fresh food, cooked from scratch in schools, I began to understand that the road I was embarking on would be a long one.

Nearly 20 years later, one of the things that makes me smile is meeting, hearing stories from and reading about all of the “Renegade” School Food Professionals in their communities across our country striving—under seriously adverse conditions—to serve kids fresh, scratch-cooked meals made with whole ingredients.

The Healthy Hunger Free Kids Act of 2010 was our nation's most monumental legislation passed to support healthier school meals. Over the last decade, even as it got “watered-down,” that act has ensured that our kids have access to more fresh fruits, veggies, and whole grains, as well as less sodium and saturated fat. It is now time to build on those 10 years of success.

While we have been able to increase the nutritional guidelines through HHFK, we have not been as successful moving the school food system away from ultra-processed foods. Large food manufacturers have simply reengineered their packaged, processed foods to meet the new guidelines. Chairman McGovern, you yourself have said that “we shouldn’t have to wait for a once-in-a-century pandemic to think boldly about addressing fundamental injustices in our society.” Myself and our school food partners across the country couldn’t agree more. Because of the pandemic, some people learned for the first time how important school meals are and how reliant families are on them. We need to make sure that we are not just addressing hunger relief through calorie relief, but that through a health equity lense we provide nutrition relief.

Over two-thirds—or 67%—of the calories consumed by children and adolescents in 2018 came from ultra-processed foods, a jump from 61% in 1999, according to a [peer-reviewed study published in the medical journal JAMA](#). “A diet high in ultra-processed foods may negatively influence children's dietary quality and contribute to adverse health outcomes in the long term,” says the study's author, [Fang Zhang](#), a nutrition and cancer epidemiologist at Tufts University's Friedman School of Nutrition Science and Policy. School food cannot keep contributing to kid’s increased consumption of ultra-processed foods; it is simply not okay.

By supporting scratch cooking in schools, we are putting the power of procurement back into the hands of school food operators. I have worked with school districts to help them take their ultra-processed chicken nuggets, mac and cheese, and pizza off the menu and replace them with scratch-cooked items. A processed chicken nugget has up to 30 ingredients in it, many of which you can’t even pronounce. When you replace that with oven-fried chicken that has only 8 ingredients in it, you are able to affect the health of the meal, procure (some) higher quality, more sustainable ingredients, and build out your workforce that has more value and skill. I don’t want to paint an unrealistic picture. Districts still only have about \$1.30 to spend per lunch on the food; the reimbursement rate needs to be increased. However, even with that small amount of money, districts can start making better procurement decisions and create impact in their local economies when they scratch cook. In fact, a 2017 study from the National Farm to School Network found that every dollar invested in farm to school stimulates an additional \$0.60-\$2.16 of local economic activity. In other words, scratch cooking can ultimately support small and medium sized farms and help to stabilize our country’s farmers.

Over 30 million kids eat school lunch in our country every day, and that number is growing with increased need. Approximately two-thirds of those children qualify for “Free & Reduced” meals, which means they are living in households with total income within 180% of the poverty line; many are children of color. Our country spends almost \$19 billion annually on school [breakfast](#) and [lunch](#), so it’s time that we made sure those dollars are working hard for our children and for

our planet. It should be a birthright in this country, one of the richest on the planet, that every child has access to healthy food every day and that no child is ever hungry!

Testimony of Stephen Ritz

Founder: Green Bronx Machine
Senior Fellow of Social Innovation: Babson College
Executive Director: National Health, Wellness and Learning Center at Community School 55
Distinguished Educator / Administrator: NYC Department of Education
Director of Health, Wellness, Innovation: ESOL Education
Top Ten Teacher TED Talk – A Teacher Growing Green in the South Bronx
Best Selling Author: The Power Of A Plant

2021 NYC Food Policy Center COVID Food Hero
2021 Controlled Environmental Agriculture Disruptor Award Winner
2021 TMZ COVID Food Hero
2020 Changemaker of the Year – NYC Food Policy Center
2019 NYC WellCare Champion
2018 Emmy Award Winner – Growing A Greener World – Episode 808
2018 Global Humanitarian Award – Parenting 2.0
2018 Honorary PhD – State University of NY College at Potsdam
2017 Global Food Educator
2017 World Maker Faire – Best in Show – Pop Up Urban Farms
2017 NYC Hometown Hero Award
2016 NPR's 50 Greatest Teachers
2016 Food Tank – Food Hero
2016 Dr. Oz – Ozcar Award
2016 BAMMY Award – Elementary Educator of the Year
2015 Global Teacher Prize – Top Ten Finalist
2015 TEDx Manhattan Award
2014 Latin Trends Award
2013 Disney American Teacher Award Finalist
2013 Chevrolet / General Motors Green Educator Award
2013 United States Environmental Protection Agency Award
2012 ABC Above and Beyond Award
2011 USS Intrepid Hometown Hero
NYC Chancellors Award

Prepared for the U.S. House of Representatives Committee on Ending Hunger in America: The Role of Schools in Ending Hunger and Improving Nutrition

September 15, 2021



Chairman McGovern, Ranking Member Cole, and distinguished members of the Committee, thank you for your commitment to highlighting and taking bold action to end hunger in America – especially within public schools. The opportunity to speak today is a bright sign of progress, hope for a better tomorrow, and truly an honor.

ABOUT ME

My name is Stephen Ritz, I'm the Founder of Green Bronx Machine, Senior Fellow of Social Innovation at Babson College, Director of Health, Wellness and Innovation for ESOL Education and lifelong teacher / administrator from the South Bronx since 1984. I am a Top Ten Finalist in the Global Teacher Prize, 2021 NYC Food Policy Center COVID Food Hero, 2021 Controlled Environmental Agriculture Disruptor Award Winner, 2019 NYC WellCare Champion, 2018 Emmy Award Winner, 2017 Global Food Educator, amongst other accolades. Our work has been featured in almost every major news outlet, highlighted at the UN and around the world, and is the subject of a soon to be released, full-feature, award-winning national documentary. I am a best-selling author and routinely asked to consult nationally and globally on issues related to education, teacher training, health, wellness, urban farming, project-based learning, food education, and workforce development.

I am also a former athlete, now lifelong educator, and community advocate – who swelled to over 300+ pounds eating the food that was in my neighborhood – becoming diabetic, chirotic liver disordered, coronary disordered and diseased – and reversed all by eating the food that I grow with children in-school, indoors, while transforming school performance and student behavior in my school in the poorest Congressional District in America. Today, we have scaled to 500 schools across America and growing inclusive of successful programs at colleges, universities, and programming with Native Americans, special needs students, foster care youth, and disconnected youth. I have gone from needing multiple medications daily, to a plant forward diet with ZERO medication. Today, I face and interact with a new generation of students who have never seen me obese or consume a sugar sweetened beverage. Bears noting that I am full-time volunteer here in the Bronx determined to grow something greater.

I believe that the greatest lever this nation has for equity and ending poverty are successful public schools. Communities like mine across our great nation are not only under-resourced, but we are also over-extracted. In communities like mine, children are the canaries, and our schools are the coal mines. Every societal issue manifests in public schools – either overtly or covertly – hunger and malnutrition are real. Simply put, my experience has led me to one overwhelming conclusion: **THE MOST IMPORTANT SCHOOL SUPPLY IN THE WORLD IS FOOD. CHILDREN CAN'T LEARN IF THEY ARE HUNGRY, MALNOURISHED OR HOPPED UP / DOWN BY SUGAR OR EMPTY CALORIES. CHILDREN WILL NEVER BE WELL READ IF THEY ARE NOT WELL FED. FOOD CONSUMED OR FOOD ACCESS ISSUES ARE ALWAYS AT THE CORE OF ALMOST ANY**



BEHAVIORAL OR SELF ESTEEM ISSUE IN SCHOOLS. TO ENSURE OPTIMAL LEARNING, ALL CHILDREN NEED ACCESS TO HEALTHY FOOD IN SCHOOL FOR 2.5 MEALS DAILY.

WHAT WE DO

Green Bronx Machine is a locally birthed and grown organization from the South Bronx that specializes in the art and science of growing vegetables indoors aligned to daily instruction in all content and subject areas. Our children grow vegetables all year long – indoors using 90% less water and space – in route to outstanding academic performance and transformational health outcomes. I like to say: “We grow vegetables, our vegetables grow students, our students grow schools, and our schools grow happy, healthy, resilient communities.” We grow high performing schools, and happy, healthy children who love eating fresh fruits and vegetables. Green Bronx Machine designed the first edible classroom in the world which routinely grew enough vegetables - indoors - to feed 450 students a healthy, vegan meal in school. Today we thrive across 20 states and six nations. Dollar for dollar, we are one of the most effective education and health / wellness programs in the nation. Our disruptive and inexpensive, non-profit program – costing only several thousand dollars complete – has succeeded in schools and communities where millions of dollars spent have not.

Our program – in the least healthy county in all of NYS, won the first-ever NYC Strategic Alliance for Health Citywide Award of Excellence and is named a Platinum Wellness Program by NYC Department of Education, Top Ten Health and Wellness Program in America by the Harkin Institute, Top 100 Educational Innovation in the World – three years in a row – by HundrEd.org, Top 100 Global Showcase School by World Education Week. During COVID, our response was cited as international exemplar – featured on CNN. Green Bronx Machine is regarded as an exemplar program by Whole Kids Foundation, Newman’s Own Foundation, Sodexo Stop Hunger Foundation, American Heart Association, Steven and Alexandra Cohen Foundation and others. We are one of the nation’s preeminent School Garden to School Café programs. Be it local or distant, our teacher/classroom/student-centric program is proven effective. In partnership with Jonathan Toews Foundation and Chicago Blackhawks, we have transformed academic performance and behavioral outcomes for 60 school across Chicagoland in partnership with Chicago Public Schools resulting in Jonathan Toews being named Chicagoan of the Year.

At the heart of our work is our award-winning, nationally, and internationally acclaimed curriculum – based on two years of research, beta-testing, and data analysis with over 30,000 trial students. Designed to be highly disruptive, it is offered with a lifetime site license to entire schools and all the faculty, no tiered subscriptions, no annual fees, with complete data management and unlimited professional development. It is available for the price of a teacher textbook. We use safe, teacher/child-friendly, indoor academic learning gardens as the focal point for all learning and activities; going from a box to a garden that can feed a class,



assembled and fully functional in under 40 minutes, and in under 15 minutes if you choose to watch the video and read the instructions. In over 500 schools, we have had 100% teacher satisfaction and our primary clients are school principals and district administrators – looking to provide a whole school, project-based learning program rooted in hands-on learning. That we grow copious amounts of food – indoors and all year round – is also important to them. Today, more than 7,500 schools in America are utilizing the technology we brought to the classroom.

Our schools have consistently moved from under-performing to outperforming their peer equivalents as evidenced by School Quality Reviews, test scores, teacher satisfaction, attendances rates and community engagement. Case in point, our school here at Community School 55, once in danger of being closed for poor performance, now outperforms citywide and statewide benchmarks in every performance indicator. This happened in under three years. Our children LOVE coming to school. These results are typical across the nation. Our curriculum is now used to train teachers in all subject and content areas by the State University of NY College at Potsdam where we also have a commercial greenhouse program which provides fresh and healthy food for the campus and community along with jobs. We have had highly successful pilot programs with Native Americans – from elementary school to college and beyond in St. Lawrence County – the second least healthy county in NYS – the “rural Bronx” of the great North Country where the nearest grocery store is Dollar General.

Our students from public housing, and 99% under federal poverty thresholds – have presented and built farms at the Obama White House three times: Champions of Change, State of STEM, South by South Lawn, have graced the stage to standing ovations at TED and WOBI. Here in NYC, they have won science fairs, STEM contests and the hearts of our local elected officials – they also register folks to vote and become engaged citizen advocates. In a community with limited means and access to either healthy OR fresh food, 130,000+ pounds of locally grown vegetables later, our favorite crop is organically grown citizens, children who are growing and eating their way to good health and envisioning a better brighter world.

Our model is inclusive, flexible and highly accessible; it has evolved from working with over-age, under-credited youth, foster care students, adjudicated youth and special needs students to a whole school, K-12 model. In each case, we have had spectacular success. Green Bronx Machine has built the first completely ADA accessible commercial farm and training kitchen for children of determination / unique learners / limited mobility in the nation. In partnership with Stepping Stones Inc., a residential treatment facility, we have visioned and built the first foster-care children run, commercial farm in America – in Appalachia – complete with tiny homes for the graduates to live in – our model is based on production and creation rather than extraction and consumption. The site is becoming the first eco-village, tourist destination, and training facility in West Virginia. Using the lens of food production, community development, health,



and wellness, we connect education to opportunities. In a community with some of the highest unemployment and chronic under-employment, we have partnered towards 2,200 local jobs.

Our children go on to colleges across the nation and careers at places like Gotham Greens, Whole Foods, NYC Government, Department of Education, NYC Department of Parks, Ernst and Young. Our graduates become essential workers, health care providers, service providers, the backbones of goods, services, and infrastructure that run our cities and our nation. They return to our community, happier, healthier, employed and as home-owners, entrepreneurs, advocates, and taxpayers.

Closer to home, in partnership with Memorial Sloan Kettering Cancer Center – our elementary students grow 30 bags of prescriptive leafy greens and highly nutritious micro-greens every week for local seniors living in public housing who are both food insecure and recovering from cancer. Not only are they learning that food is medicine, but they are helping to heal the heart of our community who return to us as mentors, reading partners and volunteers.

During COVID school closure, from our very classroom, on the fourth floor of a 110-year-old, walk-up building, in the heart of public housing, with nothing more than a cell phone, GBM orchestrated the access and delivery of over 100,000 pounds of food, rescued over 10,000 pounds of food from landfill, grew over 5,000 pounds of vegetables in the Bronx, helped feed 2,300 people daily, and delivered groceries door to door to 55 of the most vulnerable families in our neighborhood and 30 seniors. We provided over 300 devices, delivered over 200 lessons, offered daily online instruction to students, professional development for teachers, launched Zoom cooking programs – with ingredients delivered in advance – and launched an open-access public television show in partnership with PBS – Let’s Learn With Mister Ritz – 2M views in NYC.

Bears nothing that our staff consists of one full time employee, two part-time consultants, volunteers, local residents and children, an amazing Board of Directors, and me. We are the folks we are waiting for!

WHAT WE HAVE SEEN

- Children are getting sicker and fatter.
- Onset of puberty is happening at an earlier and earlier age – often for girls as early as second grade in certain communities – particularly where is a glut of fast-food, processed food, meat and dairy focused diet.
- Children are increasingly disconnected from real food. Instead, they are obsessed with the “celebritization” of food, “official products of” and packaging.

- Marketing of fast food, cheap food, highly processed food is increasingly aimed at children, in particular at low-income and marginalized communities.
- Fast food franchises are experiencing double digit growth in low status / low-income communities – often displacing local / small businesses and driving out whole food / good food / fair food competition and competitors. Their ability to pay high rent offset by low wages is devastating local economies and farmers as well.
- COVID has created epic food-insecurity as well as obesity problems.
- Obesity is often the face of hunger.
- Cheap, abundant, and empty calories are everywhere – they are not good for people or the planet and are unfair to farmers.
- Many of our children consume the bulk of their nutritionally dense calories in school.
- Children love communal meals, particularly pre-elementary school children and elementary school children – they enjoy eating together. This time can clearly form good habits and be educational.
- Peer pressure matters
- Let me reiterate, **COVID HAS CREATED EPIC FOOD-INSECURITY AND DIET RELATED ISSUES. SCHOOLS CAN CHANGE THAT OVERNIGHT.**

WHAT WE HAVE LEARNED

- According to the CDC, the best way to naturally build your immunity is via the consumption of fresh fruits and vegetables.
- Children who are exposed to nature, the natural world, soil, and microorganisms develop healthier immune systems and have better attendance in school.
- According to USDA, children with a salad bar in school eat 43% more fruits and vegetables.
- At our schools, we have had 93% success rate using USDA Fresh Fruit and Vegetable Program to replaced processed food as snacks – and we have seen a 54% transfer rate to families as well. Little one’s love citrus, bananas, apples, hummus, raisins, grapes, bananas, carrots. Salad parties work. This is good for children, farmers, and the planet.
- Banning chocolate and whole milk works – children quickly move on from chocolate milk to water – with increased consumption of fruits, veg, and protein. When chocolate milk is removed from school cafeterias, food waste goes down.
- 94% of elementary school children exposed to our programming “like” or “love” growing vegetables indoors in school.
- Children who grow vegetables understand there is nothing wrong with imperfect food.
- Children who grow kale, eat kale!

- Children who grow vegetables, encourage their parents and grandparents to buy them more frequently – this can be further encouraged via incentives such as “Health Bucks” which also support local farmers and markets – win-win-win.
- Nutrition based education, garden education and culinary skills absolutely serve as the basis, critical lens of entry, and facilitators of major academic skill set acquisition – plus children love connecting with nature, animals, plants, and cooking / culinary experiences. They start children off on a hockey-stick trajectory of healthy behaviors.
- Indoor agriculture, controlled environment agriculture, fresh casual food, good food / gourmet food, and hospitality represent some of the biggest growth sectors in our economy, they are a conduit to living wage opportunities, combatting climate change, and providing people with highly nutritious food with the smallest footprint – all win-win-win. It is essential to cultivate this awareness as early as possible.
- We have generated market demand and viable business opportunities within our community – where there was no market / business model prior – simply by exposing children and families to healthy fresh food. This is real growth and local opportunity.

THIRD PARTY VALIDATED DATA BEHAVIORAL RESULTS – 30,000 trial students

- 96% of students now know eating fruits and vegetables is important
- 87% of students now know about growing food
- 76% of students know how to make something healthy to eat
- 75% of students have tried new foods
- 66% of students report eating better
- 58% of students are now eating 3-5 servings of fruit and veggies daily
- 54% of students talk to their parents about eating healthy at home.

STUDENT DATA IMPLEMENTATION – 50,000 students

- 94% of all students want to repeat the program
- 86% of all students can now read and understand a nutrition label and read them regularly, up from 13%
- 72% of students can now identify sufficient number of appropriate nutrients found in food, up from 6%
- 75% of all students now choose to eat fresh fruits and vegetables daily, up from 37%
- 66% of all students now understand the relationship between the consumption of fresh fruits and vegetables and obesity, diabetes, and heart disease, up from 48%
- 82% of all students now report talking about healthy eating habits with their families, up from 29%.

TEACHER SUMMATIVE FEEDBACK

- 100% report the program exceeded their expectations
- 100% would recommend the program and curriculum to their colleagues
- 100% believe their students changed their eating habits because of their participation in the program
- 100% claim they believe that the indoor gardening experience had a positive impact on their students and families.

ADDITIONAL OBSERVATIONS VIA TEACHERS

- Increased empowerment of students
- Increased excitement around science
- Science became favorite subject
- Increased interest in science as a career
- Increased excitement to be on a team
- Children bonded with their plants and consistently evidenced more empathetic behaviors toward other students
- Increased enjoyment of hands-on activities and project-based learning
- Behavioral incidents in classes with indoor gardens decreased from years prior without
- Children worked hard to maintain the gardens – there was genuine involvement
- Often the students that became the most involved in the program were students that teacher thought would be the least likely to be
- Particularly noteworthy were results with disconnected youth, special needs students in all areas of academic and social-emotional development, responsibility, and workforce readiness.

WHAT WE NEED

It is time to get what I call CRAP – Calorie Rich and Processed and MESS – Manufactured Edible Synthetic Substances – out of schools. When you look at the data from programs like ours, Whole Kids Foundation, and others, it becomes increasingly obvious that school-based programs work - BOTH academically and nutritionally / behaviorally. I always say, you can't go from seed to harvest without cultivation in the middle. This work is about cultivation. This work is about exposure. This work is about access. Children need to see it and experience it, to aspire to it. Once they grasp it, they have it. Ensuring that good food and healthy food is on every child's plate is tantamount to me and cultivating that palate – at the youngest age possible – is the express ramp to the highway of health and achievement for our children. Young children who grow food in school and bring it home to their families, consistently consume that food with their families, and seek it out.

Every school needs an indoor academic learning garden and a salad bar. Every school needs to serve fresh fruits and vegetables along with whole food products as part of snack instead of processed, single serve items. Schools need to start teaching nutrition and scratch cooking at an early age as part of the comprehensive curriculum. Mandate that all schools provide free, only healthy food options for 2.5 meals per day. Green Bronx Machine has pioneered the use of our GBM Mobile Classroom Kitchen. This is a complete, classroom-ready, mobile food truck fully equipped with cooking, washing, refrigeration, serving components, with a television broadcast option. 100% portable, lightweight, it is on wheels – can travel classroom to classroom - and is Department of Education approved. Food education programs and food pantries across the nation use it for education and teaching outreach. It can be used same day it arrives – zero assembly and construction costs, no building permits. Self-care beats healthcare!

In communities like mine where there are over 30 bodegas / convenience / bullet-proof stores per one “supermarket,” businesses should be incentivized to provide healthy options at lower prices, even if it requires subsidies. The health of our children, small farmers, and our environment are worth it. Zoning laws need to favor fresh food and healthy food distribution access rather than fast food / junk food proliferation. The amount of information we have access to in real time now is staggering. We need to learn to maximize access to information and benefits in seamless ways for all. Imagine schools as the epicenter – hubs – one stop shops. School facilities should be opened longer with access to classrooms, kitchens, dining spaces and food distribution.

Post COVID, the amount of retail ready space for pop up shops, small retail, fresh food, farmers markets, add value products – complete with refrigeration and production kitchens has never been greater or more community ready – we can create blended communities and hyper-local, hyper-connected economies.



Our work is cultivating the next generation of children who want to eat healthy, perform well in school, understand that they are part of a living breathing ecosystem – and these approaches can transfer to any community, anywhere! Along the way, we grow the next generation of social, environmental, food justice, and sustainability champions / equity warriors. Our [Green Bronx Machine Impact Report](#) captures our impact across many silos and serves as a template for what is possible: greenbronxmachine.org/2020-impact-report/. Everything we do is designed for scale and replication.

Simply put, if I could convince every school to teach children how to grow their own food, cook their own food, consume less crap, and care about themselves and the planet, we'd be living in a very different, far less complicated, much healthier world. Green Bronx Machine is here to help. We are not asking for a handout; we are asking for a handshake. Walk with me, work with me. Our experience has taught us we have everything to gain and nothing to lose.

MY RECOMMENDATIONS

Academic Programs – Every school needs an indoor, academic learning garden aligned with whole school curriculum. Green Bronx Machine Classroom Curriculum is a prime example. Realize this, when children learn to grow and eat their own food, it inherently moves them away from the perfect food model. It also teaches children to be producers, not just bottom end consumers. Across the nation, children who grow food come to respect the planet and resources at an earlier age with benefit for all – the use less water in all their activities, they waste less food, become concerned with environmental and social justice issues, engage in student government and advocacy. The Community School Model, pioneered here by NYC Department of Education is a perfect model – embedding local organizations into local schools. I could not be more excited about NYC's next Mayor, Eric Adams, and remain forever grateful to NYS Commissioner of Education and President of the State University of NY – Dr. Betty Rosa, NYC Schools Chancellor Meisha Ross Porter, NYS Senator Gustavo Rivera, Bronx Borough President Ruben Diaz Jr. and NYC Councilmember Vanessa Gibson – they have put the health of all our children front and center. They understand the obstacles our children face and the role good food plays in schools and in our communities.

Scratch cooking / revamping meals in schools – Reduce the amount of processed food / heat and serve options in public schools and replace with scratch cook / whole food options. Every school needs a salad bar, School Garden to School Café Program, and every school should have the USDA's FFV Program – this would help students and local farmers as well. Eliminating sugar sweetened beverages and whole milk, adding water fountains, water jets, fruit infused water. Make the best choice the easiest choice in schools. Have lunch peer ambassadors. Children



listen to peers – let’s make people and planet healthy eating cool and user friendly. Make the healthiest choice the first choice. Instead of Meatless Mondays, let’s work towards meat only on Mondays with people and planet friendlier options instead. Children want to save the planet. Research indicates when the healthiest choice is also the easiest choice, people willingly opt in. We only need look at the work of Michiel Bakker and Linda Femling at Google to understand that – they also know a thing or two about scaling.

Technology – Expanding the use of Health Bucks / SNAP / EBT is critical. Kudos to the P-EBT Program. Imagine creating applications on phones that could alert people to benefit-eligible products and coupons or local food hubs at schools where families could pick up food, access benefits, learn to cook, store and prepare good / healthy food. Further, using technology to look at approaching expiration dates, sourcing left over foods, food waste, local logistics and availabilities puts unprecedented opportunities right at our fingertips.

Zoning for School Safety – We need to create proactive zoning laws that keep our schools and immediate school communities sacred. Stores proximate to schools and public housing should be mandated (or incentivized) to have a certain percentage of fresh and local food available to qualify for the redemption privilege. Stores within proximate school zones that are predominately CRAP, MESS, soda, chips, candy, alcohol, tobacco should not be allowed to be redemption sites. I’m not saying close them, I’m saying incentivize folks to go to places that provide better options. That said, stores with seven-foot store fronts and six-foot “hookah or smoke products” in the window should not be allowed to be access points for SNAP / EBT redemption. Our children need not shop there or be exposed to that element so close to school.

We need to have caps on the proliferation of fast-food chains proximate to immediate school vicinities. Post COVID with so much business loss, we have unprecedented and unique opportunities to look at developing and reinventing blended communities, and walkable communities, in ways we never imagined, particularly proximate to schools. We can convert empty restaurants, commercial, and retail space to pop up shops, kitchen incubation sites, nonprofit sites, reduce school crowding and host local farmers markets at reduced rents. We know that dollars spent locally – and with local people – circulate and remain local. Further, we need to eliminate the tax incentives that enable speculative landlords to hold property at exorbitant rents and take the tax deduction. We should fine speculative landlords proximate to schools who don’t actively rent property at fair market rates and / or incentivize local businesses to develop instead. We must respect and build sacred spaces proximate to our schools in support of education, health, wellness, and community nutrition.

The Green New Deal for Public Schools – inviting and facilitating students to imagine a society based on principles of ecology and social equality. It is critical for all to understand that brutal



inequality affects those who are least responsible for it. This happens in classrooms. Schools have a critical role to play in creating new realities and alternatives to the problems we are facing daily. Understanding food and health is critical. Let me be clear, food justice is racial justice. Who has access to what, where, when, how, and at what price, determines everything. I support HR 109 and that former school principal, now Congressman Jamaal Bowman, championing HR 109, speaks to hero educators / activists / equity warriors / parents and the challenge before us. Let us all come together to support him, HR 109, and our children.

CONCLUSION

I thank this committee for its leadership, open-mindedness and willingness to address our nation's problems and for hearing me today. As a nation, we absolutely have the ability and resources to end hunger and malnutrition today, the question is: Do we have the collective appetite? Many people remain rich and well fed off the dysfunction our food system and failing public schools have created. It is time for decisive leadership and bipartisan commitment. We need not lose one more child or generation to poverty, dis-ease, or disease. This is the battle cry that can unite all of us a nation. **No child should go to bed hungry or malnourished in America, EVER!** Access to health food should be a basic human right and it amplifies impact when it happens in schools. Children will never be well read, if they are not well fed. Fueling bodies fuels minds, nourishing bodies nourishes minds. Children must be fueled for optimal performance.

I have spent my collective career working with and advocating for children who are born into situations that most people would not want to be caught dead in. I fight for children whose monsters are real, who often don't get dinner and never get dessert. I fight for children who don't have rooms to clean up, have never seen a dentist, often go to bed hungry, cry themselves to sleep and aren't spoiled by anybody or anything. It all starts with food and public education. This is the work we must do. Remarkably, we have the resources and capacity to solve this problem today. Do we have the collective appetite? Are we ready to do the work? How can we continue to afford not to?

The eyes of the future are looking back at us, they are demanding we get this right. We have the ability and capacity to do so today. Don't waste me, don't waste us, don't waste this moment – let's make epic happen. If not us, who? If not now, when? I am always available for service. I remain a call, email, text message or classroom visit away. Thank you for your time.



Manzo Student Kyesha Villa distributes school grown produce at Manzo Market

Manzo School Garden Origins

Manzo Elementary School is a Title 1 neighborhood school in the Tucson Unified School District (TUSD), located in the Barrio Hollywood neighborhood of Tucson. [The Manzo School Garden Program](#) started in 2006 as a facet of the school counseling program to better respond to students in crisis and connect with parents of students who struggle with attendance, behavior, and academic achievement. At that time Manzo was under-enrolled by over 100 students and was underperforming academically based on state standardized testing. Standard-practice interventions such as in-the-office crisis response counseling, unannounced home visits, and cold-calling parents were not working.

Fall 2006 Manzo Student Council organized a neighborhood cleanup on a vacant lot across the school which soon became the Manzo counseling office. When students were in crisis they would be taken across the street with rakes, watering cans, and shovels. Ongoing care for the space greased the wheels for meaningful conversation and connections with the natural world. Compared with conventional school counseling in the office, counseling in the garden elevated self-awareness and self-management, and responsible decision making. Through conversations with students it became apparent family members were steeped in trade skills and there was a deep neighborhood culinary and food production heritage. Parents who were once

called regarding student behavior and poor attendance were called to share their expertise in the building and maintenance of gardens. Parents who were once difficult to reach were on campus weekends and after hours, and began coming to school early and staying late. Students who were labeled as difficult took leadership roles garden and were proud to show off parent contributions.

[Over a 6-year period](#) multiple gardens were built across campus and Manzo was producing upwards of 1000 pounds of produce per school year. Manzo began distributing produce at parent pickup and in 2014 was certified by the AZ Dept. of Health Services to use student grown produce in the cafeteria. Today Manzo hosts a Food Literacy Lab which serves a community culinary teaching space, and an [agrivoltaics](#) research garden where students grow produce and conduct research under a photovoltaic overstory. The impacts of the program are broad and deep, breaching artificial silo doors. The Manzo school gardens have transformed school climate and culture by boosting student self-esteem and self-efficacy, supporting academic achievement, informing food choices, and improving food access.

As the Manzo program grew, University of Arizona interns became an integral part of the maintenance and operations of the Manzo gardens. In 2014, a formal arrangement between the University of Arizona and TUSD was forged through a joint-funded liaison who supports school gardens across TUSD and the University of Arizona Community and School Garden Program (CSGP). The liaison has access to institutional support systems in both organizations and navigates both systems as an insider. On the university side, access to financial systems and fundraising is a workaround to the draconian finance and procurement regulations placed on public schools. On the school district side, keys and badges provide access to school buildings

and garden sites. Working for the district also allows for easier collaboration with the continuing education department for teacher professional development trainings and creates a more seamless working relationship with district facilities departments integral to the installation and maintenance of gardens on district property.

University of Arizona Community and School Garden Program (CSGP)

The heartbeat of CSGP is a university course (the Community and School Garden Workshop or CSGW) that enrolls over 50-60 undergrad and graduate students each semester and is cross-listed in nine UA units from American Indian Studies and Geography to Nutrition, Plant Science, and Teaching Learning and Sociocultural Studies. The course trains these students to extend their own classroom learning through internship placements in 24 Title I schools with gardens in Tucson. The fundamental ethos of the class is that schools are foundational to the greater good and school gardens expand that ethos into equity, justice, and healthy food access. This hands-on course facilitates a form of learning by doing where genuine listening, group decision-making and collaborative problem-solving are practiced and a commitment to furthering the well-being of under-resourced people introduces them to gardens not just as sites of food production but also of community empowerment. University interns provide stability to fragile school garden programs that are routinely hobbled by budget cuts, teacher and administrative turnover, and now COVID-19 school closures.

In creating a larger program around the course, we have been able to further extend outreach to Title I schools that are too distant from campus to host UA interns. And so, through fundraising efforts, the CSGP team also includes three program coordinators who help maintain gardens and train teachers to use the gardens as experiential learning sites through standards-based curriculum that has been rewritten to reflect local natural history, ecology and culture. With both the course and the larger program, we partner with nine community organizations ranging from

the Pima County Department of Health Services and Community Food Bank of Southern Arizona, to Flowers and Bullets Collective—a grass roots organization dedicated to sustainability, art and food production—to the National Park Service, and Native Seed/SEARCH. Another very important component of the CSGP is the Green Academy, a monthly professional development series that trains over 60 K-12 educators from across the region each month in garden-based teaching. CSGP also hosts annual multi-day teacher conferences in garden-based education each summer. Finally, we have established a pre-K-to-UA pipeline through donor support for Title 1 high school students to take the university school garden course for university credit with the aim that they will see themselves in higher education. As a recently-designated Hispanic Serving Institution, the UA is a place that welcomes them and will support their goals to address, as professionals, the issues critical to their communities' success.

Replicable Program Components:

- Joint-funded program liaison: .5 Postsecondary, .5 public school district
- Postsecondary community engagement course which:
 - Trains postsecondary interns
 - Places and supports interns within a network of school gardens
- Ongoing professional development (PD) trainings for teachers
 - PDs occur during paid district time
 - PD hours count towards continuing education and recertification requirements
- Mechanisms for channeling community knowledge and expertise into school gardens
 - Utilize parent trade skills to build and maintain gardens
 - Capture [traditional and family knowledge](#) around growing and preparing food

-
- Utilize school gardens as a conduit for local knowledge and skill to enter schools and flow back into student homes
- Program for encouraging higher education among first generation students
- Student-to-student connections between Title 1 schools and UA
- Bringing philanthropy into the school district

Synthesis

The Manzo school garden program was created as a social-emotional learning tool and evolved into a food production and food systems hub, providing nutrition education and food access in a community overrepresented in both food scarcity and food related illness. The evolution was a natural progression and over time it has become clear nutrition and social-emotional wellness are interconnected: the way we feel impacts the way we eat and the way we eat impacts the way we feel.

Beyond therapeutic benefits and improved food access, school gardens also can provide context for classroom learning, boost achievement and serve as a conduit for community knowledge to enter school campuses. The UA Community and School Garden Program sits at the nexus of K12 and postsecondary education; gardens provide K12 enrichment and serve as a community engagement experience for UA students. The multifaceted benefits of school gardens are synergistic and defy the artificial silos we use to categorize services and outcomes. The key to pushing this forward is identifying synergies and asking the question: how can my work move forward your work? Within these alignments we see institutional change.



**Testimony of Barbara Duffield, Executive Director, SchoolHouse Connection,
Before the U.S. House of Representatives Committee on Rules**

How Schools Can End Childhood Hunger and Improve Nutrition

September 15, 2021

Chairman McGovern, Ranking Member Cole, and members of the Committee. Thank you for the opportunity to discuss the role of schools in ending hunger and improving nutrition. My name is Barbara Duffield and I am the Executive Director of SchoolHouse Connection, a national non-profit organization working to overcome homelessness through education.

Public schools are positioned to see what no other entity sees: the child who hoards food before a three-day weekend; the child who falls asleep in class because she was keeping watch over her siblings all night long; the child who gets off at different bus stops each day — the child who is homeless.

Schools must be front and center in solutions to both hunger and homelessness. As universal institutions and community hubs, schools know the needs of children, youth, and families in their communities—including those who are largely out of sight.

Homelessness is a marker for so many other vulnerabilities, gaps in systems, and traumas that a child might experience -- it is so much more than a housing issue. Contributing factors include job loss and underemployment, evictions and lack of affordable housing, natural disasters, domestic violence, international violence, addiction, mental illness, low educational attainment, and generational poverty. For youth who experience homelessness on their own, abuse, neglect, abandonment, and family conflict are causal factors. Systemic racism is a profound driver of homelessness, as demonstrated by [racial disparities in the likelihood of families and youth becoming homeless](#), in the prolonged harmful consequences of homelessness, and in barriers to accessing education and services.

Homelessness is inextricably connected to hunger, and therefore hunger cannot be addressed in isolation from it. Families and youth stay hungry in order to stay housed; they eat less in order to pay rent. Once homeless, the logistics of finding food or accessing meals becomes much more challenging. Moving from place to place, lacking transportation and lacking cooking

facilities (or refrigerators, places to store food, or even can openers) are all real barriers. Shelters might not accommodate the foods, times, and ways in which infants, toddlers, and adolescents need to eat. Families and youth who stay with other people eat less, or not at all, in order not to get kicked out of where they are staying. One of our staff who experienced homelessness recalls exclusively eating one-dollar frozen meals because she was not allowed to use the kitchen to cook where she was temporarily staying, and she did not have space to store food. She did not have adequate nutrition as she tried to complete high school. Hunger also puts homeless children and youth in harm's way: children and youth who are without housing and food are [prey for human traffickers](#), who can offer them both. It should come as no surprise that high school students experiencing homelessness are nearly three times as likely to have not had breakfast each day, compared to their stably housed peers.¹

A significant impediment to solving the problem of child and youth homelessness is its invisibility: we cannot solve what we do not see. Homelessness is [equally prevalent in rural, suburban, and urban communities](#), but is largely hidden. Many communities lack shelters for families and youth, or the existing shelters are full or have reduced capacity. Families and youth often fear shelter – especially during COVID-19. For these reasons, families and youth move frequently between hidden, unstable, and sometimes unsafe situations — situations that make it hard to social distance, and impossible to stay “at home.” Of the [1.4 million children and youth identified by public schools as experiencing homelessness in the 2018-2019 school year](#), only 12% were staying in shelters when they were first identified as homeless; 76.7% were staying with others temporarily; 7% were in motels; and 4% were unsheltered. **In the areas represented by the Members on the Rules Committee alone, 61,796 children and youth experiencing homelessness were identified by schools in the 2019-20 school year (Appendix A).** In Appendix B, I've provided the numbers of students experiencing homelessness reported to the U.S. Department of Education by every school district in Rules Committee districts. These numbers do not include children too young for school, or those who were not identified as homeless, or those who were not enrolled in school. Still, you may find them eye-opening and disturbing.

When we understand *how* children and youth experience homelessness — that most of these students are not in shelters, but rather stay in hidden situations — and the reality of *how many* children and youth experience homelessness, it becomes even clearer that schools are not only the *best*, but often the *only* source of food and support. Proper nutrition, in turn, helps children focus on the education that is ultimately their lasting path to security and well-being. Indeed, [lack of a high school degree or GED is the single greatest risk factor for homelessness](#) as a young adult, making education a critical protective factor against homelessness. Yet homelessness creates barriers to school enrollment and attendance: high mobility, lack of paperwork, lack of transportation, and for youth who are on their own, the lack of a parent or guardian. And hunger makes success in school all the more difficult.

¹ Forthcoming analysis of 2019 Centers for Disease Control (CDC) Youth Risk Behavior Survey (YRBS) data, [Student Homelessness: Lessons from the Youth Risk Behavior Survey](#).

Congress has recognized these barriers and has taken important steps to remove them. Under the education subtitle of the McKinney-Vento Act, most recently reauthorized by the Every Student Succeeds Act, every local educational agency (LEA) is required to designate a homeless liaison who ensures that children and youth experiencing homelessness are identified, stabilized, provided transportation, and connected to services in the school and in the community. Under the Child Nutrition Act, children and youth who are homeless are categorically eligible for school meals; expedited processes allow school district homeless liaisons simply to notify child nutrition departments when a child is identified as homeless, in lieu of families completing applications. School, then, can be a refuge — a home for children and youth who have none of their own.

In March 2020, when the pandemic took hold in the United States, children and youth experiencing homelessness lost that home, too; they lost the most stable places in their lives. Without in-person teachers, cafeteria workers, bus drivers, enrollment staff, coaches, and others to notice potential signs of homelessness, schools faced enormous challenges identifying families and youth experiencing homelessness. Last fall, together with the University of Michigan, we conducted a national survey that showed [a 28% decrease in the numbers of children and youth identified as homeless](#), compared to the previous fall — a drop of about 420,000 students. Looking at the numbers for the school districts that are represented on this committee, there is a drop of 4.5%, with only three months of virtual learning represented in the data. As the final 2020-2021 numbers come in, we are seeing much larger decreases. These numbers are cause for great concern, because there is no evidence that homelessness actually has decreased during the pandemic; and if children and youth experiencing homelessness are not identified by schools, they may not be enrolled, supported, or fed. Even otherwise effective pandemic-related anti-hunger programs, such as Pandemic EBT, have faced [challenges reaching highly mobile children](#), including children who are homeless or in foster care.

Despite the many upheavals of the pandemic, educators and community partners have worked diligently to devise creative means to stay connected to families and youth experiencing homelessness, to arrange food, and to meet needs holistically. At the center of these efforts are school district homeless liaisons and homeless education programs that keep a laser-like focus on the basic and educational needs of children and youth experiencing homelessness, and that spearhead school-community partnerships to ensure identification and support.

- **Adams 12 Five Star Schools, Colorado.** Prior to the pandemic, Adams 12 Five Star Schools significantly improved homeless student graduation rates, while decreasing mobility and drop-out rates — the results of a comprehensive, innovative, and integrated “Whole Child Initiatives” program (see Appendix C for details). The pandemic is presenting challenges on a level not seen before: more families and youth living in cars due to exposure to COVID, difficulties maintaining connections with youth and families, and more food insecurity. With nearly ten dedicated staff, the district is tackling these challenges with a multi-faceted approach that includes wrap-around coordinators in schools, host homes for unaccompanied youth, a mentoring program, and new housing partnerships. While all of these efforts reduce hunger for students, the district is working

to ensure that families have access to fresh food, particularly for those who culturally do not eat the processed, canned, or boxed food that is typical in local food pantries.

- **In Lawton, Oklahoma**, over 700 children and youth experiencing homelessness were identified by public schools, with less than 10% in shelter. In addition to regular breakfast and lunch, the district offers an option for virtual students to pick up 5 days of breakfast and lunch, by appointment, at any school cafeteria in the district. The district also provides meal bus routes to virtual students. Still, lack of transportation creates barriers to both of these options for students experiencing homelessness who cannot get to a school or a bus stop for food. These are barriers that the school district homeless liaison can address only once she learns about individual students or families experiencing them — such as when a mother who was not close to a bus route walked two miles to pick up food for her four children. The homeless liaison also arranges for school safety officers to deliver meals to the families experiencing homelessness that she identifies, and places mentors at secondary schools who keep snacks and drinks in their offices for youth.
- **In Frederick County, Maryland**, Frederick County Public Schools recognized that strong relationships are a key factor in keeping students connected to school, even when their housing situation changes frequently. This past summer, the McKinney-Vento program created a system for school staff to provide regular check-ins for all students identified as McKinney-Vento eligible to ensure they remained connected to school and had their needs met. Frederick County created a Food Distribution Food App that has helped schools, students and families: when an address is entered, all the food drops are listed, as well as any necessary paperwork. The district will be using the American Rescue Plan funds to hire a resource navigator who will have two directives: 1) to work within schools and communities to identify young people who are experiencing homelessness and 2) to connect students/families with community resources.
- **In Comanche Public Schools, Oklahoma**, approximately 18% of the student population is identified as homeless. The pandemic and the decrease in oil production increased the number of families in crisis: more children who are hungry and who don't have the school supplies and clothing they need. The McKinney-Vento grant helps students with food, counseling, necessities, fees, and other resources. The homeless liaison and social worker work with administrators, counselors and teachers at each school site, as well as with community partners, to make sure students experiencing homelessness receive the food resources they desperately need. The Regional Food Bank supplies the food in all school pantries. Over 60% of alternative school students are considered homeless; these and other students can “shop” for free in the food pantry and take food with them. The high school is working to become a Regional Food Bank or Oklahoma Food Pantry Site.
- **In Thompson School District, Colorado**, the pandemic has disrupted both the identification of students experiencing homelessness and food delivery, with fewer families getting connected to community food resources. The homeless liaison has begun putting food bags by the front door in some of the secondary schools, hoping that students will grab them on their way out. This year, she also has fielded many questions about food cost coverage for seconds at lunch, and has had many families reach out

asking for grocery cards, as families are hoping to be able to purchase their own food and increase the quality and variety of food they receive.

- In Massachusetts, the state education agency's McKinney-Vento Education for Homeless Children and Youth program proactively addressed the barriers faced by children and youth experiencing homelessness to accessing Pandemic EBT. During the Fall, it became apparent that many new P-EBT cards had not been activated, and students were not receiving their vital benefits. Many of these students were identified as homeless. The state provided [specific guidance to homeless liaisons on P-EBT outreach](#), and encouraged using school addresses for youth and families who had no stable address. In Massachusetts' 2nd Congressional district, three McKinney-Vento grantees — Worcester, Leominster, and Greenfield — are providing the steady support that homeless families and students need, from food pantries in high schools, to resource navigators, to partnerships with housing authorities. The effort to ensure students are eating has helped identify other needs: including housing, clothing and tutoring.

These are just a few examples of how, in a very real way, public schools *are* the homelessness response and prevention system for the most vulnerable children, youth, and families. I urge Members to contact McKinney-Vento homeless liaisons in their districts, and hear the on-the-ground perspectives of those who are closest to the challenges, and the incredible promise of our nation's children, youth, and families without homes.

Recommendations

The scale of the current and future homelessness crisis — of rising evictions, of increasing natural disasters — means that we must build on the role of schools, and leverage their unique position in communities to meet the nutritional and other basic needs of children, youth, and families.

The federal government has not made this task easy. Siloed responses from different federal agencies create barriers that cause and perpetuate homelessness, and therefore cause and perpetuate hunger. A narrow understanding of homelessness as primarily if not exclusively a housing issue has also stymied holistic solutions. Schools see the tragic results first-hand. To remove these silos, and enhance school-based solutions that meet the comprehensive needs of families and youth, I offer the following recommendations.

- **Authorize and incentivize the use of public schools to deliver emergency rental assistance to prevent eviction.** If we can prevent homelessness, we can prevent hunger. But to do so, we have to take a hard look at delivery systems for our most vulnerable and mobile families and youth. The struggle to distribute emergency rental assistance (ERA) is a prime example of a potentially catastrophic failure of a critical delivery system. In many states and communities, ERA programs have been unable to process ERA applications and distribute assistance in a timely manner. The result is billions of dollars in unspent funds, while the ranks of families facing eviction and

experiencing homelessness grow. In trying to reach vulnerable families quickly and seamlessly, programs like ERA should leverage the nationwide, established system that is already in place and is well equipped to reach families in need: our public schools. Schools are uniquely situated to connect with the families they see every day; they have expertise in and ready resources for family-friendly communication and assistance. Yet inexplicably, schools are absent from the “Whole of Government” response to housing instability. While [some promising efforts exist](#), they are too few in number. And time is running out for millions of families: beginning on September 30, Treasury may recapture and reallocate excess ERA funds. Congress can help ensure renters and landlords in communities with poor-performing and low capacity ERA programs can still access emergency aid by redefining “eligible grantees” to include local educational agencies. Unfortunately, H.R. 5196, which passed out of the Financial Services committee yesterday, does not do this, and falls short in other respects. Even without legislation, Treasury could and should explicitly authorize local educational agencies to assist in the distribution of rental assistance, and incentivize ERA grantees to subgrant, contract, or otherwise create agreements with public schools to distribute rental assistance, leveraging the existing McKinney-Vento program and LEA homeless liaisons. Further, Treasury should encourage grantees to partner with schools to use Free Lunch eligibility as a categorical eligibility to meet the income requirements for ERA, and make families who are identified as homeless by schools (under the education definition of homelessness) categorically eligible for both motel stays and rental assistance. The “referral fatigue” experienced by families is real; to combat it, we must cut the bureaucracy and encourage direct assistance through trusted sources, such as public schools.

- **Fund the McKinney-Vento Act’s Education for Homeless Children and Youth (EHCY) program at \$800 million (the level included in the American Rescue Plan Act).** We must make sure the infrastructure is in place to help expedite assistance through public schools for families and youth experiencing homelessness. As I mentioned previously, school district homeless liaisons are currently on the front lines of the homelessness crisis — they provide an existing infrastructure to proactively reach our most vulnerable families and youth and make sure that they have healthy food. But liaisons and the homeless education programs they administer in school districts are limited in their capacity to identify, stay in touch with, enroll, and support children and youth experiencing homelessness. In the most recent fiscal year, [only 23% of LEAs received direct subgrants through the EHCY program](#), due to insufficient national funding. Appendix B of my testimony shows which LEAs in your districts received subgrants in the 2019-2020 school year. Without adequate capacity, schools will continue to under-identify and under-enroll children and youth experiencing homelessness, which in turn limits the participation of these children in school meals programs. Fortunately, thanks to a bipartisan amendment by Senators Murkowski (R-AK) and Manchin (D-WV), the American Rescue Plan Act (ARP) provided \$800 million for the identification, school enrollment, and support of children and youth experiencing homelessness — eight times the annual EHCY appropriations, allowing many more

school districts to participate in the program. The funds also may be used more flexibly than the EHCY program typically permits: ARP specifies that funds may be used for wraparound services to improve attendance. Congress should maintain at least this level of funding annually, as well as the flexible nature of the funds, to allow schools to expand their capacity for identifying and supporting children and youth experiencing homelessness.

- **Amend HUD’s Definition of Homelessness to align with that of the U.S. Department of Education.** The U.S. Department of Education, as well as federal programs such as Head Start, the Child Care and Development Fund, the National School Lunch Program, and the Runaway and Homeless Youth Act, define homelessness to include the hidden situations of staying with others temporarily or in motels (regardless of method of payment). The definition of homelessness used by the U.S. Department of Housing and Urban Development (HUD) for the most part only includes those on the streets or in shelters. As a result, the vast majority of the children and youth experiencing homelessness who are identified by public schools are not eligible for most HUD homeless assistance programs — even now, when staying with others in temporary, crowded situations places them at high risk for COVID-19 transmission and infection. So most children and youth experiencing homelessness don’t show up in HUD counts, and thus stay invisible, underserved, and underfunded. If we want to increase the ability of schools to help children and youth experiencing homelessness access shelter and housing, and thereby reduce their hunger, we must amend HUD’s definition of homelessness to align with schools and other child and youth serving agencies. Doing so would streamline referrals, leverage existing resources, and bring schools in as full partners.
- **Eliminate barriers to SNAP benefits for unaccompanied homeless youth.** At the other end of the age spectrum, youth who experience homelessness on their own, and who are minors - unaccompanied homeless youth — face unique barriers to accessing food assistance. Here, too, school district homeless liaisons are uniquely poised to help, but continue to report that unaccompanied youth face barriers to accessing Supplemental Nutrition Assistance Program (SNAP) benefits. In particular, youth are asked for documents that they cannot produce and are inappropriately referred to child welfare agencies. The U.S. Department of Agriculture should revise and reissue [its 2013 guidance](#) to clarify the definitions of “homeless” and “parental control” and that there is no minimum age for SNAP benefits. Further, revised guidance should clarify that State agencies must not condition the processing of an application or the receipt of benefits on a child protection report for any applicant, including applicants under age 18. Child protection reporting should be based on specific facts indicating abuse or neglect as defined by state law, of which the State agency has specific knowledge, and should not be predicated on the mere fact that the applicant is an unaccompanied homeless youth.
- **Amend Head Start and other federal early care programs to align with the McKinney-Vento Act by requiring the designation of homeless liaisons and the**

provision of transportation. Schools, of course, are not the only child-focused system in our communities. While the topic today is the role of schools in ending hunger, many young children, not yet school age, have dire unmet nutritional needs as a result of their homelessness. The U.S. Department of Education estimates that [1.3 million children under the age of six experienced homelessness in 2018-2019](#), but that only 10% were enrolled in a federally-funded early childhood program. If these children are not participating in quality early care programs, they are not likely to be connected to reliable, adequate sources of food. Despite improvements to the Head Start Act and the McKinney-Vento Act, young children who are homeless continue to be under-identified and under-enrolled, with lack of transportation continually cited as a top barrier. Head Start and other federally funded early childhood programs should be amended to align even more completely with the EHCY program by requiring designated homelessness liaisons and providing for transportation for homeless and foster children. By ensuring that there is a point person for homelessness identification and enrollment — a counterpart to the K-12 homeless liaison — and by ensuring the means to attend regularly, these two changes would increase participation and connection to a multitude of necessary services, including nutrition, for our nation’s youngest children without homes.

- **Ensure that families experiencing homelessness can access and maintain child care.** To help families experiencing homelessness gain and sustain employment sufficient to maintain both access to food and housing, they need child care. While the Child Care and Development Fund does contain provisions for the identification and enrollment of children experiencing homelessness, the cost of child care, lack of transportation, and poor outreach by child care providers still puts child care out of reach for families experiencing homelessness. Families experiencing homelessness who have the maximum subsidy still must pay out of pocket anywhere from \$40 - \$350/week. We applaud and support efforts to expand access to child care, including through the Build Back Better Act. However, the most vulnerable and low income families, including families experiencing homelessness, must first have stable and lasting access to child care before increasing supports should be directed to upper income families. Additionally, low income families should have access to the quality and choice that meet their needs. As provided for in the Child Care for Working Families Act, children who are found to be experiencing homelessness or are in foster care at the time of enrollment should remain eligible for child care until the child reaches the age of compulsory school attendance.
- **Fund mobility and other services to accompany housing vouchers for families, and transitional housing for unaccompanied youth and young adults who need it.** Households with children are more likely than households without children to have difficulty paying rent or mortgage, and are [at highest risk for eviction](#). Yet families with children are [a decreasing share](#) of federal housing assistance beneficiaries. Recent legislation, including the American Rescue Plan Act and the Building Back Better Act, contain significant investments in Housing Choice Vouchers as the purported solution to

family homelessness. Yet many school district liaisons report that there are no landlords willing to accept vouchers, or that lack of case management and other services set families up for failure, further reducing the pool of participating landlords, or trap them in impoverished neighborhoods without access to nutritious food. Rental assistance to families should include the option to access a full panoply of wrap-around mobility services that will help them move to higher opportunity neighborhoods with high-performing schools, as well as access to quality childcare, medical care, fresh food, and other necessities. These wrap-around mobility services, as contemplated by [the bipartisan Family Stability and Opportunity Vouchers Act](#), include recruiting more landlords to accept these vouchers, as well as pre- or post-move counseling, housing search assistance, assistance with security deposits, school enrollment assistance, and the provision of information to families about community-based supports. Many youth and young adults who experience homelessness on their own have deep and complex needs; therefore, an adequate service array must include longer-term and service-rich options — i.e. transitional housing — to help these youth sustainably overcome homelessness, and prevent future generations from experiencing it. [Transitional programs for youth and young adults are effective](#) and are an essential and core element of efforts to prevent and end youth homelessness. Yet this youth-focused housing is in short supply—or even absent—in many communities, and has been defunded by HUD. Congress should increase investments in the Transitional Living and Maternity Programs and other Runaway and Homeless Youth Act programming, while HUD should incentivize Transitional Housing for youth, young adults, and young families in its Notice of Funding Opportunities, in accordance with local needs and priorities.

In closing, I am sure that the goal of the Ending Hunger in America initiative is not to have well-fed homeless children and youth; and indeed, as long as child and youth homelessness is rampant, so too will be childhood hunger.

To those who would say that schools have their hands full right now, especially as they attempt to re-open, re-engage students, and close learning gaps created by the pandemic, I would say that there is no equity in education, there is no academic recovery, without responding to hunger and homelessness. It is experienced disproportionately by those who face numerous other health and education barriers: [students of color, students with disabilities, and English learners disproportionately experience homelessness](#). Homelessness also has profound educational consequences: the pre-pandemic (2018-2019) [national average graduation rate for homeless students was 67.8%](#). This is 12% below other low-income students (80%) and nearly 18% below all students (85.5%). [Students experiencing homelessness also scored lower than economically disadvantaged students](#) on statewide assessments by approximately eight to nine percentage points. Schools certainly can't solve these problems alone, but their insights, experiences, knowledge, and resources should be leveraged, and should also inform and shape agencies' policies — as should the lived experiences of our students themselves, who know better than any of us the potential of school and school-based services to change the trajectory of their lives.

“My high school had developed to be my home outside of the home, and this was the only place I could still control. After my mother passed and I was then left to face homelessness on my own, my school was the only place I had left... I spent 12 hours awake at school, doing school work, or thinking about my school consistently for months after. The only thing left important to me in this world was education, and I still had my home at school.”

—Ash P., SchoolHouse Connection Scholar and current college student



**Total Number of Students Experiencing Homelessness Identified by
School Districts in the Congressional Districts of the House Committee on Rules
School Years 2018-2019 and 2019-2020**

Member of Congress	Total PreK-12 Homeless Students Identified 2018-19 School Year	Total PreK-12 Homeless Students Identified 2019-20 School Year
Jim McGovern (MA-2)	4,469	4,002
Norma Torres (CA-35)	17,436	17,343
Ed Perlmutter (CO-7)	8,529	7,393
Jamie Raskin (MD-8)	2,465	2,342
Mary Gay Scanlon (PA-5)	1,544	1,227
Joseph Morelle (NY-25)	3,355	2,794
Mark DeSaulnier (CA-11)	2,050	1,806
Debora Ross (NC-2)	5,688	5,701
Joe Neguse (CO-2)	5,875	6,992
Tom Cole (OK-4)	6,248	5,910
Michael Burgess (TX-26)	3,498	3,226
Guy Reschenthaler (PA-14)	2,052	1,706
Michelle Fischbach (MN-7)	1,501	1,354
TOTAL	64,710	61,796

Source: U.S. Department of Education: <https://www2.ed.gov/about/inits/ed/edfacts/data-files/school-status-data.html>

Numbers of identified homeless students for each local educational agency in each congressional district represented on the House Committee on Rules are provided in Appendix B.

Appendix C

More Detailed Descriptions of Local School District Efforts to Identify and Support the Holistic Needs of Children, Youth, and Families Experiencing Homelessness

Homelessness in Adams 12 Five Star Schools, Colorado 2010-2021

School Year	Number of Homeless Students	Percentage of Student Population	Number of Unaccompanied Homeless Youth	Graduation Rate for Homeless Students	Drop-Out Rate for Homeless Students	Mobility Rate* for Homeless Students
2010-11	694	2%	33	58%	10.7%	60%
2019-20	1335	4%	182	67%	6.9%	21.3%

**the unduplicated count of K-12 students who moved into or out of the school district during the school year divided by the total number of students that were part of the school district at any time during the school year*

Challenges Facing Students Who Are Experiencing Homelessness

Students and families in Adams 12 Five Star Schools continue to struggle with the persistent challenges of poverty, unstable housing, and food insecurity on a scale never before seen. Youth experiencing homelessness face many barriers to gaining a quality education. The majority of students and families identified as homeless in the Five Star District are housed with friends or extended family in residences outside of Adams 12 boundaries, and families facing homelessness who do not have the ability to “double up” have to choose from the only available shelter options in Denver, Boulder, or Jefferson County. In either of these situations, students have to commute to school either on often inaccessible public transportation or rely on personal vehicles that are often in poor shape and therefore unreliable. These situations are exacerbated when students and families move among two or three “doubled up” situations or shelters while trying to navigate their housing options. Often if families feel that transportation is too cumbersome, they then transfer their student to a different school or district, thereby interrupting social connections and academic progress as the student attempts to familiarize themselves with yet another new routine, schedule, teacher, etc. Students who do actually make it to school on a regular basis still face many barriers in their education. These include stigmatization and stereotyping of what homeless students are capable of achieving as well as a lack of understanding by school staff of the chronic trauma that affects a student experiencing homelessness. Behaviors that may present as defiant, apathetic, or disrespectful often draw negative responses from adults as well as exclusionary discipline practices, alienating students who conversely need the strongest connections with adults at school and the most time in the classroom.

Additional Effects of COVID-19 Pandemic on Students Who Are Experiencing Homelessness

- Increased number of students living in cars because they were exposed to COVID-19 or were doubled up with people who had or had been exposed to COVID-19

- Significant impact on the ability to maintain strong and consistent connections with youth experiencing homeless, particularly Unaccompanied Homeless Youth
- Significant impact on attendance and grades due to lack of access to the necessary technology to attend classes, parents and guardians who struggled with knowing how to support their students in engaging remotely, families who were forced to prioritize survival over school, and overall student frustration with additional barriers created by the pandemic
- Increased transience and school mobility due to the loss of employment and housing
- Growing food insecurity and health concerns as families are left to make difficult choices about how and where their limited funds are used

Current Strategies in Adams 12 to Support Students Who Are Experiencing Homelessness

<u>Staffing - 9.75 FTE (6.75 funded by Medicaid, 1.0 funded by Title IA Set-aside, 2.0 funded by grants)</u>	
<u>Connections to Community Resources</u> <ul style="list-style-type: none"> ● Housing ● Medical and dental care ● Legal services ● Undocumented immigrant resources ● SNAP/EBT (food stamps) ● Basic resources ● School-based resource rooms 	<u>Direct Provision of Basic Resources</u> <ul style="list-style-type: none"> ● Food ● Clothing ● Shoes ● Hygiene items ● Laundry services ● Direct enrollment in Medicaid/CHP+ ● Student Health Assistance Fund (SHAF)
<u>Transportation Assistance</u> <ul style="list-style-type: none"> ● Gas vouchers ● RTD coupons/passes ● Private cars (rare) ● Re-routed yellow buses (rare) 	<u>Attendance Support</u> <ul style="list-style-type: none"> ● Partnership with Colorado Youth for a Change (CYC) to provide two AmeriCorps members ● Single Points of Contact (SPOCs) at each high school
<u>Academic and Social-Emotional Support</u> <ul style="list-style-type: none"> ● 1:1 tutoring with in-district teachers ● Credit recovery ● Summer school ● Technology ● Internet services ● School supplies ● Informal paired mentoring with trusted adults ● Purchase of graduation caps and gowns ● Frequent training for district and school staff 	<u>Wrap Services</u> <ul style="list-style-type: none"> ● Formal wrap service teams at McElwain Elementary and Coronado Elementary ● Close collaboration between SFOP and school administrators, mental health professionals, and SELS ● Close collaboration between SEI offices - Whole Child Initiatives, Federal Programs, Health Services/504, Intervention Services, PEAK/CCLC
<u>Post-Secondary Support</u>	<u>Recreational Opportunities</u> <ul style="list-style-type: none"> ● Athletic fees

<ul style="list-style-type: none"> ● Close collaboration between UHY Youth Advocate, Director of Counseling, Director of CTE, and the SWAP program ● Transportation to college and career fairs ● Assistance with completing ICAP Graduation Plan and FAFSA 	<ul style="list-style-type: none"> ● Advocacy with local businesses to offer reduced rates ● Passes to local rec centers
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New Adams 12 Initiatives For 2021-22 to Support Students Experiencing Homelessness

- Host Home model for Unaccompanied Homeless Youth
- Partnership with Maiker Housing Partners (Adams County Housing Authority) to provide a more direct route to housing and rental assistance for Adams 12 families
- Partnership with Almost Home to support families with respite housing
- Expansion of 1:1 tutoring program
- Development and implementation of a formal mentorship program
- Expansion of Single Points of Contact to the middle schools
- Collaboration with new Wraparound Facilitators at Horizon HS, Legacy HS, Mountain Range HS, and Northglenn HS
- Addition of two new AmeriCorps members from Colorado Youth for a Change
- Addition of a Family Outreach Liaison for the Student and Family Outreach Program
- Expanded partnership with Kids in Need of Dentistry (KIND)

Successes

- Adams 12 is consistently recognized by the Colorado Department of Education as one of the most innovative and impactful homeless education programs in the state.
- 2019-20 saw the highest graduation rate for homeless students in Adams 12 history as well as the most quickly closing graduation gap of any subpopulation of students.
- Mobility rates and dropout rates for homeless students in Adams 12 have dropped significantly over the past decade.
- Training about McKinney-Vento law as well as the unique needs of homeless students is now a part of mandatory beginning-of-year training for all district and school staff.
- Support for students identified as McKinney-Vento is an unfunded mandate. Despite this barrier, the Adams 12 Office of Whole Child Initiatives has spent countless hours applying for various funding sources, bringing approximately \$1,500,000 in grant funds into Adams 12 over the past six years alone to support students who are experiencing homelessness as well as students who are involved in the child welfare system.

Continuing Challenges

- Locating ongoing funding to keep resource rooms stocked, particularly with non-food items such as hygiene products, household goods, and clothing
- Ensuring that families have access to fresh food, particularly for those who culturally do not eat a lot of the processed, canned, or boxed food that is typical to local food pantries

- Navigating the red tape linked to accessing federal emergency rental and mortgage assistance from local agencies
- Acquiring funds for respite housing (three-four week hotel stay while families who are in situational homelessness save for first, last, and deposit)
- Community pushback against safe parking initiatives
- Misunderstanding and misconceptions about youth homelessness and the adverse effects of being “doubled up”
- Despite our success in acquiring grant dollars, funding remains tight. In addition, the time and effort that goes into not only writing applications but then also managing the awarded funds is significant.

Our Primary Partnerships

A Precious Child	Colorado Department of Health Care Policy and Financing (HCPF)	Growing Home
Adams County Health Alliance	Community Reach Center	Joyful Journeys
Almost Home	Covering Kids and Families	Kids First Healthcare
Broomfield Communities That Care	Crossroads Church	Maiker Housing Partners
Broomfield FISH	Early Childhood Partnership of Adams County	Mile High United Way
Center for Health Progress	Five Star Education Foundation	Rocky Mountain Partnership
Cold Weather Care	Food For Hope	Tri-County Health Department

Ardmore City Schools, Oklahoma

Ardmore City Schools, at this date, has identified approximately 35% more McKinney-Vento students who have enrolled for this school year. We are still enrolling students and doing outreach to let families know they can enroll their children even if they can't provide "proof of residency". Many of our families have lost housing, jobs and income due to the pandemic. Additionally, when screening at intake for McKinney-Vento, we are finding that 84% of our students have experienced trauma related to COVID-19 and events related to the pandemic, many with multiple traumatic events including death of a loved one.

The identifiable effects we are seeing so far are (each of these scored over 50% of respondents):

- Increase in anxiety, social anxiety, depression
- Mental health support needs for domestic violence, parent incarceration, neglect and abuse in the home
- Behavior issues with in-person instruction and school refusal behavior
- Attention seeking through outbursts
- Apathy

The requests from McKinney-Vento families for support and resources include (each of these scored over 50% of respondents):

- Counseling referrals
- Basic Needs: food, hygiene, clothes, health awareness
- Education Needs: school supplies, school clothing, payment or waiver of fees, EL service referrals, transportation to/from school of origin
- COVID testing and vaccination services
- Medical referrals - health, dental, vision
- Graduation planning - career/tech school and college planning guidance
- Assistance accessing social services such as SNAP, Soonercare, etc.

Key things needed in our community:

- Affordable housing
- Shelter space for families (including "family style" space for children of both genders)
- Transitional housing for unaccompanied youth with ability to check in without parental consent
- Job training for parents trying to return to work or get above the minimum wage/multiple job threshold

Our most pressing need in our district pertaining to all students is mental health care and affordable housing. We applied for and recently received Superintendent Hofmeister's School Counselor Corps grant through OSDE. Our program is just now being implemented and we hope to see a positive outcome. For our homeless students and families, through ESSER III funding, we hope to implement a wrap-around program to provide support for the entire family with a "care coordinator" who will facilitate access to social services. As for affordable housing, it is a well-known need in this area and as a school district, we are dependent upon the community meeting that need.

To address the role of schools in Oklahoma "ending hunger," Ardmore is truly blessed and lucky to have a grant through a private, non-profit, local organization that provides support for our district's supplemental food program. The Regional Food Bank of Oklahoma is the recipient of that grant support which provides us with the food resources required to allow our students in need to take additional food home for the weekends and holidays. So much goes into the coordination and provision of this service, which typically goes unnoticed, that it tends to be underappreciated. With the increase in SNAP benefits for our families, we are still experiencing a high demand for the program. On a side note, our district is 100% free/reduced but the need is still apparent.

If I could share one thing with any of the legislators it would be this: don't just visit with your constituents who contribute to your reelection campaign. Put boots on the ground and visit your local school district. Talk with your district's McKinney-Vento liaisons; witness, first-hand, what those of us who are trying to keep the strings from unraveling in our students' lives are doing on a daily basis. Ask the tough questions which have nothing to do with lobbyists and corporate interests but the health, both physical and mental, of those families and children you represent.

Poudre School District, Larimer County, Colorado

First of all, thank-you for making time to listen to stories and gather information on the issue of schools addressing hunger, and the intersection between homelessness, hunger, and the role that schools play in meeting the basic needs of our students.

Here in Poudre School District in Larimer County we see the hardship that poverty and homelessness causes our students on a daily basis, and the issue of food security and hunger are at the top of that list. When a family is living on the brink, or in the midst of, experiencing homelessness, every choice they make has consequences. Do you fill the fridge or pay the rent? Go without utilities or go to the grocery store? Repair the car that you rely on to make it to your minimum wage job, or use that same money to provide whatever food you can to get your children through the month and to the next paycheck, the next round of Snap benefits, or to the next day the foodbank pantry is open to the public. These are real quandaries that our families face on a daily basis, and often it's the kids that suffer.

Our schools play an integral role in keeping those children fed and healthy. Free and reduced lunch programs provide a healthy breakfast and lunch to students who otherwise won't eat, are forced to skip meals to stretch family budgets, and who often don't receive healthy meals at home even if they do have something to eat. It only takes one visit to a food bank pantry to realize the challenge families facing food insecurity encounter there. Food banks do an incredible job providing resources to the underprivileged, but they are limited by the donations they receive. Club crackers, day old pastries, Oreos and ramen noodles far outweigh available fresh vegetables, fruit, meat and dairy that makes for a healthy meal. And for our families experiencing homelessness, those often aren't an option even when they are available. Families living out of cars, in shelters, and in hotels and motels don't have places to store or prepare food, and their diets reflect that. Again, our schools are too often the only place where our homeless students get the nutrition they need to survive and to thrive.

There is also no question that our commitment to address food insecurity and hunger is inextricably tied to student success. Full bellies make for better students. And it goes beyond that. Not only does hunger itself cause students to suffer at school, the accompanying trauma and anxiety that comes with worrying about where their next meal will be coming from can overwhelm students of any age and create insurmountable barriers to education.

Here in Poudre School District, where we identified 1,313 K-12 students as experiencing homelessness during the 2020-2021 school year under the McKinney-Vento Homeless Assistance Act, we go to great lengths to combat student hunger in our schools. All McKinney-Vento identified students automatically receive free and reduced lunch status, and therefore healthy breakfasts and lunches in our schools, and we aggressively help families who are at risk of homelessness apply for free and reduced status as well. We also partner with the McKBackpack Program here in Fort Collins, a non-profit organization that distributes thousands

of pre-packaged family food bags to our schools weekly for children to take home to their families and help them keep kids fed through the weekend. And finally, our network of McKinney Advocates, McKinney Contacts, and Family Liaisons work tirelessly to connect families to community resources that address food insecurity, help families register for SNAP benefits, access district resources to provide grocery cards and other emergency aid to families who need it, and to identify students that have fallen through the cracks and aren't getting the food they need.

The Pandemic has only magnified these challenges. Shifts to remote and hybrid learning have been a challenge for all, but for our students that rely on schools as a primary source of food for their kids, it meant being faced with daily hunger and new stresses on budgets that were already broken. PSD acted swiftly, aided by federal COVID relief programs (thank-you!), opening school kitchens across our community to provide bagged breakfasts and lunches to any student and family that needed it, and mobilizing our transportation department to deliver bagged breakfasts and lunches to high needs neighborhoods where kids didn't have transportation to get to distribution centers. We also worked closely with McBackpack and the Larimer County Food Bank to provide additional food to fill empty pantries, and to help coordinate lunch distributions throughout the summer months when school was not in session.

It was, and has been, an incredible effort that so many in our district worked tirelessly to pull off. And it was an effort that made it glaringly clear how many students in our district would go without food if we weren't here to serve them, and how so many of these families fly under the radar during normal times, unseen in their struggle to put food on the table for their families.

Schools provide so much more than education to our students. We also provide community, support, connection, transportation, childcare, and yes – food, to the thousands of kids who walk our halls every day. As lawmakers it's important for you to know that, and for that reality to always shape the decisions you make, the laws you pass, and the assistance you provide.

Clinton Public Schools, Oklahoma

Children and unaccompanied youth experiencing homelessness face many challenges, and the COVID-19 pandemic has exacerbated those conditions. The combination of precarious living conditions, high mobility, and poverty create considerable educational, health, and emotional problems and barriers for such children and unaccompanied youth. In order to meet the needs of all homeless and unaccompanied youth, Clinton Public Schools has implemented a number of services to eliminate barriers and provide supports to our students.

Clinton Public Schools annually conducts a needs assessment as required under the McKinney-Vento Homeless Act. The local education agency's homeless liaison works with the school-based social workers, assistant superintendent, superintendent, site counselors, and site administrators to conduct the assessment and review the findings. During the annual budgeting process, the superintendent used the data to determine sufficient set-aside funds to meet the needs of all identified homeless students as well as to provide for further identification of students who qualify for services under the McKinney-Vento Homeless Act.

Clinton Public Schools successfully pursued Title 1, Part A McKinney-Vento subgrant funds and uses those funds to provide services to all identified homeless students. Provided services are coordinated by a team of local education agency staff who work together to meet the needs of all identified homeless students. The Care Team consists of school-based social workers, school counselors, teachers, school administrators, the local homeless liaison, and district-level administration. The team provides transportation to services, appointments, school, court hearings, and other necessary travel for homeless students. The team also provides appropriate clothing, including specialized clothing for homeless students to participate in educational programs, such as career-tech, uniforms or other appropriate attire for homeless students who participate in internships and work-study programs, and seasonally appropriate attire, such as jackets, coats, hats, and gloves, so that students can fully participate in all educational programs offered by the LEA and its partner organizations.

The Care Team partners with outside organizations, such as the Multi-County Youth and Family Services, the Oklahoma Regional Food Bank, local shelters, Red Rock Behavioral Health Services, Vocational Rehab, the Western Technology Center (Career Tech), and local physicians, optometrists, and dentists to ensure necessary wrap-around supports are provided appropriately and as needed. Clinton Public Schools also provides breakfast and lunch during school breaks and summers. All of the coordinated supports ensure that barriers to attendance, enrollment, and academic success are mitigated or removed. As a result of the district's emphasis on serving all students and ensuring each child has the necessary support to participate fully in the entirety of the district's curricular, co-curricular, and extracurricular offerings, the district has added two school-based social workers and three behavior specialists to the staff, developed site-based care teams, and applied for and secured additional funding specifically for the purpose of providing essential wrap-around support for homeless students.

Frederick County Public Schools, Maryland

The biggest challenging trend is identifying students who are experiencing housing instability. FCPS will be using ARP Fund 1 to hire a resource navigator who will have two directives: 1) to work within schools and communities to identify young people who are MV eligible and 2) to connect students/families with community resources and provide FCPS supports.

Regarding meeting the nutritional needs of families:

- * FCPS provides breakfast and lunch to all FCPS students free of charge. Supper and snacks also provided at certain sites.
- * Schools coordinate with the MD Food Bank to provide food drops on school premise.
- * Schools coordinate with community organizations to provide food drops, vaccines and fun at local school events.
- * FCPS provided systemwide summer school for the first time this past summer. All participating students received free lunch.
- * [Frederick County created the Food Distribution Food App](#): Super helpful for schools, students and families-when address is entered, all food drops are listed and what, if any, paperwork is needed.
- * Collaboration with Blessings in a Backpack to provide students with meals over the weekend-Students who are MV are automatics for BIAB.

Whole child supports to students:

- * Elevate Academy: Systemwide 5 week summer school for all students, all students who are MV were invited and encouraged to attend
- * Elevate Bridge: Provided approximately 4 check-ins to students who are MV over the summer. Staff communicated via phone, Google Meets and in person. Please see attached Guidance for more information.
- * New Horizons Summer Academy: Provides opportunity to earn 1 credit, job life skills and earn a \$600 stipend for high school students from 6 of 10 FCPS high schools. Funded by MV Grant
- * FAFSA Mentor Program: All seniors who are experiencing housing transition will have a FAFSA mentor who will be trained in completing the FAFSA, Classes/Programs offered at Frederick Community College and Frederick County Workforce Services with the goal of ensuring students complete the FAFSA, have a plan for post graduation and receive a soft hand-off to the that organization/institution from FCPS. This program is supported by both MV Grant and, hopefully, ARP Fund 2.
- * Shelter Therapy Program: Provides therapeutic supports by FCPS therapist and case management by FCPS case workers to students who are residing at Emergency Family Shelter. The goal is to connect students to therapeutic supports while in shelter as well as after shelter, connect students to three caring adults at school and provide case management to families. Funded by MV Grant.

Statement for the Record
Roundtable: Ending Hunger in America:
The Role of Schools in Ending Hunger and Improving Nutrition

Committee on Rules

U.S. House of Representatives

September 15, 2021

Enhancing CACFP for Equitable Access to Healthy Meals and Healthy Futures for Young
Children

Reynaldo Green, President, The National CACFP Forum
Vice-President of Nutrition and Family Well-Being, Quality Care for Children

Chairman McGovern, Ranking Member Cole, Rules Committee Members, and my fellow distinguished panelists: I am honored to have the opportunity to speak before you today. I am Reynaldo Green, President of the National CACFP Forum, a leading national CACFP organization working to strengthen and expand CACFP to underserved communities and to maximize the utility of CACFP to address the worsening inequities for children in the U.S. I am also the Vice-President of Nutrition and Family Well-Being, at Quality Care for Children, a statewide nonprofit child care organization and CACFP sponsor located in Atlanta, Georgia.

I sincerely appreciate Chairman McGovern, Ranking Member Cole, the Rules Committee's leadership and commitment to ending hunger both during COVID-19 and in normal times.

We are at a critical juncture to strengthen the Child and Adult Care Food Program (CACFP) through Child Nutrition Reauthorization. Strengthening and streamlining access to CACFP is fundamental to the success of Congressional efforts to expand quality child care to support working families. This will allow us to continue the original intent of the program: To address hunger and improve the nutritional well-being of millions of children in child care and afterschool programs across this country.

The CACFP Landscape

The Child and Adult Care Food Program (CACFP) uses federal dollars to provide nutritious meals and snacks to low-income children in child care centers, family child care homes and afterschool programs. CACFP is very important – both in terms of the number of children it serves and its positive impact on young children in child care. Nationwide, preschoolers are

consuming diets too high in calories, saturated fat, and sweets but regrettably too low in fruits, vegetables, whole grains, and low-fat dairy. The healthy food provided by CACFP, of course, makes a substantial contribution towards meeting the nutritional needs of children in child care, particularly low-income children. The program also helps to assure that children in child care receive good nutrition through ongoing training, technical assistance and support. CACFP is very critical to children's success when they transition to the meals offered in elementary school.

Food insecurity, poor nutrition and overweight and obesity disproportionately affects low-income children both before and during COVID-19. In the recent USDA report, the food insecurity rate for households with children was 15.3 percent. Existing inequities have been exacerbated by COVID-19, 21.7 percent for Black and 17.2 percent for Latinx households were food insecure in 2020. Intervening in early childhood and providing good nutrition and high quality child care programming is critically important to ensuring children are ready to learn when they enter kindergarten. By paying for these nutritious meals and snacks for eligible children enrolled at participating child care centers, family child care homes and afterschool programs, CACFP plays an important role in supporting working parents by both improving the quality of child care programs and also in making them more affordable for low-income parents.

In 2020, CACFP provided high-quality nutrition and learning experiences for over 4.1 million children in child care each working day: more than two-thirds of them in child care centers including afterschool programs, and the rest in family child care homes. Nearly \$3 billion in federal reimbursements for meals and snacks is distributed to child care centers and homes each year. The program plays a vital role in improving the quality and affordability of child care for many families with low-incomes. However, there are thousands of child care programs across the nation that do not participate in CACFP due to systemic barriers. Over half of the family child care homes operate without CACFP support for healthy meals. Although participation among child care centers has increased, not all eligible children have access to the program. In one study, researchers found that 60 percent of randomly sampled, non-participating centers were located in areas where the median household income was below the federal poverty level.

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 gross inequities in child care quality and nutrition.

Child Nutrition Reauthorization Recommendations for CACFP

The Forum believes equity in CACFP can be achieved if we remove systemic barriers that often give advantages to better-resourced programs. The upcoming reauthorization of the child nutrition programs provides an opportunity to make much-needed improvements to increase

CACFP access and strengthen CACFP's role in supporting good health and nutrition through the following recommendations:

- **Allow child care centers and homes the option of serving an additional meal (typically a snack or supper), as was previously allowed.** 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 more than eight hours 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 cut out one meal service to achieve budget savings. This penny-wise and pound-foolish step 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 low-income children 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.

No-Cost Recommendations:

- **Streamline program requirements, reduce paperwork, and maximize technology to improve program access.** This can be accomplished through a variety of proposals which will improve CACFP's ability to reach low-income families 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, and
- Support sponsoring organizations' ability to mediate and fix problems through improvements to the serious deficiency process.

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. It is not uncommon for providers to forgo offering even the less costly meals and simply let children rely on food sent from home. Research has consistently shown that food brought from home is far less nutritious than the meals and snacks that children receive through CACFP.

The federal requirement for a CACFP specific additional enrollment form with normal days and hours in care has become a significant administrative burden and a barrier to participation in underserved communities. Requiring normal days and hours of care is based on outdated assumptions that parents work regular and consistent hours. Now, more than ever, many low income families work a wide variety of shifts which may change from week to week. Many states require forms to be updated to reflect each change, creating a paperwork burden for both the parent and the provider. There have been many cases where child care providers and sponsors have been required to payback substantial reimbursements for meals served and, in some cases, were terminated from the program, due to these outdated assumptions. If a child care provider is terminated from CACFP they are then barred from participating in a broad range of other government programs. This outdated and unnecessary requirement discourages participation by creating the risk of losing payment for healthy meals served to children in care and the risk of being terminated from the program losing the right to participate in a range of other important government programs.

Additional Cost Recommendations:

- **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 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 low-income children. 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 low-income children into CACFP, and many more children in need would receive healthy CACFP meals and snacks.

- **Increase CACFP reimbursements to stem participation declines.** Cost is one of the most commonly cited barriers to providing healthier foods. Increasing the availability and consumption of fruits and vegetables, whole grains, and lower-fat dairy products among young children in child care is absolutely essential to improve development, promote health and prevent obesity at exactly the time – early childhood – when it can have the most long-term effect. This effort needs to be supported by adequate meal reimbursements. Higher reimbursements will assure that more children participate in CACFP, both attracting more child care centers and helping to stem the loss of family child care providers.
- **Enhance program reimbursements to support CACFP sponsoring organizations.** Sponsor’s administrative reimbursement rates should be brought to the level necessary to cover costs of administering the program. Access to healthy meals is threatened by the breakdown in the network of CACFP sponsors, the non-profit community-based organizations supporting the participation of family child care homes in CACFP. Many sponsors were unable to make ends meet due to high program costs and the loss of economies of scale as providers dropped out of the program, leading to a significant decrease in the number of sponsors in the last dozen years. Access to healthy meals particularly in rural areas, is threatened by the breakdown in the network of CACFP sponsors, the non-profit community-based organizations supporting the participation of family child care homes in CACFP.

CACFP During COVID-19

The National CACFP Forum wishes to thank Congress for the emergency funding to CACFP sponsors, centers, homes, and afterschool programs included in the American Rescue Plan Act. This funding will help cover operating-cost deficits that were created by shutdowns, as well as a shift in services, which occurred during the first three and a half months of COVID-19. This important provision in the American Rescue Plan Act is crucial to maintaining the infrastructure and financial viability of program operators and administrators. The value of the

emergency funds CACFP in the first three and a half months of COVID is worth approximately a quarter of a million dollars.

Emergency funding was vital based on the most recent data available from USDA that reveals during the first year of COVID-19 (March 2020 through February 2021), CACFP served 590 million fewer meals, a 30.5percent decrease, compared to the prior year . As a result, CACFP child care providers' reimbursements decreased by \$811 million (24.6 percent). Yet, CACFP remained a vital source of support for many children and their families by providing nutritious onsite and "grab and go" meals through helpful waivers authorized by Congress.

Conclusion

When children miss out on CACFP meals and snacks, it strains family budgets, contributing to food insecurity. To reach more families with CACFP and to strengthen its positive effects on good nutrition, quality child care, and supporting working parents, the National CACFP Forum urges Congress to act on our priority recommendations - improving the adequacy of benefits by allowing another meal or snack for children in a full day of care, making proprietary care eligibility consistent with other federal nutrition programs by allowing yearly verification, and eliminating overly burdensome and outdated paperwork - in addition to our other important recommendations including increased reimbursement rates for providers and sponsors, area eligibility, and making permanent area eligibility waivers..These changes are crucial to ensuring that children are ready to learn when they start kindergarten.

**Chef Ann Foundation Program
Reach by State**

Total Schools Reached	6,894	<small>**Total schools does not include TLB data</small>	Total Students Reached	3,386,391	Total Changemakers	8,826
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Alabama	Schools	Students	Changemakers
SB2S	57	28500	N/A
PP	2	1250	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	163
SFI	N/A	N/A	2
Total	59	29750	165
Alaska			
SB2S	50	25000	N/A
PP	1	38	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	37
SFI	N/A	N/A	1
Total	51	25038	38
Arizona			
SB2S	74	37000	N/A
PP	4	4013	N/A
HB4K	9	5276	N/A
GSC (old)	0	0	N/A
GSC (new)	20	8789	N/A
TLB	N/A	N/A	180
SFI	N/A	N/A	16
Total	107	55078	196
Arkansas			
SB2S	39	19500	N/A
PP	6	2193	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	130
SFI	N/A	N/A	11
Total	45	21693	141
California			
SB2S	1352	676000	N/A
PP	15	13152	N/A
HB4K	22	7763	N/A
GSC (old)	41	14,835	N/A
GSC (new)	68	16938	N/A

Florida	Schools	Students	Changemakers
SB2S	105	52500	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	164
SFI	N/A	N/A	12
Total	105	52500	176
Georgia			
SB2S	241	120500	N/A
PP	3	2160	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	4	2451	N/A
TLB	N/A	N/A	277
SFI	N/A	N/A	4
Total	248	125111	281
Hawaii			
SB2S	9	4500	N/A
PP	1	86	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	20
SFI	N/A	N/A	2
Total	10	4586	22
Idaho			
SB2S	33	16500	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	77
SFI	N/A	N/A	2
Total	33	16500	79
Illinois			
SB2S	209	104500	N/A
PP	9	2930	N/A
HB4K	10	10593	N/A
GSC (old)	1	552	N/A
GSC (new)	0	0	N/A

Program Totals	Schools	Students	Changemakers
Salad Bars to Schools (SB2S)	5965	2,982,500	N/A
Project Produce (PP)	187	95,883	N/A
Healthy Breakfast for Kids (HB4K)	147	70,263	N/A
Get Schools Cooking (old) (GSC)	349	160,200	N/A
Get Schools Cooking (new) (GSC)	236	71,721	N/A
MN Initiative	10	5,824	N/A
The Lunch Box (TLB)	N/A	N/A	8293
School Food Institute (SFI)	N/A	N/A	533
Total	6,894	3,386,391	8,826

*Does not count schools that received PP twice

TLB	N/A	N/A	911
SFI	N/A	N/A	88
Total	1498	728688	999
Colorado			
SB2S	289	144500	N/A
PP	23	12771	N/A
HB4K	6	2104	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	348
SFI	N/A	N/A	130
Total	318	159375	478
Connecticut			
SB2S	92	46000	N/A
PP	5	4246	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	134
SFI	N/A	N/A	9
Total	97	50246	143
Delaware			
SB2S	3	1500	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	21
SFI	N/A	N/A	1
Total	3	1500	22
Kentucky			
SB2S	45	22500	N/A
PP	12	5113	N/A
HB4K	9	8086	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	91
SFI	N/A	N/A	0
Total	66	35699	91
Louisiana			
SB2S	123	61500	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	2	755	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	82
SFI	N/A	N/A	0
Total	125	62255	82
Maine			

TLB	N/A	N/A	276
SFI	N/A	N/A	4
Total	229	118575	280
Indiana			
SB2S	129	64500	N/A
PP	6	2936	N/A
HB4K	2	751	N/A
GSC (old)	0	0	N/A
GSC (new)	5	2514	N/A
TLB	N/A	N/A	206
SFI	N/A	N/A	19
Total	142	70701	225
Iowa			
SB2S	47	23500	N/A
PP	5	2457	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	137
SFI	N/A	N/A	4
Total	52	25957	141
Kansas			
SB2S	30	15000	N/A
PP	1	468	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	15	3841	N/A
TLB	N/A	N/A	91
SFI	N/A	N/A	0
Total	46	19309	91
Montana			
SB2S	32	16000	N/A
PP	2	200	N/A
HB4K	1	323	N/A
GSC (old)	2	62	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	118
SFI	N/A	N/A	9
Total	37	16585	127
Nebraska			
SB2S	22	11000	N/A
PP	0	0	N/A
HB4K	1	161	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	106
SFI	N/A	N/A	0
Total	23	11161	106
Nevada			

SB2S	51	25500	N/A
PP	0	0	N/A
HB4K	7	2145	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	105
SFI	N/A	N/A	6
Total	58	27645	111

Maryland			
SB2S	43	21500	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	9	3352	N/A
TLB	N/A	N/A	76
SFI	N/A	N/A	1
Total	52	24852	77

Massachusetts			
SB2S	111	55500	N/A
PP	3	818	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	5	1075	N/A
TLB	N/A	N/A	252
SFI	N/A	N/A	54
Total	119	57393	306

Michigan			
SB2S	405	202500	N/A
PP	12	2815	N/A
HB4K	31	16736	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	300
SFI	N/A	N/A	36
Total	448	222051	336

Minnesota			
SB2S	100	50000	N/A
PP	2	649	N/A
HB4K	6	2397	N/A
GSC (old)	64	22,145	N/A
GSC (new)	7	1618	N/A
MN Initiative	10	5824	N/A
TLB	N/A	N/A	340
SFI	N/A	N/A	6
Total	189	82633	346

Mississippi			
SB2S	25	12500	N/A
PP	4	1673	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A

SB2S	20	10000	N/A
PP	1	50	N/A
HB4K	1	15	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	25
SFI	N/A	N/A	0
Total	22	10065	25

New Hampshire			
SB2S	26	13000	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	63
SFI	N/A	N/A	1
Total	26	13000	64

New Jersey			
SB2S	113	56500	N/A
PP	1	432	N/A
HB4K	2	862	N/A
GSC (old)	0	0	N/A
GSC (new)	22	10656	N/A
TLB	N/A	N/A	158
SFI	N/A	N/A	7
Total	138	68450	165

New Mexico			
SB2S	15	7500	N/A
PP	0	0	N/A
HB4K	1	125	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	39
SFI	N/A	N/A	3
Total	16	7625	42

New York			
SB2S	192	96000	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	4	1662	N/A
TLB	N/A	N/A	394
SFI	N/A	N/A	22
Total	196	97662	416

North Carolina			
SB2S	20	10000	N/A
PP	1	200	N/A
HB4K	6	2486	N/A
GSC (old)	0	0	N/A

GSC (new)	7	2106	N/A
TLB	N/A	N/A	48
SFI	N/A	N/A	2
Total	36	16279	50
Missouri			
SB2S	151	75500	N/A
PP	3	2339	N/A
HB4K	3	513	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	180
SFI	N/A	N/A	2
Total	157	78352	182
Ohio			
SB2S	198	99000	N/A
PP	7	3559	N/A
HB4K	1	298	N/A
GSC (old)	0	0	N/A
GSC (new)	6	1136	N/A
TLB	N/A	N/A	311
SFI	N/A	N/A	4
Total	212	103993	315
Oklahoma			
SB2S	59	29500	N/A
PP	8	3915	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	132
SFI	N/A	N/A	0
Total	67	33415	132
Oregon			
SB2S	44	22000	N/A
PP	0	0	N/A
HB4K	4	868	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	114
SFI	N/A	N/A	12
Total	48	22868	126
Pennsylvania			
SB2S	130	65000	N/A
PP	5	2307	N/A
HB4K	3	1030	N/A
GSC (old)	5	2428	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	301
SFI	N/A	N/A	2
Total	143	70765	303

GSC (new)	15	4543	N/A
TLB	N/A	N/A	140
SFI	N/A	N/A	3
Total	42	17229	143
North Dakota			
SB2S	15	7500	N/A
PP	0	0	N/A
HB4K	1	150	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	56
SFI	N/A	N/A	0
Total	16	7650	56
Utah			
SB2S	35	17500	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	56
SFI	N/A	N/A	3
Total	35	17500	59
Vermont			
SB2S	12	6000	N/A
PP	0	0	N/A
HB4K	1	128	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	110
SFI	N/A	N/A	4
Total	13	6128	114
Virginia			
SB2S	205	102500	N/A
PP	8	4302	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	6	1539	N/A
TLB	N/A	N/A	143
SFI	N/A	N/A	5
Total	219	108341	148
Washington			
SB2S	82	41000	N/A
PP	1	508	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	24	4071	N/A
TLB	N/A	N/A	218
SFI	N/A	N/A	6
Total	107	45579	224

Rhode Island			
SB2S	24	12000	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	16
SFI	N/A	N/A	2
Total	24	12000	18
South Carolina			
SB2S	81	40500	N/A
PP	14	8172	N/A
HB4K	5	1515	N/A
GSC (old)	4	1489	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	101
SFI	N/A	N/A	11
Total	104	51676	112
South Dakota			
SB2S	18	9000	N/A
PP	0	0	N/A
HB4K	1	600	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	50
SFI	N/A	N/A	0
Total	19	9600	50
Tennessee			
SB2S	91	45500	N/A
PP	1	604	N/A
HB4K	4	1082	N/A
GSC (old)	0	0	N/A
GSC (new)	8	2117	N/A
TLB	N/A	N/A	93
SFI	N/A	N/A	9
Total	104	49303	102
Texas			
SB2S	469	234500	N/A
PP	10	5996	N/A
HB4K	1	635	N/A
GSC (old)	230	117934	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	593
SFI	N/A	N/A	6
Total	710	359065	599

Washington, D.C.			
SB2S	29	14500	N/A
PP	7	2414	N/A
HB4K	4	1963	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	33
SFI	N/A	N/A	4
Total	40	18877	37
West Virginia			
SB2S	33	16500	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	26
SFI	N/A	N/A	0
Total	33	16500	26
Wisconsin			
SB2S	185	92500	N/A
PP	4	1117	N/A
HB4K	5	1658	N/A
GSC (old)	0	0	N/A
GSC (new)	11	3313	N/A
TLB	N/A	N/A	216
SFI	N/A	N/A	8
Total	205	98588	224
Wyoming			
SB2S	2	1000	N/A
PP	0	0	N/A
HB4K	0	0	N/A
GSC (old)	0	0	N/A
GSC (new)	0	0	N/A
TLB	N/A	N/A	35
SFI	N/A	N/A	0
Total	2	1000	35

Our Mission

Chef Ann Foundation's mission is to ensure that school food professionals have the resources, funding and support they need to provide fresh, healthy, delicious, cooked-from-scratch meals that support the health of children and our planet. Scratch cooking gives schools the flexibility to run more sustainable meal programs to help fight climate change*, while also improving school nutrition so children can develop lifelong healthy eating habits.**

*Friends of the Earth, Scaling up Healthy, Climate-Friendly School Food (2018)

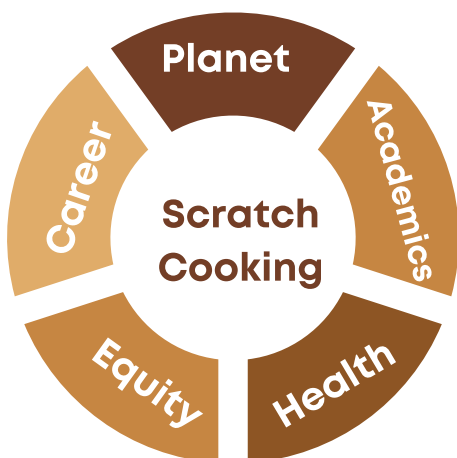
**Centers for Disease Control and Prevention (2015)



Our History

In 2009, Chef Ann founded the Chef Ann Foundation, a nonprofit organization dedicated to helping schools take action so that every child has daily access to fresh, healthy food. Also known as the "Renegade Lunch Lady," Chef Ann served for 11 years as the Director of Food Services for Boulder Valley School District in Boulder, Colorado. She is an internationally recognized author, chef, educator, public speaker, and advocate of healthy food for all children. In a nation where kids are born with shorter estimated life expectancies than their parents due to diet-related disease, Chef Ann has been a constant champion of school food reform as an important avenue through which to improve childhood nutrition.

Why School Food Matters



Improving school nutrition is not only a solution for health concerns, but social, academic, and environmental issues as well. American kids start their life-path in K-12 schools where they learn the skills necessary to thrive and meet their potential. While the country debates the best ways to teach them math, science, and English, we spend little to no time on food and nutrition.

As a result, school food has become increasingly more processed (heat-and-serve) and less healthy. With 31 million children eating school lunch every day and health issues like obesity, alongside a rapidly changing climate, this quickly becomes a national issue that needs to be addressed.

That's where scratch cooking in schools comes into play. Scratch cooking is real food with real ingredients. Scratch cooking enables schools to choose the ingredients, including those that are "Made in America", locally procured and/or produced using regenerative agriculture techniques, that go into students' meals.

Our Impact

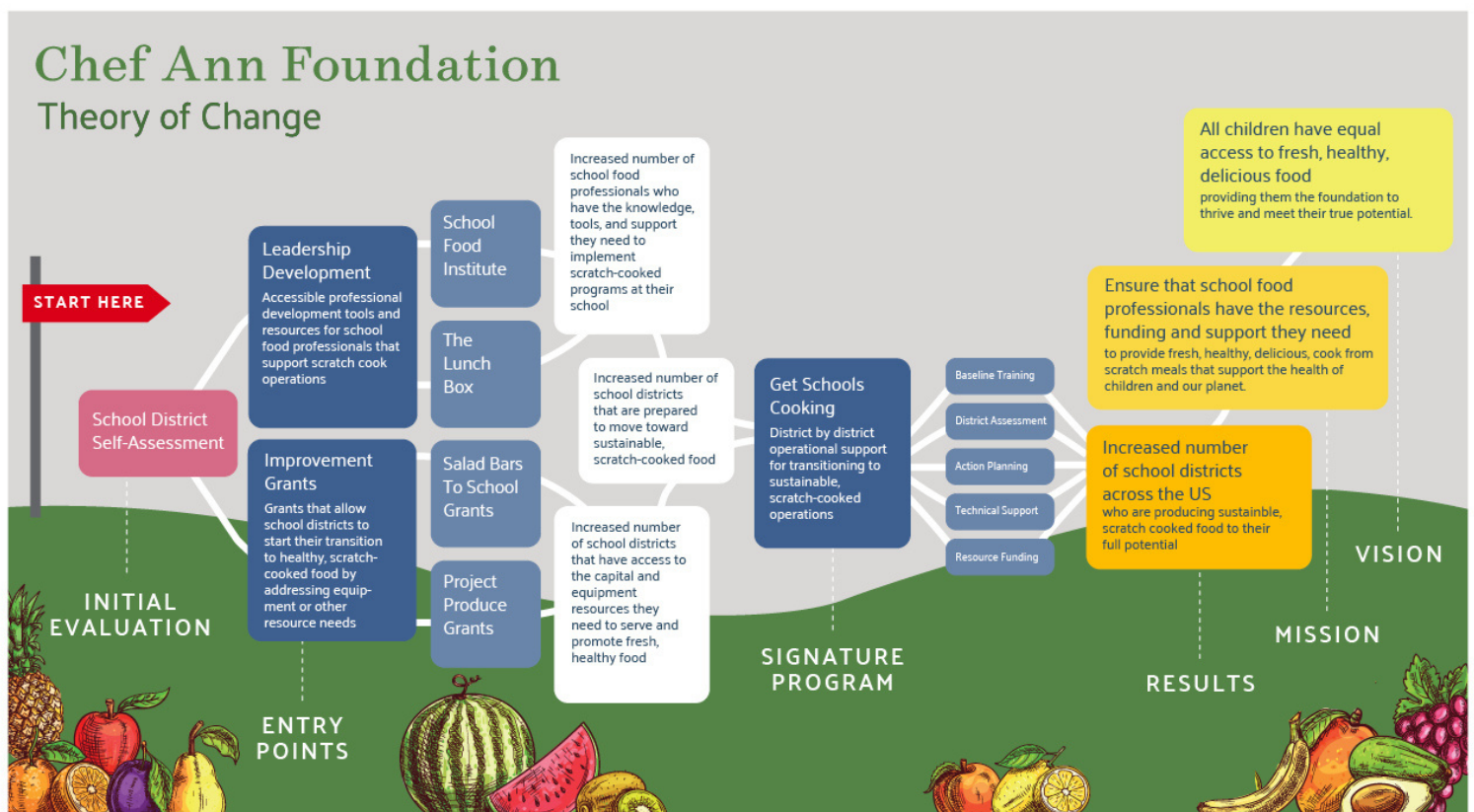
3,379,509 Children

13,365 Schools

25,186 Changemakers

Our Programs & Theory of Change

70% of the 30 million children who eat school lunch each day are eligible for the free and reduced-price lunch program. The food they are served is often heavily processed and lacking in fresh fruits and vegetables, leading to a myriad of long term nutritional and educational issues, such as diabetes and limited attention span. Our Theory of Change focuses on offering districts programming based on their needs and where they are at along the scratch-cook continuum.



Get Schools Cooking

A program that provides hands-on support through an assessment of school food operations, strategic planning, funding opportunities, and technical assistance, enabling school districts to increase their amount of scratch cooking.

The Lunch Box

An online resource that provides free step-by-step guides, tools, and recipes to help schools improve their food programs and transition to scratch cooking.

Salad Bars to Schools

A grant program that helps schools expand their commitment to serving fresh fruits and vegetables by implementing salad bars as part of their daily meal program.

School Food Institute

Online courses that give school food service professionals and childhood nutrition advocates the in-depth training, operational skills, and strategic vision necessary to make school food fresh, healthy, and sustainable.

SCRATCHWORKS

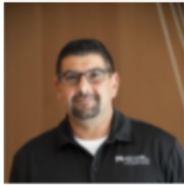
THE COLLECTIVE POWER OF GOOD FOOD IN SCHOOLS

ScratchWorks is a collective of school food professionals and organizations committed to supporting school districts in cooking school meals from scratch using whole, fresh ingredients that provide students with the nutrition they need for their educational success, health, and wellbeing.

Our Founding School District Leaders



Chef Ann Cooper
Director of Food Services, Boulder Valley School District



Rob Jaber
Director, Food & Nutrition Services, District of Columbia Public Schools



Amy Maclosky
Director, Arlington Public Schools Food and Nutrition Services



Stephen O'Brien
Director of Strategic Partnerships and Policy, Office of Food and Nutrition Services, NYC Department of Education



Anneliese Tanner
Executive Director, Austin ISD Food Services and Warehouse Operations



Bertrand Weber
Director, Culinary and Wellness Services, Minneapolis Public Schools

Our Partner Organizations



Beyond the health implications, scratch cooking is a recipe for better learning. Good food is part of a good education—that's just smart. The obesity epidemic, generally poor nutrition among children, widespread food insecurity, and the environmental impact of processed food make this not just something that should be done, but something that must be done now, not later.

We've been held back by myths that scratch cooking is too hard or too expensive and the belief that kids just won't eat "quality food." We're about to change all that.

We are a coalition, led by and for School Food Service Directors, with a vision for what's possible and the collective expertise to bring that vision to life.

We are a movement sweeping across the country and gaining followers. We are empowering people and giving them the tools to go above and beyond what they're currently doing.

And we are a process, because school kitchens can't change overnight, but they will change over time.



March 30, 2022

The Honorable James McGovern
Chairman, Committee on Rules
U.S. House of Representatives
370 Cannon House Office Building
Washington, DC 20515

The Honorable Tom Cole
Ranking Member, Committee on Rules
U.S. House of Representatives
2207 Rayburn House Office Building
Washington, DC 20515

Dear Chairman McGovern and Ranking Member Cole:

Thank you for your leadership and ongoing focus on how enhanced access to nutritious foods can play a role in addressing the nation's most pressing public health challenges. In 1969, the first White House Conference on Food, Nutrition, and Health recommended that supplemental foods be provided to at-risk pregnant women and their infants.¹ As a program born from recommendations from the first White House Conference, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has delivered on the promise of the that Conference for nearly fifty years as WIC builds a healthier future for all Americans by providing effective, targeted nutrition support. The National WIC Association (NWA) is encouraged by the inclusion of \$2.5 million in funding through the fiscal year 2022 spending package and urges the Administration to swiftly convene a second White House Conference on Food, Nutrition, Hunger, and Health.

NWA is the non-profit education arm and advocacy voice of the Special Supplemental Nutrition Program for Women, Infants, and Children, the 6.2 million mothers and young children served by WIC, and the 10,000 service provider agencies who are the frontlines of WIC's public health nutrition services. WIC's effective combination of a healthy food prescription and nutrition education services, targeted to a crucial period of growth and development, has a demonstrated impact on health outcomes and is a model for strengthening nutrition security. For over three decades, NWA has worked to build bipartisan and broad-based support for WIC's programmatic goals and public health mission.

WIC stands at the intersection of food security and public health, providing a blueprint for targeted interventions that can promote improved nutrition and overall health as a means to address public health concerns. WIC reaches more than 6.2 million pregnant and postpartum women, infants, and children up to the age of 5, including approximately 44 percent of all infants born in the United States.² Strengthening nutrition security for WIC's targeted population yields dividends with time, especially as the nation increasingly grapples with a greater proportion of healthcare expenditures tied to chronic diet-related conditions. In 2018, the Government Accountability Office (GAO) estimated that Medicaid and Medicare spent more than \$207 billion to treat chronic diet-related conditions like diabetes, obesity, and cardiovascular disease.³ This constitutes approximately 15.3% of *all* Medicaid and Medicare spending.⁴ We are encouraged by recent, and historic, efforts by the U.S. Department of Agriculture (USDA) to elevate the importance of nutrition security and prioritize initiatives that will enhance access to healthy foods and improved dietary quality.⁵

Sarah Flores-Sievers
New Mexico
Chair

Paul Throne
Washington
Chair-Elect

Berry Kelly
South Carolina
Chair Emeritus

Meghan Jenkins
Massachusetts
Secretary

Amanda Hovis
Texas
Treasurer

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Massachusetts
Interim President & CEO

Strengthening nutrition security and reducing disparities in access to healthy foods are essential steps in the effort to address major public health challenges and set up the next generation for public health success. WIC's food prescription – revised in 2009 to include fruits, vegetables, and whole grains – contributed to reduced rates of childhood obesity among WIC-enrolled toddlers⁶ and increased dietary quality and variety for young children.⁷ WIC has a strong record of breastfeeding promotion, improving initiation rates among WIC-enrolled infants by 30 percent since 1998.⁸ Maternal nutrition, especially prenatal nutrition, can impact the success of a pregnancy and reduce risk factors for maternal mortality or morbidity.⁹ WIC's nutrition intervention is associated with a 16 percent reduced risk of infant mortality,¹⁰ fueled by reduced risk of preterm birth and low birthweight.¹¹

To build on WIC's record of public health success, a second White House conference could play a catalytic role in clarifying and enhancing the linkages between nutrition and health systems. Thoughtful, whole-of-government approaches will reimagine WIC as a crucial part of healthcare delivery, building new systems that streamline certification for WIC services, enhance access to WIC's nutrition education and breastfeeding services, and wisely leverage WIC's public health nutrition workforce to meet the health and nutrition needs of the broader population. By engaging a broad range of stakeholders, a second White House conference could deepen existing partnerships and provide new perspectives between WIC and the healthcare and agriculture sectors as all stakeholders seek to build a healthier, more resilient nation.

Convening a second White House Conference on Food, Nutrition, Hunger, and Health will focus all elements of the food supply chain in a coordinated effort to stamp out hunger, enhance access to nutritious foods, and change the trajectory of Americans' health. Building on the legacy of the first Conference, which led to the establishment of WIC, we stand ready to assist the Committee and other federal stakeholders in preparation for a second Conference.

Sincerely,
National WIC Association

Attachment: *The State of WIC: Investing in the Next Generation* (2022)

¹ Kennedy E, Dwyer J (2020) The 1969 White House Conference on Food, Nutrition, and Health: 50 Years Later. *Current Developments in Nutrition* 4(6). <https://doi.org/10.1093/cdn/nzaa082>.

² U.S. Department of Agriculture, Food and Nutrition Service (2021) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2018, with Update Estimates for 2016 and 2017. <https://fns-prod.azureedge.us/sites/default/files/resource-files/WICEligibles2018-VolumeI.pdf>.

³ U.S. Government Accountability Office (2021) Chronic Health Conditions: Federal Strategy Needed to Coordinate Diet-Related Efforts. <https://www.gao.gov/products/gao-21-593>.

⁴ U.S. Centers for Medicare and Medicaid Services (2019) CMS Office of the Actuary Releases 2018 National Health Expenditures. <https://www.cms.gov/newsroom/press-releases/cms-office-actuary-releases-2018-national-health-expenditures>.

⁵ U.S. Department of Agriculture, Food and Nutrition Service (2022) USDA Actions on Nutrition Security. <https://www.usda.gov/sites/default/files/documents/usda-actions-nutrition-security.pdf>.

⁶ Centers for Disease Control & Prevention. Obesity Among WIC-Enrolled Young Children. <https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children.html#:~:text=In%202018%2C%2014.4%25%20of%20WIC,2010%20to%2029.7%25%20in%202018> (last updated May 24, 2021).

⁷ Whaley S, Ritchie LD, Spector P, Gomez J (2012) Revised WIC food package improves diets of WIC families. *Journal of Nutrition Education and Behavior* 44(3):204-209, <https://doi.org/10.1016/j.jneb.2011.09.011>.

⁸ See U.S. Department of Agriculture, Food and Nutrition Service (2022) WIC Participant and Program Characteristics: 2020 Final Report, <https://fns-prod.azureedge.us/sites/default/files/resource-files/WICPC2020.pdf>.

⁹ See Soneji S, Beltran-Sanchez H (2019) Association of Special Supplemental Nutrition Program for Women, Infants, and Children with Preterm Birth and Infant Mortality, *JAMA* 2(12), <https://doi.org/10.1001/jamanetworkopen.2019.16722>.

¹⁰ *Id.*

¹¹ Fingar KR, Lob SH, Dove MS, Gradziel P, Curtis MP (2017) Reassessing the Association between WIC and Birth Outcomes Using a Fetuses-at-Risk Approach. *Journal of Maternal & Child Health* 21(4):825-835. <https://doi.org/10.1007/s10995-016-2176-9>.



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**Testimony of Luis Guardia,
President, Food Research & Action Center**

**U.S. House of Representatives
Committee on Rules
Hearings and Roundtables on Ending Hunger in America
March 30, 2022**

I. Introduction

Chair McGovern, Ranking Member Cole, and Members of the House Rules Committee. My name is Luis Guardia and I am the President of the Food Research & Action Center (“FRAC”). FRAC works to improve the nutrition, health, and well-being of millions of people struggling against poverty-related hunger in the United States through advocacy, partnerships, and by advancing bold and equitable policy solutions.

Thank you for giving me the opportunity to submit testimony as part of your series of Hearings and Roundtables on Ending Hunger in America.

These hearings and roundtables—unprecedented by the House Rules Committee—will pave the way for a diverse and inclusive White House Conference on Food, Nutrition, Hunger, and Health. The Committee has reached beyond the capital beltway to hear from state and local anti-hunger groups and emergency food providers; nonprofits representing children, veterans, immigrants, civil rights, older adults, workers, farmers, and others; education stakeholders, faith-based organizations, and experts with lived experience in hunger and poverty.

The Committee’s efforts to address hunger in America also have included site visits to communities across the United States. I had the privilege of joining you, Chair McGovern, on your visit to San Francisco and the Bay Area in August 2021. Through a series of visits ranging from a Palo Alto food pantry to a farmers’ market in the Tenderloin. I was able to witness inspiring and innovative work to address the struggles faced by people experiencing hunger in the midst of the COVID-19 economic and health crisis.

I was pleased to experience and engage with community leaders and see the importance of nutrition programs in action.

When we met a mother of four at the farmers’ market who struggled to put nutritious food on the table, I saw how meaningful additional food benefits were to her. There were so many other inspiring stories underscoring the need for adequate benefits and access to food with dignity that will stay with me forever.

These visits underscored the critical role the government plays in improving the health, nutrition, and well-being of families struggling with hunger. I saw how government action to strengthen and improve the reach of vital nutrition assistance such as SNAP, school meals, WIC, child care food, and other federal nutrition programs has been critical to struggling individuals and families. The other key observation is the proven stimulative effect on the economy.

We know that thousands of communities across the country continue to struggle to recover from the greatest economic crisis in 100 years. More needs to be done to address unprecedented food insecurity and the racial and economic disparities in food and economic security.

Of immediate importance is the need to address the worsening hunger cliff that looms when COVID-19 emergency health declarations end. On average, SNAP households in most states will lose \$82 in monthly SNAP allotments. FRAC's blogs, *A Strengthen SNAP Agenda to Address the Hunger Cliff*^{1,2} ([Part 1](#) and [Part 2](#)), include administrative and legislative actions to permanently strengthen SNAP benefit amounts and eligibility provisions. The blogs also lay out the necessary strategies to promote efficient and equitable SNAP access and good customer service.

Actions need to be taken to extend the waivers authorized by the U.S. Department of Agriculture ("USDA") that allowed schools, child care providers, and community organizations the flexibility needed to continue serving meals to children during this unprecedented time. This is why FRAC and more than 2,000 national, state, and local organizations representing every state across the country sent a letter³ to Congress urging that USDA be given the authority to extend the waivers. Without these waivers, the child nutrition programs would not have been able to adequately respond to the fallout from COVID-19. Throughout the pandemic, schools and community meal sponsors have relied on these waivers to keep children fed during short- and long-term closures, alleviate child hunger, advance racial equity, and child well-being. FRAC strongly supports House and Senate bi-partisan bills that have been introduced to extend USDA's waiver authority beyond the current deadline of June 30, 2022.

The pandemic only exacerbated an existing national hunger crisis. The anti-hunger community was extremely disappointed and frustrated that the Build Back Better Act stalled in the Senate. Provisions in this legislation would make historic gains towards eliminating childhood hunger and poverty. Congress must continue to provide investments in these programs in its next legislative vehicles.

We are at a pivotal moment in time. We must build on the lessons learned during the pandemic. Now is the time to convene a White House Conference that is focused on hunger.

To quote Chairman McGovern, "... hunger is a political condition. We have the resources, and we know what it takes. We just have to muster the will to end it." That political will has resulted in congressional support to secure funding for a convening of a White House Conference in 2022. This 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 multi-sector solutions that will address the underlying root causes of hunger and food insecurity.

¹ <https://frac.org/blog/strengthen-snap-agenda-part-1>

² <https://frac.org/blog/strengthen-snap-agenda-part-2>

³ https://frac.org/wp-content/uploads/CN_Waiver_SignOnFeb2022.pdf

II. Strategies to End Hunger in America

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 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. 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 leave them behind.

Across the country, governments and their nonprofit and private sector partners adapted the federal nutrition programs to meet increased need, while simultaneously 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. We must:

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 41 million 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.

Research⁴ demonstrates the effectiveness of SNAP in alleviating poverty; reducing food insecurity; improving the health, nutrition, and well-being of children, adults, and older 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.

⁴ <https://frac.org/wp-content/uploads/hunger-health-role-snap-improving-health-well-being.pdf>

Nearly 43 million people participated in SNAP in September 2020⁵, 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 disasters⁶ in the midst of the pandemic.⁷

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.⁸

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.⁹ Moreover, the federal government should ensure that Disaster SNAP tools can respond to pandemics, not only to natural disasters.¹⁰ 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 basis¹¹ by:

- replacing the outdated Thrifty Food Plan with the Low Cost Food Plan¹² as the basis for calculating SNAP benefits¹³
- eliminating the cap on the SNAP shelter deduction¹⁴ to help families with children struggling to afford to both heat and eat¹⁵,
- increasing the SNAP minimum monthly benefit, and

⁵ <https://fns-prod.azureedge.net/sites/default/files/resource-files/34SNAPmonthly-3.pdf>

⁶ <https://frac.org/disaster>

⁷ <https://frac.org/blog/snap-a-critical-support-during-the-first-year-of-the-covid-19-pandemic>

⁸ <https://www.fns.usda.gov/ftp/blog-083021>

⁹ <https://www.brookings.edu/research/strengthening-snap-as-an-automatic-stabilizer/>

¹⁰ <https://frac.org/blog/recovering-from-disasters-aid>

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

¹² <https://frac.org/blog/close-snap-benefit-gaps>

¹³ <https://frac.org/blog/legislative-action-to-improve-snap-benefit-adequacy>

¹⁴ <https://drive.google.com/file/d/1Exs-LVWOy4NRolY5JWQii954HBM71861/view>

¹⁵ <https://frac.org/blog/addressing-the-looming-hunger-cliff-improve-snap-deductions>

- making more widely available the SNAP Standard Medical Deduction for older people and people with disabilities.¹⁶

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.¹⁷
- The special rules that prevent many otherwise income-eligible college students from qualifying for SNAP should be suspended during COVID-19 and lifted permanently.¹⁸
- 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.¹⁹
- During COVID-19 and future pandemics, RMP should be allowed for all SNAP participants.²⁰

¹⁶ <https://frac.org/blog/addressing-the-looming-hunger-cliff-improve-snap-deductions>

¹⁷ <https://frac.org/blog/new-bill-would-permanently-eliminate-time-limits-on-snap-eligibility>

¹⁸ <https://frac.org/blog/key-barrier-to-snap-access-for-college-students-would-be-removed-under-new-bill>

¹⁹ <https://www.mdhungersolutions.org/pdf/mdhs-testimony-SB752.pdf>

²⁰ <https://panetta.house.gov/media/press-releases/congressman-panetta-senator-murphy-announce-legislation-expand-access>

- Hot prepared foods should be allowed for purchase with SNAP benefits.²¹
- 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.²²

Bolster 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 the low-income students who participate in school lunch. These programs have tremendous educational benefits and should be protected and strengthened to improve access.

²¹ <https://meng.house.gov/media-center/press-releases/meng-rush-and-fitzpatrick-introduce-bipartisan-bill-to-allow-snap-to>

²² <https://frac.org/blog/prioritizingsnapoutreachjune2021>

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 2020.²³

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The innovative Pandemic EBT program was created during the pandemic 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 has allowed 1 in 3 high-poverty schools to offer free meals to all students, commonly called Healthy School Meals for All. During the pandemic, schools have been able to offer free meals to all students, which has given an opportunity for a trial run of Healthy School Meals for All, which has highlighted the value of the approach: 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 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.

Out-of-School Time Programs

²³ <https://frac.org/wp-content/uploads/COVID-19-and-School-Meals-Participation-in-Spring-2020.pdf>

²⁴ <https://frac.org/wp-content/uploads/SchoolMealsReport2022.pdf>

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 the low-income children 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, and should be strengthened.

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.²⁵ 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 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.²⁶

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 low-income children. 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 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. 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

²⁵ <https://frac.org/wp-content/uploads/FRAC-Summer-Nutrition-Report-2020.pdf>

²⁶ <https://frac.org/wp-content/uploads/nationwide-waivers.pdf>

practice. Start-up grants and transportation grants (especially for programs in rural areas) are also essential.

- **Provide Summer EBT cards to low-income families.** 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 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.

This 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.²⁷

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 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.

²⁷ <https://frac.org/research/resource-library/cacfpprogrambriefmarch2021>

- **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 low-income children 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 low-income families 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 low-income children. 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 low-income children 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 low-income nutritionally at-risk pregnant women, 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.²⁸

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.
 - 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

²⁸<https://frac.org/research/resource-library/one-year-of-wic-during-covid-19-waivers-are-vital-to-participation-and-benefit-redemption>

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.

Address the Root Causes of Hunger and Poverty

As effective as the nutrition programs are, they cannot end hunger alone 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 affect[ing] low-wage, minority workers most.”²⁹ 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 child care supports that make work feasible for families. Closing educational gaps is critical to supporting the workforce of tomorrow and needed investment include 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 Americans, 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:

- Making the [expanded Child Tax Credit](#)³⁰ changes permanent, more inclusive, and ensuring the benefits reach all eligible families.
- Improving and expanding other refundable tax credits for low-income families.

²⁹ 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/.

³⁰ <https://frac.org/wp-content/uploads/FRAC-CTC-Primer-2022.pdf>

- Protecting and improving Social Security, Supplemental Security Income (SSI), and pensions for low-income older adults and people with disabilities.
- 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.

Target and Tailor Supports for Specific Populations with Disproportionate Rates of Hunger

Successfully addressing hunger in the U.S. includes ensuring that anti-hunger priorities and strategies focus on populations struggling the most, including children, women, people with disabilities, immigrants, older adults, LGBTQ+ people, struggling 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. The COVID-19 pandemic has both brought to light and deepened these pre-existing disparities. It is essential to center the work to address hunger on policies and strategies that most effectively support the groups that are at the highest risk of food insecurity.

Addressing Food Insecurity in Native American Communities

Far too many Native American households experience food insecurity and food access challenges. Almost half of Native American and Alaska Native survey respondents reported experiencing food insecurity during the COVID-19 pandemic, 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.

In addition to recommendations referenced elsewhere in this testimony, 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](#)³¹
- [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."](#)³²

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 low income communities.

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, 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, poverty, and promote long-term economic security.

Work alongside states, localities, and nonprofits to expand and improve participation in federal nutrition programs

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

³¹ <https://frac.org/wp-content/uploads/COVIDResearchReport-2021.pdf>

³² <https://www.regulations.gov/comment/USDA-2021-0006-0408>

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 multi-program 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 low-income working families to navigate as well as overhaul unnecessarily complex systems that are hard for anyone, much less struggling low-income people, 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.

III. Key Attributes for the White House Conference

More than 50 years have passed since the United States convened a White House conference and now—in the throes of the greatest hunger crisis in 100 years—is the time to demonstrate with actions that ending hunger in America is a national priority. FRAC stands ready to work with the administration, Congress, and a wide array of diverse stakeholders to again assemble with the imperative task of eradicating hunger and food insecurity in this country. The important lessons learned in the past two years have taught us that there is no time to waste.

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 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 nutrition lifeline for struggling individuals and families. However, a fresh and deeper dive with a diverse array of stakeholders is needed to analyze gaps in federal programs and the impact of anti-hunger and anti-poverty policies. This review and analysis must be conducted through a 21st century lens—one that includes the impact of systemic racism and other inequities that have contributed to growing levels of hunger.

Now that \$2.5 million in funding has been secured for the conference in Public Law No: 117-103, the Consolidated Appropriations Act, 2022³³, FRAC supports the comprehensive approach that will include various federal agencies, state, local, and Tribal officials, anti-hunger, health and private sectors, and people with lived expertise of hunger. It is essential that the conference live up to its congressional mandate to examine the root causes of hunger and undernutrition and how they impact health and the prevalence of chronic disease. We support the comprehensive approach to utilizing existing and cross-departmental strategies while also considering new and innovative approaches to improving health outcomes by eradicating hunger, reducing the prevalence of chronic disease, and improving access to nutritious foods.

Again, FRAC is committed to supporting the convening and will devote its staff and expertise to provide the resources necessary to ensure the success of the conference in the upcoming months. In keeping with the statutory mandate of the conference to “identify current programming that directly or indirectly impacts food and nutrition insecurity and diet related diseases; specific statutory, regulatory, and budgetary barriers to ending hunger and improving nutrition and health in the United States; existing examples of coordination mechanisms between Federal agencies; Federal agencies and State, local, and Tribal governments; and all levels of government and

³³ <https://www.congress.gov/bill/117th-congress/house-bill/2471/text>

program implementers; and additional authorities or resources needed to eliminate hunger and improve nutrition and health,” FRAC has identified key attributes to laying the foundation for the conference’s success:

- **Leveraging political will:** A White House Conference creates a unique opportunity to leverage the political and public will necessary to implement bold, innovative, and multi-sector solutions that will address the underlying root causes of hunger and food insecurity. Such a comprehensive, national approach to ending the profound harms of hunger is foundational to efforts to improve our nation’s health, educational outcomes, national security, and economy and is essential toward creating a more equitable society.
- **Include a multi-sector convening:** The convening must be facilitated and led by the White House and developed in consultation with Federal, State, and local officials; anti-hunger, food supply, and health care experts drawn from across the country; and most importantly, involve stakeholders, experts, and individuals with lived experience of hunger and poverty. There should be a series of convenings throughout the country leading into the conference and efforts should be made to ensure that convenings are accessible to people who may have barriers, including transportation, language access, inability to attend because of job constraints, child care, lack of internet access, and mobility issues. Stipends need to be available to engage people with lived experience in hunger and poverty to cover not just travel and expenses, but time.
- **Address the needs of people struggling with hunger with solutions that build equity and dignity:** The conference, among other things, should address hunger at its core and should create a roadmap, develop policies, and enact legislation that will eradicate hunger and improve overall nutrition in this country. The conference should also examine the root causes of hunger and food insecurity, including how limited opportunities for economic mobility and other inequities have contributed to hunger, identify program gaps, and develop strategies across federal agencies. The conference should center those who are closest to the issue—people who have lived or living experience with hunger—and be guided by their expertise on the reasons for and how to solve hunger. These components are essential to creating a conference that lays the groundwork for our nation to successfully address hunger for the long-term, acknowledges that hunger is driven by complex and systemic factors, ensures agency and dignity for those who are struggling with hunger, and brings us closer to a nation where all people have the resources they need to thrive.

Thank you, again, for the opportunity to submit my testimony.



U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON RULES
EST. 1789 | JAMES P. McGOVERN (MA-2), CHAIRMAN

U.S. HOUSE OF REPRESENTATIVES
Committee on Rules

**ROUNDTABLE: “Ending Hunger in America: Examining Family Budgets
and Food Insecurity”**

October 13, 2021

Statement for the Record
Submitted by
The Kansas Food Action Network
for the hearing
Ending Hunger in America: Family Budgets and Food Insecurity
October 13, 2021

Chairman McGovern, thank you for the opportunity to submit this statement for the record on behalf of the Kansas Food Action Network. We are a statewide advocacy organization comprised of more than 30 local food, farm, and policy councils, and dozens of stakeholders building resilient local and state food systems in Kansas. Despite the fact 90% of land in the state is reserved for agricultural purposes, nearly half a million Kansans struggle to feed themselves. Perhaps no one knows better than Kansas that food insecurity has very little to do with the people who need to eat. Rather, food insecurity is the consequence of a system failing to work as it should. When a food system fails, the impact is disproportionately felt by low-income, vulnerable Americans in the form of hunger—the body’s biological response when it is unable to consume enough nutritionally-dense food. These impacts can be further exacerbated by competing household costs which push food security even further out of reach for low-income Americans.

Synthesizing the nuanced experiences of millions into a singular, poignant narrative that is accessible to someone who has never experienced food insecurity is a daunting task for an advocate. Therefore, although this testimony is offered under my professional title, I would like to use this opportunity to speak not from a position of subject matter expertise, but from the perspective of someone with lived experience regarding the matter before this committee.

Several years ago, before I was the director of a statewide food system advocacy organization, before I was named a Mitchell Scholar; before I held two masters degrees or was a first-generation college student, I was the eldest of three children in a two-parent household which sat just above the federal poverty line for the better part of twenty-five years. I no longer live under such grave financial restrictions; however, my journey out of food insecurity is not the rule, but the exception. The reality is, I should not be in the position I am, a position that allows me to be invited to submit this testimony. The odds were against me, as they continue to be for millions of Americans currently living in the clutches of hunger and despair.

While my siblings and I were young, my family received benefits from the Women, Infants, and Children (WIC) program and supplemented them with assistance from our church food pantry. Although we likely would have qualified for most of my childhood, the only instances in which my parents applied for SNAP benefits coincided with the two times we were evicted: once when I was a toddler, and again on the day I left for college.

During this 16-year gap between our receipt of SNAP benefits, I experienced first-hand the profound effect competing costs (both fixed and emergency) had on the food my family consumed, and how it was prepared.

As in many food-insecure homes, meals in our home were based on what was available. Moreover, cost, ease of preparation, and quantity produced consistently took priority over the nutritional benefits of food. As such, we relied on the inexpensive, highly processed staples one might expect (ramen, boxed macaroni and cheese, etc.). If it could be purchased for under \$1.00 or found at a store within walking

distance from our home, it was a dietary staple in our home. This was especially important with only one car to a family of five. When my parents had time, they channeled their culinary prowess into making large batch meals out of relatively few ingredients. Potatoes would often replace protein or could be used to increase the size of the recipe, stretching it over multiple meals.

Although many low-income Americans only have access to a hotplate or microwave for cooking preparation, my family was fortunate to have access to a stove, oven, and microwave. However, on the frequent occasion that the utilities had been turned off due to non-payment, the most budget-friendly option was to purchase a \$25 tank of propane to power an old outdoor grill. The grill could be used to cook or bake most anything our electric oven could prepare. If the gas had been turned off, the grill could also be used to boil water for bathing, cleaning clothes, or washing dishes.

In 2008, right about the time my family started to feel the economic impact of the Great Recession, I became of legal working age. I applied and was hired at a local ice cream store that was within walking distance of home and school. Almost immediately, my paychecks went to helping make ends meet at home. For a period of several months during my senior year of high school, it was the only income we had. As such, I began making the choice to skip my last two classes of the day to get a few more hours on the clock at work. It was an untenable strategy, however, that led to detention and threats of delayed graduation. Conversely, it did little to close the financial cavern we were experiencing at home. Towards the end of summer, I went grocery shopping one evening after work. Having just been paid, I had \$600 to divide between \$2,500 worth of past-due household bills, groceries, and gas money to drive myself to college the next week—an impossible situation for anyone, regardless of age.

After starting college, a feat made possible by a full-ride scholarship for which only low-income, first-generation students were eligible, I worked three jobs to support myself and assist my family back home who, having had not yet resettled from our recent eviction, were living in a friend's trailer home with no heat. Meanwhile, on the infrequent occasion I ate lunch with friends in the college cafeteria, I watched plates of uneaten food be dumped into bins and remembered the times my family had made bean burritos stretch for a week until pay day. Although my scholarship paid for a meal plan, I rarely made use of it as my rigorous work schedule overlapped with dining hours. With little extra money to pay for food, I relied on coping strategies that had followed me through adolescence: filling up on water, chewing mint gum, and investing in weight loss tea to suppress hunger hormones and get through the day. Years later, while conducting research for my masters thesis on food insecurity among college students, I found these, and other, strategies are shared among college students who were experiencing food insecurity. (Klugesherz, 2017).

During my sophomore year of college, my introductory level political science class included a unit on safety net programs. I listened to my professor define and review the details of SNAP, WIC, and TANF, and then attempt to spark the age-old discussion about the role of government in the lives of the poor and hungry. As the conversation took off, I found myself paralyzed, terrified that speaking up about the reality of being poor in America would label me as one of "*those people*" who, in the opinion of my classmates, "*haven't worked hard enough,*" have "*made poor choices,*" or "*need to learn how to get through life like everyone else.*" That day, I let my classmates define my character and make judgements about my worth as a human being. I sat silent as they made policy recommendations based only on their ability to navigate the world unimpeded.

Had I spoken up in class, I could have told my peers how my mom worked two jobs to afford the public transit bus pass which allowed my sister and I to participate in a magnet program at a junior high 45-

minutes away. I would have shared how my dad studied for his real estate license in a garage filled with bags of family trash (because trash pickup was a luxury) only to have the 2008 recession render his efforts moot. I would have told my peers about *decision fatigue*: the utter exhaustion experienced by low-income families who are forced to make a risk-benefit analysis about every step they take:

“If I eat this meal now, I won’t have it tomorrow when I need to be able to think for that meeting.”

“If I take that promotion at work, my pay will only go up by \$50 a month, but I’ll lose my SNAP benefits which are \$200 a month. It would be better long-term, but how do I feed my family in the meantime?”

“I can’t buy food that needs to be refrigerated or prepared because the power will be turned off tomorrow, so I will just bring the kids fast food for dinner this week. I won’t be able to buy much next week, but at least they’ll be fed.”

That which requires little-to-no thought or effort on behalf of a middle-class family requires the utmost planning and attention by low-income Americans. It may be overwhelming to members of this committee when considering the numerous variables that can intervene and prevent one from achieving food security. I challenge you to take that perspective and put yourself in the position of someone who, like my family, may only be able to see a few hours in front of themselves due to the emotional and financial pressure of living in survival mode.

As this hearing has made abundantly clear, hunger and food insecurity do not exist in a silo. These challenges demand a multi-sector, collaborative approach. We ask for continued support for the nutritional safety net – such as **SNAP, WIC, TEFAP** and **CSFP** – but we also urge this committee to consider the role programs and policies outside the purview of the Department of Agriculture can play in addressing food insecurity in America. Furthermore, we ask this committee to reframe its commitment from addressing *hunger* to addressing *food insecurity*. This distinction is critical because attempts to address hunger will inevitably result in temporary solutions. Vital, life-saving solutions, but nonetheless temporary. By addressing food insecurity, the focus moves away from triage and towards examination of root causes. Finally, we will begin to develop long-term, systemic, resilient solutions. The health, safety, and prosperity of our country depends upon it.

Respectfully Submitted,

Miranda Miller-Klugesherz
Director, Kansas Food Action Network
KC Healthy Kids

Testimony of Sarah Saadian
Vice President of Public Policy at the National Low Income Housing Coalition
Before the House Rules Committee
“Ending Hunger in America: Family Budgets and Food Insecurity”
October 13, 2021

Chairman McGovern, Ranking Member Cole, and members of the Committee, thank you for the opportunity to participate in this roundtable on the intersection of housing and food insecurity. I am Sarah Saadian, vice president of public policy at the National Low Income Housing Coalition (NLIHC).

NLIHC is solely dedicated to ensuring the lowest-income people in our country have safe, accessible, and affordable homes. NLIHC’s members include residents of public and assisted housing, people experiencing homelessness and other low-income people in need of affordable homes, housing providers, homeless services providers, fair housing organizations, state and local housing coalitions, public housing agencies, faith-based organizations, and concerned citizens. While our members include the spectrum of housing interests, we do not represent any segment of the housing field. Rather, NLIHC works on behalf of and with people with low incomes who receive or need federal housing assistance, especially extremely low-income people and people who are homeless.

The ongoing COVID-19 pandemic and economic collapse of 2020 devastated millions of families; just a few days ago, our nation reached the tragic and once unthinkable milestone of 700,000 COVID-19 related deaths.¹ Decades of structural racism in health, housing, food security and other systems have left Black, Latino, and Indigenous people disproportionately likely to experience food and housing insecurity, and disproportionately likely to contract COVID-19, be hospitalized, and die during the pandemic.² While Congress provided desperately needed resources to households experiencing a sudden job loss or drop in income because of the pandemic, many – particularly the lowest-income households and Black and Latino households – still struggled to keep food on the table and a roof over their heads.^{3,4}

Even before the pandemic, the country was in the midst of an affordable housing crisis that threatened food security for millions of households. NLIHC’s annual report, *The Gap: A Shortage of Affordable Rental Homes*, documents the severe shortage of decent, accessible, and affordable homes for extremely low-income people. Pre-pandemic, there was a shortage of nearly seven million affordable and available rental homes for America’s lowest-income renters earning less than the federal poverty rate or 30% of their area median income (AMI). For every 10 of the lowest-income renters, there are

¹ Webber, T. and Hollingsworth, H. 2021. “COVID-19 Deaths Eclipse 700,000 in US.” *Associated Press*. Retrieved from: <https://apnews.com/article/coronavirus-pandemic-dead-us-milestone-80209c66802902e42adfbe075ff5272b>

² Centers for Disease Control and Prevention (CDC). 2021. COVID-19 hospitalizations and deaths by race/ethnicity. Updated September 9, 2021. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

³ Wallace, C. 2021. “Hunger Rose for US Minorities, Children in 2020, Despite Federal Pandemic Aid.” *Reuters*. Retrieved from: <https://www.reuters.com/world/us/hunger-rose-us-minorities-children-2020-despite-federal-pandemic-aid-2021-09-08/>

⁴ Consumer Financial Protection Bureau. 2021. *Housing Insecurity and the COVID-19 Pandemic*. Retrieved from: https://files.consumerfinance.gov/f/documents/cfpb_Housing_insecurity_and_the_COVID-19_pandemic.pdf

fewer than four homes affordable and available to them. Without affordable options, nearly ten million of the lowest-income households were severely housing cost-burdened pre-pandemic, spending more than half of their incomes on rent and utilities.⁵

When households pay most of their limited incomes on housing, they have few resources left over to pay for groceries, healthcare, and other basic needs. As Pulitzer Prize winning author and Princeton sociologist Matthew Desmond explains, “the rent eats first.”⁶ Severely housing cost-burdened renters are 23 percent more likely than those with less severe burdens to face difficulty purchasing food.⁷ Food and housing insecurity can have particularly harmful effects on young children, with long-term consequences that can last into adulthood. Children in families experiencing food and housing insecurity are more likely to experience poor health outcomes, including developmental delays, behavioral problems, and chronic health conditions.⁸

Federally subsidized housing programs have been found to improve both housing stability and food security for households with low incomes. For example, a study conducted in New York City found that families able to spend no more than 30 percent of their income on rent increased their discretionary income by as much as 77 percent, leaving more room for these families to purchase nutritious food and other necessities.⁹ A long-term study found that children living in subsidized housing were more likely to be food secure, less likely to be seriously underweight, and more likely to be classified as “well” on an indicator of child health than children on the waitlist for subsidized housing.¹⁰

Affordable housing projects and community institutions can also be important allies in the fight against food insecurity. Neighborhood gardens and farms, community-supported agriculture and fresh food programs, and local farmers markets can help increase access to fresh, nutritious foods in historically underserved areas.¹¹ Affordable housing projects can play a leading role in educating community members through nutrition and cooking classes and can help decrease the cost of food for residents through bulk purchasing collaboratives.¹²

⁵ Aurand, A., Emmanuel, D., Threet, D., Rafi, I., and Yentel, D. 2021. *The Gap: A Shortage of Affordable Homes*. National Low Income Housing Coalition. Retrieved from: <http://www.nlihc.org/gap>

⁶ Desmond, Matthew. August 29, 2020. *The Rent Eats First, Even During a Pandemic*. New York Times. Retrieved from: <https://www.nytimes.com/2020/08/29/opinion/sunday/coronavirus-evictions-superspreader.html>

⁷ Joint Center for Housing Studies of Harvard University. 2017. *The State of the Nation's Housing*. Retrieved from: https://www.jchs.harvard.edu/sites/default/files/harvard_jchs_state_of_the_nations_housing_2017.pdf

⁸ Schaffner, M. 2021. *Safe, Stable, and Affordable Homes: Laying the Foundation for Healthy Child Development*. Opportunity Starts at Home Campaign, National Low Income Housing Coalition. Retrieved from: <https://www.opportunityhome.org/resources/safe-stable-and-affordable-homes-laying-the-foundation-for-healthy-child-development/>

⁹ Taylor, L. 2018. “Housing and Health: An Overview of the Literature.” *Health Affairs Health Policy Brief*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>

¹⁰ March, E., et al. 2009. *Rx for Hunger: Affordable Housing*. Children's Health Watch. Retrieved from: https://childrenshealthwatch.org/wp-content/uploads/rxforhunger_report_dec09-1.pdf

¹¹ Enterprise Community Partners. 2020. *2020 Enterprise Green Communities Criteria*. Retrieved from: <https://www.greencommunitiesonline.org/location-neighborhood-fabric>

¹² Charette, A., Jakobovics, A., and Spotts, M. 2014. *Food at Home: Affordable Housing as a Platform to Overcome Nutritional Challenges*. Enterprise Community Partners. Retrieved from: <https://assets.aecf.org/m/resourcedoc/Enterprise-FoodatHome-2014.pdf>

In Illinois, community organization Respond Now provides immediate, short-term food and housing assistance to families in suburban Cook County. Advocates at Respond Now help low-income households with applications for food assistance programs like the Supplemental Nutrition Assistance Program (SNAP), run food pantries and community gardens, operate temporary shelters for households facing homelessness, and administer mortgage, rental, and utility assistance.¹³ In addition to advocating for an end to homelessness and housing poverty,¹⁴ the statewide advocacy organization Empower Missouri created a Food Security Coalition to push for policies addressing the intersection of food and housing security, including streamlining assistance applications, and addressing food deserts in rural areas.¹⁵

In order to meaningfully address food insecurity, Congress must increase investments in long-term affordable housing solutions that target the underlying, structural reasons for our nation’s housing crisis, and advance the anti-racist policy and programmatic changes needed to ensure housing programs reach Black, Indigenous, and other people of color. By ending homelessness and housing poverty, Congress can ensure that households have enough resources to put nutritious food on the table and make ends meet.

More than ever, bold policies are needed to ensure that people with the lowest incomes and the most marginalized people have a stable, affordable home. NLIHC launched the HoUSed campaign earlier this year to achieve the large-scale, sustained investments and reforms necessary to ensure that renters with the lowest incomes have an affordable place to call home.¹⁶

The first – and best – opportunity to advance this agenda is through the Build Back Better Act, which currently includes:

1. \$90 billion to expand rental assistance to one million of the nation’s lowest-income households;
2. Preserving public housing for over two million residents through an \$80 billion investment to address the public housing capital repair backlog; and
3. Increasing the supply of housing affordable to people with the lowest incomes by investing \$37 billion to expand the national Housing Trust Fund (HTF).

In my testimony today, I will discuss the housing needs of people with the lowest incomes, the need to invest in vital, targeted affordable housing programs through the “Build Back Better Act,” and how doing so will help address not only the nation’s affordable housing crisis, but improve food security, advance racial equity, and improve health and educational outcomes.

¹³ Respond Now. 2021. Retrieved from: <https://respondnow.org/our-programs>

¹⁴ Owsley, S. 2021. “We Can Solve the Housing Crisis by Passing the Build Back Better Act.” Empower Missouri. Retrieved from: <https://empowermissouri.org/we-can-solve-the-housing-crisis-by-passing-the-build-back-better-act/>

¹⁵ Empower Missouri. 2021. Retrieved from: <https://empowermissouri.org/food-security-coalition/>

¹⁶ National Low Income Housing Coalition. 2021. Housed Campaign. Retrieved at: <https://nlihc.org/housed>

Pre-Pandemic Affordable Housing Crisis

Even before the current COVID-19 pandemic, the country was in the grips of a pervasive affordable housing crisis, impacting rural, suburban and urban communities alike. While the crisis has many dimensions, a fundamental cause of housing instability is the mismatch between what people earn or otherwise have available to spend for their homes and housing costs. Rents have risen much faster than renters' incomes over the last two decades, and since 1960, renters' incomes have increased by only 5% while rents have risen 61%.¹⁷

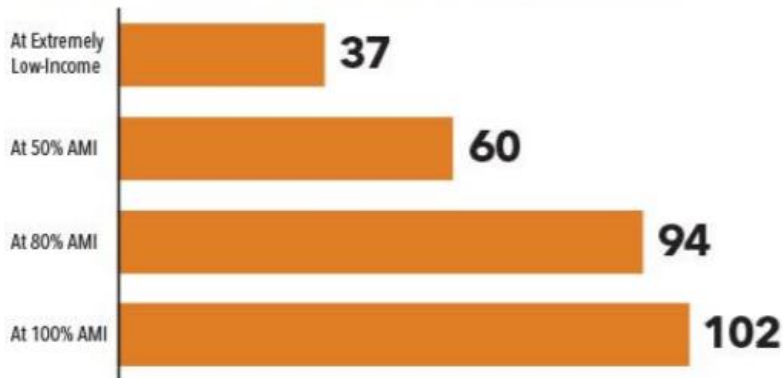
The shortage of affordable homes is most severe for extremely low-income (ELI) households whose incomes are at or below the poverty guideline or 30% of their area's median income (AMI), whichever is higher. In Massachusetts, an ELI renter could be a family of four with two working parents who earn less than \$31,800 annually combined, a low-income senior with an income of \$22,300, or a single person with a disability relying on an annual income of just over \$9,500 from Supplemental Security Income (SSI). In Oklahoma, an ELI renter could be a family of four with two working parents earning less than \$20,100 annually combined, a low-income senior with an income of no more than \$14,000, or a couple with disabilities relying on an annual income of just under \$14,300 from SSI.

NLIHC's *The Gap: A Shortage of Affordable Homes* report demonstrates the shortage of affordable and available homes for households at different income thresholds – those with incomes at 30% of AMI (ELI households), 50% of AMI, and 80% of AMI. Data from this year's Gap report shows only 7.4 million affordable rental homes exist for the nation's 10.8 million lowest-income renter households, assuming they spend no more than 30% of their incomes on housing costs.¹⁸ However, only four million homes that rent at affordable prices for extremely low-income renters are available to them, leaving a shortage of 6.8 million affordable and available homes for renters with extremely low incomes. Put another way, only 37 rental homes are affordable and available for every 100 extremely low-income renter households (Figure 1).

¹⁷ Joint Center for Housing Studies of Harvard University. 2018. *The State of the Nation's Housing*. Cambridge, MA: Author. Retrieved from: <https://www.jchs.harvard.edu/state-nations-housing-2018>

¹⁸ According to HUD, households spending more than 30% of income for these housing costs are considered to be "cost-burdened." Households spending more than 50% are considered to be "severely cost-burdened."

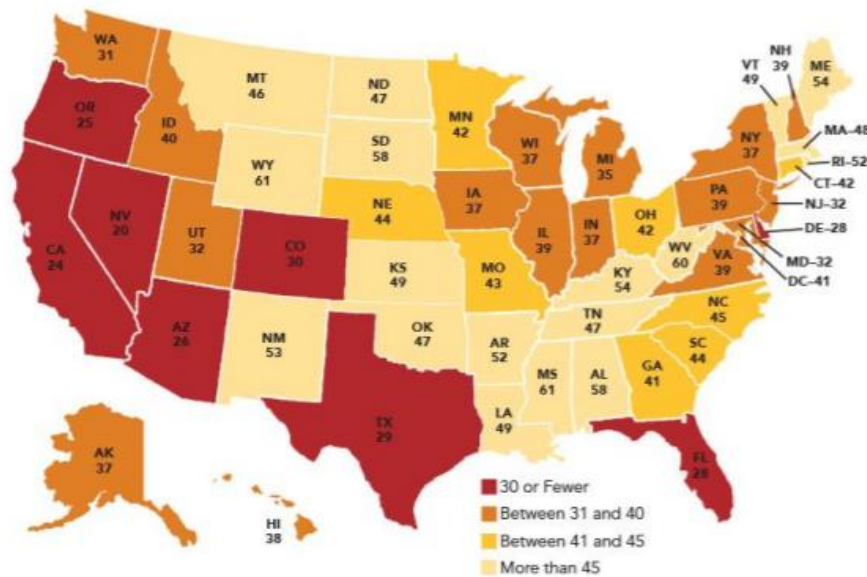
FIGURE 1: AFFORDABLE AND AVAILABLE RENTAL HOMES PER 100 RENTER HOUSEHOLDS, 2019



Source: NLIHC tabulations of 2019 ACS PUMS data. AMI = Area Median Income

In Chairman McGovern’s district, there are fewer than four affordable and available homes for every ten of the lowest-income households; in Ranking Member Cole’s district, there are fewer than three homes affordable and available for every ten extremely low-income renters. Across the country, there is no state or congressional district with a sufficient number of affordable, available homes for its lowest-income renter households (Figure 2).

FIGURE 2: RENTAL HOMES AFFORDABLE AND AVAILABLE PER 100 EXTREMELY LOW INCOME RENTER HOUSEHOLDS BY STATE

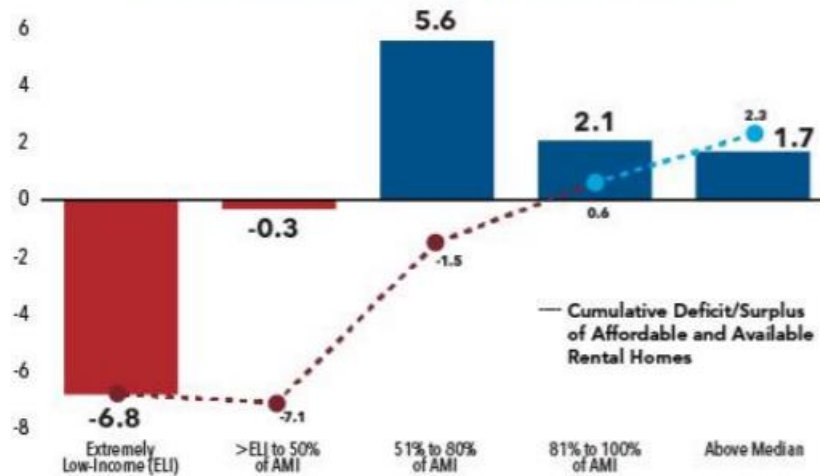


Note: Extremely low income (ELI) renter households have incomes at or below the poverty level or 30% of the area median income. Source: NLIHC tabulations of 2019 ACS PUMS Data.

The lack of homes affordable and available to households with incomes above 30% of AMI is driven by the insufficient number of homes for the lowest-income households. Figure 3 shows the incremental

change in the shortage or surplus of rental homes available and affordable to households of different incomes.

FIGURE 3: INCREMENTAL CHANGE TO SURPLUS (DEFICIT) OF AFFORDABLE AND AVAILABLE RENTAL HOMES, 2019 (IN MILLIONS)



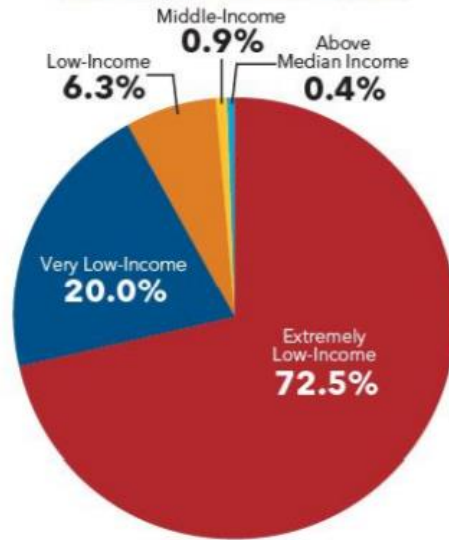
Source: NLIHC tabulations of 2019 ACS PUMS data.

The shortfall of almost 7 million homes available and affordable to extremely low-income households accounts for virtually the entire shortage of affordable homes in the U.S. In areas where very low-income and low-income households have difficulty with housing affordability, it is principally due to extremely low-income households having to rent homes they cannot afford, spending over 50% of their limited income on housing and competing with higher-income families for that limited housing.

Because of the shortage of affordable and available homes, 10.4 million renter households are severely housing cost-burdened, paying more than half of their incomes towards housing. Of these severely housing cost-burdened households, nearly three-quarters have extremely low incomes.¹⁹ Combined, extremely low-, very low- and low-income households account for nearly 99% of all severely cost-burdened renters (see Figure 4).

¹⁹ National Low Income Housing Coalition. 2020. The Gap: A Shortage of Affordable Homes. Washington, DC: Author.

FIGURE 4: SEVERELY HOUSING COST-BURDENED RENTERS BY INCOME, 2019



Source: NLIHC tabulations of 2019 ACS

Decades of structural racism created tremendous racial disparities in housing and homelessness. Renters of color are much more likely to be housing cost-burdened: 52% of Latino renters and 54% of Black renters are cost-burdened, more than 10 percentage points higher than white renters.²⁰ Black Americans represent 13% of the general population but are 40% of people experiencing homelessness and more than 50% of homeless families with children.²¹ Native communities have some of the most urgent housing needs in the nation – 6% of homes on tribal lands lack adequate plumbing, 12% have inadequate heating, and 16% are overcrowded, compared to 1-2% of the general population, and 38% of Native households report being housing cost-burdened.²²

Severe housing cost burdens can have negative consequences for families' physical and mental well-being. Severely housing cost-burdened families spend 74% less on healthcare and 35% less on food than similarly poor households who are not severely cost-burdened; and poor seniors who are severely cost-burdened spend 75% less on healthcare.²³ These households forgo healthy food or delay healthcare or medications to pay the rent. In the worst cases, they become homeless.

²⁰ Joint Center for Housing Studies of Harvard University. 2020. The State of the Nation's Housing. Retrieved from: https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2020_Report_Revised_120720.pdf

²¹ National Alliance to End Homelessness. 2020. "Homelessness and Racial Disparities." Retrieved from: <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>

²² Walters, A. 2020. "Native American, Alaska Native, and Native Hawaiian Housing Programs." 2020 Advocates Guide. Retrieved from : <https://nlihc.org/explore-issues/policy-priorities/native-american-housing>

²³ Joint Center for Housing Studies of Harvard University. 2019. The State of the Nation's Housing. Retrieved from https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_State_of_the_Nations_Housing_2019%20%281%29.pdf

Housing cost burdens make it more difficult for extremely low-income households to accumulate emergency savings. Without emergency savings, unexpected costs (such as car repairs, medical bills, etc.) or loss of income (such as reduced work hours) can cause households to fall behind on rent and face eviction. Data from the 2017 American Housing Survey (AHS) show that households in poverty with severe housing cost burdens are more likely to fall behind on rent payments and be threatened with eviction than poor households that are not severely cost-burdened.

Housing instability causes significant disruptions in critical services and economic stability. The lack of stable housing can disrupt the care given to chronically ill individuals, interrupt student learning, and decrease academic achievement.²⁴ Housing instability can also undermine economic stability by disrupting employment. The likelihood of job loss increases for working low-wage renters who lose their homes (primarily through eviction),²⁵ indicating that affordable housing and housing subsidies are foundational to employment and economic security.

NLIHC's *Out of Reach: The High Cost of Housing* report estimates each locality's "housing wage," the hourly wage a full-time worker needs to earn to afford a modest apartment. In 2020, the national housing wage was \$23.96 per hour for a two-bedroom apartment and \$19.56/hour for a one-bedroom rental. The average minimum wage worker must work nearly 97 hours per week (more than two fulltime jobs) to afford a two-bedroom rental home or 79 hours per week (almost exactly two full-time jobs) to afford a one-bedroom rental home at the Fair Market Rent. While the housing wage varies from state to state and county to county, in only 5% of all U.S counties can a full-time minimum-wage worker afford a one-bedroom rental home at Fair Market Rent.

It is not just minimum wage workers for whom rents are out of reach: the average renter in the U.S. earns approximately \$18.22 per hour, \$5.74 per hour less than the national two-bedroom housing wage. In 49 states, the District of Columbia, and Puerto Rico, the average renter earns less than the average two-bedroom housing wage.²⁶

This mismatch between wages and housing costs will continue. Twelve of the twenty largest occupations in the country, including home health aides, janitors, and food servers, provide a median wage lower than what is needed for a full-time worker to afford modest rental housing (see Figure 5).²⁷ With wages insufficient to pay for modest rental housing even when individuals work full-time year-

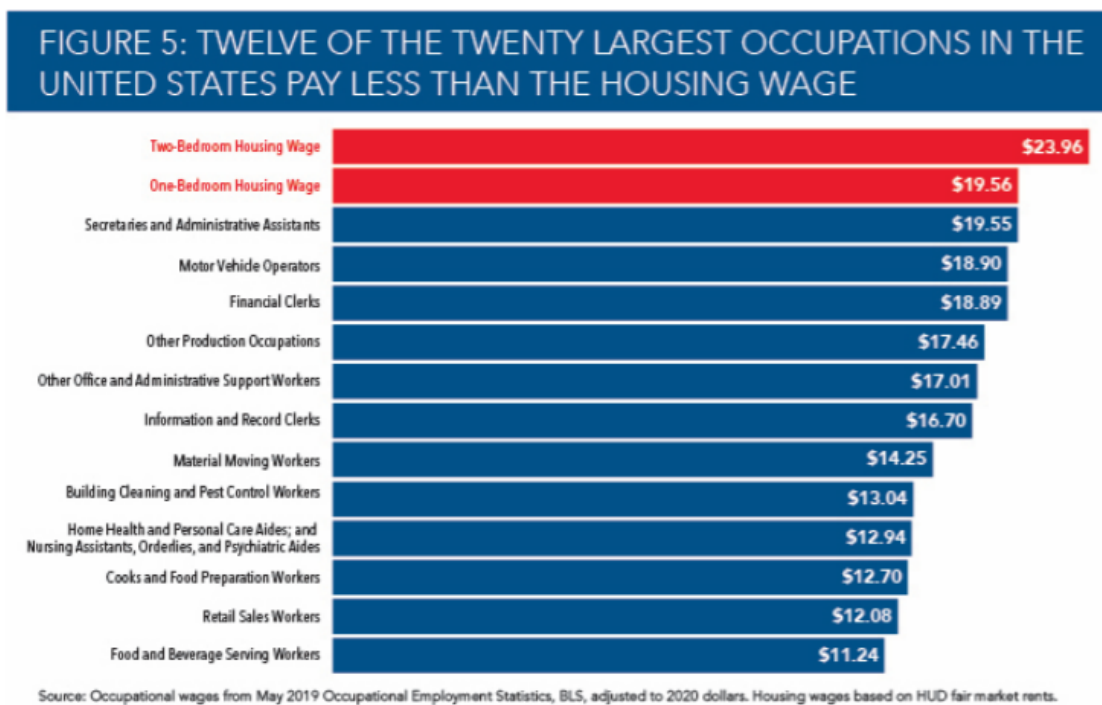
²⁴ Maqbool, N., Viveiros, J., & Ault, M. 2015. The Impacts of Affordable Housing on Health. Retrieved from <https://nhc.org/wp-content/uploads/2017/03/The-Impacts-of-Affordable-Housing-on-Health-AREsearch-Summary.pdf>; Brennan, M., Reed, P., & Sturtevant, L. 2014. The Impacts of Affordable Housing on Education. Retrieved from <https://nhc.org/wp-content/uploads/2017/03/The-Impacts-ofAffordable-Housing-on-Education-1.pdf>

²⁵ Desmond, M. & Gershenson, C. 2016. Housing and Employment Instability among the Working Poor. *Social Problems*, 63(1): 46-67. Retrieved from <https://scholar.harvard.edu/files/mdesmond/files/desmondgershenson.socprob.2016.pdf>

²⁶ National Low Income Housing Coalition. 2020. *Out of Reach: The High Cost of Housing* [data files]. See: <https://nlihc.org/oor>

²⁷ Ibid

round, a brief furlough or loss of hours, as we have seen over the past year, can create debts that renters can never repay.²⁸



Declining Federal Resources

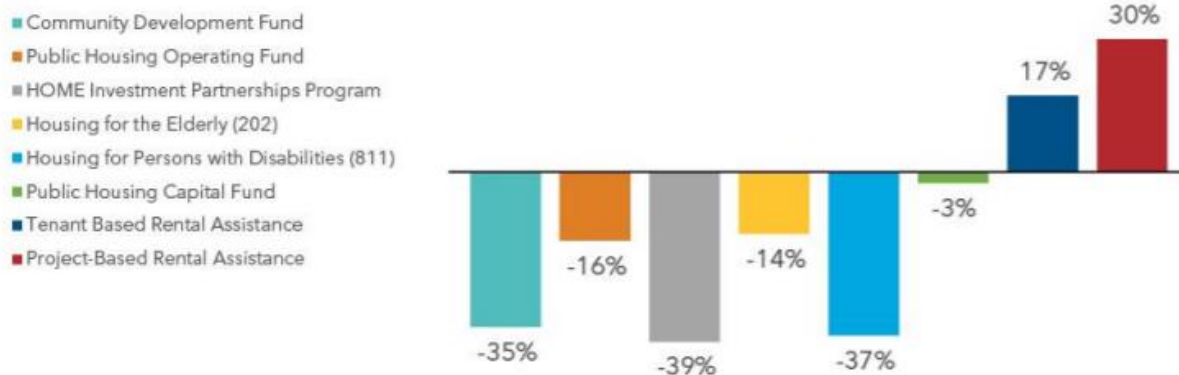
The shortage of rental homes affordable to the lowest-income people is caused by market failure and chronic underfunding of solutions. Without government intervention, decent and affordable homes cannot be reliably built, operated, and maintained at a price the very lowest-income workers, seniors, or people with disabilities can afford. The private market cannot on its own solve this persistent market failure. Government intervention, in the form of subsidies, is necessary to fill the gap between what people can afford and the costs of developing and operating rental homes. Congress has consistently underfunded housing subsidies such that just one in four households eligible for and in need of housing assistance receives any.²⁹

HUD’s budget has declined dramatically over the last ten years since the Budget Control Act (BCA) was enacted. Inflation-adjusted federal funding for public housing, housing for the elderly, housing for persons with disabilities, and other important programs has fallen precipitously since FY2010. Only funding for tenant-based and project-based rental assistance programs has modestly increased to keep up with the rising operating cost for previously authorized assistance (see Figure 6).

²⁸ Ibid

²⁹ Center on Budget and Policy Priorities. 2017. “Three Out of Four Low-Income At-Risk Renters Do Not Receive Federal Rental Assistance.” Retrieved from: <https://www.cbpp.org/three-out-of-four-low-income-at-risk-renters-do-not-receive-federal-rental-assistance>

FIGURE 6: CHANGES IN FUNDING LEVELS FOR KEY HUD PROGRAMS (FY10 TO FY21)



March 2021. Adjusted for inflation.

Solutions: Priorities for the “Build Back Better Act”

Ending homelessness and housing poverty would have wide-reaching impacts beyond housing – it would increase food security, facilitate better health and educational outcomes, lead to safer, stronger communities, and help address the systemic racism that has for generations locked Black, Latino, and Indigenous people out of opportunities. In order to achieve these ambitious goals, Congress must advance anti-racist policies and significantly expand investments in affordable housing for America’s lowest-income and most marginalized households.

The House Financial Services Committee voted on September 14 to approve landmark legislation investing \$327 billion in affordable housing as part of the “Build Back Better Act,” including significant funding for the HoUSed campaigns top policy priorities: \$90 billion to expand housing vouchers, \$80 billion to make desperately needed repairs to public housing, and \$37 billion for the national Housing Trust Fund to build, preserve, and operate deeply affordable, accessible homes. The legislation is a once-in-a-generation opportunity to provide significant, targeted investments in affordable housing that, if enacted, could end homelessness in this country, repair public housing, and pave path to universal rental assistance.

As Congress invests robust resources into communities, it must also advance necessary reforms and improvements to ensure these investments undo the legacy of racism and discrimination rooted in our housing system.

Expand Rental Assistance to an Additional One Million Households

Rental assistance is a critical tool for helping the lowest-income people afford decent, stable homes, and avoid housing insecurity or homelessness, but 3 out of 4 households who qualify for rental assistance do not receive it because of chronic underfunding. Expanding rental assistance to meet the needs of all housing cost-burdened households is key to any successful strategy to solve the affordable housing crisis.

Housing Choice Vouchers (HCV) are a proven solution to homelessness and housing poverty. Vouchers help people with the lowest incomes afford housing in the private market by paying landlords the difference between what a household can afford to pay for rent and the rent itself, up to a reasonable amount. Housing vouchers are flexible — for instance, families may use them to rent homes that best meet their needs, including in areas with higher performing schools and greater access to jobs and transportation. Housing vouchers may also be tied to a specific housing development in a way that facilitates the development’s financing and makes it easier for property owners to provide health and other services some people need.

Congress should include in any reconciliation package \$90 billion for an expansion of housing vouchers, an essential down-payment to eventually expanding vouchers to all those in need. To ensure greater racial equity, Congress must bar discrimination based on source of income (e.g., housing vouchers), sexual orientation, gender identity, and marital status.

Preserve Public Housing Infrastructure for 2.5 Million Residents

Congress must provide at least \$80 billion to preserve our nation’s deteriorating public housing stock, which are home to roughly 2.5 million of the nation’s lowest-income seniors, people with disabilities, and families with children, the majority of whom are people of color.

Public housing provides people with low incomes with affordable, stable homes, but Congress has underfunded public housing for decades – between 2010 and 2016 alone, Congress cut public housing funding by \$1.5 billion.³⁰ While Congress recently increased funding for public housing in fiscal years (FY) 2020 and 2021, overall funding for the program remains 13% lower than the FY10 funding level.

These decades of declining resources have threatened the quality and existence of public housing. With limited funding, many public housing agencies (PHAs) are unable to make needed repairs to preserve these homes. As a result, our country loses 10,000 to 15,000 public housing apartments each year to obsolescence or decay³¹ as other public housing units fall into deep disrepair, exposing public housing residents to hazardous and unhealthy living conditions, including lead, carbon monoxide, mold, asbestos, radon, and pest infestations. In 2010, the country’s public housing had a \$26 billion capital-needs backlog, which is estimated to grow by \$3.4 billion each year. Today, the funding needed to address capital repairs in public housing is estimated to exceed \$70 billion.³²

³⁰ Rice, D. 2016. Cuts in Federal Assistance Have Exacerbated Families’ Struggles to Afford Housing. Center on Budget and Policy Priorities. Retrieved from <https://www.cbpp.org/research/housing/chartbook-cuts-in-federal-assistance-have-exacerbated-families-struggles-to>

³¹ National Low Income Housing Coalition. 2018. Advocates Guide. Washington, DC: Author. See: https://nlihc.org/sites/default/files/AG-2018/2018_Advocates-Guide.pdf

³² The “Transportation, Treasury, Housing and Urban Development, Judiciary, and Independent Agencies Appropriations Act of 2008” directed HUD to perform an updated Capital Needs Assessment for the public housing portfolio. (The previous assessment was conducted in 1998.) HUD selected Abt Associates to conduct the assessment, which was published as Capital Needs in the Public Housing Program (Contract # C-DEN-02277-TO001) on November 24, 2010. The assessment estimated total capital needs of the nation’s public housing portfolio in 2010 to be \$25,607,944,000. In addition, the assessment noted that “assuming that existing capital needs were completely addressed, each year approximately \$3.4 billion would be required to address the ongoing

Invest \$37 Billion in the National Housing Trust Fund to Build 330,000 Homes Affordable to Households with the Greatest Needs

To further expand the affordable and accessible housing stock, Congress should provide at least \$37 billion annually to the national Housing Trust Fund (HTF), a dedicated funding stream to efficiently build, rehabilitate, preserve, and operate rental housing for extremely low-income people. A one-time investment of \$37 billion in the HTF would support the construction and preservation of more than 330,00 rental homes affordable to people with the lowest incomes.

This investment would directly address a major underlying cause of the housing crisis – the severe shortage of housing affordable and available to people with the lowest incomes. Capital investments in the HTF can also be used to assist states and cities with acquiring hotels and motels to convert these and other commercial spaces into the permanent supportive housing needed to ensure stable homes for individuals experiencing homelessness.

Other Solutions

The federal government should incentivize or require state and local governments that receive federal transportation and infrastructure funding to reduce regulatory and zoning barriers that increase the cost of development and limit housing supply for all renters.

All federal investments to increase the supply of affordable rental housing must also require states and communities to affirmatively further fair housing. By fostering integration, Congress can make certain that renters have fair, affordable, and accessible housing options in all communities. Congress should also ensure that localities prevent the displacement of low-income and marginalized renters during development to allow long-term residents to continue to remain in their communities.

The Case for Targeted Federal Investments in Affordable Homes

Investing in targeted affordable housing solutions will improve lives and save the federal government money. Research clearly demonstrates that housing is inextricably linked to an array of positive outcomes in other sectors.

Food Security: When rent eats up an already limited paycheck, low-income families have fewer resources to buy adequate and nutritious food. Low-income families living in affordable homes experience greater food security and their children are 52% less likely to be seriously underweight compared to those who are cost-burdened by rent.³³

Health: Decent, stable, affordable homes are a major social determinant of health and are linked to better health outcomes throughout a person's lifespan. Children who experienced prenatal homelessness are 20% more likely to have been hospitalized since birth. Children who experienced post-

accrual needs, or on average \$3,155 per unit." Extrapolating the \$3.4 billion in accrual needs each year from 2010 until 2019, the capital needs backlog is currently estimated to be \$56.6 billion.

³³ Children's HealthWatch and Medical-Legal Partnership of Boston. 2009. Rx for Hunger: Affordable Housing. Retrieved from: <https://www.issuelab.org/resources/5379/5379.pdf>

natal homelessness are 22% more likely to have been hospitalized since birth.³⁴ In 2011, families living in unaffordable homes spent one-fifth as much on necessary healthcare compared to those in affordable housing.³⁵ When people have access to good affordable housing, primary care visits increase by 20%, ER visits decrease by 18%, and total Medicaid expenditures decrease by 12%.³⁶ Children's HealthWatch estimates that the U.S. will spend \$111 billion over the next ten years in avoidable healthcare costs because of housing instability.³⁷

Education: Student achievement is maximized when students can go home to stable, affordable homes. Low-income children in affordable homes perform better on cognitive development tests than those in unaffordable homes.³⁸ Low-income students who are forced to change schools frequently because of unstable housing perform less well in school and are less likely to graduate,³⁹ and continual movement of children between schools disrupts learning for all students in the classroom because more time is required for review and catch-up work.⁴⁰ When affordable housing options are located in high-opportunity areas with low-poverty and economically diverse schools, they can dramatically lift the academic performance of low-income students and narrow the achievement gap between them and their more affluent peers.⁴¹ Across the country, low-income families are priced out of the strongest

³⁴ Sandel, M., et. al. 2016. Housing as a Healthcare Investment. National Housing Conference and Children's HealthWatch. Retrieved from <https://www.opportunityhome.org/wpcontent/uploads/2018/02/Housing-as-a-Health-Care-Investment.pdf>

³⁵ Joint Center for Housing Studies of Harvard University. 2013. The State of the Nation's Housing. Retrieved from <http://www.jchs.harvard.edu/sites/default/files/son2013.pdf>

³⁶ Wright, B., et. al. 2016. Health in Housing. Center for Outcomes Research and Education. Retrieved: <https://www.enterprisecommunity.org/download?fid=5703&nid=4247>

³⁷ Poblacion A, Bovell-Ammon A, Sheward R, Sandel M, Ettinger de Cuba S, Cutts D, Cook J. 2017. Stable Homes Make Healthy Families. Children's HealthWatch Policy Action Brief. Retrieved from: <http://childrenshealthwatch.org/wp-content/uploads/CHW-Stable-Homes-2-pager-web.pdf>

³⁸ Newman, S.J. & C.S. Holupka. 2015. Housing Affordability and Child Well-Being. Housing Policy Debate, 25(1), 116-151. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/10511482.2014.899261>

³⁹ Voight, A., Shinn, M., & Nation, M. 2012. The Longitudinal Effects of Residential Mobility on the Academic Achievement of Urban Elementary and Middle School Students. Educational Researcher, 41(9), 385-392. Retrieved from <http://journals.sagepub.com/doi/pdf/10.3102/0013189X12442239>; Cunningham, M., & MacDonald, G. 2012. Housing as a Platform for Improving Education Outcomes among Low-Income Children. Washington, DC: Urban Institute. Retrieved from: <http://www.urban.org/sites/default/files/publication/25331/412554-Housing-as-a-Platform-for-ImprovingEducation-Outcomes-among-Low-Income-Children.PDF>. Fischer, W. 2015. Research Shows Housing Vouchers Reduce Hardship and Provide Platform for Long-Term Gains Among Children. Washington, DC: Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/sites/default/files/atoms/files/3-10-14hous.pdf>

⁴⁰ Cunningham, M., & MacDonald, G. 2012. Housing as a Platform for Improving Education Outcomes among Low Income Children. Washington, DC: Urban Institute. Retrieved from: <https://www.urban.org/sites/default/files/publication/25331/412554-Housing-as-a-Platform-for-ImprovingEducation-Outcomes-among-Low-Income-Children.PDF>

⁴¹ Schwartz, H. 2010. Housing Policy is School Policy. Washington, DC: The Century Foundation. Retrieved from <https://tcf.org/content/commentary/housing-policy-is-school-policy/>.

schools; housing near high-performing public schools costs 2.4 times more than housing near low performing public schools.⁴²

Racial Equity: Affordable homes located in economically diverse neighborhoods can help reduce residential segregation and concentrations of poverty. Today, one in four Black families and one in six Latino families live in neighborhoods of concentrated poverty, compared to only one in 13 white families. A recent study by the Urban Institute found that if Chicago reduced its residential segregation just to the national median, incomes for African Americans would rise by \$2,982 per person per year, regional GDP would increase by \$8 billion, the homicide rate would decrease by 30%, residential real estate values would increase by \$6 billion, and 83,000 more adults would complete bachelor's degrees.⁴³

Economic Mobility: Affordable homes can also help children climb the income ladder as adults. Economist Raj Chetty and his team looked at low-income children whose families used housing vouchers to access affordable homes located in neighborhoods with lower poverty. These children were much more likely to attend college, less likely to become single parents, and more likely to earn more as adults. In fact, younger children who moved to lower-poverty neighborhoods with a housing voucher earned an average of \$302,000 more over their lifetimes compared to their peers in higher-poverty neighborhoods.⁴⁴ In 2015, the Children's Defense Fund modeled an expansion of the Housing Choice Voucher program and found that expanding these housing subsidies would reduce child poverty by 20.8% and lift 2.3 million children out of poverty.

Criminal Justice: Individuals transitioning out of the criminal justice system face many housing obstacles and are vulnerable to homelessness. They need good places to call home so they can reconnect with society and rebuild their lives. Formerly incarcerated individuals who find stable affordable housing are less likely to go back to jail than those who do not.⁴⁵

Veterans: After serving our country, veterans need access to decent, stable, affordable homes so they can thrive in the neighborhoods they swore to defend. Rental assistance for veterans has proven highly effective in dramatically reducing veteran homelessness, but there remains significant unmet need.⁴⁶

⁴² Rothwell, J. 2012. Housing Costs, Zoning, and Access to High-Scoring Schools. Washington DC: Brookings Metropolitan Policy Program. Retrieved from https://www.brookings.edu/wpcontent/uploads/2016/06/0419_school_inequality_rothwell.pdf

⁴³ Pendall, R., Acs, G., & Trekson, M. 2017. The Costs of Segregation. Urban Institute and Metropolitan Planning Council. Retrieved: <https://www.metroplanning.org/work/project/33>

⁴⁴ Chetty, R., Hendren, N., & Katz, L. 2015. The Effects of Exposure to Better Neighborhoods on Children: New Evidence from the Moving to Opportunity Experiment. Cambridge, MA: National Bureau of Economic Research. Retrieved from http://www.nber.org/mtopublic/final/MTO_IRS_2015.pdf.

⁴⁵ Fontaine, J. 2013. The Role of Supportive Housing in Successful Reentry Outcomes for Disabled Prisoners. *Cityscape: A Journal of Policy Development and Research*, 15(3). US Department of Housing and Urban Development. Retrieved from: <https://www.huduser.gov/portal/periodicals/cityscpe/vol15num3/ch3.pdf>

⁴⁶ Fischer, W. 2014. Rental Assistance Helps More than 340,000 Veterans Afford Homes, but Large Unmet Need Remain. Center on Budget and Policy Priorities. Retrieved from: <https://www.cbpp.org/research/rental-assistance-helps-more-than-340000-veterans-afford-homes-but-large-unmet-needs>

The evidence is abundantly clear that being able to afford a decent home in the neighborhood of one's choice is a prerequisite for opportunity in America. The promise of food security, better health, racial equity, increased economic opportunity, and quality education can be fulfilled only if our nation's families have safe, decent, accessible, affordable homes.

Conclusion

Housing and food security are inextricably linked; safe, stable, affordable, and accessible housing is necessary in order to effectively address food insecurity, particularly among households with the lowest incomes. The targeted affordable housing provisions in the "Build Back Better Act" would provide the significant investments needed to preserve and expand our nation's affordable housing infrastructure. NLIHC looks forward to working with Congress to advance the "Build Back Better Act" and achieve the investments and reforms necessary to begin to end housing poverty and homelessness in our country, once and for all.

Thank you for the opportunity to participate in today's roundtable. I look forward to your questions.

My name is William J. Barber III. I am a resident of Durham, North Carolina. I am Founder and CEO of the Rural Beacon Initiative, a small-consultation firm that works to advocate for climate and environmental justice by promoting community-based clean energy projects. I am also the co-chair of the North Carolina Poor People's Campaign ecological justice committee—a group that seeks to educate and elevate the plight of poor communities to the front of our social discourse and policy solutions. I have a B.S. in environmental physics and received my law degree from UNC School of Law in Chapel Hill.

I am tasked today to give an overview of the impacts that energy burden has on poor and low-income communities.

Energy burden is defined as the percentage of gross household income spent on energy costs. According to Department Of Energy's Low-Income Energy Affordability Data (LEAD) Tool the national average energy burden for low-income households is 8.6 percent—three times higher than for non-low-income households which is estimated at 3%. In some areas, depending on location and income, energy burden can be as high as 30%. Of all U.S. households, 44%, or about 50 million, are defined as low-income.

Those living in energy poverty who choose to prioritize warmth are often forced to make difficult decisions about household essentials which can lead to **poor** diets, known as the heat-or-eat dilemma.

In a 2020 publication, entitled High Energy Burden and Low-Income Energy Affordability, Marilyn Brown et al found that—and I quote-- despite decades of weatherization and bill-payment programs, low-income households still spend a higher percent of their income on electricity and gas bills than any other income group. Their energy burden is not declining, and it remains persistently high in particular geographies such as the South, rural America, and minority communities.

In a 2021 publication on Energy Impoverishment and Energy Insecurity in the United States by Dr. Elva Moleka—it was found that, alarmingly, despite energy abundance in the US coupled with the propagation of energy efficiency, bill-payment assistance programs, and weatherization programs, low-income households continue to pay high energy bills while their environmental, social, and economic conditions erode. Equitable energy distribution has long been an issue of concern when studying the prevalence of high energy burdens, and there is far greater eligibility and need to participate in existing bill payment assistance and weatherization programs than there is availability. Rather, many low-income households continue to live in older homes, which are often characterized by structural issues such as poor insulation, inefficient HVAC systems, leaky roofs, and inefficient and sometimes oversized appliances that increase energy costs

Additionally, many low-income households struggle to pay their utility bills due to the unprecedented economic, social, and health challenges of the COVID-19 pandemic that dramatically impacted the ability of households to meet their financial needs.

As a resident of North Carolina, I come from a state where 1.4 million people are sent energy bills every month they can't afford. Structural issues with the houses and apartments accessible to poor people often make it difficult to incorporate solutions such as solar arrays or energy efficiency measures, both of which also have high upfront costs.

Racial disparities exacerbate this energy poverty. Energy-burdened households are more likely to earn less than \$20,000 annually and be of African-American or Latino descent. Compared to white households, Black households spend 43% more of their income on energy costs, Hispanic households spend 20% more; and Native American households spend 45% more.

Legacies of discriminatory policies like redlining have made households of color more likely to live in inefficient housing with old, energy-guzzling appliances and HVAC systems, Earther reported.

According to a recent report by the American Council for and Energy Efficient Economy, 25% of Americans pay more than 6% of their income on energy bills even before COVID-19 hit. Of those people, 13% pay more than 10% of their income on their energy bills. Nationally, 67% of low-income households face a high energy burden. And of those households, 60% have severe energy burdens.

The report found that the energy burden in four southern States: Alabama, Kentucky, Mississippi and Tennessee are the highest in the nation, 38% above any other region, with Alabama being the [worst in the country](#).

This vicious cycle of poverty might best be described as what Dr. Sacoby Wilson, of the University of Maryland School of Public Health, [describes](#) as environmental slavery – when the environment that you are in keeps you locked in poverty and suffering.

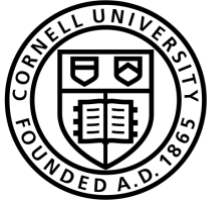
There are many factors that might influence high energy burden. Examples include higher-cost fuels, such as propane or other bottled fuels, and energy-inefficient homes. Energy-inefficiency can be due to a lack of insulation in older homes or older appliances. For households that face these challenges, there is a greater opportunity for energy and cost savings. Low-income communities face barriers to accessing energy technologies which help make energy more affordable, such as solar photovoltaic (PV). Solar PV adoption by moderate-income households has increased since 2010, representing 48% of adoptions. Low-income households, however, represented just 15% according to a Lawrence Berkeley National Laboratory (LBNL) report.

There are factors that can prevent low-income households from accessing energy technologies, including a lack of qualifying credit and the inability to finance upgrades. LEAD Tool data estimates that 59% of low-income households are renters—not owners—of their homes. This predominance of renters further compounds the issue into a split incentive: landlords may not be motivated to pay for energy improvements, leaving potential energy bill savings out of reach for the low-income tenants.

There is hope if our leaders act. Funding weatherization and energy efficiency programs such as the installation of smart equipment could have the greatest impact in high energy burdened states. the introduction of energy efficiency programs in each state could lead to \$600 or more cost savings per household per year, or approximately 25% reduction in energy burden. Electric bill savings delivered by Solar for All programs is another solution to the energy burden problem, in that this method could provide LMI families with the benefits of locally generated clean energy through efforts such as the DC Solar for All project (Daniel, 2019).

In addition to energy efficiency, investments in utility bill assistance programs such as the low income home energy assistance program and weatherization assistance program can help save low income families hundreds of dollars per year. (Oak Ridge National Laboratory).

Now, as we stand in this moment of collective impact from the pandemic of COVID-19 and a looming hunger crisis, made worse by accelerated climate disaster and rising poverty, we must seek bold, transformative solutions that uplift communities and work to advance social equity for all.



Testimony of Dr. Jamila Michener

Associate Professor of Government and Public Policy
Co-director, Cornell Center for Health Equity
Cornell University

Prepared for the U.S. House of Representatives Committee on Rules

Examining Family Budgets and Food Insecurity

October 13th, 2021

Chairman McGovern, distinguished members of the Rules Committee, and everyone participating today: thank you for gathering here and holding this hearing to discuss the critical issue of food insecurity. I appreciate the opportunity to draw on my research expertise to highlight the experiences and voices of Americans who are living in or near poverty, shouldering sometimes devastating health cost burdens, and struggling to feed their families.

My name is Jamila Michener. I am a social scientist whose research focuses on poverty, racial inequality, and public policy. I spend much of my time studying and teaching about the ways public policies interact with the larger economy to shape (and often constrain) civic and material well-being of low-income families. Much of my work is focused specifically on health policy. My research speaks to the circumstances of Americans living in or near poverty, who are disproportionately people of color, and who must navigate the U.S. healthcare system in a context of economic instability and insecurity.¹ As co-director of the [Cornell Center for Health Equity](#), not only do I conduct my own research, but I also support other scholars in conducting research on health policy, health systems, and the social determinants of health.

A central takeaway I want to emphasize today is that health is an exceptionally expensive resource in the United States.² It should not be, but it is. Healthcare is contingent on economic status and exceedingly difficult for many people to afford (even those who have health insurance).³ This means that maintaining your health and the health of your family can create budgetary burdens and siphon resources that would otherwise be used

¹ Michener, Jamila. 2018. *Fragmented Democracy: Medicaid, Federalism, and Unequal Politics*. New York: Cambridge University Press.

² Tikkanen, Roosa and Melinda K. Abrams. 2020. "U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes." The Commonwealth Fund. Available: <https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019>

³ Emanuel, Ezekiel J., Aaron Glickman, and David Johnson. "Measuring the Burden of Health Care Costs on US Families: The Affordability Index." *JAMA* 318, no. 19 (2017): 1863-1864.

for crucial needs like food and nutrition. As the Rules Committee consider pathways to ending hunger, I urge you to confront the related challenge of providing people with affordable access to high quality health care.

Key Facts: Healthcare, Financial Burdens, and Food Insecurity

The evidence is clear: low-income families are made more financially precarious when they pursue their healthcare needs. Here are a few relevant facts.

- A little over one quarter of U.S. adults (26 percent) say they or a household member have had problems paying medical bills in the past year, and about half of this group (12 percent of all Americans) say medical bills had a major impact on their family.⁴
- In 2020, roughly 18% of U.S. households reported having medical debt.⁵
- Patient out-of-pocket healthcare costs are up 10 percent since last year, with the 2021 total of patient financial responsibility costing approximately \$491 billion.⁶
- In 1980, the average annual patient financial responsibility was \$250 per patient. That figure skyrocketed to \$1,650 by 2021.⁷
- Medical debts are higher in poorer neighborhoods. In the lowest-income ZIP codes, people owe an average of \$677.⁸
- People who report problems paying medical bills in the past year commonly respond by spending less on household necessities. A 2018 survey found that 30

⁴ Ashley Kirzinger, Cailey Muñana, Bryan Wu and Mollyann Brodie. 2019. “Data Note: Americans’ Challenges with Health Care Costs.” Available online: <https://www.kff.org/health-costs/issue-brief/data-note-americans-challenges-health-care-costs/>

⁵ Kluender, Raymond, Neale Mahoney, Francis Wong, and Wesley Yin. “Medical Debt in the US, 2009-2020.” *JAMA* 326, no. 3 (2021): 250-256.

⁶ Heath, Sarah. 2021. “Patient Out-of-Pocket Healthcare Costs Balloon by 10% Since 2020.” Available: <https://patientengagementhit.com/news/patient-out-of-pocket-healthcare-costs-balloon-by-10-since-2020>

⁷ Heath, Sarah. 2021. “Patient Out-of-Pocket Healthcare Costs Balloon by 10% Since 2020.” Available: <https://patientengagementhit.com/news/patient-out-of-pocket-healthcare-costs-balloon-by-10-since-2020>

⁸ Kluender, Raymond, Neale Mahoney, Francis Wong, and Wesley Yin. “Medical Debt in the US, 2009-2020.” *JAMA* 326, no. 3 (2021): 250-256.

percent of those surveyed struggled to pay for necessities such as food, heat, and housing due to medical costs.⁹

- These struggles are worse for Americans with chronic illnesses. Approximately 1 in 3 chronically ill people report being unable to afford food, medications, or both.¹⁰
- In a study of people with heart disease, more than one-third of people with medical bill problems said they had skipped needed drugs, cut back on groceries, or were in general “financial distress.”¹¹

Food Insecurity and Medical Costs: A Debilitating Cycle

A growing body of evidence links food insecurity to common and preventable chronic conditions, including obesity, hypertension, and type 2 diabetes. Food insecurity makes people sick. Importantly, however, the relationship between food insecurity and chronic disease also goes in the other direction: bad health makes it harder to work, leading to lower income and increased risk of food insecurity.¹²

Working families experience a high and growing burden of health care costs. Estimates indicate that 9 percent of the total costs to raise a child go towards healthcare.¹³ Even when someone is insured, out of pocket health care expenses stack up quickly and include costs for services not often covered by insurance (dental, vision, mental health services etc.), health insurance premiums and copays, prescription drugs, medical supplies, and more.

⁹See: <https://www.norc.org/PDFs/WHI%20Healthcare%20Costs%20Coverage%20and%20Policy/WHI%20Healthcare%20Costs%20Coverage%20and%20Policy%20Issue%20Brief.pdf>

¹⁰ Berkowitz, Seth A., Hilary K. Seligman, and Niteesh K. Choudhry. “Treat or Eat: Food Insecurity, Cost-related Medication Underuse, and Unmet Needs.” *The American Journal of Medicine* 127, no. 4 (2014): 303-310.

¹¹ Norton, Amy. 2019. “Food or Heart Meds? Many Americans Must Make a Choice”: <https://www.medicinenet.com/script/main/art.asp?articlekey=218680>

¹² Berkowitz, Seth A., Sanjay Basu, James B. Meigs, and Hilary K. Seligman. “Food Insecurity and Health Care Expenditures in the United States, 2011–2013.” *Health services research* 53, no. 3 (2018): 1600.

¹³ See: <https://www.usda.gov/media/blog/2017/01/13/cost-raising-child>

On the other side of the ledger, health problems can create barriers to earning income. Income suffers when people must take days off from work for doctors' appointments and hospital stays, stop working altogether to care for ill family members who are not covered under the current health insurance system, receive surprise bills for services that they thought were covered by their health insurance, or reduce their work hours to deal with health issues. Even the cost burden of employer sponsored healthcare has grown from an average of 28 percent in 2010 to 30 percent in 2016, with insurance premiums growing faster than income.¹⁴

All of this points to a devastating cycle by which food insecurity and medical financial spark mutually reinforcing patterns of precarity that leave too many Americans sick and hungry.

A Perspective from the Ground: Beyond the Numbers

For millions of Americans, lower health care costs could mean eliminating the difficult choices between receiving medical treatment or putting food on the table. Some of my research involves systematic qualitative interviews with people facing these kinds of problems. If the statistics and patterns described thus far seem abstract or far away, consider what they mean for a real person, struggling to make it by.

Margie is a woman from Illinois who a 61-years-old at the time I interviewed her. She was unemployed but actively looking for work. She was also a diabetic with high health care

¹⁴ McCarthy-Alfano, Megan, Aaron Glickman, Kristin Wikelius, and Janet Weiner. 2019. "Measuring the Burden of Health Care Costs for Working Families." *Health Affairs*. Available: <https://www.healthaffairs.org/doi/10.1377/hblog20190327999531>

costs. Unfortunately, she was too young to qualify for Medicare and not enrolled in Medicaid (though she was likely eligible for the latter). Margie needed both food and medicine to live, but she sometimes found herself in the impossible position of having to prioritize one over the other. She explained it this way:

Go to the grocery store, then you can't go to the doctor, because I have to go to the doctor every three months, I have to have pills every damn day. So that is very expensive, you know...sometimes you have got to choose between medicine and food. That's rough.

To navigate the complex dance of balancing a slim budget to meet both her health and nutrition needs, Margie utilized every resource she could. For example, she relied heavily on community health clinics in her neighborhood:

I get a discount when I go to the board of health clinic...that's all I got to depend on is those clinics because I pay 15 dollars to see the doctor, every three months...I go there to see the doctor, he prescribes the same medicines...I got like three or four medicines I take a day... but hell they're talking about closing [the clinic] down now...I'm afraid that when they do, if this goes any further, then I'm going to be broke. And I can't still afford to pay my insurance or my medical bills.

Margie's experiences are exemplary of a larger pattern: many Americans have limited budgets that are stretched unbearably thin by mounting medical costs. They rely on a patchwork of federal, state, and local policies and programs to survive. When those policies lack sufficient resources, economically vulnerable Americans are unable to make ends meet and face choices between core necessities like food and medicine.

Policy Paths Forward

This is not the way it has to be. Though some people may have become accustomed to stories like Margie's, most Americans do not believe that anyone should have to make these tradeoffs. 63% of Americans believe that the government has a responsibility to ensure everyone has healthcare.¹⁵ Government should play a fundamental role in securing

¹⁵ Jones, Bradley. 2020. "Increasing Share of Americans Favor a Single Government Program to Provide Health Care Coverage." PEW Research Center: <https://www.pewresearch.org/fact->

widespread protection from the debilitating financial consequences of the U.S. healthcare system. Some existing programs are safeguards from the economic disaster that exacerbates food insecurity.

Medicaid, our nation’s largest health insurance program, provides health coverage to low-income families. Medicaid serves more than 80 million Americans.¹⁶ Medicaid protects people from debt, bankruptcy, eviction, and other financial catastrophes by providing them with much needed access to healthcare.¹⁷ Supporting and strengthening Medicaid can help the very families most likely to face food insecurity. This means expanding Medicaid in states that have not done so and strengthening the program everywhere.

Changes made during the pandemic have taught us more about what works to keep as many people insured through Medicaid as possible. Policies that allow for continuous eligibility (removing the constant risk of being disenrolled), easy and accessible application and

<https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>

¹⁶ Corallo, Bradley and Aviut Mehta. 2021. “Analysis of Recent National Trends in Medicaid and CHIP Enrollment.” Kaiser Family Foundation: <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>

¹⁷ Callison, Kevin, and Brigham Walker. “Medicaid Expansion and Medical Debt: Evidence From Louisiana, 2014–2019.” *American Journal of Public Health* 111, no. 8 (2021): 1523-1529; Hu, Luo, Robert Kaestner, Bhashkar Mazumder, Sarah Miller, and Ashley Wong. “The Effect of the Affordable Care Act Medicaid Expansions on Financial Wellbeing.” *Journal of Public Economics* 163 (2018): 99-112; Zewde, Naomi, Erica Eliason, Heidi Allen, and Tal Gross. “The Effects of the ACA Medicaid Expansion on Nationwide Home Evictions and Eviction-court Initiations: United States, 2000–2016.” *American Journal of Public Health* 109, no. 10 (2019): 1379-1383; Kuroki, Masanori. “The Effect of Health Insurance Coverage on Personal Bankruptcy: Evidence from the Medicaid Expansion.” *Review of Economics of the Household* 19, no. 2 (2021): 429-451.

renewal processes, and reduced administrative burdens are all an important part of making sure everyone who needs Medicaid can get it.¹⁸

Another key goal should be to improve coordination between public benefits programs focused on health—like Medicaid—and those focused on nutrition, like WIC and SNAP. Research shows that both WIC and Medicaid participation are associated with less food insecurity and fewer cost-related medical challenges.¹⁹ Still, programs like these often operate in silos despite serving largely overlapping populations. Coordination, communication, and learning between programs can help to make existing policies more effective, while providing essential resources in the most humane way possible.²⁰ Improvement in the administration and coordination of public programs can ensure that the people administering Medicaid, WIC, SNAP, and other policies understand the resources available to program participants, are trained to identify problems like food insecurity, and can direct program participants towards resources and solutions.

Even beyond major public programs like Medicaid, there are numerous important options for alleviating the challenges that emerge at the nexus of food insecurity and medical scarcity. The range of possibilities include robust and continual funding for local health institutions²¹, especially those in low-income communities and communities of color;

¹⁸ Barnes, Carolyn, and Sarah Petry. "“It Was Actually Pretty Easy”": COVID-19 Compliance Cost Reductions in the WIC Program." *Public Administration Review* (2021); Herd, Pamela, and Donald Moynihan. "Administrative Burdens in Health Policy." *Journal of Health & Human Services Administration* 43, no. 1 (2020); Sugar, Sarah, Christie Peters, Nancy De Lew, and Benjamin D. Sommers. "Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic." (2021). Assistant Secretary for Planning and Evaluation (ASPE) Office of Health Policy:

<https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

¹⁹ Berkowitz, Seth A., Hilary K. Seligman, and Nitesh K. Choudhry. "Treat or Eat: Food Insecurity, Cost-Related Medication Underuse, and Unmet Needs." *The American Journal of Medicine* 127, no. 4 (2014): 303-310.

²⁰ Bell, Loren, Rebecca Ledsky, Sandra Silva, and Jodi Anthony. *An Assessment of the Impact of Medicaid Managed Care on WIC Program Coordination With Primary Care Services*. No. 2239-2019-2847. 2007.

²¹ See: <https://bphc.hrsa.gov/program-opportunities/american-rescue-plan>

regulations that limit the incidence of “surprise” billing²²; and programs that provide relief from medical debt.

Conclusion

These policy options only scratch the surface. The imperative is clear: food and medicine are both fundamental human rights. In a country with the resources and wherewithal of the United States, we can provide both vital resources to every denizen, especially those that are most vulnerable.

²² See: <https://www.hhs.gov/about/news/2021/07/01/hhs-announces-rule-to-protect-consumers-from-surprise-medical-bills.html>

**Committee on Rules
U.S. House of Representatives
Roundtable Series on Ending Hunger in America**

**Written Testimony of
Mr. Robbie Mäkinen
President & Chief Executive Officer
Kansas City Area Transportation Authority**

October 13, 2021

I met a woman on the bus the other day. Through casual conversation she learned that I was the CEO of KCATA (branded as RideKC regionally). She could not thank me enough for making regional transit “free” to customers. She told me the money she used to spend on fares now enables her to pay for groceries and medicine. My new acquaintance shared with me some of her day-to-day struggles to make ends meet. Like her, 58% of RideKC customers are African American, and like her, 72% of RideKC customers do not have a car available to them.

During the pandemic of 2020, public transit emerged as a lifeline, ensuring essential workers kept the country breathing. Despite the great loss and turmoil endured in 2020, public transportation remains that one thing that connects people to the opportunities that improve lives, change lives, even save lives. And it hasn’t gone unnoticed. There has been a shift in public perception as transit has clearly demonstrated its vital role as an “essential service.”

RideKC fulfills its mission to connect people to opportunities by focusing on the Four Pillars of Access: **Access to Jobs, Education, Healthcare and Housing, built on a foundation of Social Equity**. Kansas City’s Zero Fare transit initiative is one way that RideKC is improving access to opportunities for people who need it most by eliminating the barrier and burden of fare payment. Zero Fare immediately puts that \$1.50 cash fare to work in household budgets and in the local economy.

RideKC is the first transit agency in a major U.S. metropolitan area to implement Zero Fare transit in the last two decades. We navigated toward Zero Fare over several years, first offering all veterans free rides (2017), then high school students, then safety net providers. As KCATA launched its third bus rapid transit route (Prospect MAX) with Zero Fare, support from the community and elected officials grew.

Zero Fare has been in place systemwide since March 2020. For those living paycheck to paycheck, even the \$50 income they would have spent on a monthly bus pass will improve the quality of life in the Kansas City area. It has increased ridership, sped up boarding time and improved operator safety by eliminating the source of 90% of driver-involved disturbances. In fact, between 2019 and 2020, on-board safety incidents reduced 39%.

Because of Zero Fare, ridership has recovered at a faster pace in KC than nationally. In April 2020, while most of the country's transit ridership was just 20% of 2019 levels, RideKC's ridership held at 58% of 2019 levels. By October 2020, national ridership was still just 40% of 2019 levels, while RideKC had rebounded to 80% of 2019 levels.

Two local studies have shown positive community benefits of a Zero Fare program. A 2019 study by the Center for Economic Information in the University of Missouri - Kansas City's (UMKC) Department of Economics states that the regional financial impact of Zero Fare will be between \$13 and \$17.9 million¹. The UMKC study also reports how people will maximize the financial resources they realize by not paying a fare. According to the study, it will be spent in four key areas: housing (55%), health care (18%), retail-groceries and other purchases (15%), and insurance (11%).

The Mid-America Regional Council's (MARC) econometric forecast model estimates the annual economic impact of continuing suspended fares is likely to raise regional economic output by \$4.2 to \$13.8 million and personal income by \$1.3 to \$4.6 million.² MARC's analysis indicates that Zero Fare is likely to increase ridership between 20% and 60%.

The City of Kansas City, Mo., has committed \$4.8 million per year to fund Zero Fare. In our first private sector Zero Fare partnership, Blue Cross Blue Shield of Kansas City (Blue KC) has agreed to fund up to \$1 million toward the success of this initiative. Blue KC values a healthy community and through its mission wants to help Kansas Citians access opportunities for employment, education and quality food, which is vital to the overall health of our neighbors, family and friends.

At RideKC we are not just talking the talk. We are walking the walk with programs like Zero Fare. We are taking the blinders off and looking beyond the numbers to see real people, like the hard-working woman I met on the bus. Our Zero Fare initiative is pumping money back into the community and the local economy. By weaving ourselves into the fabric of the community, RideKC is positioned to be a part of the solutions for the community.

##

¹ https://zerofarekc.com/documents/2/Zero_Fare_-_UMKC_Study_-_Final_021820.pdf

² <https://www.marc.org/Transportation/Plans-Studies/pdfs/Transit-Zero-Fare-Impact-Analysis.aspx>

Cliff Johnson
Director, MacArthur Justice Center
University of Mississippi School of Law
October 13, 2021
Committee on Rules

Ending Hunger in America: Family Budgets and Food Insecurity

As a Mississippian and a civil rights lawyer, I want to thank you for affording me this opportunity to discuss the connection between America's criminal justice system and the sad reality that millions of people in our extremely wealthy country face serious food access challenges. Poverty is palpable in Mississippi, and I live much of my life at the treacherous intersection of poverty and our current criminal enforcement regime.

At the MacArthur Justice Center, we have for years used litigation as a vehicle for challenging systems that pummel the poor and create substantial barriers to economic stability for millions of people annually. We see firsthand the devastating impact of excessive misdemeanor fines and fees and the judicially-sanctioned shakedown of people threatened with incarceration, driver's license suspension, wage garnishment, credit score damage, loss of voting rights, tax refund intercepts, and loss of professional licenses if they don't pay up. These people are forced to make very difficult financial choices, and many ultimately choose to go without food. Add to this the ways in which our criminal justice system denies adequate representation to people who can't afford an attorney, locks up those who don't have money for bail, revokes probation when supervision fees and monitoring costs go unpaid, and provides no meaningful reentry programs for the hundreds of thousand of people released from prison each year, and the role our courts play in punishing poverty and contributing to large-scale human suffering becomes painfully clear.

Fines and Fees

More than \$50 billion dollars in criminal debt is owed by approximately 10 million people in the United States due to their involvement in the criminal justice system.¹ In Mississippi alone, people involved in the criminal justice system owe more than \$507 million.² It is estimated that approximately 13 million misdemeanor charges are brought annually in the United States, not including the more than 40 million speeding tickets issued every year.³ In nearly 600 municipalities, fines account for over 10% of general revenues. In 80 of those jurisdictions, fines generate over half of budget revenue.⁴

¹ <https://www.policylink.org/our-work/just-society/fines-fees>

² https://mississippitoday.org/2021/01/13/mississippians-saddled-with-507-million-in-criminal-justice-debts-preventing-future-opportunity/#disqus_thread

³ <https://www.prisonpolicy.org/reports/pie2020.html>

⁴ <https://www.forbes.com/sites/nicksibilla/2019/08/29/nearly-600-towns-get-10-of-their-budgets-or-more-from-court-fines/?sh=bcae7364c998>

For those appearing in misdemeanor and traffic courts across America, “justice” is swift and harsh. With very rare exceptions, defendants do not have lawyers. Dozens or hundreds of cases are handled each court session, and the amount of time spent on a case often can be measured in seconds rather than minutes. Fines are meted out without regard for income and ability to pay - one size fits all - and state assessments (referred to as “fees”) are automatic “add-ons” that often are larger than the fines imposed to punish the offense.⁵ (See, for example, the Starkville, Mississippi fees and assessments schedule attached hereto). In a matter of minutes, a misdemeanor defendant can easily owe more than \$1,000 in fines and fees. Payment terms vary from jurisdiction to jurisdiction, but it is regularly the case that defendants are given 90 days or less to pay. In some jurisdictions, the time allowed for payment is even shorter.⁶

Scraping together the money needed to avoid the serious consequences threatened by the court is difficult for many. The Federal Reserve’s Report on the Economic Well-Being of U.S. Households finds that 40% of Americans would not be able to pull together \$400 in cash without borrowing money or selling possessions, highlighting the impact fines and fees can have on financial security.⁷

In Alabama, thousands are trying to balance the costs of fines with other expenses and needs. A survey by the Alabama Appleseed Center for Law and Justice⁸ found that for those with outstanding court debts:

- More than 80% cut back on basic needs like rent, food, medical bills, car payments, and child support just to pay down their debt
- Almost 40% committed a crime to pay off their debt
- 44% used payday or title loans to pay off their debt
- Almost 50% shared that they thought they would never be able to pay off their debt

In addition to the possibility of being jailed illegally or enduring numerous other sanctions for failure to pay, defendants in 34 states can have their licenses suspended for nonpayment.⁹ Due to limited access to public transportation and the reality that the vast majority of Americans must drive in order to go to the grocery store, work, take their children to school, seek health care, and attend church, many of those with suspended

⁵ Mississippi’s State Auditor publishes a comprehensive summary of assessments added to misdemeanor tickets in the Hospitality State.

<https://www.osa.ms.gov/techasst/AssessmentGuide.pdf>

⁶ Settlement agreements in debtors’ prison cases handled by our office provide for \$25/month payment plans and community service options. Absent litigation, such payment terms are exceedingly rare.

⁷ <https://www.federalreserve.gov/publications/2019-economic-well-being-of-us-households-in-2018-dealing-with-unexpected-expenses.htm>

⁸ <https://www.alabamaappleseed.org/underpressure/>

⁹ <https://finesandfeesjusticecenter.org/campaigns/national-drivers-license-suspension-campaign-free-to-drive/>

licenses are subjected to numerous citations for driving without a license (and often also for lack of insurance). These additional fines and fees quickly run into the thousands of dollars. This harsh and unfair reality creates obstacles to full participation in the local economy and highlights the need for passage of the Driving for Opportunity Act.¹⁰

Reentry

At any one time, nearly 6.9 million people are on probation, in jail, in prison, or on parole in the United States. Those in prison endure years of eating small portions of food devoid of nutrition.¹¹ Each year, more than 600,000 individuals are released from state and federal prisons.¹² 91 percent of returning citizens report being food insecure.¹³

While our “social contract” may commit us to welcoming those who have paid their debt to society back into our communities and providing avenues for successful reentry, the truth is that very few states have implemented the kind of robust support systems necessary to give released persons the assistance they need in order to obtain employment, housing, transportation, health care, and economic security. More than 96% of incarcerated people will eventually return to our towns and neighborhoods, and many will find themselves homeless, sick, and back in prison unless we invest in effective reentry programs.

Indigent Legal Defense System

Any serious conversation about criminal justice and poverty must address the troubling disparity between the substantial resources available to prosecutors and police and our meager investment in indigent legal defense. If we are serious about living into the promise of *Gideon*, it is imperative that the federal government act now to provide grants to state and local governments for funding indigent defense. Early intervention by competent defense counsel in felony and misdemeanor cases makes a tremendous difference in outcomes. “Equality of Arms” is a cornerstone principle of our commitment to fair trials, but a close examination of our public defender system reveals inequalities that make it impossible for many indigent defendants to obtain justice – solely because of their poverty.

¹⁰ <https://www.freetodrive.org/2021/03/25/sens-coons-wicker-re-introduce-the-driving-for-opportunity-act/#page-content>

¹¹ <https://impactjustice.org/wp-content/uploads/IJ-Eating-Behind-Bars-ExecutiveSummary.pdf>

¹² <https://aspe.hhs.gov/topics/human-services/incarceration-reentry-0>

¹³ <https://www.bread.org/sites/default/files/downloads/briefing-paper-mass-incarceration-february-2018.pdf>

Policy Suggestions

I respectfully submit that the following actions would address some of the problems outlined in my testimony:

- Condition federal grants on confirmation that the state doesn't restrict voting, suspend driver's or other professional licenses, jail people, or extend probation terms due to unpaid debt;
- Condition municipal funding on the use of a sliding scale fines structure reducing current fines for indigent defendants rather than simply raising fines for affluent defendants¹⁴;
- Adopt more realistic measures of "indigence" or "inability to pay" than current Federal Poverty Guidelines;
- Provide grants to municipal governments and encourage alternative means of revenue generation in order to decrease their dependence on collections of fines and fees;
- Rebalance social policy-oriented funding programs and criminal-legal funding programs, including Byrne-JAG, and redesign all performance metrics so they prioritize noncarceral, social policy-oriented interventions;
- Incentivize state and local governments to seek funding for other areas currently authorized under Byrne-JAG, such as indigent defense, courts, drug treatment, and mental health programs;
- Instruct DOJ to collect data and conduct studies regarding these issues, including the extent to which current policies and practices disproportionately impact people of color;
- Pass the Driving for Opportunity Act;
- For those released from prison, provide a 90-day SNAP "grace period" that recognizes the challenges of reentry and does not count against other SNAP eligibility (much like we give students six months to "get their legs under them" after graduation from college before demanding payment of federal student loans); and
- Pass legislation similar to the Ensuring Quality Access to Legal Defense (EQUAL) Act proposed by Vice President Harris and Congressman Deutch in 2019

Again, thank you for this opportunity to discuss these matters that are of utmost importance to people in my home state and across the country. I welcome any questions you may have.

¹⁴ <https://lawreview.uchicago.edu/publication/constitutionality-income-based-fines>

Starkville Municipal Court Fine Schedule

		Fine	Assessments	Total
	Speeding			
	0 to 10 mph	60.00	118.00	\$ 178.00
63-3-501	11 to 20mph	65.00	128.00	\$ 193.00
	21 to 30mph	70.00	138.00	\$ 208.00
	31 and above	99.00	148.00	\$ 247.00
63-1-60	Altered D/L	95.00	118.00	\$ 213.00
63-3-1213	Careless Driving	50.00	128.00	\$ 178.00
63-7-301	Child Restraint	25.00	118.00	\$ 143.00
63-11-30	DUI 1st	750.00	361.00	\$ 1,111.00
63-11-30	DUI 2nd	900.00	361.00	\$ 1,261.00
63-3-809	Fail to yield blue lights & siren	60.00	118.00	\$ 178.00
63-3-1003	Fail to yield right of way	60.00	118.00	\$ 178.00
63-7-33	Failure to Dim	60.00	118.00	\$ 178.00
63-3-619	Following too close	60.00	118.00	\$ 178.00
63-7-1	Improper Equipment	60.00	118.00	\$ 178.00
63-3-703	Improper Turn	60.00	118.00	\$ 178.00
63-3-401	Leaving the scene/accident	185.00	118.00	\$ 303.00
63-7-11	No Headlights	60.00	118.00	\$ 178.00
63-7-64	No helmet	60.00	118.00	\$ 178.00
63-1-5	No or expired license	425.00	118.00	\$ 543.00
27-19-131	No or improper tag	90.00	139.25	\$ 229.25
63-15-4	No Insurance	100.00	338.00	\$ 438.00
63-2-1	No Seat Belt	25.00	27.00	\$ 52.00
27-153	No Truck Zone	70.00	118.00	\$ 188.00
97-35-25	Obstructing Traffic	70.00	118.00	\$ 188.00
63-3-615	Passing stopped school bus	310.00	118.00	\$ 428.00
63-3-309	Ran red light / stop sign	60.00	118.00	\$ 178.00
63-3-1201	Reckless Driving	99.00	128.00	\$ 227.00
63-1-57	Suspended D/L	425.00	118.00	\$ 543.00
63-1-57	Suspended D/L 2 or more	500.00	118.00	\$ 618.00
63-11-40	Suspended D/L, DUI	475.00	361.00	\$ 836.00
27-19-131	Switched tag	100.00	139.25	\$ 239.25
63-7-59	Tint law	100.00	118.00	\$ 218.00
63-3-605	Wrong way on one way	60.00	118.00	\$ 178.00
97-37-1	Concealed Weapon	375.00	169.25	\$ 544.25
97-35-7	Dis Conduct breach of peace	275.00	169.25	\$ 444.25
97-35-7	Dis Conduct fail to obey	425.00	169.25	\$ 594.25
97-35-5	Dis Conduct w/ business	425.00	169.25	\$ 594.25
97-35-15	Disturbing the peace	275.00	169.25	\$ 444.25
97-9-79	False Identifying Information	525.00	169.25	\$ 694.25
97-33-1	Gambling	175.00	169.25	\$ 344.25
97-17-61	Larceny less than trespass	500.00	169.25	\$ 669.25
97-15-29	Littering	150.00	139.25	\$ 289.25
97-35-13	Loud Music in Vehicle - DTP	275.00	169.25	\$ 444.25
97-17-43	Petit Larceny	500.00	169.25	\$ 669.25
67-1-81(2)	Poss Alcohol by Minor	250.00	169.25	\$ 419.25
41-29-139	Poss Marijuana	250.00	169.25	\$ 419.25
41-29-139	Poss Marijuana in vehicle	775.00	169.25	\$ 944.25
1997-02; sec	Poss Open Container	125.00	169.25	\$ 294.25
41-29-139	Poss Paraphernalia	275.00	169.25	\$ 444.25
97-29-47	Public Drunk	100.00	169.25	\$ 269.25
97-29-47	Public Profanity	100.00	169.25	\$ 269.25
97-9-73	Resisting Arrest	275.00	169.25	\$ 444.25
97-23-93	Shoplifting 1st	750.00	169.25	\$ 919.25
97-23-93	Shoplifting 2nd	950.00	169.25	\$ 1,119.25
97-3-7	Simple Assault	425.00	169.25	\$ 594.25
75-85-19	Soliciting without a permit	150.00	169.25	\$ 319.25
97-17-97	Trespassing	275.00	169.25	\$ 444.25


 Municipal Judge

Effective JANUARY 07, 2019

Domestic Violence Sec 99-3-7; No Bail shall be granted until the person arrested has appeared before a Judge at the first reasonable opportunity, not to exceed 24 hours from the time of arrest. The appearance may be conducted by telephone. If a bond is not set within 24 hours, the defendant should be released ROR and given a court date.

In America's hunger crisis, charities and neighbors are lifelines

The pandemic made it tougher for lower-income people who already were struggling to get enough good food. Across the nation, groups are stepping up to help.

QUEENS, N.Y.

María Quinteros, 84, wearing an American flag face mask, waits with hundreds of others at Latinos Unidos, a group that hands out free food boxes each Friday. Food insecurity may have affected about 45 million Americans in 2020, according to Feeding America, the country's largest hunger-relief organization. PHOTOGRAPH BY NATALIE KEYSAR

BY CASSANDRA SPRATLING

PUBLISHED JULY 13, 2021
• 30 MIN READ

It's early for most people. 5:30 a.m. But not for Bessie Brooks, who's heading out her door to help get food to people who need it in Lowndes County, Alabama.

To hear her tell it, though, that's not early at all. "When I was working, I'd be at my patient's house by 5 a.m.," Mrs. Brooks says.

Journalistic standards suggest I call her by her last name, Brooks. My manners suggest otherwise. I respect her by adding Mrs., as I was raised to do by my mother, who spent part of her growing-up years in Lowndes County. Mrs. Brooks is 87, after all. She worked 30 years as a home health worker for the county. The job required her to give personal care: Get them up, bathed, brush their teeth, give them their meds. But Bessie Brooks went beyond that and did whatever needed doing.

"I don't see no sense in a person getting up and bathed, and they hungry," she says.

So she'd cook for her patients and clean house. If they didn't have running water, she'd fetch some from a neighboring home. Running water wasn't a given in every house in Lowndes County, which [Feeding America](#), the nation's leading organization of food banks, identified as the 16th most food insecure county in the United States in 2020. Almost a third—29.5 percent—of the people in Lowndes County do not have sufficient food.



MAYSEL, W. VA.

Autumn (at left) and Sydney King unpack food sent home with them from Clay Elementary School as their mother, Jennifer, reviews their homework. Jennifer attended the school and had the same speech therapist as her daughters. The therapist, Kathi Linkinogger, often drops off food for the Kings, and Jennifer considers her “practically like family.” The Kings do not have a car and rely on others for rides to a grocery store. With a two-million-dollar federal grant, the school district is developing innovative ways to encourage self-resilience and confidence, to equip students to handle life’s challenges. It has designed a curriculum that teaches skills such as cooking basic meals, growing vegetables, and household budgeting.

PHOTOGRAPH BY MADDIE MCGARVEY

Record numbers of Americans needed more food in 2020, reversing what had been a downward trend. One in seven people in the U.S. may have been food insecure, meaning a lack of access to sufficient, nutritious food. The numbers are only slightly better this year, according to projections released in March. Feeding America expects 42 million people—one in eight Americans—to experience food insecurity in 2021. That includes 13 million children, or one in six, who may be short of food this year. The sorrowful images of rows of cars lined up for food across the U.S. during the pandemic illuminated a long-standing problem, one that the [coronavirus](#) didn’t create but made worse, says Claire Babineaux-Fontenot, Feeding America’s chief executive officer.

“I think there’s a heightened awareness that hunger was here to begin with,” she says. “For so long, people in America didn’t think that America has a hunger problem.”

Babineaux-Fontenot hopes renewed attention to food insecurity puts to rest the fallacy that those who line up for food giveaways are either lazy or unwilling to work. “It’s never been true,” she says. “So many people who turn to us for help are working-class people who have jobs. Some of them have more than one. They’re working really, really hard. They work as hard as anyone else works, if not harder than most people do. And they still can’t make ends meet.”



CLAY COUNTY, W. VA.

Alex McBee (at left), Jen Lively, and Chris Lively hold their dogs outside their home in Clay County. They live miles from the nearest grocery store and have been receiving deliveries of food from Amanda Shelton, a teacher at Clay County High School, since the beginning of the pandemic. “If it wasn’t for them,” Chris says, “we’d probably starve.”

PHOTOGRAPH BY MADDIE MCGARVEY

Food insecurity is especially high in rural America, according to reports from Feeding America and the Food Research and Action Center, a nonprofit dedicated to ending poverty-related hunger and undernutrition. Some 16.5 percent of rural households with children faced food insecurity in 2018, compared with 13.5 percent of households in metropolitan areas, according to a FRAC report. The differences are attributed to higher rates of poverty related to fewer and lower-

paying jobs, longer distances to travel to get to large grocery stores with reasonably priced and plentiful foods, lack of transportation, cost of gas, weather, and often greater challenges accessing federal nutrition programs.

“Less employment, lower income, transportation issues, lack of access to healthy, affordable food without having to go a long distance, that pushes more people into food insecurity,” says Geri Henchy, FRAC’s director of nutrition policy and early childhood programs.



CLAY COUNTY, W. VA.

Chris searches for roots on a hillside near his home. He met his wife, Jen, when they were in junior high in Ohio. They’ve lived in West Virginia since 2016; selling roots that they find is their only source of income. The roots, when dried, are sold for use in homeopathic medicines.

The paradox is that rural residents often live in areas where the very food they need is growing. “So if you’re in a land of plenty, why would you, if you’re driving past fields of food, why would you have food insecurity?” Henchy asks. “It seems counterintuitive,” she says, “but the thing is that because of the ways that the supply chain works for food, the people who live in areas that produce food, generally speaking, are not having access to that food.”

Lowndes County, AL: Aiding those in need

It’s in a stretch of Alabama once known as the black belt because of the rich soil that delivered an abundance of cotton and other crops, tended by enslaved labor. Now Lowndes County is part of a region people think of as the black belt because of the number of Black people who live there.

Snow Hill Christian Church is one of the main places people here turn to for help to put food on the table when cupboards run low. It was that way long before COVID-19 coursed through America’s veins, shuttering businesses, closing schools, and landing people in food lines.

“There were already a lot of people who didn’t know where their next meal was coming from, so the pandemic didn’t do us any favors,” says the Reverend Dale Braxton, Sr., pastor of the place known as “the little friendly church on the hill.”

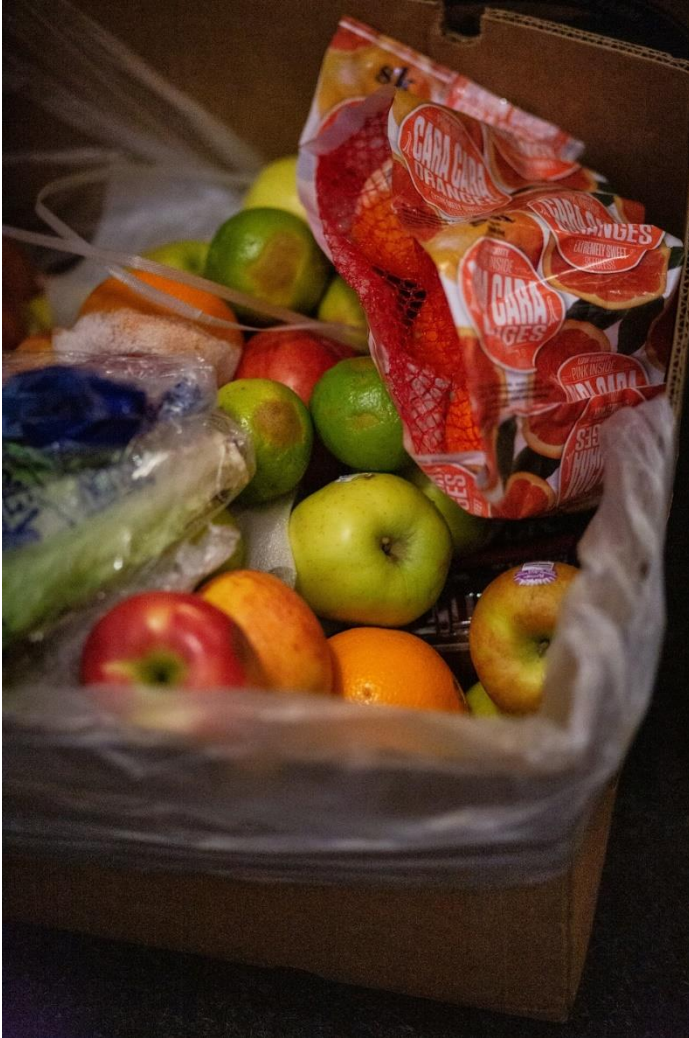


DUNLOW, W. VA.

Willard Marcum, a veteran firefighter, drives the 725th and final vehicle through the Dunlow Community Center food pantry in Dunlow, West Virginia, nearly 12 hours after the first volunteers arrived that morning. Laid off from his coal mining job in 2019, Marcum now works up to 90 hours a week to support his wife and seven grandchildren. He picks up food for them and for elderly neighbors who don’t have cars. Bill Likens, who opened the food pantry in 2003, has seen the local need increase since several pantries in neighboring towns closed, leading many people to travel to

Dunlow and even spend the night in line in their cars. The number of families served by the food pantry grew from 300 in 2019 to 900 in November 2020, its busiest month because of pandemic-related job losses and heightened food insecurity around the holidays. Volunteers provide each family with about 130 pounds of food and other necessities.

PHOTOGRAPH BY MADDIE MCGARVEY



Left: Make Food Not Waste, a Detroit, Michigan, civic organization, recovers food that would otherwise be discarded and makes healthy meals for the community. The group works with food service operators to prevent food from being wasted and holds outreach events to encourage cooks to waste less food.

PHOTOGRAPH BY SYLVIA JARRUS

Right: Helen King holds up jars of canned vegetables from her garden in Maysel, West Virginia. The Kings do not have a car and rely on people to provide rides to the grocery store.

PHOTOGRAPH BY MADDIE MCGARVEY

Mrs. Brooks retired in 1998, but she didn't retire from helping others. She is one of the key people Braxton counts on to help distribute food to those who need it. While she used to go it alone—organizing and packaging food for people in need—she now depends on one of her five children to drive her to the church, where volunteers pack her car with food, and her daughter drives her to homes of those she knows need food.

“She’s short in stature but a giant when it comes to giving,” says Braxton, who leads the food distribution efforts in the county of 9,726 people, more than a quarter of them (26.6 percent) living in poverty, according to the U.S. Census Bureau. A May 2020 report said Lowndes had the state’s highest unemployment rate and its highest COVID-19 infection rate. As of this May, the county led the state in COVID-19 vaccinations; more than half of eligible people had received at least one dose.

Braxton, who has managed food distribution through the [Montgomery Area Food Bank](#) for at least 30 years, didn’t think twice when he was asked to distribute weekly food boxes delivered from June through December, a part of the U.S. Agriculture Department’s Farmers to Families program. “It is our mission to feed the hungry, clothe the naked,” Braxton says. “I don’t want anybody to be hungry. I’ve always had a passion to seeing that people, especially children, are well fed as well as well educated.”

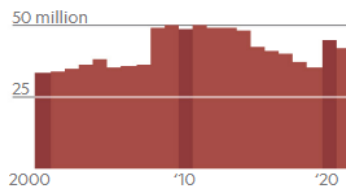
Neither is easy in Lowndes County, where people have to drive up to 30 miles to a city such as Selma or Montgomery to shop at a major grocery store.

“We’re a very poor county,” Braxton says.

Hunger rises again

U.S. food insecurity declined consistently in the decade after the Great Recession of 2007-09. By 2019, it had reached its lowest point in more than a decade. But then the pandemic upset this progress.

People in the U.S. living in food-insecure households



Riley D. Champine and Irene Berman-Vaporis, NGM Staff
Sources: USDA (2000-2019); Feeding America (2020-2021)

The jump in Americans who didn't have access to enough food in 2020 reversed what had been a downward trend.

For Ritha Luckie, 61, a single parent who cares for two adult children with special needs, the food boxes have been a great help. In March 2020, the pandemic closed the adult day-care center her sons attended five days a week while she worked as a lab assistant in a health clinic. A van used to pick her sons up before she went to

work. Once the center closed, she had to pay someone to come to her home before she could go to work.

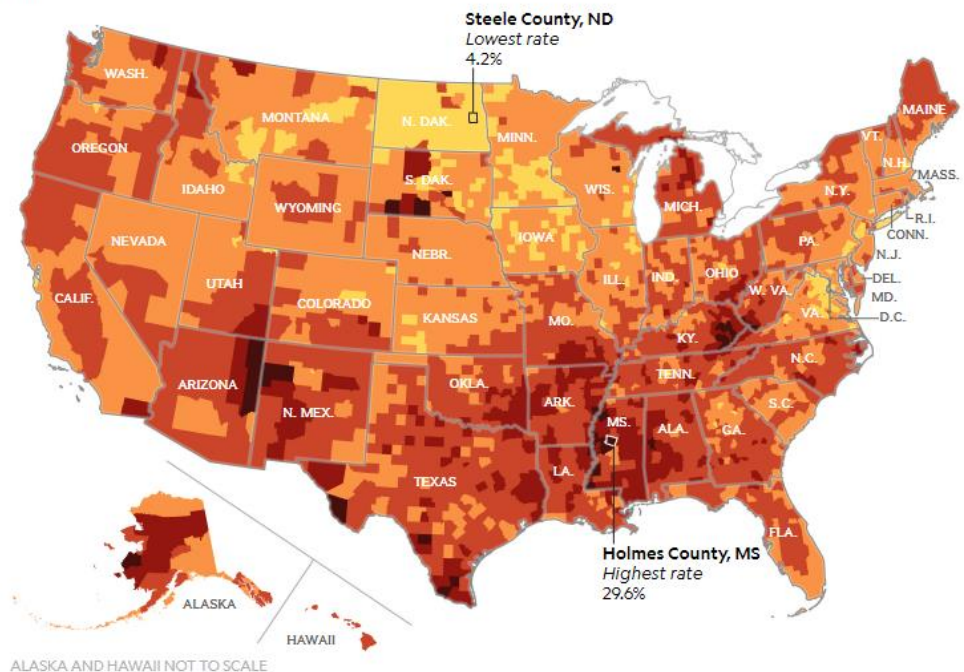
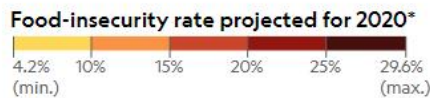
That’s when she started getting the food boxes. Both sons receive disability payments, but those aren’t enough to keep two grown men fed. “It’s been a blessing for me, and I know it’s been a blessing for a whole lot of people around here,” Luckie says. Usually the boxes contain milk, juice, and fresh fruits and vegetables, including a big bag of white potatoes. “I can do a lot with a bag of potatoes,” she says. “I can make hash browns, mashed potatoes, and boiled potatoes. I know how to make it stretch.”

Across the U.S., free grocery stores and community refrigerators are filling a void. Doctors and nurse practitioners are writing prescriptions for healthy food, and prominent chefs are prioritizing serving the community over profit. Volunteers and entrepreneurs are feeding the hungry.

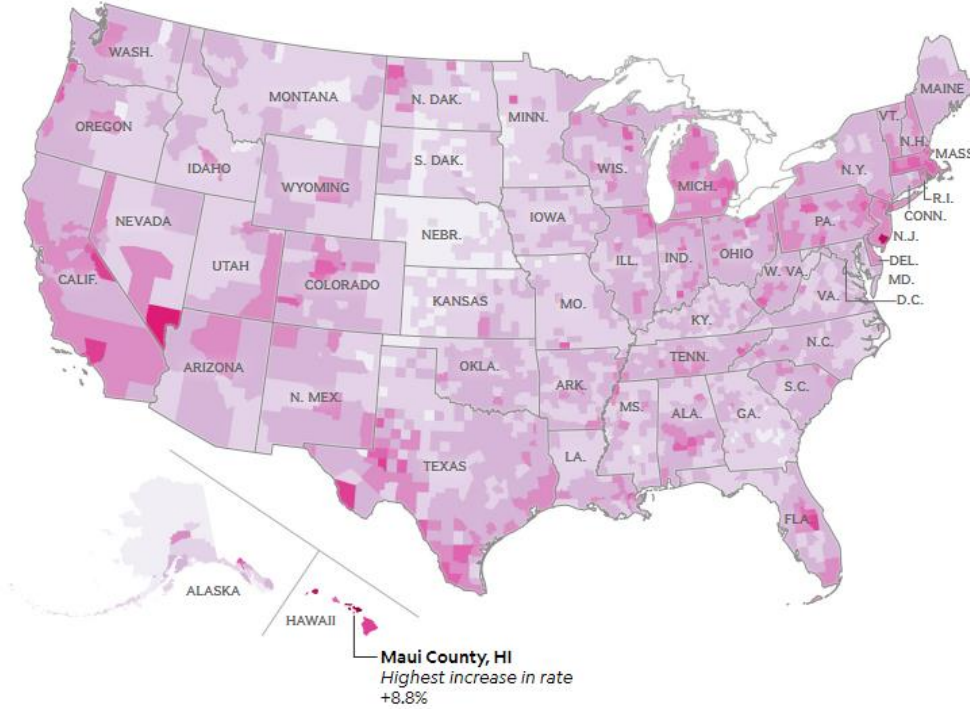
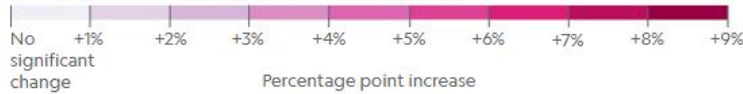
Where hunger spiked in the U.S.

When COVID-19 hit, many in the United States already on the verge of food insecurity were plunged into even deeper crisis. According to the hunger-relief organization Feeding America, an estimated 45 million people may have lacked sufficient access to food in 2020. The pandemic—erasing years of gains in the battle against hunger—appears to have caused food insecurity to rise in nearly every U.S. county.

Food-insecurity rate projected for 2020*



Change in food-insecurity rate, 2019 to 2020*



*THE FOOD-INSECURITY RATE FOR 2020 IS PROJECTED BASED ON AN ANNUAL UNEMPLOYMENT RATE OF 9.2 PERCENT AND A POVERTY RATE OF 11.1 PERCENT.

Unequal access

Communities of color were at a disproportionately higher risk of food insecurity well before COVID-19, and the pandemic has exacerbated long-standing inequities linked to factors including discrimination and systemic racism.

Drivers of insecurity

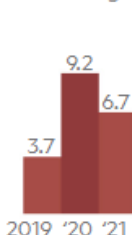
Unemployment and poverty have a substantial effect on the risk of household hunger. At the start of the pandemic, four in 10 people visiting food banks were there for the first time. Food insecurity is expected to decline in 2021.

People in food-insecure households, 2019

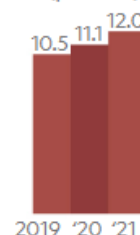


Unemployment

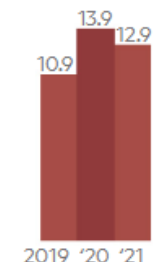
U.S. average annual rates (percent)**



Poverty



Food Insecurity



**RATES ARE PROJECTED FOR 2020 AND 2021.

Riley D. Champine and Irene Berman-Vaporis, NGM Staff

Sources: Monica Hake, Emily Engelhard, and Zuani Villarreal, Feeding America; "Household Food Security In The United States In 2019," USDA

*RATES ARE PROJECTED FOR 2020 AND 2021.

Riley D. Champine and Irene Berman-Vaporis, NGM Staff

Sources: Monica Hake, Emily Engelhard, and Zuani Villarreal, Feeding America; “Household Food Security In The United States In 2019,” USDA

Los Angeles, CA: Help for immigrants

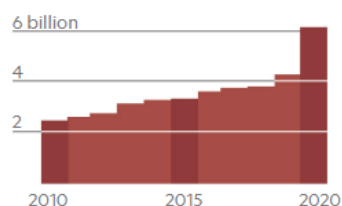
Juan Martínez, 50, who came to the U.S. from Mexico in 1998, worked two full-time jobs to help support his wife, Elizabeth, and their three sons, ages 17, 15, and eight. He’d work 10 a.m. to 4 p.m., five days a week, at one restaurant. Then he’d go directly to the other, working 4:30 p.m. to 11:30 p.m., six days a week. Most weekdays it was well past midnight before he’d get home. At the restaurants he’d do whatever needed to be done: wash dishes, take food to tables, do janitorial work.

When the pandemic hit and closed both restaurants, he went from working up to 70 hours a week to none. The pandemic has been especially devastating to undocumented workers such as Martínez because although they pay taxes, they were ineligible for stimulus checks, food stamps, and unemployment compensation. Martínez doesn’t know how he’d have fed his family without [No Us Without You LA](#). The initiative was launched in March 2020, when the nation’s economy came to a screeching halt, closing restaurants nationwide and leaving millions without work.

Responding to the pandemic

The amount of food distributed last year by Feeding America could provide every U.S. resident with three meals a day for more than six days. Its food banks served 44 percent more meals in 2020 than in 2019.

Meals distributed by Feeding America



Riley D. Champine and Irene Berman-Vaporis, NGM Staff
Source: Feeding America

It's not just about handing out food boxes: Attacking food insecurity also means reducing waste and promoting nutritious foods.

“No Us Without You LA was born out of frustration and anger,” co-founder Othón Nolasco says. When the pandemic hit, he and his business partner, Damián Diaz, watched as people reached out to help chefs, waitstaff, and other visible faces of the restaurant industry. They saw nothing being done for dishwashers, cleaning crews, and others often described as the backbone of the restaurant business. Many of those workers in Los Angeles are undocumented, they say, and therefore not eligible for federal aid.



QUEENS, N.Y.

On Tuesday mornings, CENTI Queens, a church and community organization, passes out free groceries to those in need. Volunteers create an assembly line for food distribution as the trucks arrive. Many people who pick up groceries say they lost jobs because of COVID-19 and are struggling to feed their families. People start lining up at about 9 a.m., and the food is distributed around noon.

PHOTOGRAPH BY NATALIE KEYSSAR

Nolasco and Diaz know the importance of the less visible workers because they started their careers as dishwashers themselves, learning the business from the back to the front of the house, and eventually starting a restaurant- and bar-consulting business, Va’La Hospitality.

“Both Damián and I began our illustrious careers as dishwashers,” Nolasco says. “We ran food, bused tables, and expedited orders as young college-age kids. This is where our deep respect for back-of-house staff comes from.”



The National Geographic Society, committed to illuminating and protecting the wonder of our world, funded Natalie Keyssar's storytelling about faith in the American South in 2020-21.

ILLUSTRATION BY JOE MCKENDRY

After 14- to 16-hour days running a bar, the only time they got to sit down for a decent meal was at the end of the day after closing, when the crew prepared a plate for them to share a “family meal.”

“Very simple dishes often made with the lesser cuts or scraps of what’s left over from the day’s prep, the meals were definitely made with lots of love,” Nolasco says.

Initially the pair used their own money to feed 10 families they know. They soon were buying more food and feeding more families, aided by donations as word spread of their efforts. Now No Us Without You LA is a nonprofit organization that feeds over 1,600 families a week.

Each family gets a 100-pound box of food weekly. Generally it contains a gallon of milk, 30 eggs, six pounds of beans, six pounds of rice, a variety of fruits and vegetables, and tortillas made from organic, non-genetically modified corn from a local company called Kernel of Truth Organics.

“It’s a huge, huge help. It feeds me and my family,” says Martínez. “I can’t imagine what life would be like without this program.”



QUEENS, N.Y.

A community refrigerator in Queens allows people to drop off or pick up donated food.

PHOTOGRAPH BY NATALIE KEYSSAR

Not everyone celebrates No Us Without You LA. Nolasco says the nonprofit group occasionally gets hate emails or calls from people opposed to undocumented workers getting assistance. Such backlash pains the group and those it helps. Merced Sánchez, a 59-year-old licensed street vendor who came to the U.S. from Mexico in 2001, calls the volunteers “professional servants for the community.” She and her husband, José, both worked two jobs before the pandemic.

“We work hard. The majority pay taxes and don’t commit crimes. Still, we are all labeled as criminals and dirty people. We are not bad people,” Sánchez says.

Houston, TX: ‘Meals with dignity’

When the pandemic shut down restaurants in Texas, chef Chris Williams pivoted from serving customers at his popular Houston restaurant to serving the community in a city that led the state in COVID-19 infections and deaths.

Initially he and the team at Lucille’s, well known for its southern cuisine spiced with international flavor, served frontline workers, focusing on sometimes overlooked night shift workers. Lucille’s served 3,000 meals in the first 20 days of the pandemic. Then Williams thought of another group he feared was being

overlooked: senior citizens living in nursing homes in impoverished, mostly Black communities.



HOUSTON, TEX.

Kimberline Rivas (at right) and Lawrence Walker, members of the Lucille’s 1913 kitchen staff, prepare meals to be distributed for free across Houston. Lucille’s 1913 is a nonprofit run by Chris Williams, owner of the popular restaurant Lucille’s. Williams targets “forgotten people” in retirement facilities and other places. Lucille’s 1913 now serves up to 800 meals a day for those in need. Neighborhoods receiving meals include one where Williams’s extended family resides.

PHOTOGRAPH BY GRAHAM DICKIE

“They’ve been uniquely affected; cut off from their families. Their families can’t come check on them,” Williams says. And he suspected the meals they were receiving weren’t prepared with the care and consideration he knew he could provide. His goal, he says, was to offer “nutritious, delicious meals that they will be excited about. You know, meals with dignity.”

With assistance from World Central Kitchen—chef José Andrés’s NGO dedicated to providing meals in the wake of natural disasters—Williams’s efforts grew into a nonprofit he named [Lucille’s 1913](#). It honors Williams’s great-grandmother Lucille B. Smith, a pioneering entrepreneur in Fort Worth. In 1913 she started a catering company that served the likes of Martin Luther King, Jr., and boxing champion Joe Louis. She used some profits from her business to push for better living conditions for African Americans in Texas.

Williams says Smith's spirit guides him. "The roots of her business are the exact same for this," he says. "She saw a definitive need in our community ... and she knew that she was uniquely positioned to make a difference in the community through the medium of food."



HOUSTON, TEX.

Chris Williams, chef and owner of Lucille's, stands next to a photograph of his great-grandmother, Lucille B. Smith, for whom the restaurant is named.

PHOTOGRAPH BY GRAHAM DICKIE

Lucille's 1913 now serves daily meals to up to 800 seniors, plus 150 students and 28 teachers and administrators at a school adjoining the nonprofit's kitchen. But the mission of Lucille's 1913 extends far beyond giving out meals.

Williams says he grew up with plenty but had friends who had very little on their kitchen tables. He sees lots of check-cashing stores and fast-food restaurants, but few markets with a variety of fresh produce.

So he's tackling the issue of food security from the ground up. Besides preparing meals, Lucille's 1913 will take stewardship of 74 acres in two Houston-area counties, Harris and Fort Bend. The land will be used for growing fresh produce and providing employment opportunities through the culinary arts. Williams also

plans to open two markets in those areas to sell produce and locally made products. People hired from those neighborhoods will learn farming or entrepreneurial skills while helping to feed people in their communities.



Left: Chef Ederique Goudia stands in the kitchen at the Jefferson Avenue Presbyterian Church. Goudia uses rescued food donated to the Make Food Not Waste organization to create healthy meals each week for local community members.

Right: The Detroit Community Fridge on the city's east side was founded by two Wayne State University students in August 2020 and gives people access to free fresh and frozen foods and other necessary supplies such as diapers, feminine products, and clothes. Additional fridges are planned across Detroit this year.

PHOTOGRAPHS BY SYLVIA JARRUS

Detroit, MI: Feed people, reduce waste

From the back lot of Jefferson Avenue Presbyterian Church you see both Indian Village, an upscale community of stately mansions directly behind the historic structure, and—one block over—a poorer community of vacant lots and modest homes that have seen better days. People line up for food, but not just boxes of canned goods and produce as is typical at many food giveaways. They get free meals, enough to feed a family of four to six, prepared in the church kitchen that is called the [Upcycling Kitchen](#) because the chefs turn food that otherwise would be garbage into gourmet cuisine.

The meals are an initiative of the nonprofit [Make Food Not Waste](#), an organization dedicated to improving the climate and the city's food security by reducing food waste. By showing people what can be done with the rescued food it receives, the group began an effort that it believes can save people money and help save the planet.



MINNEAPOLIS, MINN.

Cooks Rosa Sanchez (at left) and Dolores Hidalgo at Chowgirls Catering in Minneapolis prepare sandwiches to be distributed to people in need as part of the Minnesota Central Kitchen program.

PHOTOGRAPH BY DAVID GUTTENFELDER

Attacking food insecurity means more than giving away boxes; it requires systemic changes, says chef Phil Jones, a force behind Make Food Not Waste. “There’s so much more good that can be done for people and the planet,” says Jones, who also started a company called [Farmacy Food](#). It offers freshly prepared, appealing, and nutritious dishes at low cost. Its goal is to show people, especially those living in low-income neighborhoods, that you can get fast food that’s good for your budget and your belly.



The National Geographic Society, committed to illuminating and protecting the wonder of our world, has funded Explorer...[Read More](#)

ILLUSTRATION BY JOE MCKENDRY

Make Food Not Waste gets surplus food from grocers, vendors, and other local businesses. Meals are prepared weekly for about a thousand area residents. The group also hopes to teach them more about improving health one forkful at a time. “We’re encouraging people to try new flavors and eat more fruits and vegetables,” says Danielle Todd, founder and executive director of Make Food Not Waste. “You can get cheap food, something just to fill the body up, but it doesn’t fuel the body with the right things.”



Left: Michelle Vue carries bags of food, delivered by volunteers from the nonprofit organization Involve MN, back to the forest encampment where she, her partner, and others live in St. Paul. Vue moved to Minnesota from Mississippi in February 2020 and stayed with a friend in Minneapolis until he was evicted from his home in July. Vue and others in the camp are ethnic Hmong and have endured racist abuse from people who fear they’ll spread COVID-19.

Right: Kaitlin Knutson of Involve MN, left, hands a Thanksgiving meal to Christy Haanen, who lives in this tented encampment in a park in St. Paul. Before the pandemic, the police would force people to leave every few days and even destroy their shelters. “Not all of us choose to be out here,” Haanen says. “But many don’t have a family. They don’t have anybody. Except the family they made out here.”

PHOTOGRAPHS BY DAVID GUTTENFELDER

The Upcycling Kitchen aligns with her upbringing in New Orleans, Louisiana, chef Ederique Goudia says. “We were raised to treat everyone like family. This is a way I can use my skills, and do it in a way that’s dignified. Driving up for a meal is like picking up catering from your favorite chef or restaurant.”

The arrangement also challenges the chefs to be creative, because they never know what ingredients they’ll have to make culinary magic. “It’s fun to see what I get, then think about what can I create,” Goudia says. “The other day I got a huge amount of broccoli and created broccoli pesto over spaghetti, so people got to see broccoli prepared in a way that if you tasted it, you wouldn’t even know it was broccoli.”



A volunteer with Involve MN distributes Thanksgiving meals at a homeless encampment in St. Paul. The group was started in 2019 by Grant Snyder, a Minneapolis police officer, and his wife, Melanie, to serve the homeless and vulnerable. Minnesota, which boasts 16 Fortune 500 companies, has dozens of homeless encampments scattered throughout the Twin Cities area. The pandemic added more than 100,000 food-insecure people in the state in 2020. The Minnesota Central Kitchen, an initiative of the Second Harvest Heartland hunger-relief network, provides free meals at more than 50 sites in the Twin

Cities metro region. Through partnerships with MCK, furloughed chefs are paid to make meals for the hungry. The organization has served 1.5 million meals since March 2020. Eleven kitchens and catering companies participate in the program, which has saved 200 jobs and rescued 1.6 million pounds of surplus food.

PHOTOGRAPH BY DAVID GUTTENFELDER

Marvin Dixon, 52, a single father with two teenagers, says the food has been a blessing. He lives off Social Security because of an injury, but gets enough aid only for himself since he doesn’t have legal custody of his children, though they live with him. “The food from the church helps tremendously,” he says. “I don’t have to buy extra food with the little money I do have. And, you know, these teenagers, they can eat.”

If Congress Changes Food Stamp Requirements, Kids Will Go Hungry

By Sarah Bowen, Sinikka Elliott and Annie Hardison-Moody

Ms. Bowen, Ms. Elliott and Ms. Hardison-Moody are professors who have conducted a study on child hunger.

- July 1, 2018



Credit...Wenting Li

“What do you do when you’re hungry?” we asked Maylee, a 6-year-old girl. “I go to bed and think about eating,” she said.

We first met Maylee’s family in 2012, when we began a five-year study about food and poverty in North Carolina. Over the course of the project, we conducted multiple interviews with more than 100 poor and working-class mothers of young children, including Maylee’s mother, Ashley Taylor. We also made ethnographic observations of 12 families: accompanying them on trips to grocery stores and food pantries, tagging along during school lunches and doctor’s visits, and spending time in their homes as they cooked and ate. And in 2017, we interviewed the kids in each family.

Four months before we interviewed Maylee, her family’s food stamps had been cut off because of an administrative error. Ashley still hadn’t been able to get it straightened out. “It’s been tough,” said Ashley. She regularly went to food pantries, and Maylee and her younger sister received backpacks filled with food from their school. Ashley was always looking for sales and recipes that she could make on a budget, and she had cut back on the size of her own meals. But even with all her efforts, there just wasn’t enough. “The kids don’t eat the way that I’d like,” Ashley said.

In 2016, [children in 3.1 million households](#) experienced food insecurity at some point during the year. Whether temporary or chronic, food insecurity is [devastating for kids](#). As a nation, we have

historically tried to align our policies with the belief that we should do what we can to prevent children from being hungry. When he signed the National School Lunch Act in 1946, President Truman [said](#), “In the long view, no nation is any healthier than its children.” Almost 20 years later, President Johnson argued that the food stamp program [represented](#) a way of “apply[ing] the power of America’s new abundance to the task of building a better life for every American.”

Our national policies have long reflected, imperfectly, the moral imperative that children deserve adequate food. Until now.

The draft of the [farm bill](#) that was [passed by the House](#) on June 21 entails an important change in the rules governing the Supplemental Nutrition Assistance Program (SNAP, also known as food stamps). SNAP is the country’s most important food assistance program, serving [one out of every eight](#) Americans.

While SNAP already has work requirements for [able-bodied adults without children](#), the House’s proposal imposes an [even harsher policy](#) and extends it to parents of school-age children. It would require that most adults provide monthly proof that they are working or enrolled in at least 20 hours of work force training per week in order to receive support. Those who can’t comply — whether it’s because they can’t find a job or their work hours drop below 20 hours a week — could be locked out of the program for three years.

The Senate’s bipartisan version of the bill, [passed](#) last Thursday, does not include those changes to SNAP. As the House and Senate now try to reconcile their differences, a major question is whether the stricter work requirements that will leave more kids hungry will become law.

Tightening SNAP’s eligibility rules is one of the Republicans’ central goals. President Trump offered [his support](#), as did the [White House](#), for stricter work requirements in the farm bill, and the House Agriculture Committee chairman, Michael Conaway, [predicted](#) that the new work requirements would make it into the final version of the bill.

[Analysts estimate](#) that the new rules would impose large administrative costs on states and lead to more than one million people losing their food stamps. On average, each of those people would lose [\\$1,816 in SNAP benefits](#) annually. And because a majority of the people at risk are in households with children, the result would be more hungry kids.

The United States has held on to a tenuous agreement over recent decades that children deserve to have enough to eat, no matter what their parents do. The House proposal puts us in jeopardy of losing even this modicum of decency. Although the new rule technically targets adults, children will suffer as a result of it.

Eleven-year-old Avery, one of the kids in our study, knew that her dad sometimes skipped meals because he wanted “to make sure us kids get full.” Avery also said that when she got hungry, she went outside and ran around, or drank “bottles and bottles of water,” until the feeling went away.

Some kids talked about going to neighbors’ houses and asking for something to eat. Eight-year-old Clayton proudly explained that he collected cans and bottles to help pay for food for his family.

“If you could tell the president something about food, what would it be?” we asked dozens of the kids we interviewed. More than one child wanted to tell the president about their favorite food. Eight-year-old Phoebe’s answer has stayed with us: “That I don’t have enough.”

Millions of children in the United States are like Phoebe. The new SNAP rules proposed by the House would drastically cut many families' SNAP benefits, making an already harsh reality even worse for kids in food-insecure households. SNAP should not be restricted; to the contrary, it should be expanded, so that fewer families — and especially kids — are hungry.

Sarah Bowen is associate professor of sociology at North Carolina State University. Sinikka Elliott is assistant professor of sociology at the University of British Columbia. Annie Hardison-Moody is assistant professor of agricultural and human sciences at North Carolina State University.

A Heartbreaking Choice for Moms: Food or a Family's Future

We've studied mothers struggling to feed their kids. Trump's new rule will scare immigrant families into going without.

Aug. 21, 2019



Attorney General Xavier Becerra of California announcing that the state is challenging the Trump administration's new "public charge" rule that will make it difficult for immigrants who receive public assistance to obtain green cards. Credit...Justin Sullivan/Getty Images

By Sarah Bowen, Sinikka Elliott and Annie Hardison-Moody

Dr. Bowen, Dr. Elliott and Dr. Hardison-Moody are professors.

Between 2012 and 2017, as part of a study of how low-income mothers feed their children, we talked with women who had moved from Mexico and Central America to the United States. They came here because they wanted to be able to offer their children more than they'd had growing up, including a full belly at the end of every day. Over the course of our research — amid increasing ICE raids, tightened work restrictions and growing anti-immigrant sentiment stoked by President Trump's rhetoric — we found that many families became afraid to apply for food assistance programs. The Trump administration's [new "public charge" rule](#) will intensify this kind of fear for immigrant families, including those who are in this country legally. One result will be more hungry families and children.

By allowing the government to deny permanent legal status (also known as green cards) to people who have received public benefits like housing assistance, SNAP or Medicaid, the new rule — which will go into effect Oct. 15 if it survives legal challenges, including suits by [California](#), [New York](#) and [Washington](#) — will force families to choose between putting food on the table and the promise of future citizenship.

One of the most commonly used and vital public benefits is SNAP, also known as food stamps. With traditional “welfare” programs nearly decimated in many states, SNAP is one of the only resources that many people have to feed their families. Although SNAP benefits are [not available to undocumented](#) noncitizens, noncitizens in some categories are eligible for SNAP, and citizens — for example, American-born children in immigrant families — can receive SNAP even when other members of their family are undocumented.

But in a climate of heightened anti-immigrant sentiment, immigrant families have been increasingly opting out of SNAP, even before the new public-charge rule was announced. A recent study of [almost 40,000 caregivers of young children](#) found that SNAP participation decreased markedly among immigrant families in 2018, especially for families who had been in the United States for less than five years. And in our research with low-income Latina immigrant mothers and their families in North Carolina, we witnessed how their fears grew over time and prevented them from seeking the public supports to which they were entitled.

Take the case of Claudia, a woman who had immigrated from Mexico 14 years before we first interviewed her. During the time we knew her, Claudia had legal but temporary residency. Her five children, all born in the United States, were American citizens and eligible for SNAP, while Claudia’s partner, a day laborer, was undocumented.

During the winters, when Claudia’s partner couldn’t find enough work, her family frequently experienced food shortages. “There have been times when we were in bad shape and we’d run out of food,” Claudia recalled. “But what could I do? We didn’t have anything else.” Her problems were exacerbated by complications with their SNAP benefits, which she was nervous about renewing, because she was afraid to admit to “the government” that she needed help, worrying that doing so could somehow put her status at risk or lead to her partner’s deportation.

At the time of the study, the uncertainty and confusion Claudia and women like her experienced were understandable, especially given wide variation in eligibility for noncitizens across programs like Medicaid, SNAP and WIC. They worried that any misstep or misunderstanding could threaten their immigration status. Under the new rule, their worries will be based on something even more concrete. By refusing legal status to those who can’t afford food or health care and seek help, the rule will further drive immigrant families into the shadows, forcing them to sacrifice their health and security to maintain even a chance of receiving permanent legal status down the road.

And by discouraging immigrants, including those who are legally entitled to benefits, from seeking them, the harsher public-charge rule is at odds with a fundamental truth of the United States: that it is built on immigrant labor and would not exist were it not for the sacrifices and suffering of the people who have landed on its shores tired, poor and hungry.

Sarah Bowen is an associate professor of sociology at North Carolina State University. Sinikka Elliott is an associate professor of sociology at the University of British Columbia. Annie Hardison-Moody is an assistant professor of agricultural and human sciences at North Carolina State.

<https://www.nytimes.com/2019/08/21/opinion/public-charge-rule.html>



U.S. HOUSE OF REPRESENTATIVES
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U.S. HOUSE OF REPRESENTATIVES
Committee on Rules

**ROUNDTABLE: “Ending Hunger in America: Examining the Reality
of Benefit Cliffs”**

October 27, 2021



Testimony to the Rules Committee, United States House of Representatives October 21, 2021

Stephanie Hoopes, Ph.D., National Director, United for ALICE

Good morning. I'm Stephanie Hoopes, National Director of United For ALICE, a driver of innovation, research, and action around individuals and families experiencing financial hardship. Thank you for inviting me to this House Rules Committee roundtable on food insecurity. I'd like to introduce you to someone very important to this conversation — someone you all know, but maybe not by name. At the center of the dual health and economic crises of the COVID19 pandemic is ALICE: households that are **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, with little or no savings, struggle paycheck to paycheck to afford essentials in the communities where they live, but often make too much to qualify for public assistance. As such, is at the center of the dual health and economic crises of the COVID19 pandemic.

When ALICE doesn't make enough food is often the first to be cut from the family budget, thus, food insecurity is the canary in the coal mine for policy makers, indicating bigger problems beyond food. We have all seen food insecurity increase during the COVID-19 pandemic for those who did not have enough resources to meet basic needs. Food insecurity does not exist in isolation; job losses, reductions in wages, housing instability, health issues, and social isolation all contribute. As an indicator of the impact, the increase in food bank and food pantry usage during the Great Recession mirrored an increase in the number of ALICE households. We don't know the full impact of the pandemic yet.

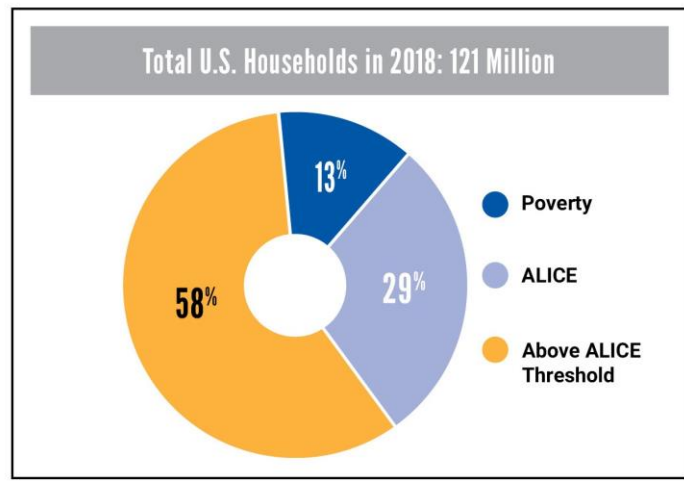
Who is ALICE?

We all know ALICE. You have probably already interacted with several ALICE workers today: the server at your coffee shop, your child's child care worker, the security guard in the parking lot. During the pandemic, ALICE was the essential worker who enabled many of us to work from home. ALICE is your neighbor, your grown child, your parents. Many of us have ourselves been ALICE. The ALICE data dispels many myths and stereotypes about who is struggling financially. ALICE households come in all ages, race/ethnicities, genders, and household combinations. They live in cities, suburbs, and rural areas. In fact, they live in every county in the U.S.

Two years before the pandemic, 51 million households in the U.S. struggled to get by (Figure 1). Technically, ALICE households earn above the FPL but below the ALICE Threshold (our measure based on the bare-minimum ALICE Household Survival Budget). In 2018:

- 16 million households (13%) earned below the FPL
- 35 million households (29%) — more than twice as many — were ALICE
- Combined, 42% of households in the U.S. were below the ALICE Threshold

Figure 1. Households by Income, United States, 2018



Sources: ALICE Threshold, 2018; American Community Survey, 2018

ALICE topline demographics

The ALICE data dispels many myths and stereotypes about who is struggling financially. For more details, visit our website, UnitedForALICE.org

- **Race/ethnicity:** The largest group in absolute terms are White households (29 million). Because some groups faced additional barriers to higher income, they also disproportionately faced financial hardship. Notably, 60% of Black households, 57% of American Indian/Alaska Native, and 56% of Hispanic households were below the ALICE Threshold, compared to 36% of White and Asian households.
- **Household type:** The largest group in absolute terms are single or cohabiting households with no seniors or children under the age of 18 (23 million). Families with children account for almost one-third of households below the ALICE Threshold. In percentage terms, single-female-headed families were more than three times as likely to be below the ALICE Threshold as married-parent families. Seniors are also disproportionately ALICE.

Why did we create the ALICE metrics?

Like you, we were trying to understand what was happening and how many families were struggling in our community and our economy. In 2008, I was on the grants committee of United Way of Morris County, excited to have a pool of resources that we could target on this relatively affluent county's small population in poverty (4-5% at the time). But the grant applications revealed much greater financial hardship, and we couldn't make sense of the mismatch. As a professor at Rutgers at the time, I undertook an investigation into why the official, traditional economic measures weren't painting an accurate picture of what was happening in our community.

The main problem was the Federal Poverty Level (FPL). The FPL is based on the same set of assumptions used when it was created 60 years ago to measure the impact of Lyndon Johnson's war on poverty. Interestingly for this committee, at the core of the FPL is food: The FPL is based on the assumption that food should account for one-third of your household budget, and its calculations are made on that basis. But food now accounts for closer to 10% of the budget; the levels were never adjusted, only increased by the rate of inflation, leaving the FPL at an impossibly low threshold for economic survival.

The criticisms of the FPL are well known — it fails to account for some of the biggest household expenses such as housing and child care, it has not adapted to a changing economy (such as the change in the cost of food), and it does not account for geographic variation within or between states (except Alaska and Hawai'i). The FPL is the same in Indianapolis as it is in New York City, even though the cost of living in Indianapolis is 30% less.

So we calculated what it actually cost to live and work in Morris County, NJ — the bare minimum for housing, child care, food, transportation, health care, and taxes — and found it was several times higher than the FPL. This is a no-frills budget that we call the ALICE Household Survival Budget; the full breakdowns of the Budget by county and household type are available on our website, [UnitedForALICE.org](https://www.unitedforalice.org). For insight, this Budget uses the USDA Thrifty Food Plan for the cost of food (which is also used for SNAP). How much is that? About \$260 for a single adult – for a month (in 2019). Not \$260 for a week (or one nice dinner out for your family). That's \$260 to last for 30 days (ALICE Report for Michigan, 2019). And this bare-bones budget does NOT include savings, a vacation, or even a child's birthday present. This is not a sustainable budget — just the minimum needed to get by.

We then calculated how many households in Morris County earned below the Survival Budget — and we found that instead of 5% of families struggling, the actual number was 25%. One-quarter of families in the county couldn't make ends meet.

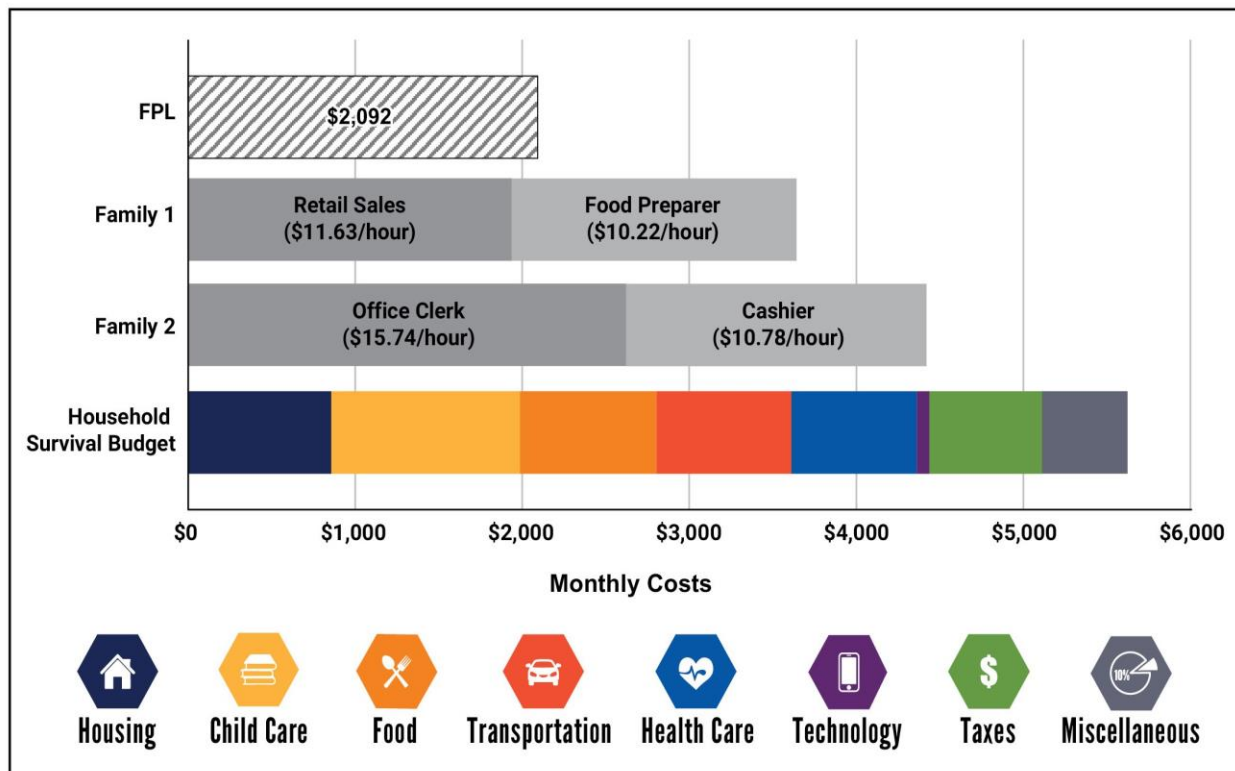
We named these households ALICE, shared the budgets and demographics in a report — and I thought my work was done. But then people started recognizing ALICE, and using the ALICE measures, and wanting to change policy to help ALICE families. A year later, I heard from a county official that she'd just left a meeting where in the middle of a policy debate, a colleague asked how the new policy initiatives would impact ALICE. At that point, I knew we had created something valuable.

Fast forward 12 years, 300 research advisory committee members, and hundreds of state and local partners later, and we have ALICE data for every state and every county in the country. We have 24 partner states, dozens of reports, and a robust interactive website. Our non-partisan research is non-partisan and our rigorous methodology is transparent and regularly reviewed by external experts. The ALICE measures and data have grown in response to demand from users, and they have become part of the national dialogue on financial hardship.

Why are there so many ALICE households?

The key is the match — or mismatch — between wages and the basic cost of living. The core of the problem is a simple fact: The cost of household basics is higher than the wages of many of the most common occupations. The Household Survival Budget reports the cost of the essentials (housing, child care, food, transportation, health care, and a smartphone plan, plus taxes) needed to live and work in the modern economy. In 2018, the national average annual budget for a family with two adults and two children in child care was \$67,476 — three times the FPL for that family (\$25,100) and more than the median wages of each of the four most common occupations nationwide. For example, a family with both parents working full-time — one in retail sales, earning the median hourly wage of \$11.63 (or an annual salary of \$23,260), and the other in food preparation, earning \$10.22 per hour (or an annual salary of \$20,440) — cannot afford this budget. A family with the next two most common occupations — office clerk (\$15.74 per hour) and cashier (\$10.78 per hour) — also falls short (Figure 2).

Figure 2. Family Household Survival Budget vs. Income and FPL, United States, 2018



Sources: ALICE Household Survival Budget, 2018; Bureau of Labor Statistics - Occupational Employment Statistics, 2018

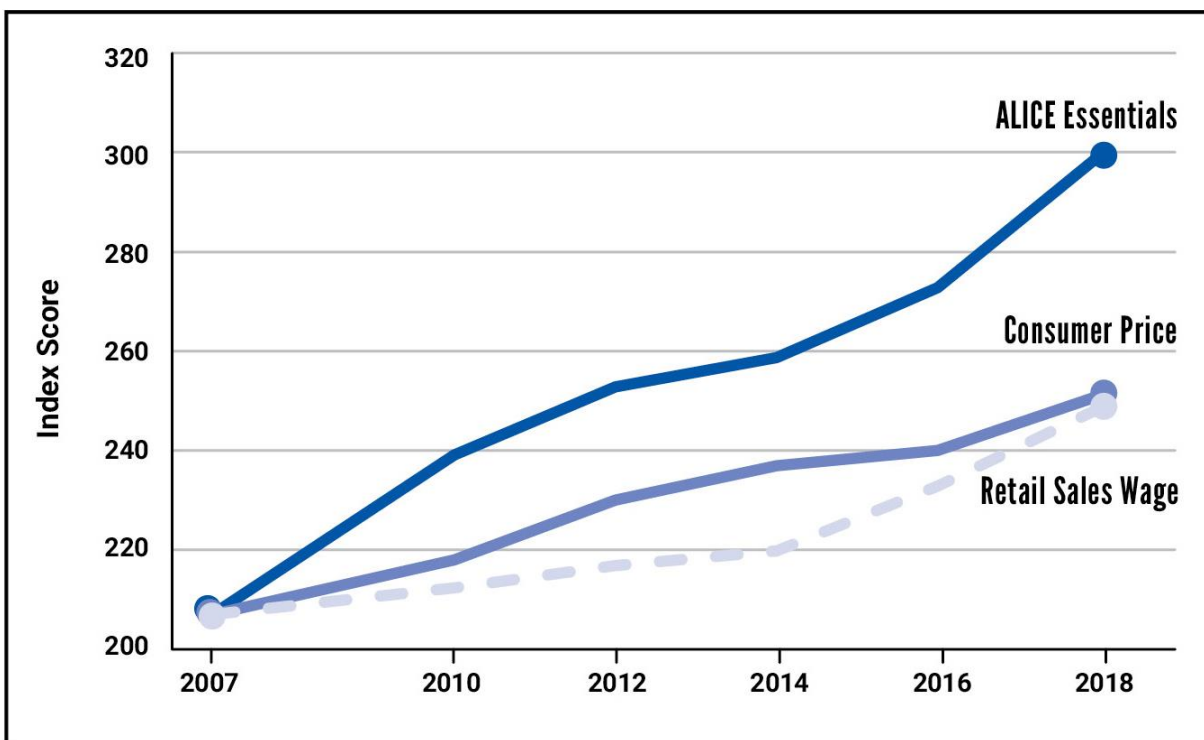
How are the costs of basics changing compared to the overall rate of inflation?

The ALICE Essentials Index is an ALICE tool that tracks the increase in cost of the household necessities included in the Household Survival Budget (dark blue line in Figure 3). The costs of these items are increasing 3–4% annually, almost twice as fast as the overall rate of inflation (1.8%) (light blue line) tracked by the Consumer Price Index (CPI), which looks at all goods and services that people in metropolitan areas buy. Both indices show that for many ALICE workers, costs are increasing faster than wages. In Figure 3, the average wage of a retail sales worker

(blue dotted line) is not keeping pace with either the increasing costs of essentials in the ALICE Essentials Index or with overall rate of inflation shown in the CPI.

The impact is even starker for those who also depend on public assistance. Families with children reliant on the Supplemental Nutrition Program for Women with Infants and Children (WIC), or those with a disability who rely on Supplemental Security Income (SSI), are seeing the value of their benefits erode over time as costs rise.

Figure 3. ALICE Essentials Index vs. CPI, United States, 2007–2018



Sources: ALICE Essentials Index, 2007–2018; Bureau of Labor Statistics—Consumer Price Index, 2007–2018. For more information, visit www.UnitedForALICE.org/Essentials-Index.

Does ALICE benefit from public assistance?

Despite their increasing struggles, most ALICE families do not meet the technical definition of being in poverty and therefore are not eligible for most public assistance programs.

With the focus of this roundtable being food insecurity, let's examine who is eligible for the primary food assistance programs — those earning at or near the FPL:

- Supplemental Nutrition Assistance Program (SNAP): 130% of FPL (\$33,475 for a family of four in 2019)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 185% of FPL (\$47,368 for a family of four in 2019)
- School meal programs: 130% of FPL for free meals and between 130% and 185% of FPL for reduced-price meals (between \$33,475 and \$47,368 in 2019).

Yet the cost of basics is almost double these eligibility limits in most places. For example, in Michigan, the Household Survival budget totaled \$64,116 in 2019 for a family with two adults and two children in 2019. Which means that the thousands of families earning between \$33,000 and \$64,000 were struggling, but were not eligible for SNAP benefits. As a result, food banks and food pantries that do not ask for income information are often inundated with ALICE families trying to get by.

How did the COVID-19 pandemic impact ALICE families?

Our new report, [The Pandemic Divide: An ALICE Analysis of National COVID Surveys](#), provides the first look at the impact of the pandemic on ALICE households. The report reveals that experiences and realities diverged during the pandemic: ALICE families struggled financially, physically, and emotionally, while households with higher incomes were more likely to report 'living comfortably.'

The report reveals that food insecurity in particular was a major concern for ALICE during the pandemic. Despite emergency SNAP, unemployment insurance, and stimulus payments, ALICE households struggled to afford food. According to one survey, 39% of respondents below the ALICE Threshold said they had difficulty meeting food needs, compared to only 8% of those above the Threshold.

Families with children especially struggled with access to and affordability of food throughout the pandemic. Among respondents below the ALICE Threshold with children:

- Four in ten (41%) reported that “sometimes” or “often” their children were not eating enough because the household couldn’t afford enough food. While this was less common in higher-income households, a substantial 17% of respondents above the ALICE Threshold also struggled to afford food for their children (U.S. Census Bureau’s Household Pulse Survey, January 20–February 1, 2021).
- More than half (56%) reported that they were concerned about having enough food for the household compared to 15% of respondents above the Threshold with children (United For ALICE COVID-19 Impact Surveys).
- Nearly half (49%) of both Black and Hispanic respondents reported difficulty affording food for their children during the pandemic, compared to 35% of White respondents (Household Pulse Survey, January 20–February 1, 2021).

“This pandemic has completely impacted my family. One [household member] completely lost a job, no unemployment [insurance], and can't find another job. Another [household member] is working less hours and cannot afford anything. I go hungry so my kids can eat. Food stamps got taken away because of what I make...”

*- United For ALICE Survey respondent,
Shenandoah Valley, Virginia*

- 21% reported facing food insecurity due to lack of meals provided at school, compared to 7% above the Threshold (University of Southern California’s Understanding America Study’s Understanding Coronavirus in America survey).

Will increasing ALICE workers’ wages lead to families falling off the “benefits cliff”?

Increasing the take-home pay of the lowest-paid workers has enormous benefits for the health of all family members and for child development, as well as societal benefits in terms of lower levels of crime and higher rates of civic participation. Research also indicates that there is little or no effect on employment, hours, or benefits. See our [ALICE Wage Tool](#) fact sheet for more information.

Since the eligibility level for public assistance is far below the ALICE Household Survival Budget, most ALICE families do not receive benefits. The benefits cliff¹ is a serious issue for households in a small income band, close to the FPL.

To identify specific scenarios of the impact of wage growth on eligibility for benefits over time, the Federal Reserve Bank of Atlanta, in partnership with United For ALICE and United Ways, are offering a new Career Ladder Identifier and Financial Forecaster ([CLIFF Dashboard](#)). The CLIFF tool:

- Shows graphically the gap between eligibility for public assistance and the ALICE Household Survival Budget.
- Helps career coaches advise job seekers about which jobs can earn enough to support the Household Survival Budget and lead to financial stability.
- Helps policy makers understand how tax revenue is impacted by wage growth.

In the long term, ALICE families would benefit from more accessible benefits and those that support a career ladder where steps include work and training and allow for life changes. In the short term, families that receiving public assistance would benefit from coordination between the agencies that provide benefits (for example, HUD and USDA) and a gradual phase-out of those benefits as their earnings increase allowing for a smoother transition.

How do families move from poverty to financial stability?

Because there is no one type of ALICE family, there is no one solution. And because there are so many households that are in poverty or are ALICE, moving 51 million households to financial stability is a huge undertaking.

Our new report, *The Pandemic Divide*, provides some insights into the characteristics of those whose financial situation improves over time. While most respondents below the ALICE Threshold reported in November 2020 that their current financial standing was worse off or at least stayed the same compared to 12 months earlier, 19% reported being much better off or somewhat better off (Federal Reserve Board’s Survey of Household Economics and

¹ The benefits cliff is a term used to describe the point at which a worker becomes ineligible for public or private assistance due to an increase in wages. In some cases, the higher wage is less than the value of the assistance; these workers experience a sharp drop in their net income (the cliff).

Decisionmaking (SHED), November 2020). Characteristics of this group provide some insight into what helps families to be more financially stable:

- Respondents below the ALICE Threshold who reported being somewhat or much better off were more likely to have worked full time, received a raise or promotion, started a new job, had insurance through an employer or union, maintained a savings or checking account, kept rainy day funds, had a retirement plan on track, and been very confident in approval for credit.
- Those below the ALICE Threshold who reported being somewhat or much worse off were more likely to have worked part time, been laid off or lost a job, had household income that varied quite often from month to month, rented rather than owned a home, had to pay an unexpected medical bill out of pocket, owed outstanding credit card debt, set aside no rainy day funds, had medical debt, and was not confident in approval for credit.

The results presented in *The Pandemic Divide* reveal that those who were struggling the most received public assistance, namely TANF, SNAP, Supplemental Security Income (SSI), free or reduced-price lunch, stimulus payments, unemployment insurance, Medicare/Medicaid, or free groceries or meals — an indicator that public assistance was reaching those most in need. The survey results also confirm that even as households received public assistance, they continued to struggle during the pandemic. More research needs to be done to understand the full impact of different assistance policies and vehicles over time. And more work needs to be done to create public assistance programs that can do more than serve as a stopgap measure during a crisis; ultimately, ALICE families need a path to long-term financial stability.

Conclusion

We urge you to take head of the canary in the coal mine and persevere in your work to end food insecurity — and to address all the underlying causes. Security in food — and in housing, child care, transportation, and health care — will make a world of difference for ALICE families. It will also have a positive impact on our wider communities, and on the overall economy. If there's something we have learned from the pandemic it's that we can't live without ALICE, we need ALICE. The strength of the U.S. economy is inextricably tied to the financial stability of its residents. When more people participate in the economy, there is more consumer spending, greater tax revenue, and reduced demand for public services. The more people participate in the U.S. economy, the more it will grow.

With this testimony, I hope that you are persuaded of the value of the ALICE measures in assessing hardship county by county and across the U.S. And I encourage you to consider the essential ALICE workers in your life when making new policy — just as the official did in Morris County, NJ all those years ago.

There's much more in our reports and on our website. And the United For ALICE team would be happy to provide a briefing on our new pandemic report or a tour of our website for your staff or colleagues.

Thank you for inviting me to provide this testimony today.

Dig Deeper with United For ALICE Tools and Resources:

- **Meet ALICE in your community** with our [on our website](#), with topline ALICE data on every U.S. county and more detailed data for our 24 United For ALICE partner states
- **Read about the impact of the pandemic on ALICE households** in our new report, [The Pandemic Divide: An ALICE Analysis of National COVID Surveys](#)
- **Learn about change over time in the cost of household essentials** through a United For ALICE signature measure, the [ALICE Essentials Index](#)
- **See COVID-19 cases mapped with ALICE data** using our [ALICE & COVID-19 Tracker](#)
- **Explore how wage levels impact ALICE households** and what wages different occupations pay by location using the [ALICE Wage Tool](#)
- **Learn more about the difficult decisions that households face when they can't afford the basics** in our Report, [The Consequences of Insufficient Household Income](#).
- **Gain deeper understanding of the United For ALICE methodology** in our [Methodology Overview](#)
- **Try the Federal Reserve's Career Ladder Identifier and Financial Forecaster (CLIFF) Dashboard**. It is designed to help financial, career, and education coaches identify where benefits cliffs can occur, so that they can help their clients anticipate and navigate those barriers to achieve their career and financial goals.

About United For ALICE

United For ALICE is a driver of innovation, research and action to improve life for ALICE (Asset Limited, Income Constrained, Employed) households and all across the country. Through the development of the ALICE measurements, a comprehensive, unbiased picture of financial hardship has emerged across the U.S. Harnessing this data and research on the mismatch between low-paying jobs and the cost of survival, ALICE partners convene, advocate and collaborate on solutions that promote financial stability at local, state and national levels. This grassroots ALICE movement, led by United Way of Northern New Jersey, has spread to 24 states and includes United Ways, corporations, nonprofits and foundations in Arkansas, Connecticut, Delaware, Florida, Hawai'i, Idaho, Illinois, Indiana, Iowa, Louisiana, Maryland, Michigan, Mississippi, New Jersey, New York, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Virginia, Washington, West Virginia and Wisconsin; we are United For ALICE. For more information, visit: UnitedForALICE.org.



United States House of Representatives Committee on Rules Ending Hunger in America: A Conversation about Benefit Cliffs

Written Testimony of Karen Schoellkopf, Founder, CEO of Leap Fund
October 27, 2021

Chair McGovern, Ranking Member Cole, and Members of the Committee,

Thank you for inviting us to participate in this important conversation about benefits cliffs. I'm Karen Schoellkopf, the Founder and CEO of Leap Fund, where we've been singularly focused on benefits cliffs and their effects.

BENEFITS CLIFFS AND THEIR IMPACTS

Benefits cliffs (also called "the cliff effect") occur when someone earns more income at a job, but because of that increase in income, is no longer eligible for public benefits that were worth much more. The problem affects working Americans across the country who earn more money at a job just to make less money overall.

I started working on the benefits cliff issue in 2018, and investigating it with a human-centered, user-centered approach. This means we went directly to public benefits recipients, and the community based organizations (CBOs) providing services to ask, "Is this something you've ever heard of or experienced?" The answer was a resounding yes.

One of the biggest things to keep in mind is that no one knows if they'll hit a benefits cliff until after it's already happened to them.

We learned that there are 2 sets of people affected by benefits cliffs:

1. Those who will actually hit a benefits cliff, and will face a financial catastrophe
2. A much wider group of folks making financially conservative decisions out of FEAR of hitting a benefits cliff

What that means is that people are turning down raises and promotions, cutting hours, and leaving jobs, out of this fear.

It actually has a term named "parking at the cliff", and means that people get stuck not just in utilizing benefits, but trapped in poverty altogether. Working Americans are unable to move ahead in their careers, their education, and their ambitions, because the math doesn't make sense.

Public benefits policies are designed for people to survive in an emergency, but not to actually thrive. What I've heard in talking to working Americans who receive public benefits, is that there's not a single person who doesn't want to work. But with varied and vague benefits policies that don't even address benefits cliffs, it becomes a punishing game of musical chairs, where people scramble to secure financial security as they try to achieve their American dream.



The benefits cliff creates a disincentive to work, but **it's in policy, not in people**. People receiving public benefits are simply working within the parameters defined by policy and making strategic decisions, based on the limited information available.

With new and expanded benefits programs proposals in the Build Back Better Act, extensions of pandemic supports, and increase in the value of the benefits, the time is ripe for governmental review from a federal level, to holistically address benefits cliffs.

LEAP FUND AND OUR APPROACH

At [Leap Fund](#), we're tackling the benefits cliff issue in three ways: our goal is to find, bridge, and eliminate benefits cliffs altogether.

Find the Cliff: Transparency for benefits cliffs

To find the cliff, we took on the issue of transparency: we built a calculator that predicts benefits cliffs, informed by feedback from people receiving public benefits and coaches. Not knowing if you'll hit a benefits cliff is essentially a black box algorithm that runs against people. We're running a Benefits Cliff Coaching Program now, with partners across the country, that trains coaches to talk with clients about benefits cliffs and their potential affects. The overall goal is to bring more information to clients so that they can make the important decisions in their lives, like a client who was able to negotiate their salary by better understanding their particular benefits cliff.

A few quotes from 4 different coaches who have participated in our Benefits Cliff Coaching Program and used our calculator to discuss benefits cliffs with their clients:

*We leveraged Leap Fund's calculator to help participants make **smart, data-driven financial decisions** based on their unique circumstances (request an increase in hours, take or turn down a promotion, etc).*

-

*We're really **thankful for a tool to have concrete conversations** with clients around what benefits look like, and if things change, what that may look like.*

-

*This has been a **good tool for 'what ifs'**. Most of the feedback has been around adjusting certain types of income. Like, 'What if I gain custody of my son?' With the calculator I can predict and [adjust for that].*

-

*With all 32 of our participants headed into full-time seasonal work, the calculator became a **fantastic tool to help them figure out** what benefits would look like going into their new jobs.*

Bridge the Cliff: Avoid the benefits cliff altogether

We also know that transparency is not enough. That's why we're focused on bridging the cliff. If someone finds out that they will hit a substantial benefits cliff, it can be strategic for them to turn

down a raise, a promotion, or more hours to avoid sending their family into a financial catastrophe. We've designed an employer-based financial solution pilot to help people bridge the cliff.

Benefits cliffs aren't just a public benefits issue, they are truly a workforce problem, particularly for employers paying at or around minimum wage in their state. Holistically, no one knows how many workers are susceptible to these benefits cliffs. While it varies by industry, it's likely that around [1 in 5 employers](#) have workers facing benefits cliffs. The financial conservative decisions that workers are making in fear of hitting benefits cliffs impacts an employer's ability to attract and retain talent, maintain predictable scheduling, and can contribute to churn. Industries affected include restaurants and hospitality, retail, healthcare and more.

While this is a newer issue to tackle from the federal government perspective, it's also novel for employers to consider. When we started talking with employers in 2019, many had never heard of the problem, let alone considered the impact it might be having on their workforce. But in the past year through the pandemic, some employers have been quickly upskilled in the mechanics of how this works, in negotiating with their workers on the types of decisions that they're weighing.

There is still more work to do in bridging the gap between employers' and workers' understanding of this issue, from awareness to action. Employers can be a real partner in this work, and are interested to do so, but the learning curve has been steep. Transparency about benefits cliffs must include giving employers and workers the tools to talk about the issue together.

Eliminate the Cliff: Policy change is required

To eliminate the cliff, we're focused on data and storytelling to support policy change. This is one of the reasons we're so excited to be invited to share our work and experience, as governmental partnership is crucial to this issue.

One of our initiatives includes creating benefitscliff.com, which is an educational site solely focused on the benefits cliff issue. When we started in 2018, there was no way to understand who was already working in this space and what they were finding, nor a centralized understanding of who was thinking about policy change and in what ways. We created this website to "open-source" what has already been done around benefits cliffs, so that no one has to start learning about the issue without context, and we can all build quicker and smarter.

There's a real opportunity for the federal government to step into ownership of this issue in a more holistic and rules based way. Not only in understanding the studies and changing policies, but also in more tactical ways, such as making benefits cliff calculators a norm in every benefits agency across the country. There's a lot of work to be done, and shared information is the key to unlocking it.

RECOMMENDATIONS

1: Collect data at scale to fully scope the benefits cliff problem

Knowledge gaps for legislators and agencies

When we started in 2018, we also reached out to folks shaping and enforcing the policies so that we could better understand the issue. We talked with benefits agencies, legislators, as well as think tanks, and asked them if they had heard about the benefits cliff.

The answers we got back were starkly different from public benefits recipients and CBOs. Some had never heard of the issue, some had heard of the issues, but asked me “Haven’t we already solved this?”, and some agreed that it was an important issue but a lower priority amongst many other needs. This illustrates the gap in understanding and urgency between those creating and enforcing the policies, and the public benefits recipients themselves.

Knowledge gaps for employers and workers

This gap of understanding also exists between what workers are experiencing on the ground, and employers’ impression about what their workers need and want. Frequently, workers don’t share about their public benefits with their boss or manager, because there can be stigma around receiving them, and they can sometimes view it as their own private situation. Similarly employers can be hesitant, as some have put it, “to be involved in their employees personal lives.”

Some employers we talked to said they had workers who did in fact turn down raises or promotions. I said, “Oh that’s interesting, did you ask them why?”, and they said, “Huh, no I did not.” There’s this unlit hallway between bosses and workers, which is dark mostly out of fear, misunderstanding, and stigma.

Data Collection Needs

The gaps in understanding stem from a lack of data and understanding. No one knows how many people actually hit benefits cliffs. This is for a variety of reasons, including that government agencies and information is silo’d, data is not shared between agencies let alone with people receiving public benefits, and more often than not, the necessary data to truly understand the scope of the problem is not tracked or collected at scale in the first place. This means benefits cliff data can be hard to come by, or distinctly local, based on who has independently run a study. It’s critical to understand how many people are turning down jobs and promotions and why, and the federal government is uniquely positioned to collect this data at scale, to better understand the scope of the benefits cliff problem nationally.

2: Streamline the benefits experience and make it digital

User-centered Functionality

We expect other tools to be online, accessible, and understandable (from student loan interfaces, to music streaming services, to tax filing, to social sharing apps). Public benefits must rise to the occasion, and meet the minimum standards that other contemporary tools comply with. The bare minimum is to make public benefits accessible digitally. Interoperability must be the goal.

Public benefits are varied and complicated – but the benefits recipient experience should not reflect that complication (similar to many other modern day digital tools like payroll and health benefits software, that present easy-to-use interfaces for complicated functionality). Public benefits recipient should have:

- A single benefits application with auto-enrollment for anyone who applies that is found eligible
- A single log-in to access information about the benefit, or suite of benefits, they are receiving
- Transparency into how the benefits programs work and interact with each other
- Accessibility via phone, SMS, chat, email, and mobile and web, to check on applications, eligibility, benefits disbursement, ask questions, and more. This implies investment in improving customer support capacity and service as well.

Addressing Inequality: How policy is written

At Leap Fund, we believe that everyone receives benefits; including people from every income bracket and corporations. We view both SNAP and the mortgage tax credit as government benefits. The difference in these policies is around the trust and transparency that's built into the regulations. For middle and high income earners, policies reflect high trust and believing best intentions. For low income earners, policies reflect low trust and designing for the worst actors. This is how inequality is built into and codified in the policies. In visiting this issue holistically, there's an opportunity to ensure that the inequality is rebalanced.

3: Discuss benefits cliffs with public benefits recipients

Transparency about benefits cliffs is the government's responsibility, and more than a simple calculator tool. Every benefits agency across the country should not only utilize a benefits cliff calculator with their clients, but openly discuss the concept in general, and explore specifics about when or if a benefits cliff may occur for the recipient.

Designing tools with empathy: a cautionary tale

You won't find our calculator online through a web search – we've specifically embedded our program within coaching practices, so that there is a trained professional walking through the issue with the client. Given that benefits cliffs are not currently discussed with public benefits recipients, embedding within coaching is critical to combat the lack of awareness and transparency, as misinformation and rumor often fill that gap. We determined that if we put our

calculator online for anyone to self-serve, users would be left with questions or concerns about how this affects their ambitions and goals, but would have no one to discuss it with. This leaves someone with confusion, or worse, true anxiety and distress.

Assuming that a digital interface can stand in for an actual transparent and clear discussion of the benefits cliff issue is a mistake. There was an unfortunate example that occurred in 2020, that serves as a cautionary tale: a 20 year old man used the Robinhood investment app to learn about investing, misread the interface and thought he had lost close to a million dollars - he committed suicide out of fear and anxiety of the anticipated loss. As [Forbes](#) reported: “When he saw that \$730,000 number as a negative, he thought that he had blown up his entire future.” We know that the dollar amounts may be different for public benefits, but the urgency and fear about finances is the same. Acknowledging and discussing benefits cliffs is a necessary part of transparency.

Addressing Inequality: Employer dynamics

In the current environment, there should also be acknowledgement of the power dynamic employers may wield. If an employer were to utilize a benefits cliff calculator to make job-related decisions about employees without their knowledge, this puts the worker at a sincere disadvantage. Benefits cliff systems and their work impacts must be discussed and decided together with workers themselves.

4: Solicit stakeholders input continuously and iteratively

As we mentioned above, employers can be a critical part of the solution. As can CBOs, legislators, benefits agency administrators, retailers, tech industry builders, and public benefits recipients themselves. Soliciting feedback regularly can ensure you uncover risks and unanticipated problems at each stage of the process.

YOU CAN'T CHANGE WHAT YOU DON'T MEASURE

At the end of the day, our solutions are a band-aid for what is ultimately a policy failure, and needs to be fixed through policy. Knowing that you can't change what you don't measure, collecting data about benefits cliffs is a primary priority. With that data and understanding, decisions can be made on which areas to improve, including benefits cliff transparency while the issue exists and policy change to ensure it is solved, all while involving those most affected by the issue at each stage of inquiry.

I'm grateful for this opportunity to start talking through the questions that lead to solutions. We're happy to discuss our tools and solutions, learnings, and tech industry experience further. Thank you very much for your time.

Sincerely,



Karen Schoellkopf



ABOUT LEAP FUND

Leap Fund has seen workers across the country turn down income that they have earned at their jobs, out of fear of hitting the benefits cliff (where they stand to lose public benefits worth much more than a raise). We're creating products that empower optimism, financial and career growth, future planning, and security for the working families that need it most.

LINKS APPENDIX

- myleapfund.com: Leap Fund's main website, focused on our initiatives
- benefitscliff.com: Leap Fund's secondary website, focused on metrics, studies, and policy change
- The Benefit Cliff - Stories & Strategies, [Ohio Chamber of Commerce Research Foundation](#), May 23, 2019
- 20-Year-Old Robinhood Customer Dies By Suicide After Seeing A \$730,000 Negative Balance, by Sergei Klebnikov and Antoine Gara, [Forbes](#), June 17, 2020

Dear Members of US House of Rules committee,

My name is Georgia Allen, I was born in Chicago, IL and raised and live in Madison, WI. I am a 36 year old single mom, now a middle class citizen who works audaciously to promote systems that allow everyone the pathway to self sufficiency.

Even before the pandemic the number of individuals/ families living in poverty, working poor were great and even greater now. Getting to the middle class for many means navigating the complicated world of how changes to wages, employer benefits, and public benefits eligibility impact net-income. This is becoming even more complicated as policies change to address the ongoing economic crisis.

Thank you for the opportunity to weigh in at this round table. Today I am going to share some of my personal experience and professional knowledge navigating benefits as a poverty/working poor class in the US.

As you have so graciously shared, food insecurity is interdependent upon an individual/ family's economic stability to obtain/maintain housing, childcare, quality education and healthcare. I learned a lot on my journey about what has/ hasn't worked when needing to utilize public benefits as you aspire to no longer depend on them and seek a path to the middle class.

In my case the ending Generational poverty cycle and disrupting Rules that promote benefit cliffs and decrease our intention of public benefits helping families achieve economic stability and no longer need to depend on them unless you have to.

My Story-

Growing up, my mom worked multiple jobs to support my 4 siblings and me and couldn't risk losing food share, healthcare subsidy and other critical support that her wages alone couldn't cover.

At age 16, I secured my first real job making minimum wage at Subway. It wasn't much money, but it put our combined family income above the eligibility limit for FoodShare, Medicaid, and other assistance, causing us to experience a benefits cliff. My job couldn't make up for these losses, so I had to quit.

When I became an adult and had a family of my own, I was better able to navigate my career path because I learned how to navigate resources by understanding what benefits were actually helpful and those that were contributing to my cycle of poverty.

The trauma experienced making daily decisions about meeting basic day to day needs (multiple jobs) and juggling the benefit cliff and all the health/behavioral challenges children in poverty experience don't leave room to pursue. Science has proven the short/long term physical, mental exhaustion that comes with survival. Those that navigate benefit cliffs over repeatedly without the right resources to feel the gap and no support after the cliff ultimately give up.. they feel trapped.

I know that from watching so many families including my own fall into the vicious trap in the cycle of generational poverty.

My contribution to disrupting the generational poverty cycle and helping communities of low wealth, collectively build wealth to invest in resources people need to fill the gap between a benefit cliff and economic stability.

I work audaciously to promote awareness within State entities, nonprofit organizations and for-profit companies to enhance resources through efficiency of community support to promote a strong economy and workforce.

Some of my social impact ventures in founding 2 low wage industry cooperative, home care and child care-

- SIC- worker owned home care agency to strengthen the wages, training, worker support and resources needed to ensure adults have access to quality care.
- Village Star Network is a family child care incubator that supports both formal/ informal providers with startup, maintenance of family care sites that serve low wealth/public assistance dependent families. The network provides access to around the clock childcare, career architecture, peer support, coaching and Public/ private benefit cliff navigation- w/ assistance of the Opportunity Calculator app I helped develop.

Sincerely,

Georgia Allen

United States House of Representatives Committee on Rules
Ending Hunger in America: A Conversation about Benefit Cliffs

Testimony of Pedro J. Perez, Executive Director – Charlotte Family Housing,
Charlotte, NC

Chairman McGovern, Ranking Member Cole and members of the Committee, and fellow panelists thank you for the privilege and opportunity to speak with you on the ongoing crisis of food insecurity, homelessness, and the benefits cliff. I bring my lived experiences of poverty and hunger. My mom raised me by herself because she had to divorce my father. He was violent and self-medicating because of the racism and trauma he experienced as Afro-Taino Indian. Years later, he sobered up and became a loving grandfather to my children. I know my mother went hungry so my brother and I could eat. I remember having only white rice and ketchup at the end of each month during our formative years. My mother did not speak English but quickly took steps to learn the language and obtain her GED. She then pursued and received her LPN- Associate Degree, then bachelor's degree to become a registered nurse, and finally earning a master's degree becoming a nursing administrator for the local New York City hospital. Our journey was long and arduous.

Sadly, my mother died from COVID last November. I followed my mother's example of work ethic and accomplishment; I followed my mother's example of work ethic and achievement; I earned a Master of Public Administration from Marist College. I rose to the rank of brigadier general in the New York State Police and served as interim superintendent during Governor Spitzer's and Paterson's administrations. During my tenure as NYS Trooper, I volunteered for nonprofits whose mission and focus was helping poor and marginalized families and communities lift themselves out of poverty. When I retired in 2010, I continued serving nonprofits, working as a leader the Capital District YMCA- Albany branch, City of Albany's My Brothers and Sisters Keeper Initiative, City of Albany Poverty Reduction Initiative, and now work for Charlotte Family Housing.

Charlotte Family Housing (CFH) is a shelter-to-housing program for working families experiencing homelessness. In 2011, three agencies, Charlotte Emergency Housing, Family Promise of Charlotte, and the Workforce Initiative for Supportive Housing-W.I.S.H., combined their resources and expertise to address the needs of working families experiencing homelessness to establish CFH. Our mission is to empower working families experiencing homelessness to achieve life-long self-sufficiency through shelter, housing, supportive services, and advocacy.

In each of these organizations, I saw firsthand the impact of poverty, homelessness, hunger, and the effect of the "benefits cliff" on the families I served. I watched working mothers and fathers making the heart-breaking choices like my mother made, trying to stretch their income to keep themselves stably housed and feed their families. Some families needed the support of SNAP and TANF. I also watch mothers and fathers refuse salary increases or promotions not because they were not interested in advancing but

because if they accepted the raise or promotion, these would not make up for what they lost in benefits as a direct result of the benefits cliff.

Hunger and food insecurity in the United States is still tragically high. There are an estimated [17 million hungry children now in America](#) – 6 million more than before the pandemic – and hunger in households with children is up by almost two-thirds. Children of color are [twice as likely](#) as white kids to face hunger. My home state of [North Carolina is tied with Texas](#) as the ninth hungriest state in the Union.

Ever since President Lyndon Johnson launched a set of domestic programs to end poverty and racial injustice, as a nation, we have tried to reduce (if not eliminate) poverty, homelessness, and disenfranchisement. Together, these programs made up much of [Johnson's War on Poverty and his Great Society](#) vision for the U.S.'s future. All these laudatory efforts were and are essential to our democracy and overall prosperity as a nation.

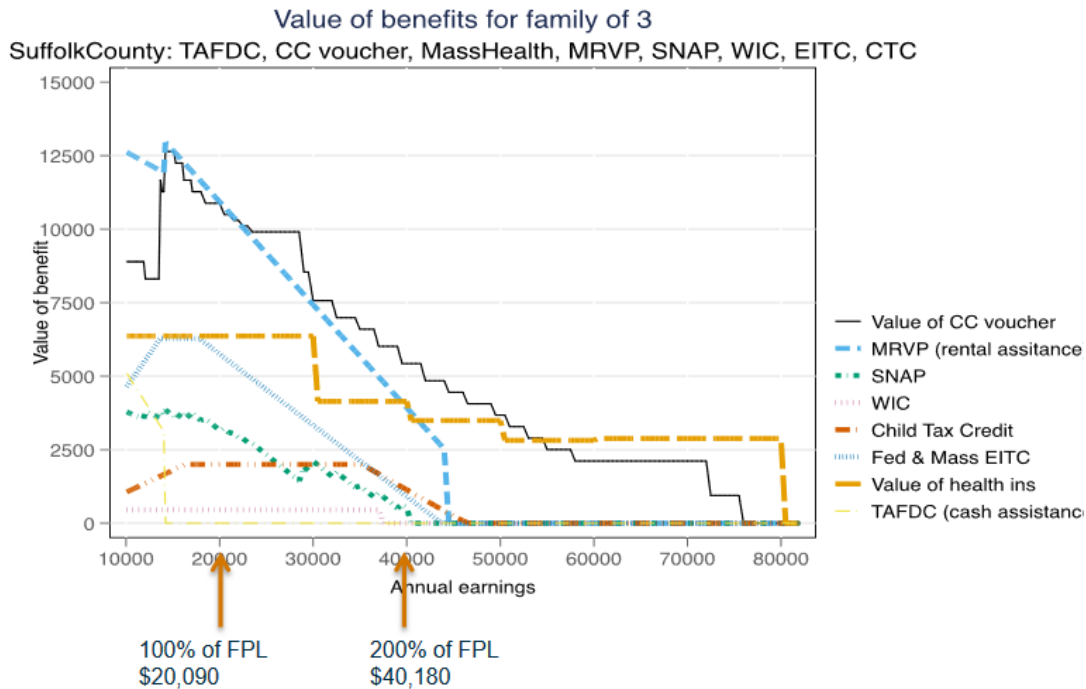
However, hidden within these programs were regulations creating consequences and barriers that prevent many people from finding a bridge out of poverty. Among these is the “benefits cliff effect.”

What is the benefits cliff effect?

A *benefits cliff* effect is what happens when public benefit programs phase out quickly when household earnings increase. The abrupt reduction or loss of benefits can be very disruptive for families because even though [household earnings have increased](#), they usually have not grown enough for self-sufficiency. The cliff effect happens to workers near the poverty line who are eligible for a variety of programs (e.g., food stamps, Medicaid, the Earned Income Tax Credit (EITC), Temporary Assistance to Needy Families (TANF), and subsidized public housing). The working poor reach a point where a dollar increase in their hourly wage can significantly reduce benefits. The outcome is that the added dollars will not make up for the loss of food stamps, childcare, or other benefits designed to help people in poverty or near poverty.

The steep reduction in benefits can discourage people from engaging in workforce development programs or from even seeking employment in the first place. Many people in poverty rely on a combination of earned income, public benefits, and community supports to survive. When these resources are unpredictable, people in poverty must choose which necessities or bills they will not buy or pay. Inconsistent access to nutritious food, medical care, safe housing, and childcare has detrimental effects on health and well-being. Here is an [example of the benefits cliff](#) from the Center for Social Policy, University of Massachusetts, Boston. This graph shows a situation where a higher

income means fewer resources overall:



For even [more on cliff effects](#), visit the Center for Social Policy's website.

The chart illustrates the dilemma of the benefits cliff. Raising the minimum wage to \$15 an hour (\$31,200 per year) would not solve the problem. It would depend on the "Area Median Income" (AMI) of the city or region. For instance, the AMI for Charlotte, NC, is about \$84,000. The regulations and the administration of public benefits are where the problem lies.

Yes, we must work to increase minimum wages and advocate for salaries that allow families to thrive, not just survive. And just as important as helping these families become self-sufficient is finding ways to mitigate, or better yet end, the negative impact of the benefits cliff. We must strive for this to happen if we are to reinforce and sustain the effectiveness of our poverty reduction initiatives.

What can States do about the benefits cliff?

Congress and state legislatures can consider the gradual reduction of benefits as salaries increase, turning the cliffs into gentle off-ramps, which would allow families to become and sustain self-sufficient over time.

There are states across the country that have taken steps to lessen the precipitousness of the cliff effect. For instance, according to this [article from The Aspen Institute](#):

- Colorado's Child Care Assistance Cliff Effect Pilot Program, most recently revised in 2016, is designed to "develop a revenue-neutral approach for each family as income rises. Evaluation efforts have sought to determine if the parents in the pilot program

changed their behaviors to be more likely to accept promotions, work additional hours, and take higher-paying jobs, all of which would result in increased income.”

- In 2017, Maryland’s Governor’s Executive Order 01.01.2017.03 created the Two-Generation Family Economic Security Commission and Pilot Program. Maryland’s pilot program mandates the linkage of programs and services to create opportunities and address families’ and children’s needs with a specific focus on early childhood education, elementary education, economic stability, and family engagement.

If we are to end generational poverty, we must encourage more states to adopt a [two-generation approach](#) that focuses on forging opportunities to address the needs of both children and adults. To understand the benefits cliff effect more fully, we must also investigate self-sufficiency.

The most precise definition of self-sufficiency is a family's income level that meets their basic needs without public aid. Many states are seeking ways to enhance and accelerate self-sufficiency by addressing the impact of the benefits cliff. These states have created self-sufficiency calculators that alert social services staff and their customers when income thresholds could cause an abrupt reduction in services. These states have also set the income thresholds where self-sufficiency begins.

Other states have set up or changed programs and regulations to reduce the negative impact of the cliff effect related to TANF:

- Increasing the threshold on assets tests or completely ending the assets test so families can open savings accounts. Alabama, Maryland, Ohio, and Virginia are four states that have completely done away with assets tests.
- Some states do not count vehicles as assets when calculating who is eligible for benefits.
- Arizona and six other states do not count child support benefits when [determining which families are entitled to TANF](#).
- New York allows one automobile up to \$12,000 fair market value. Furthermore, in the case of automobiles equipped for [individuals with a disability](#), the equipment is not considered to increase the value of the vehicle.

These essential incremental steps are not enough; we need to do more to create a bridge out of poverty. The following remedies are steps in the right direction:

- Align eligibility determination procedures, documentation requirements, and timelines across programs so that people do not lose all their benefits at once.
- Gradually decrease benefits for at least one year.
- Establish reasonable time frames for reporting changes in income and adjust regulations that will treat income from distinct types of employment differently in the benefit-determination calculations—for example, assessing overtime and temporary jobs individually not to penalize people unfairly.
- Provide warnings and conduct benefit-adjustment hearings before sanctioning a recipient for potential noncompliance with program requirements.
- Fund “benefits transition navigators” who will help individuals find and access all the public benefits and community-based supports available to them. In addition to case management, information, and referral services, the navigators can help people

understand options and consequences when balancing benefits, income, and community or social network supports.

- Conduct research on the effectiveness of coordination and other "cliff effect interventions" to provide quantitative evidence about cost efficiencies for programs and improved services and outcomes for individuals.
- Support the creation of a cross-agency "benefit coordination blueprint." This blueprint would help train program staff at the local level. It could also guide investments in technology and infrastructure to connect, as appropriate, data and information systems.

What can employers do about the benefits cliff?

Employers can help reduce the benefits cliff by educating themselves on the trade-off between employment and benefits, then create solutions for barriers to getting and keeping jobs. Concerned employers might consider the following:

- Dealing with social services agencies takes up a lot of time. Employers can accommodate time off or adjust schedules for employees to attend benefits hearings and otherwise troubleshoot coordination of government benefits.
- Network with other employers to help workers access childcare and other social supports.
- Bring Success Coaches from the [Employer Resource Network](#) on-site to aid employees with wraparound services on an ongoing basis.

What can community and faith-based organizations do about the benefits cliff?

Community-based and faith-based organizations are often the first line of defense and are increasingly the informal safety net for persons suffering economic hardships. While regularly overburdened with providing services, these entities can help address the cliff effect in the following ways:

- Supplement "benefit transition navigators" with a mobile "211" service that goes into neighborhoods to improve the availability of exact information about services and supports.
- Educate workforce development programs and employers about the barriers low-wage workers confront when taking part in education and training and about the trade-offs between meeting immediate needs and seeking socioeconomic advancement through employment.
- Facilitate collaboration across programs that serve low-wage workers.
- Support the continuation of task forces comprised of members from public and private sectors and state and local government agencies. The task forces should examine the range of issues affecting working persons in poverty, develop strategies to help them, and monitor the outcomes.

Poverty is intersectional, has many causes, and needs coordinated and sophisticated solutions, like reducing the cliff effect.

Why should we do anything at all about the benefits cliff?

The reason is straightforward: Families can find a bridge to economic self-sufficiency. Employees experience financial security for their children even when accepting raises, working overtime, and earning promotions, making them more likely to stay employed. This strategy will also help employers reduce the cost of employee turnover.

A coordinated and collaborative effort by government, businesses, community- and faith-based organizations, and the people themselves can create pathways to a sustainable and actual reduction in poverty rates. Such efforts will increase economic stability, reduce dependency on the government, improve child and family outcomes, and support economic development for the entire community.ⁱ

ⁱ Examining, understanding, and mitigating the benefits <https://www.ahaprocess.com/examining-understanding-and-mitigating-the-benefits-cliff-effect/>

October 27, 2021

Chair McGovern, Ranking Member Cole, and Members of the Committee:

Thank you for the honor of speaking to you today about the relationship between benefits cliffs and economic mobility and resilience. My name is Brittany Birken and I am a principal adviser with the Federal Reserve Bank of Atlanta (Atlanta Fed). I am a member of the Atlanta Fed's Advancing Careers Initiative. The Advancing Careers Initiative works to improve workers' economic mobility and resilience by identifying how benefits cliffs can create financial disincentives to career advancement. We provide analytical tools and research that support solutions to those benefits cliffs and other structural financial barriers. We are currently engaged in benefits cliffs-related projects in numerous communities and states across the country, including the states of [Massachusetts](#), [Oklahoma](#), and [Texas](#); as well as other [partnerships](#) that may be of interest to members.

While sharing my expertise on the benefits cliffs today, I am speaking on my own behalf, and my views do not necessarily represent those of the Federal Reserve Bank of Atlanta or the Federal Reserve System.

Benefits Cliffs

I would like to begin by explaining why the Atlanta Fed is studying the impact of benefits cliffs on workers and the economy. Improving economic mobility and resilience is a key aspect of our community development responsibilities and is complementary to our monetary policy mandate to promote maximum employment. Economic mobility and resilience focuses on individual's ability to raise their standard of living and ultimately maintain financial household stability and wellbeing even through unexpected challenges in daily living. A core aspect of our work is to identify and understand the barriers that challenge economic mobility and inclusion.

Economic research has found that one such barrier can be benefits cliffs. Many major federal safety net programs such as food assistance, childcare assistance, and housing assistance are means-tested (that is, only individuals with income below certain thresholds are qualified). As workers advance in their careers and earn more money, the amount of support from safety net programs decreases. One significant barrier occurs when career advancement with relatively small increases in wage income puts a family above the income eligibility threshold for public assistance programs. Due to the loss of these programs, career advancement opportunities can result in the family being financially worse off (a benefits cliff) or no better off (a benefits plateau) than before the wage increase. These barriers can create a financial disincentive for career advancement, particularly when modest wage increases result in a loss of eligibility but are not sufficient for the family to meet their needs independently.

This loss of means-tested safety net support can mean that some workers have a financial disincentive to invest in their own human capital and advance from lower-wage work to jobs that lead to economic self-sufficiency. Ultimately, benefits cliffs may hamper the ability of workers to increase their income, accumulate assets, and improve their standard of living.

To illustrate this point, consider this true-life example. A single parent has two children younger than five. She works full-time and her employer offers her a .10 cent an hour wage increase. That nominal wage increase puts her over the threshold of eligibility for the childcare subsidy. Based on the childcare subsidy values in her state, the approximate \$200 in annual increased wages would result in the loss of about \$9,000 in childcare subsidy. She faces the dilemma of choosing between career advancement and the childcare subsidy which she needs in order to afford childcare for her young children and maintain employment.

A benefits cliff such as the one depicted here can be especially challenging if families lose eligibility to the public benefit program before they can afford the cost of goods and services independently without sacrificing other household budget items. Recent [research](#) on childcare benefits cliffs illustrates this challenge. Using Florida as a case study, it was determined that for a family of two adults and two young children, the size of the cliff at the eligibility threshold can be as high as \$16,000. The average two-adult and two-young-children family faces an annual financing gap of nearly \$11,000. Ninety-seven percent of the state's population live in counties where the amount of income needed for self-sufficiency is above the federal childcare subsidy eligibility threshold for this family type.

The Impact of Benefits Cliffs

While the example provided above is reflective of one public benefit program, it is important to consider the potential interaction of all core public benefit programs. Low-income families may access multiple public benefit programs depending on eligibility requirements, income, need, and availability (for those that have finite subsidy funding such as housing and childcare assistance). As workers advance in careers and earnings increase, the values of subsidies may be reduced and in combination this can also cause a reduction in net financial resources for the household.

Understanding the complexity of net financial resources can provide context on challenges associated with benefits cliffs. Net financial resources include the after-tax or net income. This is an individual or family's take home pay from work. It also includes any public assistance programs the family may qualify for. This includes tax credits, cash assistance, and in-kind benefits individuals or families may receive from the government. Subtracting typical family expenses like childcare, food, healthcare, housing, transportation, utilities, and other miscellaneous expenses provides a realistic estimate of the family's disposable income or net financial resources.

As income increases, the loss of public benefit programs may lead to a loss in net financial resources that makes a worker worse off than they were before the income gain. Based on [analysis](#) of net financial resources, depending on family composition and the public benefit programs accessed, it is possible that a family may be no better off with an income of \$51,000 than \$7,000.

Benefits Cliffs and Workforce Development

Included in the portfolio of Advancing Careers work is the focus on how benefits cliffs interact with local workforce and economic development strategies. Workforce development—job training and employment services that help individuals acquire credentials that employers demand, obtain employment, and increase their earnings—is an important component of broader strategies to promote economic mobility and supply businesses with skilled talent. Many individuals in workforce

development programs receive some form of public assistance. At some point along their advancing career path, these individuals will gradually or suddenly lose this public assistance and potentially face a benefits cliff.

Benefits cliffs may affect decisions related to career advancement or net financial resources in ways that ultimately have consequences for economic self-sufficiency. First, workers may turn down opportunities to advance in their careers due to public assistance losses. Second, the complexity of programs means families may struggle to accurately forecast when and how much public assistance they will lose as earnings rise. Unanticipated losses in public assistance may create financial instability for a family just at the time they are beginning a new career, jeopardizing their stable employment. Third, individuals may advance in their careers, but losses in public assistance reduce or eliminate potential gains in the family's total financial resources. Thus, the family's standard of living does not improve as much as expected given an increase in income. This last consequence has implications for how policymakers evaluate the effectiveness of their workforce programs. If policymakers evaluate workforce development programs by measuring gains in employment earnings alone, the analyses may find improvements in earnings, but will not reflect that the programs may not have improved the standard of living for families.

Mitigating Benefits Cliffs can be a Gain to the Worker and the Taxpayer

The Advancing Careers research also focuses on benefits cliffs from the perspective of government finances. Programs that support career advancement for individuals on public benefits not only help individuals by increasing their earnings, but they can benefit the larger public as well. Since these public benefits are taxpayer funded, helping individuals advance up a career pathway has implications for government finances. As individuals earn more, they contribute more to employment taxes and pay more in consumer taxes as they spend more. At the same time, governments spend less on public assistance programs as individuals move towards economic self-sufficiency. Atlanta Fed research has [estimated](#) large potential returns to taxpayers when workers on public assistance advance to higher earnings through career pathways.

Concluding Thoughts

The [negative economic impact](#) of COVID-19 on low-income families, together with longstanding concerns about rising poverty, economic inequality, and gaps in the social safety net, have increased attention on programs and policies that provide household financial stability and promote economic mobility. I have explained in this testimony and in sharing Atlanta Fed [research](#) how benefits cliffs can present a barrier to both economic mobility and household financial stability. Carefully designed policies and programs that address benefits cliffs may provide greater financial incentives for career advancement, increase financial stability for families as they transition off of public assistance, reduce the uncertainty workers face when trying to forecast how an earnings increase will affect their overall financial resources, and result in large potential returns to taxpayers.

To accomplish these goals, policies and programs would need to improve the short- and medium-term financial incentives of individuals to advance up their local in-demand occupations and career pathways. Atlanta Fed [research](#) describes how improved incentives can lead to substantial long-

term gains to both individuals and the public. If of interest, I can be available to members and staff to provide a demonstration of our tools and the analytical capabilities that demonstrate the interaction of public benefit programs and policies along various career pathways.

Thank you for the opportunity to share testimony today.

Brittany Birken, PhD

A handwritten signature in blue ink, appearing to read "Brittany Birken", is centered below the name text.

Principal Adviser
Federal Reserve Bank of Atlanta

ON UNEVEN GROUND

ALICE and Financial Hardship in the U.S.

2020 NATIONAL REPORT



December 2020



WHAT IS UNITED FOR ALICE?

United For ALICE is a center of innovation, research, and action around financial hardship. At its core is **ALICE: Asset Limited, Income Constrained, Employed** – a measure of households that earn above the Federal Poverty Level but below the cost of household basics. The ALICE research drills down to the local level for both household incomes and costs, showing the mismatch between low-paying jobs and what it takes to survive financially, county by county and state by state.

This research is bolstered by external advisory committees of experts in fields ranging from health care and child care to labor and technology. The ALICE research team collaborates with a state-level committee in each partner state, and it draws on those experts nationwide for a biennial Methodology Review. This collaborative model ensures that all ALICE products and tools are based on unbiased data that is transparent, replicable, current, and incorporates local context.

With this data and research, ALICE partners convene, advocate, and innovate in their communities to highlight the issues faced by ALICE households, and to build solutions that promote financial stability.

KEY TERMS

ALICE: Asset Limited, Income Constrained, Employed – households with income above the Federal Poverty Level but below the basic cost of living.

Household Survival Budget: The cost of household basics (housing, child care, food, transportation, health care, and a smartphone plan, plus taxes and a small contingency). Calculated at the county level for various household types, including a **Senior Survival Budget**.

ALICE Threshold: The average income that a household needs to afford the household basics defined by the Household Survival Budget for each county.

Below ALICE Threshold: Includes both poverty-level and ALICE households – all households unable to afford the basics.

ALICE Essentials Index: A national standardized measure of the change over time in the costs of household basics included in the Household Survival Budget.

ALICE ONLINE

Learn more at UnitedForALICE.org



Interactive Maps

Data at the state, county, municipal, ZIP code, and congressional district levels



Research Advisory Committee

Learn about the members and role of this critical group



Additional Reports

Explore The ALICE Essentials Index and The Consequences of Insufficient Household Income



Demographic Data

Information about ALICE households by age, race/ethnicity, and household type



Data Spreadsheet

Download the ALICE data



Jobs Graphs

Details about where ALICE works



County Profiles

Detailed data about ALICE households in each county



Methodology

Overview of the sources and calculations used in the ALICE research

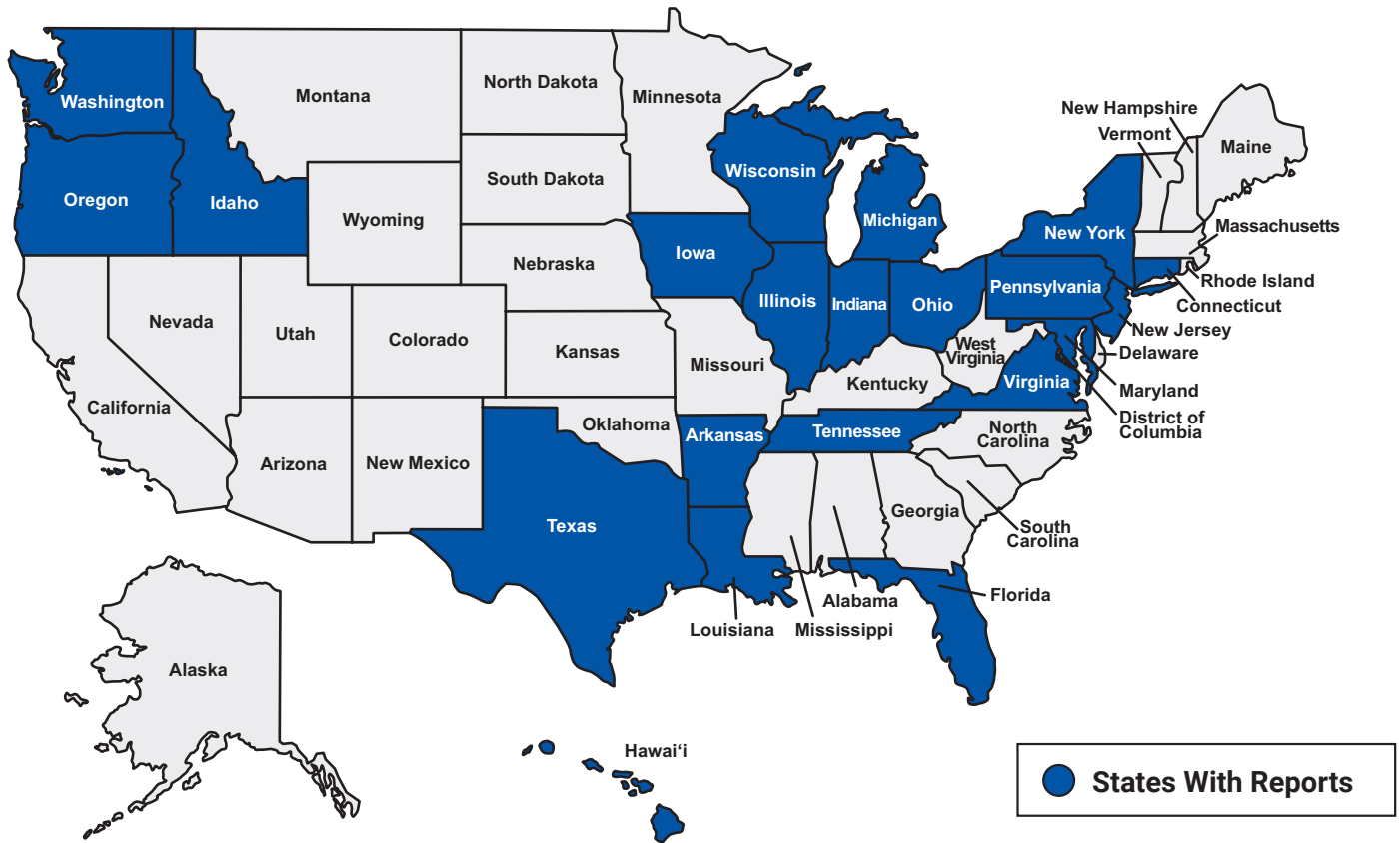


More About United For ALICE

See our partners, press coverage, learning communities, etc.

UNITED FOR ALICE STATES AND PARTNERS

The first ALICE study documented financial hardship in Morris County, New Jersey in 2009. A decade later, that spark has grown into a grassroots movement that includes United Ways, corporations, and nonprofits in 21 states: Arkansas, Connecticut, Florida, Hawai'i, Idaho, Illinois, Indiana, Iowa, Louisiana, Maryland, Michigan, New Jersey, New York, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Virginia, Washington, and Wisconsin. Learn more about our partners at UnitedForALICE.org/Governance



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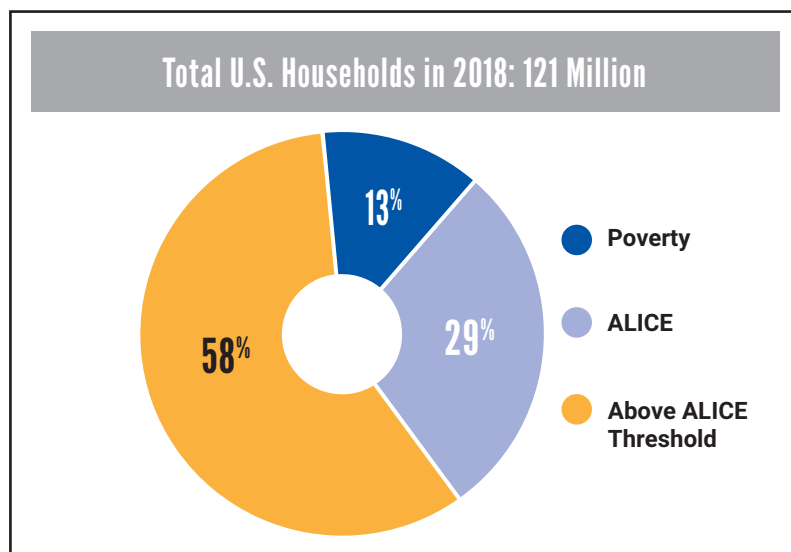
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ON UNEVEN GROUND

Over the last decade, behind the veneer of a strong economy, conditions have actually gotten worse for millions of families across the U.S. — and that decline set the stage for the dual health and economic crises of the COVID-19 pandemic.

At the center of these crises is **ALICE**: households that are **A**sset Limited, **I**ncome Constrained, **E**mployed, with income above the Federal Poverty Level (FPL) but not high enough to afford essentials in the communities where they live. In 2018, of the 121 million households in the U.S., 16 million (13%) earned below the FPL, while another 35 million (29%) — **more than twice as many** — were ALICE.



Sources: ALICE Threshold, 2018; American Community Survey, 2018

That year, 42% of U.S. households could not afford the cost of household basics.¹

Official economic markers do not measure the realities that low-income families face — which essentials they need to live and work in the modern economy, and how the costs of those goods have changed over time. The most deceptive measure is the official measure of financial hardship, the Federal Poverty Level. The FPL was developed 50 years ago to measure the country’s progress in the War on Poverty, and its calculations have failed to keep up with changing conditions in a number of ways. For example, food is no longer 33% of a family budget, as the FPL first assumed, but closer to 15%; and a smartphone, which didn’t exist 20 years ago, is now essential.

Because the FPL’s methodology never changed, over time the threshold it set for poverty grew impossibly low — far below what any household actually needs to survive. The FPL has also not taken into account the varying costs of goods in different parts of the country (except Alaska and Hawai’i). And increases in the FPL have lagged far behind the rate of increase in the cost of the most essential household items.

The ALICE measures help fill these gaps, providing data to more accurately measure how many households are struggling. The Household Survival Budget and the ALICE Threshold reveal that ALICE households never recovered from the Great Recession. The ALICE Essentials Index shows that the cost of household basics continued to rise, and wages did not keep pace during the “recovery” from 2010 to 2018.

In addition, as work arrangements continue to shift risk to workers, causing shortfalls in hours and dependable benefits, life has become harder for ALICE families and those in poverty. As a result, rather than “recovering,” more households have actually moved closer to falling below the ALICE Threshold over the last decade, and ALICE families have not been able to rebuild or replenish their savings.

The year 2020 has been one of overlapping crises — the COVID-19 pandemic and an unfolding national economic slowdown, layered with regional natural disasters ranging from hurricanes, derechos, and tornados to unprecedented wildfires. And that confluence has been a perfect storm for ALICE households, who were already more vulnerable than ever before.

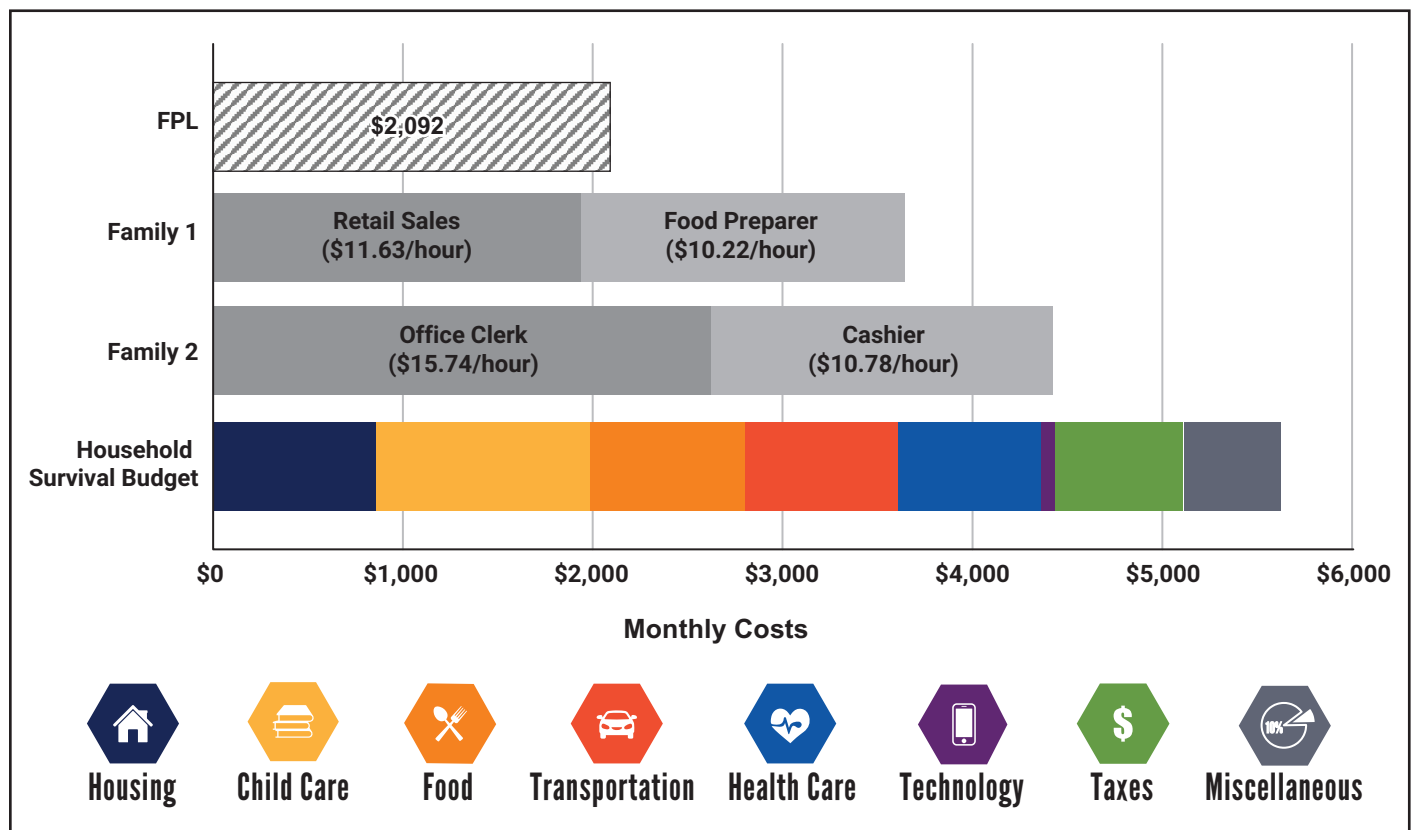
MEET ALICE: WORKING HARD BUT STRUGGLING TO SURVIVE

The daily challenges that ALICE families face – tough decisions and often no-win choices – are stressful and heart wrenching. ALICE workers, often unrecognized, keep our economy running, yet their struggles go uncharted by broad economic statistics.

Most ALICE households have adults who are working, primarily in low-wage jobs but also sometimes in higher-paid jobs that don't provide enough hours to support their family. Others work two or three jobs at once. Some of these households consist of families with parents looking for work or training for better jobs. Some are not able to work at all.

The core of the problem is a simple fact: The cost of household basics is higher than the wages of many of the most common occupations. The Household Survival Budget reports the cost of the essentials (housing, child care, food, transportation, health care, and a smartphone plan, plus taxes) needed to live and work in the modern economy. In 2018, the average annual budget for a family with two adults and two children in child care was \$67,476 – three times the FPL (\$25,100) ² and more than the median wages of each of the four most common occupations nationwide (Figure 1). For example, a family with both parents working full time – one in retail sales earning the median hourly wage of \$11.63, and the other in food preparation earning \$10.22 per hour – cannot afford this budget. A family with the next two most common occupations – office clerk (\$15.74 per hour) and cashier (\$10.78 per hour) – also falls short.³

Figure 1.
Family Household Survival Budget vs. Income and FPL, United States, 2018



Sources: ALICE Household Survival Budget, 2018; Bureau of Labor Statistics—Occupational Employment Statistics, 2018

Households below the ALICE Threshold are composed of all races/ethnicities, household types, and ages, and they live in all areas of the U.S. – urban, suburban, and rural. The demographic breakdowns of these households are highlighted here, and more detail is available on our website: UnitedForALICE.org/national-overview.

In 2018, in absolute terms, the nearly 51 million households **below the ALICE Threshold** – which include both ALICE households and those in poverty – were dominated by three groups:

Largest numbers:

- **Race/ethnicity:** White households (29 million)
- **Household type:** Single or cohabiting households with no seniors or children under the age of 18 (23 million)
- **Age:** Households headed by someone 45 to 64 years old (17 million)⁴

Overall, 42% of U.S. households were below the ALICE Threshold. But because some groups faced additional barriers to higher income, they also disproportionately faced financial hardship:

Largest percentages:

- **Race/ethnicity:** 60% of Black households, 57% of American Indian/Alaska Native, and 56% of Hispanic households were below the ALICE Threshold, compared to 36% of White and Asian households.⁵
- **Household type:** Single-female-headed families (77%) were more than three times as likely to be below the ALICE Threshold as married-parent families (22%).
- **Age:** The youngest households (headed by someone under age 25) and seniors (over 65 years old) were by far the most likely to be below the ALICE Threshold, at 70% and 50%, respectively.

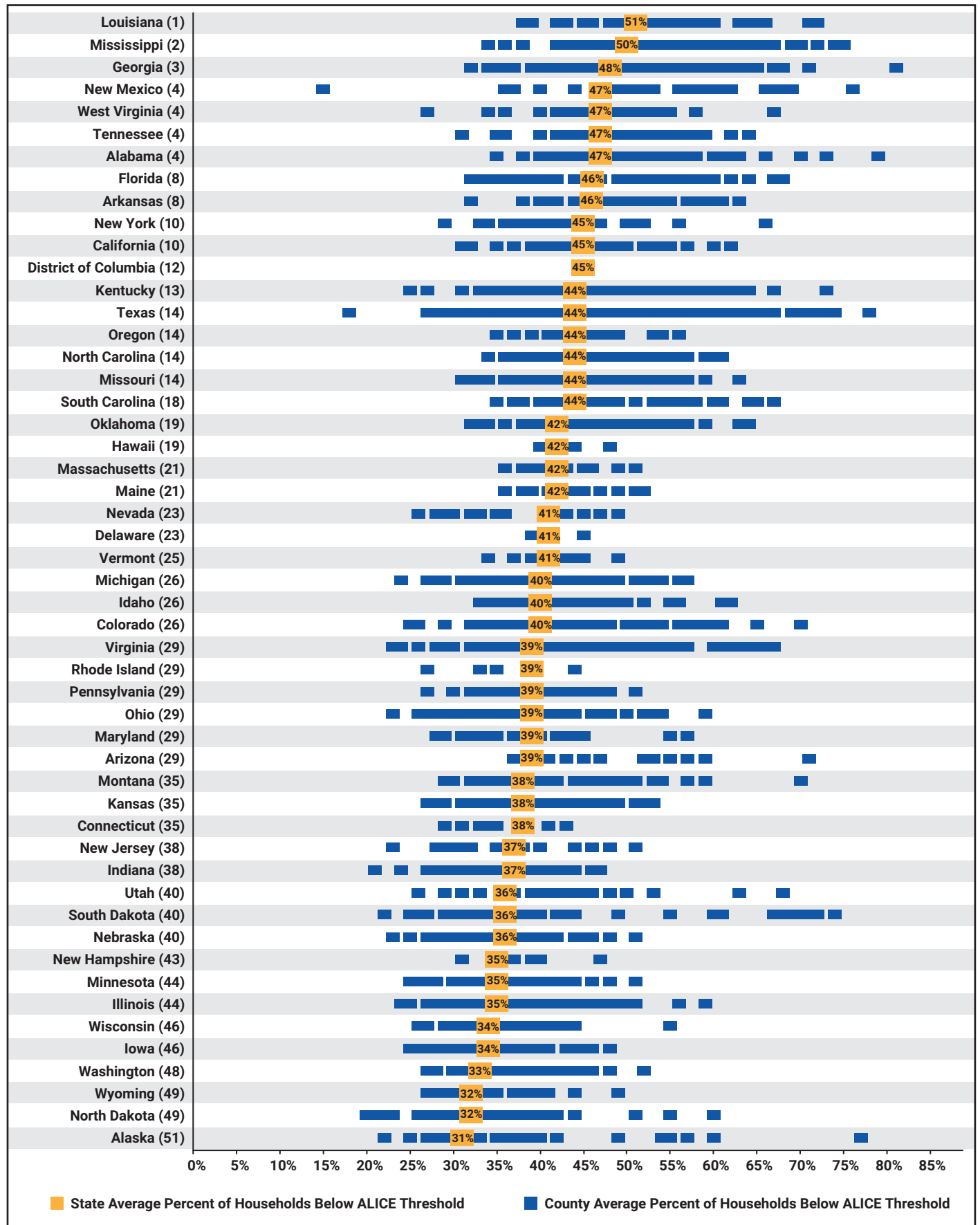
Additional groups that face barriers to higher incomes include recent immigrants, especially those who are undocumented or unskilled; those with low proficiency in English or little formal education; lesbian, gay, bisexual, transgender, or queer (LGBTQ+) people; formerly incarcerated people; or those with a disability. Households facing more than one of these factors – recent immigrants with special needs, for example, who may have both limited English proficiency and a disability; or LGBTQ+ people of color, who face systemic racism and discrimination – are even more likely to experience financial hardship.⁶

Figure 2 shows that the mismatch between household income and expenses holds true across the U.S., with ALICE households living in every county in every state. For each state, the gold square shows the average percentage of households below the ALICE Threshold in 2018. The blue lines show the lowest-to-highest range of the percentage of households below the ALICE Threshold by county.

The extent of financial hardship varied from 31% of households in Alaska to 51% in Louisiana. There were even larger ranges within states, though some of the most extreme were in sparsely populated rural counties. For more details, go to UnitedForALICE.org/National-Overview.

Figure 2.

Percent of Households Below the ALICE Threshold and Ranking by State, United States, 2018



Sources: ALICE Threshold, 2018; American Community Survey, 2018

YEARS IN THE MAKING: WHY 2020 HIT SO HARD FOR SO MANY

The national scope and prolonged duration of the COVID-19 pandemic has exposed the longstanding weaknesses in our economy. The pandemic has amplified the financial hardship that ALICE households and those in poverty already felt so acutely, and it has made them more vulnerable than ever. At the same time, it has exacerbated longstanding inequities in our society. This section outlines the seven reasons why the COVID-19 pandemic has hit so hard for so many.

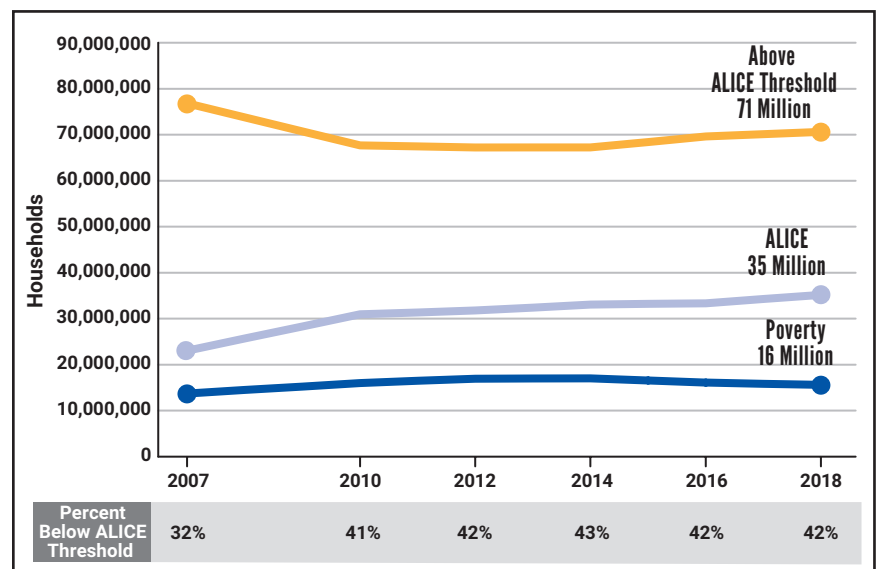
1 ALICE NEVER RECOVERED FROM THE GREAT RECESSION

The number of ALICE and poverty-level households increased in direct response to the severe contraction of the economy during the Great Recession (Figure 3). From 2007 to 2010, the share of households in poverty increased from 12% to 14% (dark-blue line), and the share that were ALICE grew from 20% to 27% (medium-blue line).

Perhaps even more striking, the number of ALICE households continued to grow during the “recovery.” **From 2010 to 2018, the number of households in poverty actually decreased by 3%, leading many to believe the economy was improving for all. But the number of ALICE households continued to increase, growing by another 14%.** The rate of growth was even greater for some ALICE groups: 27% for Black households; 28% for American Indian/Alaska Native households; 33% for Hispanic households; 36% for Asian households; and 39% for Native Hawaiian and Other Pacific Islander households, compared to 13% for White, non-Hispanic households.⁷

Overall, from 2007 to 2018, there was a 38% increase in the number of households below the ALICE Threshold (poverty and ALICE combined – the dark-blue and medium-blue lines in Figure 3). This laid the groundwork for economic catastrophe in 2020, and two things accounted for it: the steadily rising cost of living, and the increasing dominance of low-wage jobs with less security.

Figure 3.
Households by Income, United States, 2007–2018



Sources: ALICE Threshold, 2007–2018; American Community Survey, 2007–2018

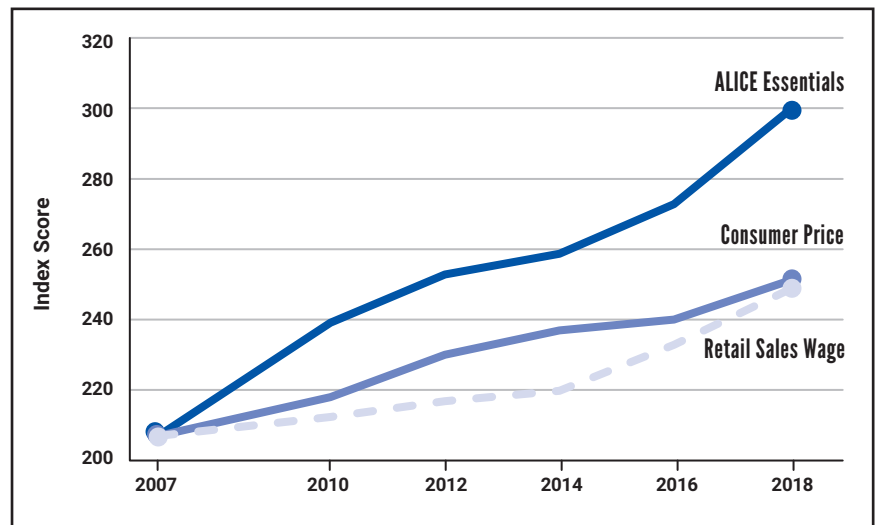
2 BASIC COSTS ARE RISING

The cost of goods that ALICE households buy on a regular basis is increasing faster than the overall rate of inflation as measured by the Consumer Price Index (CPI). The **ALICE Essentials Index** is a national standardized measure of the change over time in the costs of the household essentials included in the Household Survival Budget (housing, child care, food, transportation, health care, and a smartphone plan). **From 2007 to 2018, the average annual rate of increase in the ALICE Essentials Index was 3.4% in urban areas and 3.3% in rural areas, compared with a CPI increase of 1.8% (Figure 4).**⁸ This difference is primarily due to the fact that the costs of essentials – especially basic housing and health care – have increased, while the costs of other items that ALICE households are less likely to buy – notably manufactured goods, from apparel to cars – have remained relatively flat.

The cost of living is generally higher in urban areas; from 2007 to 2018, basic household goods were 18% to 22% more expensive in urban areas than in rural areas. Yet those costs increased at nearly the same rate in both areas. For more details, see the ALICE Essentials Index report at UnitedForALICE.org/Essentials-Index.

The increase in the cost of these basic goods may not be noticed by many consumers, but for ALICE households, it means that their already stretched income covers even less. ALICE's wages have not kept pace with rising costs; for example, from 2007 to 2018, ALICE workers in retail sales saw their wages increase from \$9.69 to \$11.63 – only 1.7%, about half the rate at which the ALICE Essentials Index grew.⁹ The impact is even starker for those who also depend on public assistance: Families with children reliant on the Supplemental Nutrition Program for Women with Infants and Children (WIC), or those with a disability who rely on Supplemental Security Income (SSI), are seeing the value of their benefits erode over time as costs rise.

Figure 4.
ALICE Essentials Index vs. CPI, United States, 2007–2018



Sources: ALICE Threshold, 2007–2018; American Community Survey, 2007–2018

3 MOST EMPLOYMENT GROWTH HAS BEEN IN LOW-WAGE JOBS

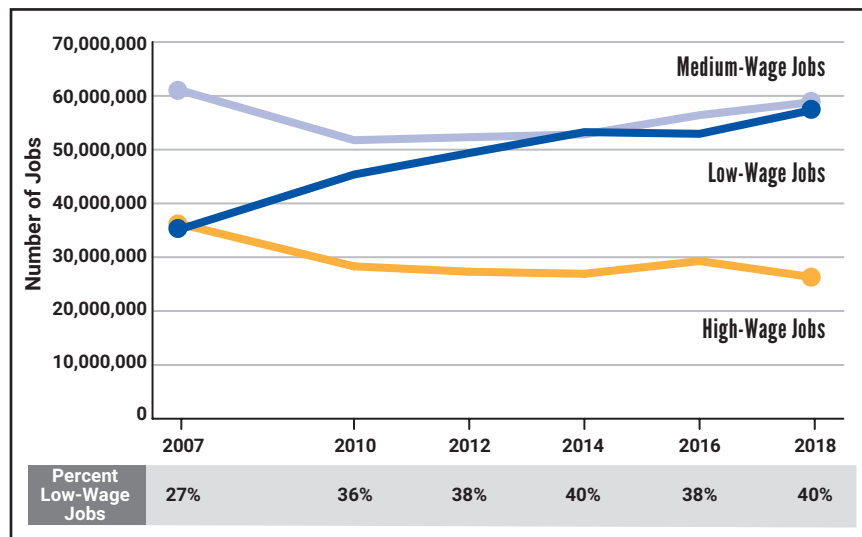
The number of low-wage jobs in the U.S. (dark-blue line in Figure 5) increased 63% from 2007 to 2018. These are jobs that cannot support the family Household Survival Budget (which includes costs for two adults, an infant, and a four-year-old), even with two people working full time, year-round. By 2018, they accounted for 40% of all U.S. jobs.

The number of medium-wage jobs (light-blue line), those that allow two parents working full time to afford a family Household Survival Budget, fell during the Great Recession, then rebounded after 2010, but never fully returned to pre-Recession levels. By 2018, these jobs accounted for 41% of all U.S. jobs.

During this same period, the number of high-wage jobs (gold line) – those that allow one worker to afford a family Household Survival Budget – declined overall, falling 27%.

There are also significant disparities in wages by race/ethnicity and gender. Notably, women earn 19% less than men, and Black and Hispanic workers earn 37% and 22% less, respectively, than White, non-Hispanic workers. Age and education level also play a key role, with younger workers earning less than older workers and income rising with level of education.¹⁰ Increasingly, there are also discrepancies between those who have jobs with secure, full-time work and those who are paid by the hour or project, where schedules are not regular and income is not dependable.

Figure 5.
Number of Jobs by Wage Level, United States, 2007–2018

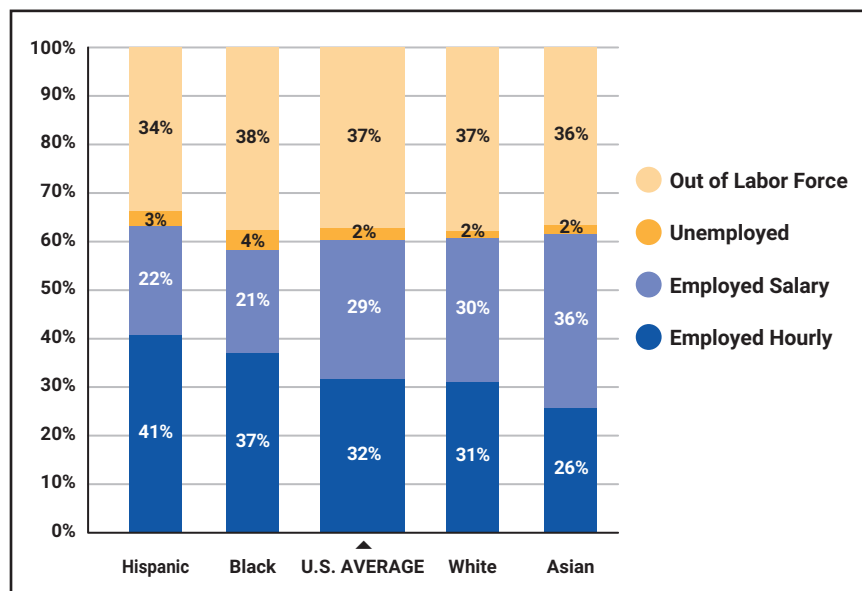


Sources: ALICE Threshold, 2007–2018; Bureau of Labor Statistics—Occupational Employment Statistics, 2018

4 ALICE WORKERS BEAR THE BRUNT OF ECONOMIC FLUCTUATIONS

Over the last decade, the economy has become more dependent on shifting risk to workers. Broader economic volatility – from changes in the price of materials and transportation costs, to impacts related to cyberattacks, natural and human-made disasters, and economic downturns – all directly impact workers’ schedules and wages.¹¹ Of the 258 million working-age adults (16 years and over) in the U.S. in 2018, 32% were paid hourly (Figure 6, middle column, dark blue segment).¹² Hourly paid workers include non-traditional workers within the gig economy, but also many in traditional jobs – especially in retail, health care, food service, and construction – and, increasingly, higher-wage workers who now work by the project or contract.¹³

Figure 6.
Labor Status by Race/Ethnicity, United States, 2018



Sources: ALICE Threshold, 2007–2018; Bureau of Labor Statistics—Labor Force Statistics, 2018

In addition to fluctuations in income, hourly paid workers face a range of challenges in meeting their basic needs each month. They are more likely to have multiple sources of income as they try to cobble together a full-time schedule from part-time jobs. They are often on their own in finding affordable technical support or navigating basic worker safety. They are also less likely to receive benefits such as health insurance, paid time off, family leave, or retirement benefits, especially if they work fewer than 30 hours per week at a single job.¹⁴

Black and Hispanic adults disproportionately work in hourly paid jobs: In 2018, this was the case for 41% of Hispanic workers and 37% of Black workers, compared to 31% of White workers and 26% of Asian workers (Figure 6).¹⁵ Despite the fact that the majority of adults in the U.S. were working in 2018 and most households had at least one worker, only 29% of all workers had the security of a full-time job with a salary. For Black and Hispanic workers, only 21% and 22%, respectively, worked in salaried jobs.¹⁶

“ Since ALICE is more likely to work in jobs that can’t be done remotely, many on-site, essential ALICE workers are more likely to contract COVID-19 while on the job. ”

Adding to the challenge of supporting a family is the large number of adults not working. While only 2% of adults were actively looking for work in 2018, almost 4 in 10 adults were outside the labor force (Figure 6, middle column, light-gold segment), the largest percentage since 1979.¹⁷

ALICE workers are the ones who have been hardest hit by the pandemic – both in terms of wage levels and hours available for those who are working, and in terms of the increased likelihood of becoming unemployed. Since ALICE is more likely to work in jobs that can’t be done remotely, many on-site, essential ALICE workers are more likely to contract COVID-19 while on the job. They are also more likely to work in the industries – food, hospitality, tourism – that have been hardest hit, so they have disproportionately suffered reduced wages and unemployment.¹⁸ These workers are more likely to be Black, Hispanic, and/or women, the same groups who are sustaining a disproportionate number of pandemic-related job losses and reduced wages.¹⁹

5 A GROWING NUMBER OF HOUSEHOLDS LIVE “ON THE EDGE”

For much of the last century, incomes across the income distribution grew at nearly the same pace. Then, beginning in the 1970s, income disparities began to widen. From 1979 to 2016, the average income for the top 1% increased over five times more than that of the middle 60% and over two and a half times more than that of the bottom fifth.²⁰ With that divergence in income has come a divergence in perception: 70% of Americans identify as middle class,²¹ yet one in three households in the middle three income quintiles do not earn enough to afford the ALICE Household Survival Budget.

Today, more households are on the edge of the ALICE Threshold than before the Great Recession. These families are one crisis – a rent increase, car breakdown, or decrease in work hours – away from becoming ALICE. Before the Great Recession, over 6 million households were just above the ALICE Threshold; by the end of the Recession in 2010, the number of ALICE households had increased by 8 million. Faced with reduced wages or unemployment during the COVID-19 pandemic, the 9 million households (8%) that were just above the ALICE Threshold in 2018 could now become ALICE.²² That would bring the total share of households below the ALICE Threshold to 50% – half of all U.S. households facing financial hardship.

6 ALICE EARNS TOO LITTLE TO SAVE, TOO MUCH FOR ASSISTANCE

Low wages make it impossible to save, yet they are often just high enough to keep families from receiving public assistance. As a result, many ALICE families suffer from a vicious cycle of budget shortfalls: A failure to pay bills on time leads to fees, penalties, and low credit scores, which in turn increase interest rates, insurance rates, and costs for other financial transactions (from check-cashing to credit card fees).²³ The costs of financial instability are cumulative and intensify over time.

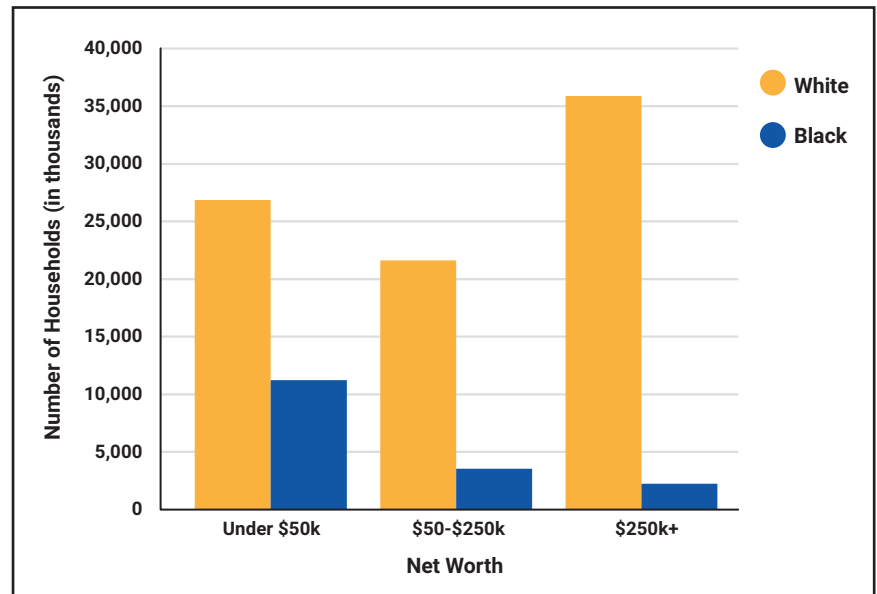
Dreams to build for retirement or put a down payment on a house are dashed. If there is an emergency – anything from a car repair to a medical crisis – there is no savings safety net to fall back on. The lack of savings is widespread in the U.S: 42% of U.S. households had not set aside any money in 2017 that could be used for unexpected expenses or emergencies such as illness or the loss of a job.²⁴

Income disparities have led to even greater disparities in savings among households, especially by race/ethnicity. In 2017, two-thirds of Black households had assets valued at less than \$50,000, while only one-third of White households did (Figure 7). At the other end of the spectrum, 43% of White households had assets of more than \$250,000, compared to only 13% of Black households.²⁵

While ALICE families are not earning enough to afford basic essentials, their earnings are often too high to qualify for assistance. Only a small fraction of struggling families receive public assistance: 29% of households below the ALICE Threshold received assistance from the Supplemental Nutrition Assistance Program (SNAP) in 2018, down from 34% in 2012. An even smaller portion received Supplemental Security Income (SSI) (13%), or Temporary Assistance to Needy Families (TANF) (5%).²⁶ Without access to public assistance, ALICE families are left to make difficult and often heart-wrenching choices about how to make ends meet.

The pandemic is increasing these longstanding disparities in savings and assets. Out of necessity, low-income households are spending (wages, stimulus checks, unemployment benefits, and savings), while high-income households have actually increased their savings during this time.²⁷

Figure 7.
Household Net Worth and Race/Ethnicity, United States, 2017



Source: U.S. Census Bureau—Wealth and Asset Ownership, 2017

7 ALICE IS MORE VULNERABLE TO NATURAL DISASTERS

From floods, hurricanes, and wildfires to pandemics, ALICE households disproportionately bear the impact of crisis and disaster. ALICE families feel the economic impact almost immediately – if they can't work, they lose pay; if there is damage to their home or car, there are immediate repair bills; and if the power goes out, they need money to replace spoiled food supplies.

ALICE households are more likely to live in housing units and communities that are more vulnerable to flooding, fire, and other hazards, primarily because those areas are more affordable. Yet ALICE families do not have the resources to withstand disasters. Often they cannot afford to make protective repairs, evacuate, or take necessary precautions during a public health crisis.²⁸ After a disaster, they take longer to recover, if ever: Because they are less likely to have insurance or savings to repair damage, it is harder to recover from illness, make housing repairs, and pay ongoing bills.²⁹

The increase in natural disasters and the COVID-19 pandemic in particular have also brought to the fore the striking health disparities between different racial/ethnic groups during crises.³⁰ For example, Black, Hispanic, American Indian/Alaska Native, and Pacific Islander individuals have contracted and died from COVID-19 at much higher rates than Whites.³¹ Nationally, as of November 12, 2020, the age-adjusted death rate of Blacks from COVID-19 was 3.0 times higher than that of Whites. Other groups that are smaller and therefore less likely to receive national media attention, including American Indians/Alaska Natives and Pacific Islanders, have mortality rates 3.2 and 2.3 times higher than Whites, respectively. In Arkansas, which has a large Marshallese community, the death rate among Pacific Islanders is a shocking 48 times higher than among Whites.³²

“ALICE households are more likely to live in housing units and communities that are more vulnerable to flooding, fire, and other hazards, primarily because those areas are more affordable.”

At the same time that ALICE workers face these sharply increased risks, they are also essential to the pandemic recovery, as well as to rebuilding from other recent natural disasters. ALICE workers are “Maintainers,” working in occupations that build and repair the infrastructure and educate and care for the past, current, and future workforce.³³ In these roles, they are the pandemic “heroes,” the workers essential to caring for COVID-19 patients and to keeping the economy running by working in food service, grocery stores, and warehouse and fulfillment centers. Yet they receive low wages and little protective gear to keep them and their families safe.³⁴ In the aftermath of hurricanes and wildfires, ALICE workers are essential for debris removal, housing repairs, and rebuilding basic infrastructure. Yet these jobs are nearly impossible to do if workers and their families are in crisis themselves.

AN ESCALATING CRISIS IN MEETING BASIC NEEDS

Not only has the COVID-19 pandemic exposed disparities and vulnerabilities that have long existed in our communities and our society, but it is widening these gaps in profound and interconnected ways, with major impacts on the lives and well-being of households across the United States. This section outlines and highlights ways in which the pandemic has contributed to wider and more deeply entrenched disparities across the ALICE Survival Budget areas. As the impacts of the pandemic are still unfolding, these examples represent conditions at the time this Report was released (December 2020). For regularly updated content on the impact of COVID-19 on ALICE households, visit our website at UnitedForALICE.org/COVID19.

Overall, many households are now seeking public assistance for the first time, and getting assistance for all of these most basic resources can be a difficult and stigmatized process.³⁵ To learn more about the difficult decisions ALICE households face, see United For ALICE's 2019 Report, *The Consequences of Insufficient Income*, at UnitedForALICE.org/Consequences.



Housing is the cornerstone to stability, but it is also the most expensive item in many household budgets. Without safe, affordable housing, families cannot maintain stability in other areas of life, including school and work, and access to health care and healthy food.

HOUSING

Where we live matters; it impacts current and future health and economic well-being.³⁶ Many ALICE households spend a disproportionate amount of their income on housing, limiting their ability to afford other essentials and setting the stage for vulnerability during a crisis.³⁷ Before the pandemic, the number of severely rent burdened households (with rent accounting for more than 50% of their income) was already rising, and that number is projected to grow by at least 11%, to 13.1 million households, by 2025.³⁸

In order to get by, families have to make tough decisions, which often include renting or buying substandard housing that is more susceptible to damage from environmental impacts. By necessity, they may have to borrow at unsustainable rates; have to live in less desirable locations, including unsafe communities and neighborhoods with lower-quality schools, older infrastructure, or a dearth of health care and grocery stores; or have to choose housing that is far from work, leading to longer commutes and higher transportation costs.³⁹

In addition to insufficient income, many households face other barriers to quality housing and prosperous communities, including discrimination and institutionalized racism. In 2018, there were over 31,000 reported acts of housing discrimination nationwide — up 8% from the prior year, and a record high since these statistics were first reported in 1995.⁴⁰ Significant racial disparities still exist in homeownership in particular: In 2018, the homeownership rate was 43% for Black households and 47% for Hispanic households, compared to 73% for White households.⁴¹

The importance of housing as a foundation for both health and financial stability has been made even clearer by COVID-19. The potential number of evictions is at a near-record high, and those living in crowded conditions with lack of space to social distance are disproportionately contracting — and dying from — the virus.⁴² In addition, Black and Hispanic renters have been more likely to fall behind in rent and to face eviction, and Black and Hispanic owners have been more likely to miss or defer mortgage payments during the pandemic.⁴³



Child care is essential for parents to work and children to be prepared for school. Education is one of the best predictors of financial well-being. Yet for families with two children in child care, it is the most expensive item in the family budget, and ALICE families face challenges finding quality education at every level.

CHILD CARE

With working parents making up approximately one-third of the U.S. workforce, child care has become a critical component of the economy as well as a key factor in child development.⁴⁴ Yet the child care sector, the workforce behind the workforce, has been facing economic challenges for the last decade. The lack of affordable, accessible child care costs the U.S. economy an estimated \$57 billion annually in lost productivity, revenue, and earnings.⁴⁵

At the start of the pandemic, virtually all child care centers and schools closed. Even with partial re-opening and distance learning, the long-term impact on children, parents, child care providers, teachers, and the economy has already been severe:

- **Children:** Early learning opportunities are key to closing educational achievement gaps by income or race/ethnicity. Diminished access to these programs and to quality K–12 education will exacerbate existing educational inequities in the long term. Childhood learning is strongly associated with lifetime earnings, with each school year linked to an average of about 10% higher income.⁴⁶
- **Parents:** Parents are juggling work (remote and in-person) and child care in new ways, with the greatest impact on women and parents in less flexible, lower-income jobs — often to the detriment of both parents and children.⁴⁷
- **Child care providers:** Temporary closures and reduced income are taking a lasting toll among child care workers. The Center for American Progress estimates that nationwide, almost 4.5 million child care slots could be lost permanently due to the pandemic.⁴⁸ Between February and April 2020, 370,600 child care workers — 95% of them women — lost their jobs, and by July, only 42% of those jobs had returned.⁴⁹
- **Public school teachers and districts:** With states facing dire budget shortfalls on top of difficult and changing work conditions, there could be a more than 8% reduction in the teacher workforce.⁵⁰
- **The economy:** Without functioning child care and K–12 education for working families, neither local economies nor the national economy can recover.



Food is the most basic of all needs. In the short term, food is the easiest place for a family to skimp on cost, but in the long term, the consequences of a poor diet or food insecurity can include developmental delays in children, compromised performance at school or work, and chronic disease in adults.

FOOD

A healthy diet is basic to good health and daily functioning, and is often taken for granted in a country with vast agricultural resources. Yet access to affordable, high-quality, healthy food continues to be a challenge for many households nationwide. No community is immune to this problem; there are individuals in almost every U.S. county who are food insecure. By 2017, estimates were that up to 18% of the U.S. population lived in a food desert, without sufficient access to a grocery store.⁵¹

When ALICE and poverty-level households do not have enough money for food, they often have no alternative but to buy less food or less healthy food. In 2014, almost 80% of food-insecure families in the U.S. reported purchasing inexpensive, unhealthy food; more than half ate food that was past its expiration date; and 40% watered down their food or drinks. Food insecurity affects health, which impacts school performance, work productivity, and levels of chronic stress.⁵² Short-term effects of food insecurity include fatigue and reduced immune response; in the longer term, there can be developmental, psychological, physical, and emotional harms.⁵³

Food insecurity has increased significantly in 2020. During the first few months of the pandemic, food insecurity doubled nationwide and almost tripled for households with children, and 7% of households reported that they received free food.⁵⁴ Meals and snacks from schools or child care centers, many of which have been closed during the pandemic, typically provide up to two-thirds of children's daily nutritional needs and save families at least \$30 per week per child. Senior food insecurity is also on the rise, up almost 60% from the pre-COVID rate.⁵⁵ Many ALICE households have turned to food pantries/banks, as they are one of the few social services that do not require income verification; ALICE families often earn too much to qualify for SNAP.⁵⁶



Transportation is necessary to get to jobs, housing, grocery stores, child care, school, health care services, and social events. Although public transportation is cheaper, it is not available in many communities. That makes owning a car essential for many — but it is a purchase most ALICE families struggle to afford.

TRANSPORTATION

ALICE households depend on reliable transportation in order to reach jobs, schools and child care, health care, stores, and more. Yet access to transportation is a significant barrier for many ALICE families. Because public transportation is not available in most parts of the U.S., owning or leasing a vehicle is necessary. A car is the most common asset in the U.S., but many lower-income families must buy lower-priced, used vehicles that are usually less fuel-efficient, tend to break down, and need more frequent repairs, which increases expenses. This, in turn, can lead to tardiness or absenteeism at work; missed medical, dental, or social service appointments; limited child care and school options; and limited access to healthy food.⁵⁷ These factors further push ALICE families to the brink of financial instability and make it harder to catch up. That situation is then compounded by crises like the pandemic: In August 2020, for example, 4.3% of auto loan accounts were in hardship, up from 0.5% in April 2019.⁵⁸

Public transportation, when available, is a vital service, especially for lower-income commuters who do not have vehicles. Yet due to COVID-19, many buses, trains, subways, and light-rail lines have had to limit service; overall ridership was down 58% from July 2019 to July 2020.⁵⁹ During the start of the pandemic, many services were cut to protect drivers and workers, with an almost 90% drop in ridership. Public transportation that was already struggling financially will have difficulty reinstating services, even after rider demand increases, as the primary sources of funding — fares, local sales taxes, parking tickets, and other fines — all took a hit during the pandemic.⁶⁰



Health care is often linked to financial hardship. Depending on age, illnesses, and overall health, costs vary widely between families. There are still millions without insurance and even more who cannot access health care due to cost, gaps in service, and scheduling issues.

HEALTH CARE

Poor health can be both a consequence and a cause of financial instability. When basic needs are not met, ALICE and poverty-level families are more likely to face health problems. Access to care; economic factors like employment and income; and environmental factors like housing, air/water quality, and community safety are the primary determinants of health. Individual health behaviors (like diet and exercise) only account for about 30% of health outcomes.⁶¹

Due to lack of health insurance coverage, many families forgo preventative care and become more likely to have an ongoing chronic condition.⁶² A serious health emergency can also lead to a downward financial spiral: Two-thirds of all bankruptcies in the U.S. between 2013 and 2016 were tied to medical issues – because of either high costs for care or time out of work.⁶³

The health impacts of COVID-19 are the most obvious outcomes of the pandemic, not just in terms of fatalities – total U.S. deaths had passed 269,000 by November 2020 – but also in highlighting disparities in health care quality, access, affordability, and the profound effects of institutionalized racism and discrimination. Many low-wage employees have not been provided sufficient safety equipment, resulting in greater exposure. This is especially true for those working in retail, warehousing, restaurants, hotels, pharmacies, hospitals, and nursing homes, with perhaps the most egregious exposure among workers in meatpacking plants.⁶⁴ For all of these reasons, those with the lowest incomes have incurred the greatest number of serious COVID-19 infections.⁶⁵ Similarly, people of color are also at a sharply increased risk of infection, severe illness, and death from COVID-19.⁶⁶ Older adults are at an increased risk as well, and half of U.S. senior households were already unable to afford the basics, much less increased health costs.⁶⁷

The pandemic is also widening health disparities by reducing access for those who need it most, through both hospital closures and growing reliance on telemedicine. The health care costs of the pandemic are adding more pressure on already struggling hospitals, forcing many in rural and low-income communities to close. The alternative – telemedicine – has grown exponentially. Yet for rural or low-income families, or communities without reliable internet services or digital devices, this trend further reduces access to health care.⁶⁸



Technology is an essential need in the modern economy. Without access to basic technology like a smartphone plan, ALICE faces disadvantages in job searches and performance, school work, accessing public benefits, and health care.

TECHNOLOGY

Even before the pandemic, access to technology varied significantly by income and geography – a reality often referred to as the “digital divide.” Across the U.S., 31% of households with income below the ALICE Threshold do not have an internet subscription, compared with only 8% for households above the ALICE Threshold. Rates of access also vary widely by location, for reasons of both availability and cost: The lowest access rates are in rural counties often not covered by high-speed internet service, and where 41% of households below the ALICE Threshold do not have an internet subscription.⁶⁹ For many, that lack of access translates directly to reduced job opportunities, educational opportunities, and access to health care and financial tools.

Because of COVID-19, the digital divide is more exposed than ever – and it is growing. The pandemic is forcing a wide range of workers to utilize new technology platforms, work remotely, and use technology to report and analyze data.⁷⁰ ALICE workers are less likely to have access to the internet and digital devices, and therefore less likely to have these skills or the opportunity to develop them, limiting the types of jobs available to them during the pandemic as well as their longer-term career possibilities. **Low-wage workers are six times less likely to be able to work from home than higher-wage workers.** And increasingly, many of the permanent job losses resulting from the pandemic are in occupations at high risk of automation – particularly those held by already vulnerable workers of color. ALICE workers without digital skills and resources face tougher job prospects ahead.⁷¹

By increasing the digital divide, the pandemic is also increasing the educational divide. Remote learning is hard for many, but it is even harder for those without access to reliable, high-speed internet and computing devices, not to mention space and quiet to participate in classes. For example, teachers and students have reported working outside of fast-food restaurants or other places with free Wi-Fi in order to attend remote classes.⁷²

Additionally, technology plays a critical role in relaying government and news alerts about natural disasters and evacuation orders. In an emergency scenario, slow internet speeds or lack of access altogether can be life-threatening for households living below the ALICE Threshold.



Taxes are an additional expense for ALICE. Because most ALICE households are not eligible for public assistance, they are net contributors and, on average, pay a higher rate of taxes than households in the highest income bracket.

TAXES

While headlines often feature low-income households receiving government assistance, ALICE households are net contributors and pay about 22% of what they earn in income, property, and payroll taxes. Workers, including ALICE, bear the greatest burden of taxation, paying for the majority of government revenue through taxes on labor — individual income taxes account for 47% of government revenue and payroll taxes for 33%. By contrast, taxes on wealth — property taxes, capital gains taxes, and corporate taxes — contribute less than 20% of government revenue, even though wealth cushions households and can be leveraged to help them build even more wealth and access to tax shelters.⁷³ Overall, the federal income tax structure in the U.S. is progressive (those earning higher incomes pay a higher rate of tax). However, this is generally not the case for state, local, payroll, and sales taxes, which are regressive. **Nationwide, the lowest-income taxpayers (the 20% of households with the lowest income) pay state and local tax rates that are over 50% higher than the top 1% of households.**⁷⁴

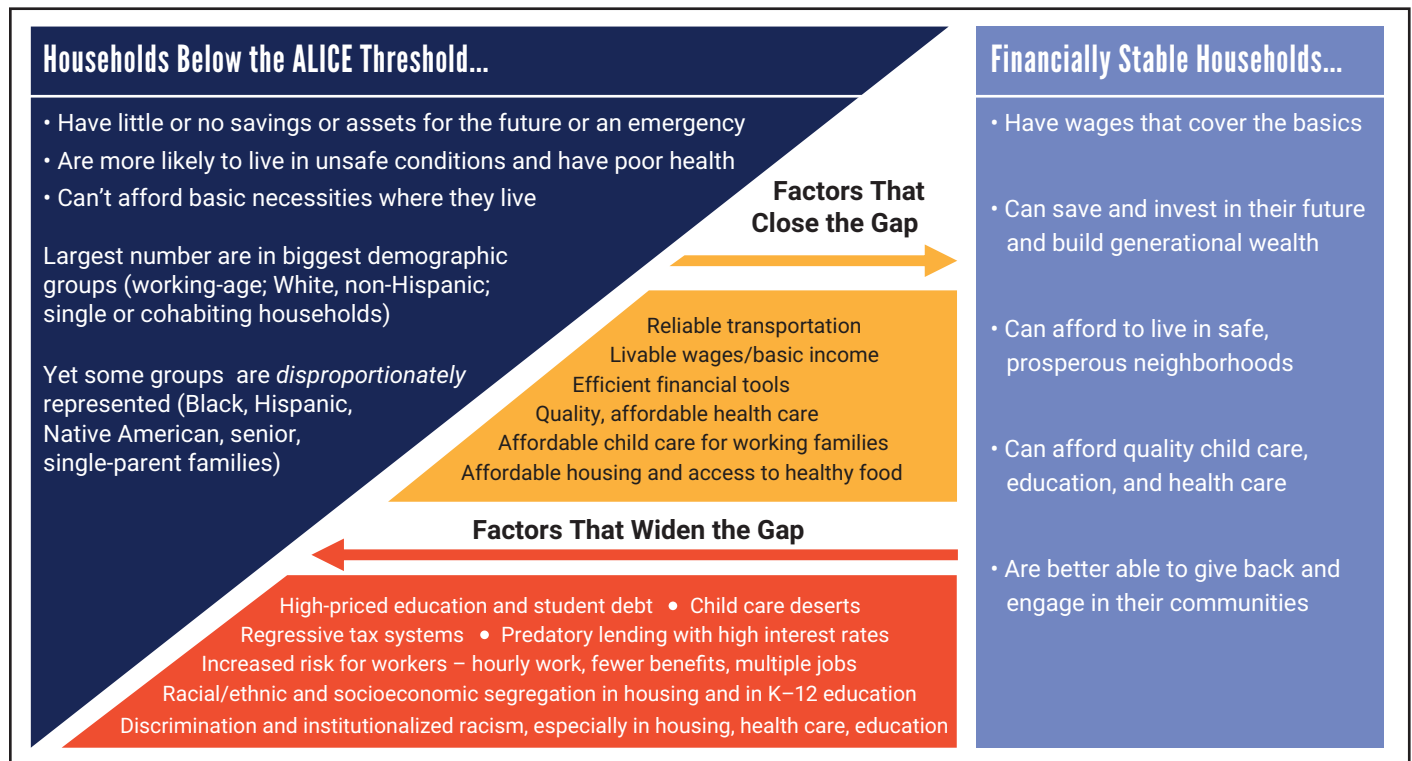
The pandemic has made things more difficult for low-income taxpayers. With many free tax-preparation assistance sites closed, and potential challenges in finding internet access, many have found it harder to file their taxes and receive credits, such as EITC and the child tax credit. Not filing taxes or updating tax return information also delayed stimulus checks for many.⁷⁵

BEYOND RECOVERY: A VISION FOR FINANCIAL STABILITY

This Report shines a spotlight on a system that leaves more than two in five American households struggling to make ends meet. In 2018 – even before 2020’s pandemic and natural disasters – a total of 51 million households were below the ALICE Threshold. United for ALICE research makes it clear that the status quo is not working for millions of households, and the COVID-19 pandemic has pushed our communities and economy to a tipping point. During this period of crisis, not only are families dealing with imminent risks to health and safety, but many are facing reduced wages or unemployment and are forced to deplete savings, accumulate debt, and make other sacrifices just to get by. And when eviction moratoria, renter payment plans, and mortgage forbearance end, many of these families will not be able to pay backlogged balances and will risk losing their homes. Without substantial intervention, it is likely that the 9 million households who were just above the ALICE Threshold in 2018 will become ALICE. **This means that half of all U.S. households could be in poverty or be ALICE by the end of the pandemic.**

Now is the time to reimagine this system, create new policies and institutions, and ensure that all households earn enough to meet their basic needs. This moment calls for significant action; it is a critical juncture where the decisions we make will shape the path of the future economy.⁷⁶ To make these crucial decisions, it is important to first examine both the barriers to and facilitators of financial stability. The factors that work to widen or close the gap between living below the ALICE Threshold and being financially stable are outlined in Figure 8.

Figure 8.
Closing the Gap: Moving ALICE Households Toward Financial Stability



Note: Sources for this figure are included following the Endnotes for this Report

NEXT STEPS: A VISION FOR ALICE

Intervention is needed across the board — in business, government, nonprofit, and educational institutions — not just to recover, but to set the groundwork for a more equitable future. Current policy is primarily designed to fill short-term needs for basic survival; it is not designed to bring families to financial stability, much less to ensure a sustainable future.⁷⁷ As a result, the amount of public assistance households receive, even when added to wages (more than half of government spending on assistance for low-income households goes to working families), falls far short of what is actually needed. An economy where half of all households cannot buy even basic necessities cannot sustain economic growth.

Overcoming the magnitude of financial hardship, the extent of the structural imbalance between costs and wages, and the depth of institutional racism will require decisive action. The ALICE framework and data can provide the underpinnings necessary to guide this process in three key ways:

- **Include ALICE at the table:** ALICE needs to be included in the policymaking process at all levels. These firsthand voices provide an often ignored perspective. It is important to hear stories of ALICE's lived experience — of struggles, triumphs, and navigating the very systems that policymakers aim to improve. Putting a face to this experience is key to reaffirming the inherent worth and dignity of all, regardless of income. ALICE can also share real-time problems, which can inform priority areas — for example, identifying where there are child care or food deserts, where public transportation routes or timetables limit employment opportunities, which health centers engage in discriminatory practices, or where housing is unsafe. ALICE voices can be heard when policymakers and business leaders who have themselves been ALICE share their experiences; when workers participate in workers' councils, unions, or policy convenings about "the future of work"; and when ALICE participates in their community and votes: ALICE and poverty-level voters make up more than one-third of the electorate.⁷⁸
- **Use ALICE measures:** Inequities can only be addressed if disparities are identified and tracked over time. The ALICE measures provide the necessary tools and data to better gauge the health of the overall economy. Specifically, it is time to replace the FPL. The Household Survival Budget provides a more realistic estimate of the local cost of basics for every county in the country; the ALICE Threshold then provides a more accurate measure of how many households are struggling financially; and the ALICE Essentials Index shows how costs are growing over time. Using these measures together is critical to accurately portray the scope of financial hardship and which demographic groups are disproportionately impacted, as well as to ensure that policy reflects the growth in the cost of essential goods over time.
- **Make data-informed decisions:** Good data is the essential foundation for effective policy. ALICE measures can also be explored along with the location of key community resources, and analyzed alongside data on health, education, and social factors. To address pressing, immediate needs, mapping ALICE with community resources shows where gaps exist so that stakeholders can direct assistance to those areas. To address more ingrained, interconnected challenges, ALICE data can be compared with other indicators such as food insecurity, internet access, life expectancy, grocery-store access, rent burden, and homeownership. This analysis can help identify underlying causes of hardship and barriers to mobility, as well as highlight areas of success. In addition, the Census is a key metric for the ALICE Threshold; an accurate Census count is especially important for small groups. The marginalization of disadvantaged groups has traditionally started with undercounting them, from enslaved Africans who were counted as 3/5 of a person to American Indians/Alaska Natives who were undercounted in the last three Censuses: by 12% in 1990, 0.7% in 2000, and 5% in 2010.⁷⁹








“ALICE needs to be included in the policymaking process at all levels.”

Knowing where ALICE households live can help federal, state, and local governments target preparation, response, and assistance for natural disasters and public health crises. Because ALICE households and communities do not have the same resources as their wealthier counterparts, such as insurance or savings, local responders know they will need more assistance over a longer period of time.⁸⁰ In addition, knowing which customers are ALICE can help companies plan where to develop new products; knowing which employees are ALICE can help employers deploy new skills training and strengthen career paths.⁸¹ And finally, understanding which patients are ALICE can help health care providers not only address presenting health issues, but work with community stakeholders to confront the underlying problems.⁸² (To see examples of ALICE data mapped with key indicators visit UnitedForALICE.org/indicators/New-Jersey.)

Our **Vision for ALICE** is a country where ALICE families not only have sufficient income to afford the basics but can also save and invest in their future. Having enough income for safe, affordable housing, quality child care, adequate food, reliable transportation, quality health care, and sufficient technology not only has the immediate impact of fulfilling essential needs, but it also has a ripple effect across all aspects of life for ALICE households (Figure 9). It means that households can build their credit scores and avoid late fees, predatory lending, and higher interest rates.⁸³ That, in turn, means that families have more resources to use to reduce risks (e.g., by purchasing insurance), stay healthy (e.g., by getting preventative health care), or save and invest in education or assets that could grow over time (e.g., by buying a home or opening a small business). Instead of a downward cycle of accumulating fees, debt, and stress, families can have an upward cycle of savings and health that makes them even better able to be engaged in their communities and, in turn, enjoy a reasonable quality of life.

When ALICE households can afford the basics, there is a significant positive impact on local communities and the wider economy. Financial stability leads to greater economic activity, greater tax revenue, lower levels of crime, and fewer demands on the social safety net, allowing more investment in vital infrastructure, schools, and health care (Figure 9).⁸⁴ This is a vision not only for ALICE, but for the nation as a whole.

Figure 9.
Benefits of Meeting Basic Needs

If households have sufficient income for...	Impact on ALICE Households	Impact on the Community
 Safe, Affordable Housing	Improved health through safer environments and decreased stress, improved educational performance and outcomes for children, greater stability for household members, a means to build wealth for homeowners	Less traffic, lower health care costs, better maintained housing stock, lower crime rates, less spending on homelessness/social services
 Quality Child Care and Education	Improved academic performance, higher lifetime earnings, higher graduation rates, improved job stability/access for parents, better health	Decreased racial/ethnic and socioeconomic performance gaps, decreased income disparities, high return on investment (especially for early childhood education)
 Adequate Food	Decreased food insecurity, improved health (especially for children and seniors), decreased likelihood of developmental delays and behavioral problems in school	Lower health care costs, improved workplace productivity, less spending on emergency food services
 Reliable Transportation	Improved access to job opportunities, school and child care, health care, retail markets, social services, and support systems (friends, family, faith communities)	Fewer high-emissions vehicles on the road, more diverse labor market, decreased income disparities
 Quality Health Care	Better mental and physical health (including increased life expectancy), improved access to preventative care, fewer missed days of work/school, decreased need for emergency services	Decreased health care spending and need for emergency services, fewer communicable diseases, improved workplace productivity, decreased wealth-health gap
 Reliable Technology	Improved access to job opportunities, expanded access to health information and telemedicine services, increased job and academic performance	Decreased “digital divide” in access to technology by income, increased opportunities for civic participation
 Savings	Ability to withstand emergencies without impacting long-term financial stability and greater asset accumulation over time (e.g., interest on savings; ability to invest in education, property, or finance a secure retirement)	Greater charitable contributions, less spending on emergency health, food, and senior services

Note: Sources for this figure are included following the Endnotes for this Report

ENDNOTES

1 Note: A household consists of all the people who occupy a housing unit. In this Report, households do not include those living in group quarters such as a dorm, nursing home, or prison. American Community Survey. (2018). *1-year and 5-year estimates*. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>; United for ALICE (2020). The ALICE Threshold, 2018. *Research Center: National Comparison*. Retrieved from www.UnitedForALICE.org/national-comparison

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5 Note: "...Black or African American: A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.

American Indian and Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, Central American Indian groups, or South American Indian groups...

Native Hawaiian and Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoa," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.

Two or More Races [to keep to style]: People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Two or More Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," "American Indian or Alaska Native," "Asian," "Native Hawaiian or Other Pacific Islander," or "Some Other Race." (U.S. Census Bureau, Population Estimates Program (PEP). (n.d.). Race. Retrieved from <https://www.census.gov/quickfacts/fact/note/US/RH1425219>)

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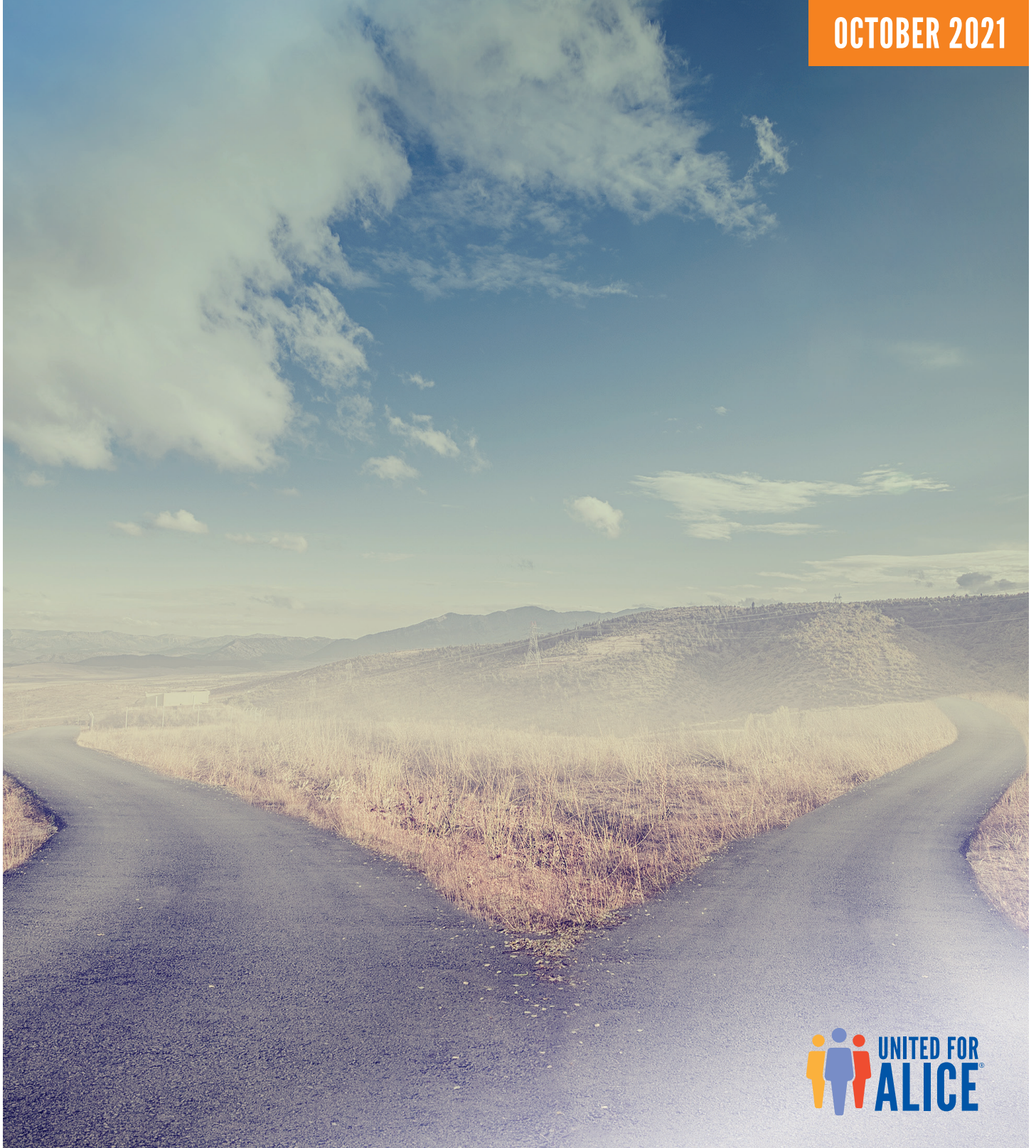
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THE PANDEMIC DIVIDE:

An ALICE Analysis of National COVID Surveys

OCTOBER 2021



WHAT IS UNITED FOR ALICE?

United For ALICE is a driver of innovation, research, and action around financial hardship. At its core is **ALICE: Asset Limited, Income Constrained, Employed** – a measure of households that earn above the Federal Poverty Level but below the cost of household basics. The ALICE research drills down to the local level for both household incomes and costs, showing the mismatch between low-paying jobs and what it takes to survive financially, county by county and state by state.

This research is bolstered by external advisory committees of experts in fields ranging from health care and child care to labor and technology. The ALICE research team collaborates with a state-level committee in each partner state, and it draws on those experts nationwide for a biennial Methodology Review. This collaborative model ensures that all ALICE products and tools are based on unbiased data that is transparent, replicable, current, and incorporates local context.

With this data and research, ALICE partners convene, advocate, and innovate in their communities to highlight the issues faced by ALICE households, and to build solutions that promote financial stability.

KEY TERMS

ALICE: Asset Limited, Income Constrained, Employed – households with income above the Federal Poverty Level but below the basic cost of living.

Household Survival Budget: The lowest-cost options for household basics (housing, child care, food, transportation, health care, and a smartphone plan, plus taxes and a small contingency). Calculated at the county level for various household types.

ALICE Threshold of Financial Survival (the ALICE Threshold): The average income that a household needs to afford the household basics defined by the Household Survival Budget for each county.

Below ALICE Threshold: Includes both poverty-level and ALICE households – all households unable to afford the basics.

ALICE Essentials Index: A national standardized measure of the change over time in the costs of household basics included in the Household Survival Budget.

ALICE ONLINE

Visit UnitedForALICE.org for more details about ALICE, including:



Interactive Data

Learn about the extent of financial hardship and ALICE demographics at the national, state, and local level



ALICE Reports

Read United For ALICE national and partner state Reports, as well Reports on other special topics



ALICE Essentials Index

See change over time in the cost of household essentials, compared to other rates of inflation



ALICE Wage Tool

Explore how wage levels impact ALICE and what wages different occupations pay by location



COVID Tracker

See COVID-19 cases mapped with ALICE data, and learn more about the impacts of COVID on ALICE



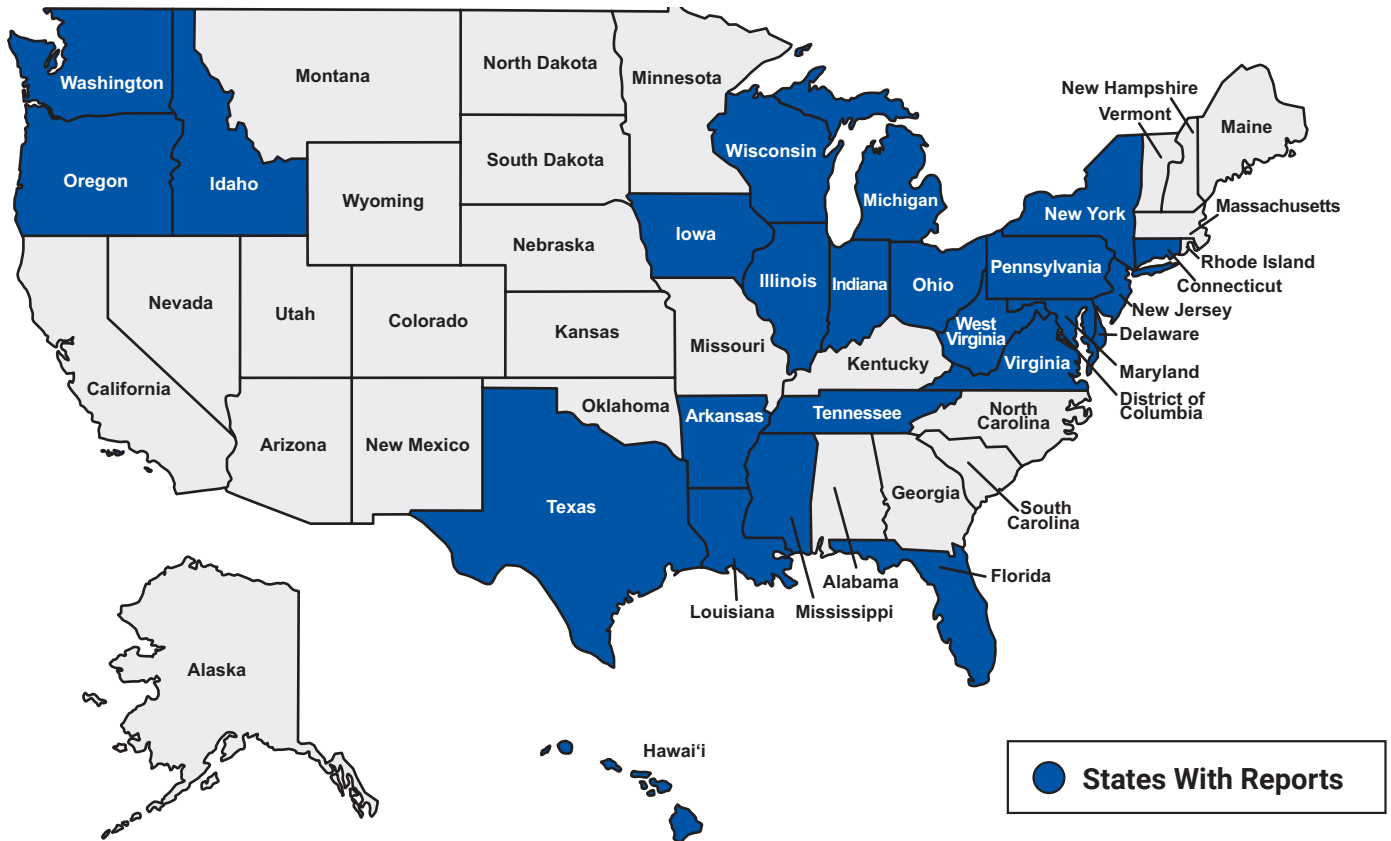
Methodology

Read an overview of the sources and calculations used in the ALICE research

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UNITED FOR ALICE STATES AND PARTNERS

Over the last decade, United For ALICE has grown from a study of financial hardship in Morris County, NJ, to a grassroots movement that includes United Ways, corporations, foundations, and nonprofits in 24 states. Learn more about our partners at UnitedForALICE.org/Governance.



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INTRODUCTION: A TALE OF TWO PANDEMICS

There are many emerging stories about the impact of the COVID-19 pandemic in the U.S. over the past 18 months. Some are stories of job loss, rising food insecurity, housing instability, and health concerns.¹ Others point to an economy in full recovery – new businesses opening at a record rate, household debt at a near low, savings rates and home prices rising, and the stock market at an all-time high.² All of these stories are true. The highs and lows of the pandemic have been experienced very differently across the U.S. population – and initial reports indicate that a key differentiator is income.³

United For ALICE, a driver of research, innovation, and action on financial hardship in the U.S., shines a light on the challenges of **ALICE: Asset Limited, Income Constrained, Employed** – households that struggle to make ends meet and have little or no savings, but often make too much to qualify for public assistance. The ALICE Threshold of Financial Survival draws a line between survival (the bare minimum needed to live and work in the modern economy) and stability; it is based on the ALICE Household Survival Budget (the lowest-cost options for housing, child care, food, transportation, health care, and a smartphone plan for all household types in each U.S. county).

Many of the economic indicators that are used to guide policy are averages of households at all income levels. These averages conceal the harsh realities millions of families faced during the pandemic. By contrast, the ALICE Threshold delineates two categories of households that experienced the pandemic in very different ways:

- **Below the ALICE Threshold:** households with income that is too low to cover the Household Survival Budget for their household type in the counties where they live. This group includes ALICE households and households with income below the Federal Poverty Level (FPL).
- **Above the ALICE Threshold:** households with income greater than the cost of the Survival Budget for their household type in the counties where they live.

Using the ALICE Threshold as its framework, this Report analyzes three nationally representative surveys about household experiences during COVID-19, as well as findings from a series of non-representative local ALICE COVID-19 Impact Surveys:

- Federal Reserve Board’s Survey of Household Economics and Decisionmaking (SHED)
- University of Southern California’s Understanding America Study’s Understanding Coronavirus in America survey (UAS COVID survey)
- U.S. Census Bureau’s COVID-19 Household Pulse Survey (Household Pulse Survey)
- United For ALICE’s COVID-19 Impact Surveys conducted with state and local partners (United For ALICE Surveys)

“ Together, the survey results show that households below the ALICE Threshold fared significantly worse than households above the Threshold – financially, physically, and emotionally – during the pandemic.”

Together, the survey results show that households below the ALICE Threshold fared significantly worse than households above the Threshold – financially, physically, and emotionally – during the pandemic. Even with the added protective measures of eviction moratoria and housing and food assistance programs, conditions worsened for households below the ALICE Threshold from March 2020 to May 2021.



Overall, the survey data included in this Report reveals that during the pandemic, experiences and realities diverged for households above and below the ALICE Threshold. Compared to households above the ALICE Threshold, those below the ALICE Threshold were more likely to have:

- **Struggled financially:**

- Reported that they were “just getting by” or “finding it difficult to get by”
- Were less likely to have reported “living comfortably”

- **Had few savings or assets:**

- Had no rainy day funds, even before the pandemic started
- Had no assets or retirement savings, or had a much lower amount
- Saw a decrease in the funds usually in their checking/savings accounts
- Were renters rather than homeowners

- **Faced disruptions in employment:**

- Lost a job, experienced a temporary layoff, or worked fewer hours
- Were not employed in full-time, salaried jobs
- Worked in hourly paid jobs, had employment gaps, or were underemployed
- Wanted to work, or if they were already working, wanted to work more hours

- **Faced barriers to work:**

- Had caregiving demands
- Faced health issues
- Had few paid sick days available

- **Faced additional concerns as parents:**

- Worked reduced hours or quit a job because their children’s classes were not completely in-person or access to child care was disrupted
- Faced food insecurity
- Had concerns about paying housing expenses, paying off debts, and facing non-COVID-19-related medical issues
- Didn’t always have a computer or other digital device available to children for educational purposes

- **Experienced more mental and physical health challenges:**
 - Had a household member with a health issue
 - Faced elevated symptoms of anxiety and depression
 - Had health issues that increased concerns about paying housing expenses, providing food, paying off debt, and losing a job
- **Needed alternative sources of income to make ends meet:**
 - Didn't have the same income sources as before the pandemic
 - Used stimulus payments and unemployment benefits to cover basic needs
 - Relied on public and private assistance
 - Borrowed from friends and family

These surveys also provide an alarming look at the breakdown of pandemic experiences by race/ethnicity. The differences here are even starker than when looking at income alone, giving credence to concerns that the pandemic is exacerbating racial inequities across all facets of life. The analysis reveals that, in particular, Black and Hispanic households have been negatively impacted by the pandemic.

The combined analysis of these surveys represents a new and fruitful frontier for understanding ALICE households. With questions on a variety of topics not previously covered by ALICE research, these surveys offer new insights into the challenges ALICE households face and the strategies they employ to get by. The surveys also provide additional validation for the ALICE Threshold as a meaningful measure, as most survey questions revealed significant differences between households above and below the Threshold.

ALICE BEFORE THE PANDEMIC

It is precisely the challenges that ALICE families were facing before the pandemic that made them so vulnerable to the health and economic crises of COVID-19. Before the pandemic, ALICE households already faced persistent challenges related to income, basic expenses, employment, and savings and credit, and for many households these issues were compounded by systemic racism and discrimination. These challenges are detailed in the national 2020 ALICE Report *On Uneven Ground: ALICE and Financial Hardship in the U.S.* and outlined below:

- ALICE never recovered from the Great Recession.
- ALICE was already struggling to afford essential household items – and the costs of these basics continue to rise.
- Employment growth over the last decade has been concentrated in low-wage jobs.
- ALICE earns too little to save, yet too much to qualify for many public and private assistance programs.
- Many households face systemic barriers to financial stability.
- Households face additional expenses not captured by the Household Survival Budget.
- ALICE households are more vulnerable in times of crisis, as they feel the economic impact almost immediately.

SURVEY DATA & METHODOLOGY

This Report presents the results from three nationally representative surveys using an ALICE lens, as well as findings from a series of local surveys conducted by United For ALICE and our partners:

- The October 2019 and November 2020 Full Surveys and July 2020 Supplementary Survey of Household Economics and Decisionmaking from the Board of Governors of the Federal Reserve (SHED) (see Appendix A)
- The ongoing biweekly Understanding America Study's Understanding Coronavirus in America ("Covid") survey conducted by the University of Southern California's Center for Economic and Social Research (UAS COVID survey) (see Appendix B)
- The ongoing weekly/biweekly COVID-19 Household Pulse Survey conducted by the U.S. Census Bureau (Household Pulse Survey) (see Appendix C)
- September 2020 to June 2021 United For ALICE COVID-19 Impact Surveys conducted in 18 locations with state and local United Ways and their community partners, with more than 45,000 respondents (United For ALICE Surveys) (see Appendix D)

There are differences between the surveys that are noted in the text and fully detailed in the appendices. Notably, the surveys varied in survey dates, sample size, and the time point used for income determination. In addition, the SHED, the UAS COVID survey, and the Household Pulse Survey are representative samples, so the weighted results are reported for population or households (according to the question). The United For ALICE Surveys are non-representative convenience samples, so results are reported for respondents only.

Survey Dates: For ongoing surveys, the weeks and/or waves chosen for analysis were based on 1) when the question being analyzed was asked (not all questions are repeated in each iteration of the ongoing surveys), and 2) if the question was asked multiple times, whether the data is presented over time or a specific week is selected based on relevance to the topic (e.g., weeks when school was in session for questions about parents' work impacts), or to match the time period for which a related question was asked in one of the other surveys.

ALICE Threshold of Financial Survival (the ALICE Threshold): With the raw data from these surveys, we were able to determine whether the survey participants were above or below the ALICE Threshold using three key criteria: 1) household income, 2) location, and 3) household composition. Location and family composition were used to identify the appropriate Household Survival Budget (based on 2018 United For ALICE data), which was then compared to the respondent's household income to determine whether they were above or below the ALICE Threshold.

Significance Testing: The differences reported between the responses of respondents above and below the ALICE Threshold were statistically significant (not attributed to chance) at a 95% confidence level. Depending on the type of question, chi-squared tests, Welch's t-tests (two-tailed), and ranked t-tests (in cases where Welch's t-tests assumptions were not met) were used.

Analysis by Race/Ethnicity: Where possible, we share data by race/ethnicity, with the following groups included in this Report:

- AIAN/Hawaiian/Pacific Islander – American Indian or Alaska Native, Native Hawaiian, or Pacific Islander
- Asian – further breakdown of this broad group was not possible due to lack of data on country of origin
- Black – reported here as non-Hispanic, though in many areas of the country there is substantial overlap between race and Hispanic ethnicity
- Hispanic – includes respondents identifying as Spanish, Hispanic, or Latinx
- White – reported here as non-Hispanic, though in many areas of the country there is substantial overlap between race and Hispanic ethnicity

The groupings and the ability to break down respondents by race/ethnicity differed across surveys. See the appendices and the notes shown below figures for more details.

To access the data used in this Report, download the Report Crosstabs at UnitedForALICE.org/National-Reports

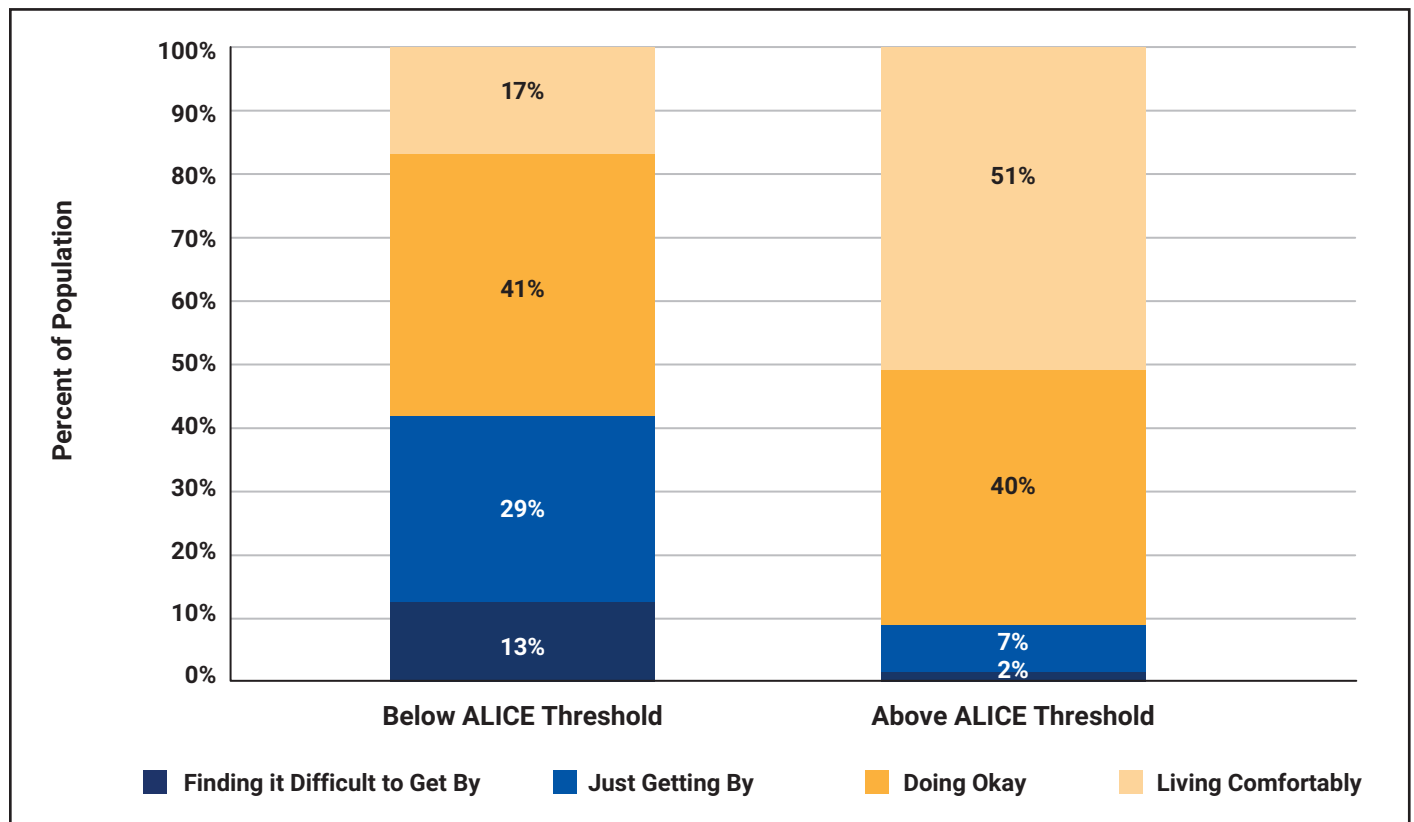
THE FINANCIAL IMPACT OF COVID-19

For many households, overall household finances were constricted during the pandemic, and it became more difficult to meet basic needs. There were a variety of reasons for this: reduced income or other employment impacts, school closures, gaps in access to health care, new or worsening health problems, decreased social support during quarantine, and other issues.⁴ While all households were undoubtedly affected in some way, it is not surprising that those who were already struggling to make ends meet before the pandemic fared worse.

The serious financial impact of the pandemic has been concealed by summary statistics. For example, according to the Federal Reserve SHED, there was a slight increase in the percentage of households struggling to get by financially at the beginning of the pandemic (from 25% in October 2019 to 27% in April 2020), but rates improved, falling to below pre-pandemic levels by July 2020 (23%).⁵ Similarly, the percentage of households reporting that they were “living comfortably” decreased slightly at the beginning of the pandemic (from 36% in October 2019 to 29% in April 2020) but improved by July 2020 (ending at 37%).

But behind the averages of all respondents, two very different trajectories emerged for people with household income above and below the ALICE Threshold. In July 2020, when total responses suggested full recovery, the reality was quite different: When asked in the SHED how they were managing financially overall, 42% of respondents below the ALICE Threshold were struggling, compared to less than 10% of those above the Threshold (29% vs. 7% were “just getting by” and 13% vs. 2% were “finding it difficult to get by”). Conversely, respondents above the ALICE Threshold were significantly more likely than those below the Threshold to say that they were “living comfortably” (51% vs. 17%) (Figure 1).

Figure 1.
Managing Financially by the ALICE Threshold

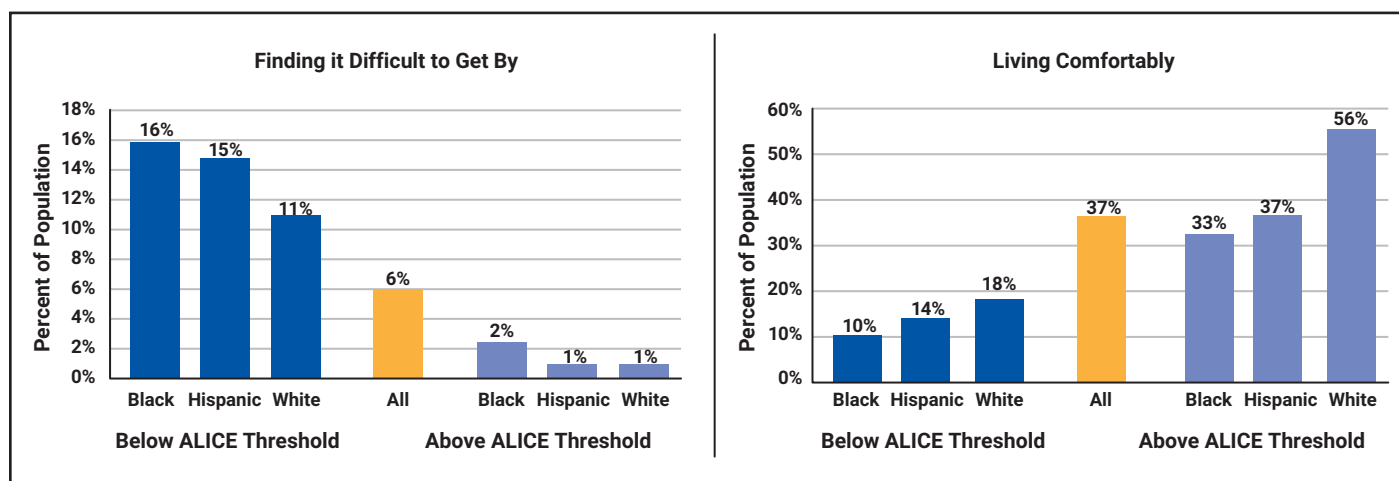


Question: Overall, which of the following best describes how you are managing financially these days?

Source: ALICE Threshold, 2018; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), July 2020

The gap between those struggling financially during the pandemic and those living comfortably was even wider by race/ethnicity. According to the July 2020 SHED, Black and Hispanic respondents below the ALICE Threshold were significantly more likely to report that they were “finding it difficult to get by” (16% and 15%, respectively) compared to White respondents (11%) and especially to respondents of all race/ethnicities above the ALICE Threshold (less than 3%). On the other end of the spectrum, above the ALICE Threshold, White respondents were significantly more likely to report that they were “living comfortably” (56%) compared to Black and Hispanic respondents (33% and 37%) (Figure 2).

Figure 2.
Managing Financially by the ALICE Threshold and Race/Ethnicity



Question: Overall, which of the following best describes how you are managing financially these days?

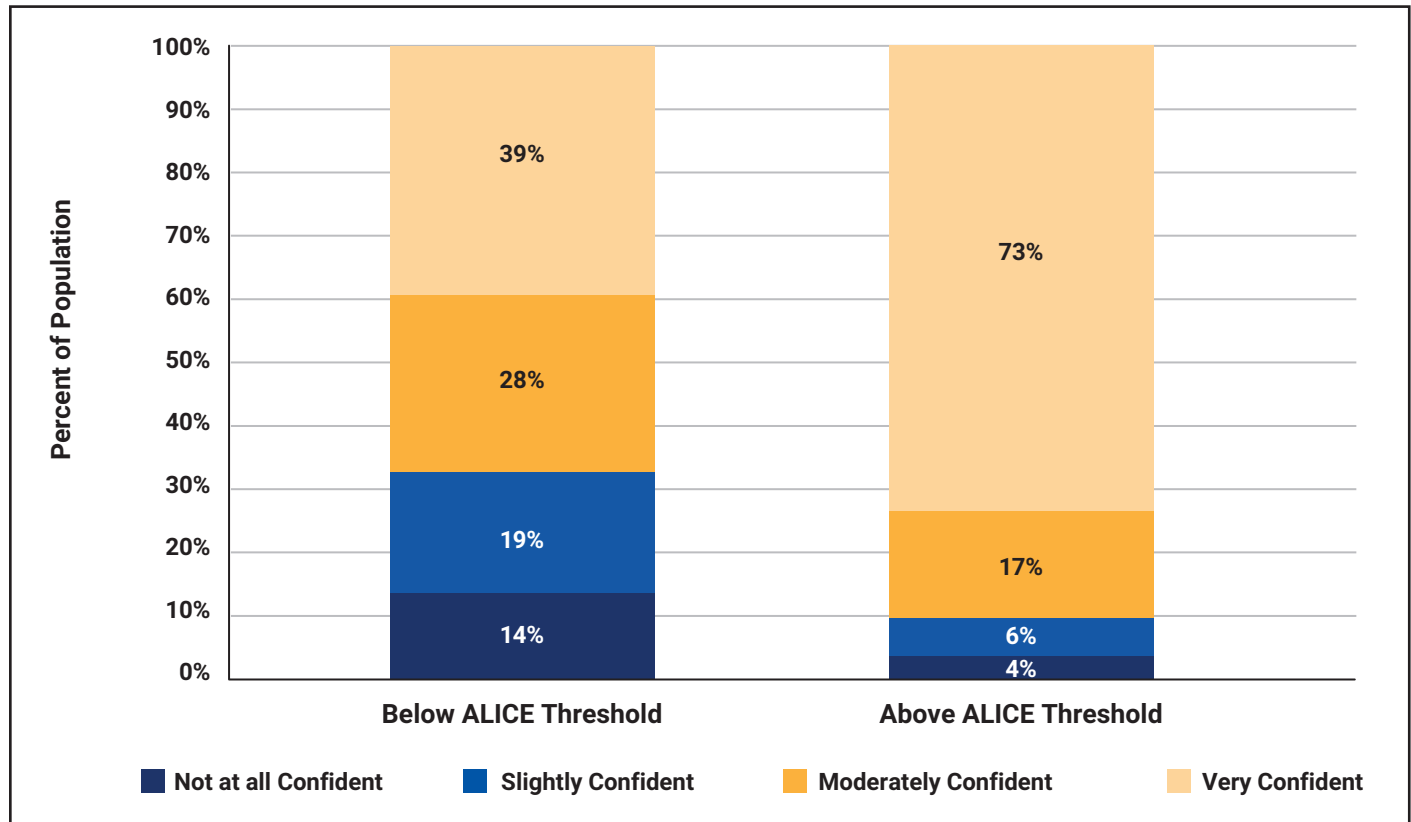
Note: Groupings include Black non-Hispanic, Hispanic, and White non-Hispanic respondents.

Source: ALICE Threshold, 2018; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), July 2020

Ability to Afford Basic Expenses: The subjective experiences of how households are managing financially during the pandemic were reflected in their ability to cover the cost of household basics:

- Respondents below the ALICE Threshold were almost three times more likely to report difficulty paying for household expenses. Over half (52%) of respondents below the ALICE Threshold said that it was “somewhat difficult” or “very difficult” to pay for usual household expenses (including but not limited to food, rent or mortgage, car payments, medical expenses, and student loans), a significantly higher percentage than respondents above the ALICE Threshold, at 19% (Household Pulse Survey, August 19–August 31, 2020).
- The majority of households below the ALICE Threshold had difficulty meeting at least one basic need in the Household Survival Budget. Only 23% reported that their household had no trouble meeting basic needs, compared to more than two-thirds (69%) of those above the Threshold who reported no trouble meeting basic needs (United For ALICE Surveys, February–June 2021).
- By race, Black respondents were significantly more likely to report that it was “somewhat difficult” or “very difficult” to pay for usual household expenses (47%), compared to White or Asian respondents (29% and 31%, respectively), and the difference was even greater when considering ALICE Threshold status. Sixty-one percent of Black respondents below the ALICE Threshold had difficulty paying usual household expenses, a significantly higher percentage than White or Asian respondents (Household Pulse Survey, August 19–August 31, 2020)
- Only 39% of respondents below the ALICE Threshold said in July 2020 that they were very confident they would be able to pay all their bills in full in August, compared to 73% of respondents above the ALICE Threshold (SHED, July 2020) (Figure 3).

Figure 3.
Ability to Pay Bills in Full by the ALICE Threshold



Question: How confident are you that you will be able to pay all of your bills in full in August?

Source: ALICE Threshold, 2018; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), July 2020

Breaking down expenses further exposes the depth and breadth of the financial challenges households faced during the pandemic and provides context for the differences in pandemic impacts between households above and below the ALICE Threshold, as discussed in subsequent sections.

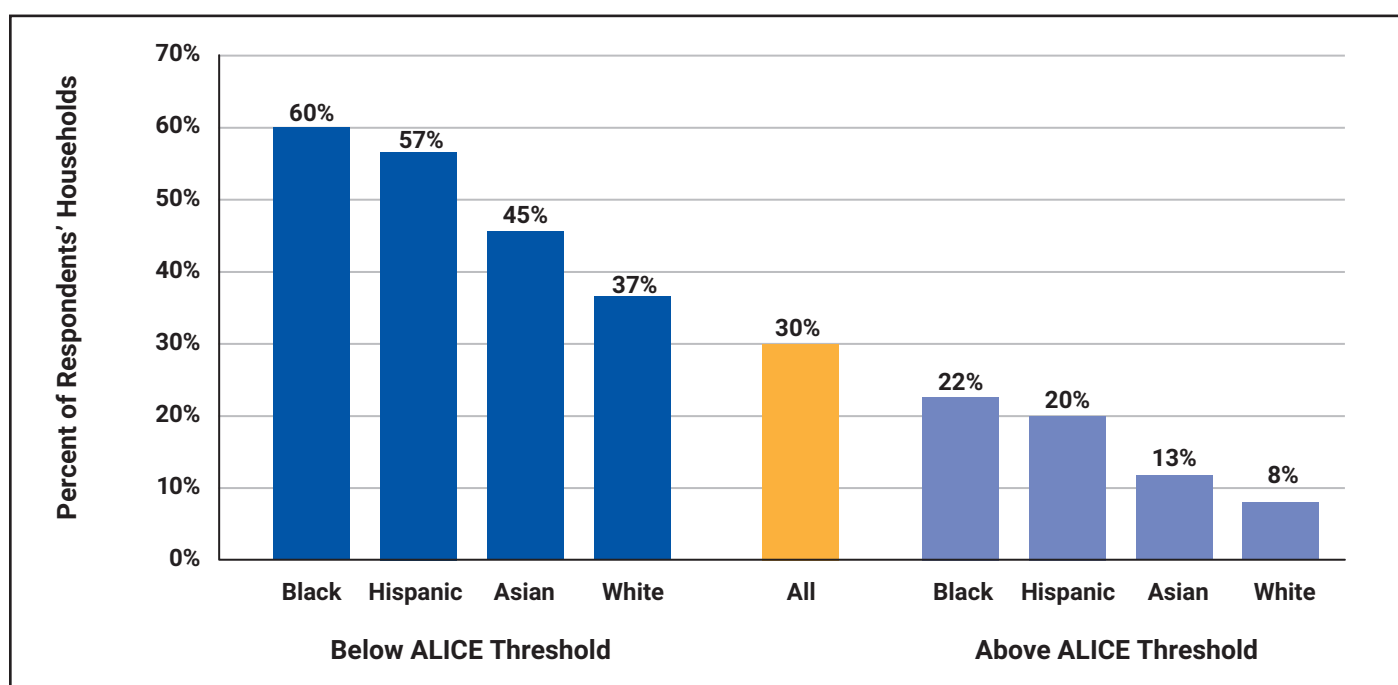
Ability to Afford Housing: Because housing provides underlying stability for all other facets of daily life, difficulties paying housing expenses were a substantial concern for many during the pandemic:

- Among UAS COVID survey respondents below the ALICE Threshold, 17% reported in August 2020 that they thought there was more than a 25% chance that they would be evicted, go into foreclosure, or be forced by a landlord to move in the next 30 days, compared to only 4% of those above the Threshold.
- Among renters, households below the ALICE Threshold were significantly more likely to have asked their landlords for permission to delay or reduce payment of rent than those above the Threshold (18% vs. 13%) (UAS COVID survey, May 2020).
- Among renter households below the ALICE Threshold, those headed by someone of color were more likely to report being behind on rent (29% of Black respondents, 23% of Asian respondents, and 22% of Hispanic respondents, compared to 17% of White respondents) (Household Pulse Survey, August 19–31, 2020).
- These differences between groups also played out over time: From August 2020 to May 2021, renter households below the ALICE Threshold were significantly more likely to report that they were not caught up on rent payments than those above the ALICE Threshold (fluctuating between 19% and 28% of renters below the ALICE Threshold vs. between 7% and 11% of renters above the Threshold) (Household Pulse Survey, August 19–August 31, 2020 and May 12–24, 2021).

Given these difficulties, it is not surprising that meeting housing needs was the concern most often selected by respondents below the ALICE Threshold in the United For ALICE Surveys (conducted February to June 2021): 68% of respondents below the ALICE Threshold said that they were concerned about paying for housing expenses during the pandemic and 36% said it was their biggest concern. In contrast, the concern most often selected by respondents above the ALICE Threshold was contracting COVID-19 (78%) — only 21% said that paying housing expenses was a concern, and even fewer (9%) said that it was their biggest concern.

Respondents below the ALICE Threshold were significantly more likely than those above the Threshold to say that they had difficulty meeting housing needs during the pandemic (51% vs. 12%). Additionally, the percentage of households struggling to meet their housing expenses was significantly higher among Black (60%) and Hispanic (57%) households below the ALICE Threshold, compared to 37% of White households below the Threshold (Figure 4).

Figure 4.
Difficulty Meeting Housing Needs by the ALICE Threshold and Race/Ethnicity



Question: Since March 1, 2020, has your household had trouble meeting any of the following needs? ["Difficulty meeting housing needs" selected]

Note: All racial groups include respondents who selected that race alone. The Hispanic ethnic group includes respondents who selected "Spanish, Hispanic, or Latinx" alone or in combination with one or more racial groups.

Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

Ability to Afford Non-Housing Expenses: Housing was not the only budget category that posed a challenge to struggling households during the pandemic. Respondents below the ALICE Threshold were significantly more likely than those above the Threshold to say that they had difficulty meeting non-housing expenses, including food needs (39% vs. 8%), health care needs (22% vs. 12%), technology needs (16% vs. 8%), and transportation needs (15% vs. 3%). (See the "Challenges for Families With Children" section for more details on child care needs.)

SAVINGS AND ASSETS

A defining feature of ALICE households is in the phrase “asset limited.” As the previous section highlights, ALICE families struggle to meet their households’ immediate, basic needs, which makes saving for an emergency — let alone for the future — a difficult task. As a result, ALICE families can neither build assets nor catch up to those who already have assets (especially those who have been building them for generations). But until now, there has not been definitive data on savings and assets specifically for households below the ALICE Threshold. Analysis of the SHED helps fill this gap.

Savings for a Rainy Day: It has been widely reported that savings increased during the pandemic.⁶ One indicator of this was in the SHED’s question about whether respondents had set aside emergency or “rainy day funds” that would cover their expenses for three months in case of sickness, job loss, economic downturn, or other emergencies. In October 2019, just over half of all respondents (53%) reported having these funds; by November 2020, that share had increased to 55% (Figure 5).

Yet this average conceals a huge gulf between those above and below the ALICE Threshold. Only one-third of respondents below the ALICE Threshold reported having rainy day funds, with the percentage dropping from 33% in October 2019 to 32% by November 2020. In contrast, more than two-thirds of those above the Threshold had rainy day funds, and that share increased from 68% to 71% during the pandemic.

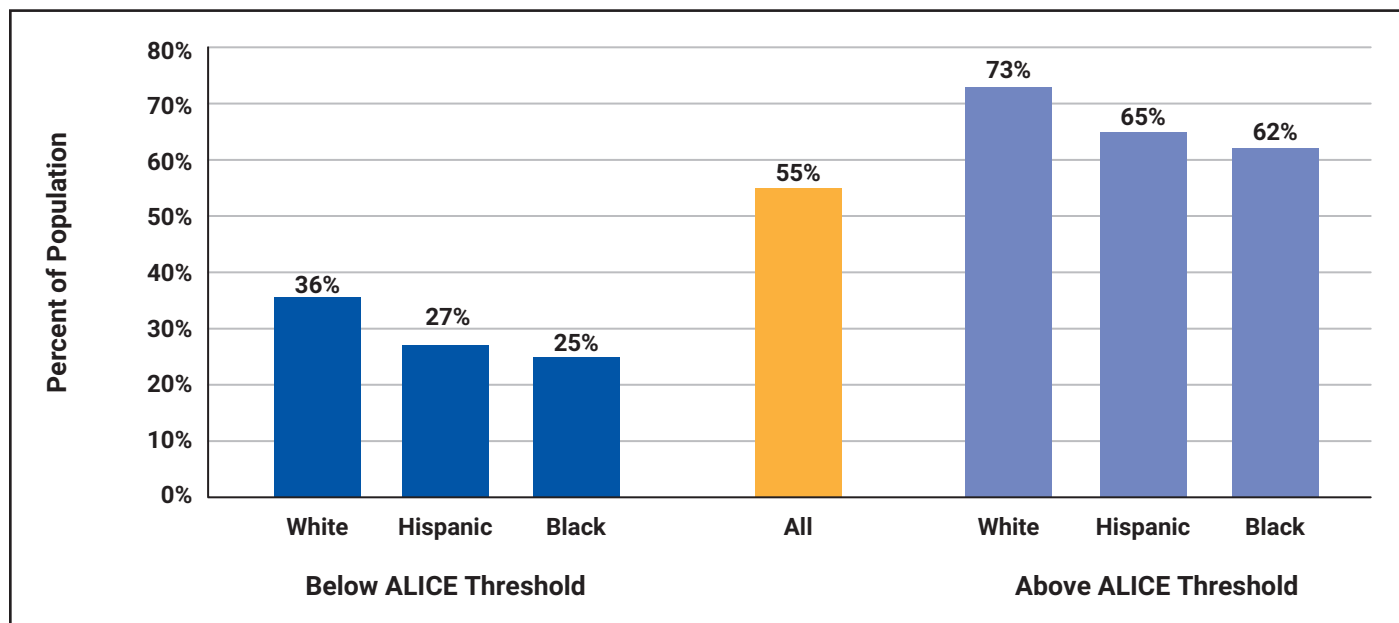
The gap by race/ethnicity was even greater, with White respondents significantly more likely to report that they had savings for an emergency than Black and Hispanic respondents — both above and below the ALICE Threshold (Figure 5). From October 2019 to November 2020, the percentage of respondents below the ALICE Threshold with savings decreased for Hispanic respondents (from 28% to 27%) and Black respondents (from 27% to 25%) while remaining flat at 36% for White respondents. In contrast, the percentage of respondents with savings increased for all groups above the ALICE Threshold, narrowing the racial/ethnic gap slightly: 73% for White respondents (up from 70% in October 2019) vs. 65% for Hispanic respondents (up from 57%) and 62% for Black respondents (up from 55%) (SHED, October 2019; SHED, November 2020).

“ Because of the loss of work of two of the three people in my household... we cannot pay our bills, car loans, etc. Our three credit cards have been cancelled due to nonpayment, damaging our credit score. There are things happening that I never thought could so quickly destroy your life. ”

— United For ALICE Survey respondent, Tennessee

Figure 5.

Rainy Day Funds to Cover Three Months' Expenses by the ALICE Threshold and Race/Ethnicity



Question: Have you set aside emergency or rainy day funds that would cover your expenses for 3 months in the case of sickness, job loss, economic downturn, or other emergencies?

Note: Groupings include Black, non-Hispanic, Hispanic, and White non-Hispanic respondents.

Source: ALICE Threshold, 2018; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), November 2020

Covering New and/or Unexpected Expenses: Not having a financial cushion makes ALICE households more vulnerable to the effects of disasters from floods, hurricanes, and wildfires to pandemics, and crises ranging from illness to car accidents. ALICE families feel the economic impact almost immediately – if they can't work, they lose pay, and if they get sick, there are unbudgeted medical bills to pay.

The overall picture of the pandemic reported in the 2020 SHED, however, was one of financial stability. On average, most households found that their monthly income increased or stayed the same and their monthly spending decreased or stayed the same; as a result, their checking account balance increased or stayed the same compared to one year prior (pre-pandemic, November 2019).

Breaking down the responses by income levels, however, reveals a different experience for those below the ALICE Threshold than for those above it:

- **Monthly income decreased** for 26% of households below the ALICE Threshold vs. 14% above the Threshold
- **Monthly spending increased** for 24% of households below the ALICE Threshold vs. 16% above the Threshold
- **The amount of money usually in checking/savings accounts (after paying monthly bills) decreased** for 33% of households below the ALICE Threshold vs. 15% above the Threshold

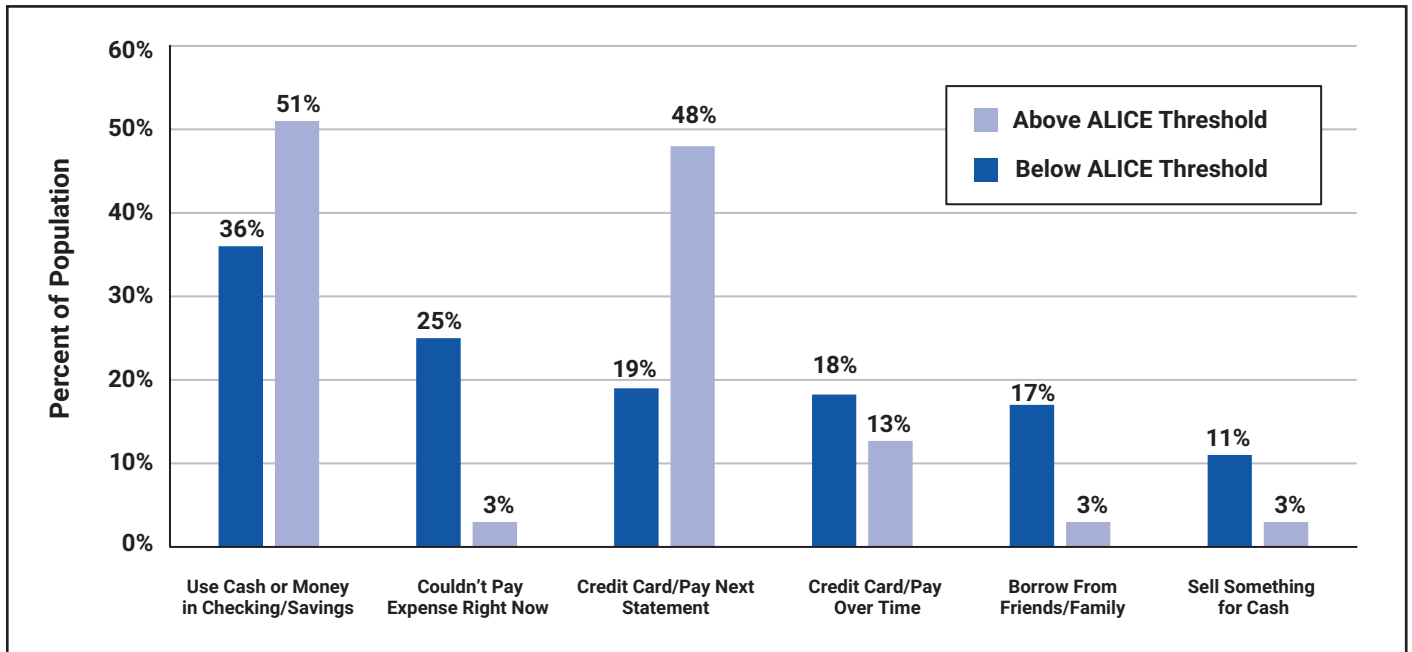
The November 2020 SHED provides insight into how households cover unexpected expenses. Respondents were asked, "If you had an unexpected emergency expense that costs \$400, how would you pay for this expense?" (Figure 6). Responses differed for households above and below the ALICE Threshold:

- Respondents above the ALICE Threshold were significantly more likely than those below to say that they would pay the expense with the money currently in their checking/savings account or with cash (51% vs. 36%) or put it on their credit card and pay it off in full at the next statement (48% vs. 19%).

- Respondents below the ALICE Threshold were significantly more likely than those above to say that they would put the expense on credit and pay over time (18% vs. 13%), borrow from friends or family (17% vs. 3%), sell something (11% vs. 3%), use a bank loan or line of credit (3% vs. 2%), or use a payday loan, deposit advance, or overdraft (2% vs. 1%).
- Among respondents below the ALICE Threshold, 25% said that they wouldn't be able to pay for the expense right now, while only 3% of those above the Threshold said that they wouldn't be able to pay.

Figure 6.

How Respondents Would Cover a \$400 Emergency Expense by the ALICE Threshold



Question: Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense?

Note: Respondents could select all that apply

Source: ALICE Threshold, 2018; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), November 2020

Responses also differed by race/ethnicity. Among respondents below the ALICE Threshold:

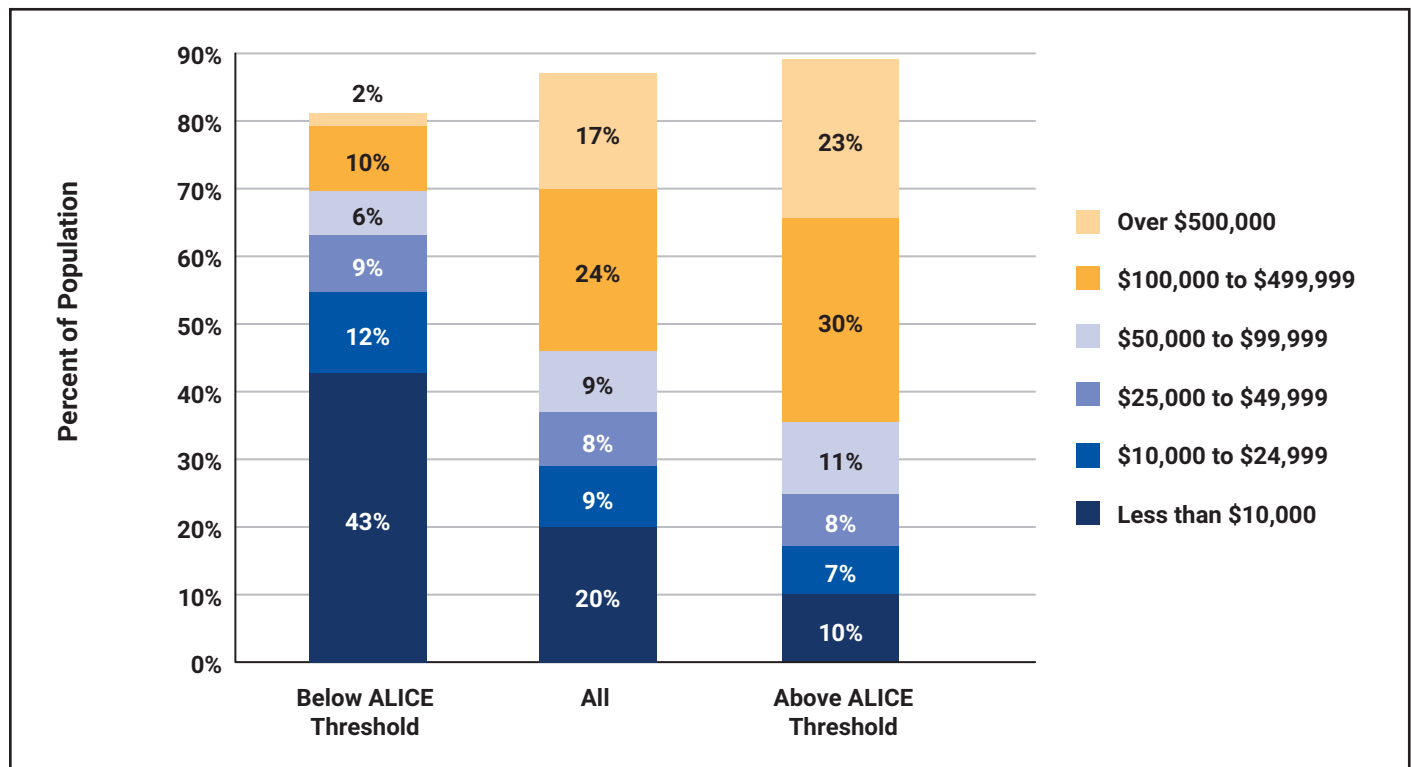
- White respondents were significantly more likely to say that they would pay the expense with the money currently in their checking/savings account or with cash than Black or Hispanic respondents (39% vs. 32% and 34%, respectively) or put it on their credit card and pay it off in full at the next statement (23% vs. 11% or 14%, respectively).
- Hispanic respondents were significantly more likely to say that they would put the expense on credit and pay over time than White or Black respondents (22% vs. 17% each), borrow from friends or family (23% vs. 15% and 17% respectively), or sell something (17% vs. 8% and 12%, respectively).
- Black respondents were significantly more likely to say that they wouldn't be able to pay for the expense right now (37%) compared to 27% of Hispanic respondents and 22% of White respondents.

Bank Accounts: The way that households save (or don't) varied across households above and below the ALICE Threshold and by race/ethnicity. According to the October 2019 SHED, across all households, most had a checking, savings, or money market account (94%); however, those above the ALICE Threshold were significantly more likely to have one (99% versus 90%). The percentage of households with a bank account (savings or checking) varied further by race/ethnicity:

- **Gaps between racial/ethnic groups:** Almost all White households (97%) had a bank account, compared to 87% of Black households.
- **Gaps within races/ethnicities:** For White households, 100% above the ALICE Threshold had a bank account vs. 94% below the Threshold. For Hispanic households, the rates were 99% for those above the Threshold vs. 87% for those below, and for Black households, 99% for those above the Threshold vs. 82% for those below.

Retirement Savings: A lack of savings also limits future possibilities. Sending a child to college, putting a down payment on a house, or building a nest egg for retirement become unattainable dreams. The 2020 SHED provides more concrete data on retirement savings, yet the gap by income status is concealed by the totals. For example, of the total population, 20% of respondents reported having less than \$10,000 in savings for retirement in November 2020. However, most respondents below the ALICE Threshold (43%) had less than \$10,000 in savings and only 12% had more than \$100,000. At the other end of the spectrum, nearly one-third (30%) of those above the ALICE Threshold had \$100,000 to \$500,000, and almost another quarter (23%) had more than \$500,000 saved (Figure 7).

Figure 7.
Amount Saved for Retirement by the ALICE Threshold



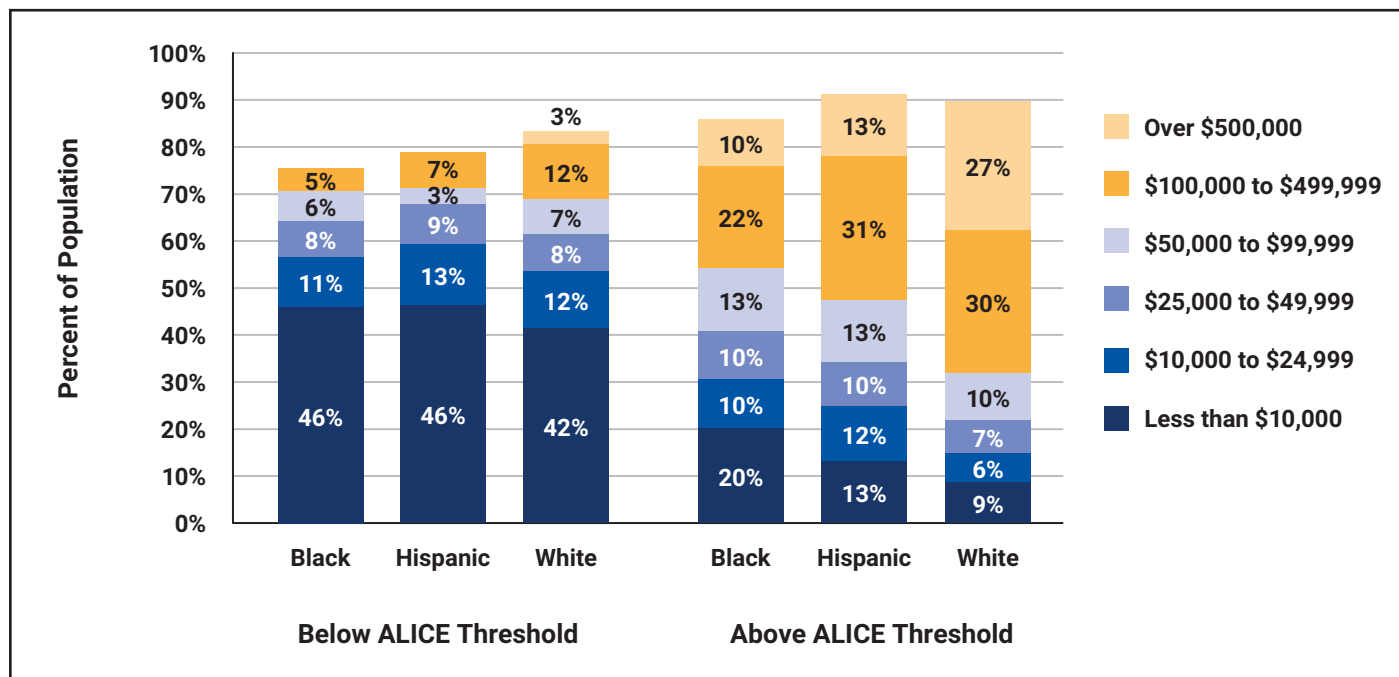
Question: Approximately how much money do you currently have saved for retirement?

Note: Respondents who selected "Don't Know" are not shown.

Source: ALICE Threshold, 2018; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), November 2020

The gaps in retirement savings were even greater by race/ethnicity. Among those below the ALICE Threshold, Black and Hispanic respondents were significantly more likely to report having less than \$10,000 in savings compared to White respondents (46% each vs. 42%). And at the other end of the spectrum, White respondents above the ALICE Threshold were significantly more likely to have savings of \$100,000 or more compared to Hispanic or Black respondents above the Threshold (57% vs. 44% and 32%, respectively) (Figure 8).

Figure 8.
Amount Saved for Retirement by the ALICE Threshold and Race/Ethnicity



Question: Approximately how much money do you currently have saved for retirement?

Note: Groupings include Black, non-Hispanic, Hispanic, and White non-Hispanic respondents. Respondents who selected "Don't Know" are not shown.

Source: ALICE Threshold, 2018; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), November 2020

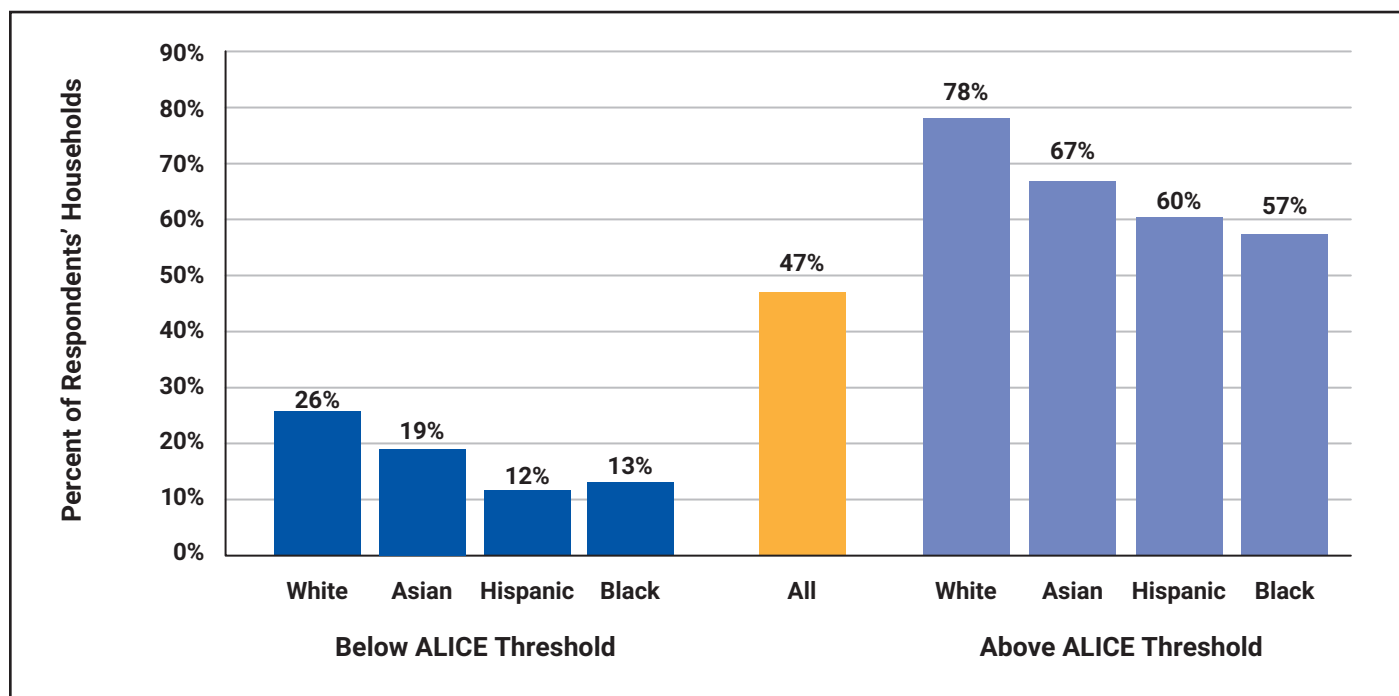
Investments: Given these differences in the amount of retirement savings between households above and below the ALICE Threshold and by race/ethnicity, it is not surprising that gaps exist in whether households have and use related financial tools – assets such as 401(k)s, IRAs, or other investments that produce income (like stocks or rental properties).

According to the November 2020 SHED, respondents above the ALICE Threshold were significantly more likely to have the following retirement assets compared to those below the Threshold:

- **401(k): 74% vs. 29%**
- **IRA: 48% vs. 14%**
- **Pension: 31% vs. 9%**
- **Business or real estate that will provide income in retirement: 14% vs. 3%**
- **Additional retirement savings: 68% vs. 28%⁷**

United For ALICE Surveys show substantial racial/ethnic disparities in investment asset ownership. Overall, almost half of respondents reported having a 401(k), IRA, or other investment, concealing huge gulfs between those above and below the ALICE Threshold and by race/ethnicity. White respondents were significantly more likely to have investments than Asian, Hispanic, or Black respondents; and for each race/ethnicity, those above the ALICE Threshold were at least three times as likely to have investments as those below (Figure 9).

Figure 9.
Investments by the ALICE Threshold and Race/Ethnicity



Question: Which of the following assets does your household have? ["Have a 401(k), IRA, or other investment" selected]

Note: All racial groups include respondents who selected that race alone. The Hispanic ethnic group includes respondents who selected "Spanish, Hispanic, or Latinx" alone or in combination with one or more racial groups.

Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

Vehicles: ALICE households depend on reliable transportation to reach jobs, schools and child care, health care, stores, and more. Yet vehicles are not an effective means of accumulating wealth because the value of a car normally decreases over time. Results from the United For ALICE Surveys suggest substantial disparities in vehicle ownership between households above and below the ALICE Threshold and by race/ethnicity.

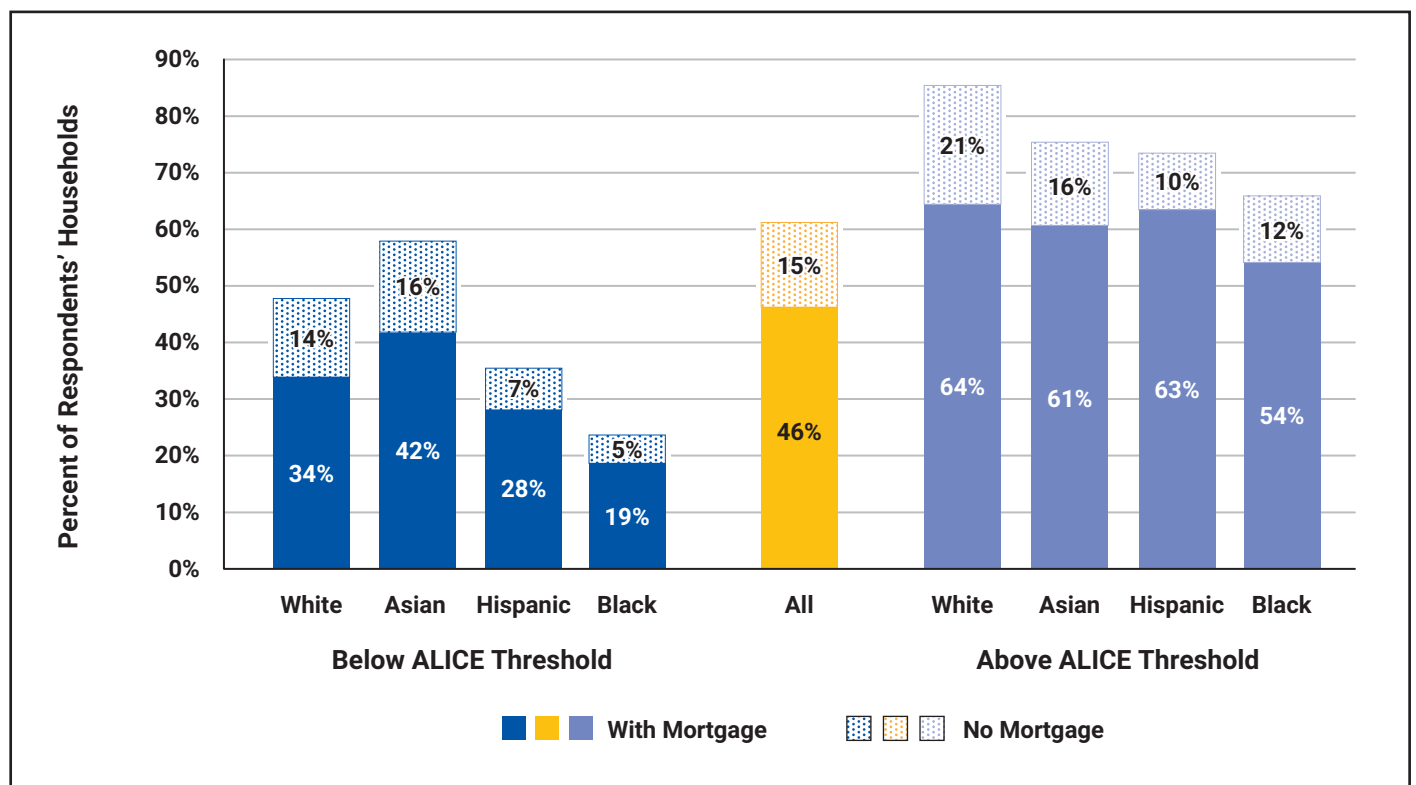
Almost all respondents above the ALICE Threshold, of all races and ethnicities, reported that their household owns a vehicle (91%). Vehicle ownership was less universal for respondents below the ALICE Threshold (75%), with substantial gaps by race/ethnicity: White (81%), Asian (67%), Hispanic (68%), and Black (63%). There were also gaps in ownership with or without an auto loan within every race/ethnicity.

Homeownership: The next most common asset is a home – perhaps the most important asset in providing financial stability and a means for low-income families to accumulate wealth. Homeownership can increase both financial and social stability for families. But with less income to save for a down payment, build credit, and qualify for a mortgage, it's not surprising that households below the ALICE Threshold had significantly lower homeownership rates than those above (41% vs 82%) (United For ALICE Surveys).

The results of the United For ALICE Surveys also revealed stark differences in homeownership by race/ethnicity at all income levels for those both with and without a mortgage (Figure 10):

- Homeownership for Black and Hispanic respondents' households was significantly lower than for other groups:
 - Below ALICE Threshold: 24% of Black and 35% of Hispanic households vs. 48% of White and 58% of Asian households
 - Above ALICE Threshold: 65% of Black and 73% of Hispanic vs. 77% of Asian and 85% of White households
- Black and Hispanic respondents' households were significantly less likely to own their homes without a mortgage:
 - Below ALICE Threshold: 5% of Black and 7% of Hispanic households vs. 14% of White and 16% of Asian households
 - Above ALICE Threshold: 10% of Hispanic and 12% of Black households vs. 16% of Asian and 21% of White households

Figure 10.
Homeownership by the ALICE Threshold and Race/Ethnicity



Question: Which of the following assets does your household have? ["Own your home with a mortgage" or "own your home with NO mortgage" selected]

Note: All racial groups include respondents who selected that race alone. The Hispanic ethnic group includes respondents who selected "Spanish, Hispanic, or Latinx" alone or in combination with one or more racial groups.

Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

EMPLOYMENT CHANGES AND CHALLENGES

With shutdowns, business restrictions, and mask mandates in place to curb the spread of COVID-19, many workers and businesses struggled throughout the pandemic. Along with case counts and deaths, the unemployment rate has been one of the most closely watched metrics of the pandemic as a barometer for the state of the economy. In April 2020, the unemployment rate reached 14.8% — the highest rate observed since this measure was established in 1948.⁸ By February 2021, almost half (48%) of respondents to the Household Pulse Survey reported that someone in their household had experienced a loss of employment income during the pandemic. Yet even these alarming statistics capture only part of the enormous shift in employment experienced during the pandemic, and in so doing, they conceal the disproportionate hardship experienced by most families with income below the ALICE Threshold.

In addition to greater job loss, workers with income below the ALICE Threshold were more likely to have trouble finding a new job. For those who were able to continue working, they were more likely to have their hours and wages reduced or to be required to work on-site, and less likely to receive paid sick days.

Job Loss and Unemployment: By the beginning of 2021, 60% of households with income below the ALICE Threshold had experienced a loss of employment income, compared to 40% of households above the Threshold (Household Pulse Survey, January 20–February 1, 2021).

As the pandemic unfolded, employment and labor-force status fluctuated, with trends differing by household income (Figure 11). According to the UAS COVID survey, while workers of all incomes faced a steep decline in work from March to April 2020, respondents with household income below the ALICE Threshold were both less likely to have had a job before the pandemic and less likely to return to work as the economy rebounded in late 2020. Respondents from households below the ALICE Threshold also:

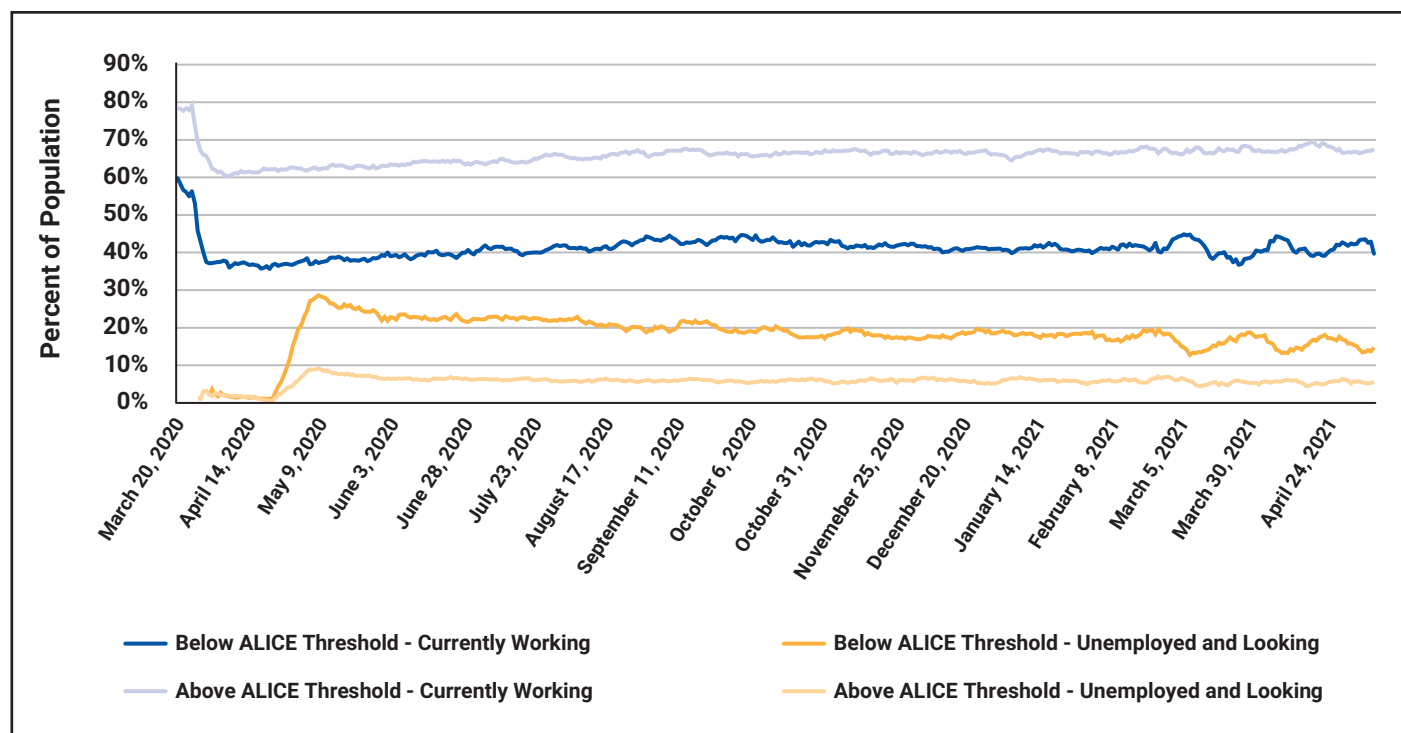
- **Faced a bumpy ride:** Pre-pandemic, 56% of respondents reported that they were working. That rate dropped to 37% in April 2020, before rebounding slightly to 42% by May 2021.
- **Were more likely to be looking for work:** 28% of respondents reported that they were looking for work in May 2020, a rate that steadily declined to 14% by April 2021.
- **Were more likely to report being out of the labor force:** This rate rose from 10% in April 2020 to 14% in April 2021.
- **Were more likely to report being retired:** Retirement increased from 18% in April 2020 to 25% in April 2021.

In contrast, respondents with household income above the ALICE Threshold were more likely to have had a job before the pandemic and to return to work more quickly. These respondents:

- **Had more job stability:** More than three in four respondents above the ALICE Threshold were working in March 2020. That percentage fell to 61% in April 2020 and then rebounded by September 2020 to 67%, where it remained through May 2021.
- **Were less likely to be looking for work:** The share of respondents looking for work was 2% in April 2020. It rose to 9% in May 2020 but fell quickly to below 6% and remained there through May 2021.
- **Were less likely to report being out of the labor force:** This rate remained flat at less than 5% throughout this period.
- **Were less likely to report being retired:** Retirement remained flat at approximately 20% throughout this period.

Figure 11.

Labor Status Over Time by the ALICE Threshold, March 20, 2020–April 24, 2021



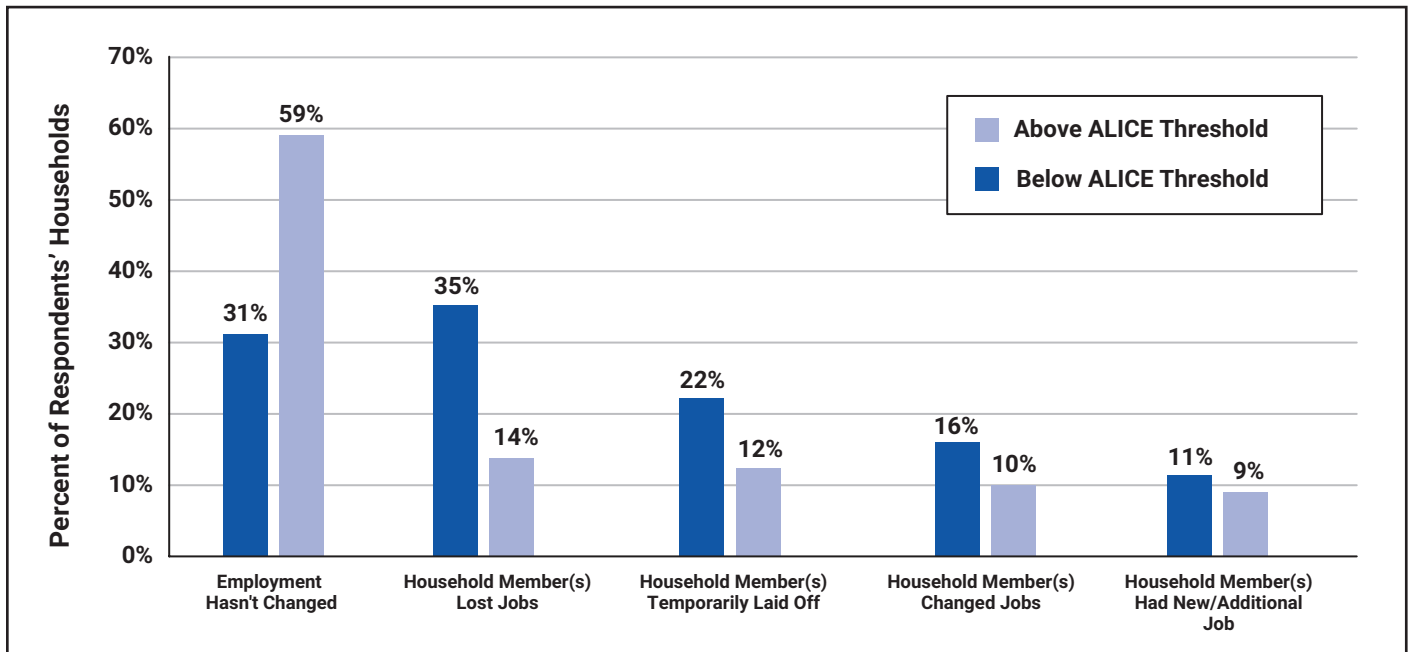
Question: Labor Status ["Currently working" or "Unemployed, looking" selected]

Source: ALICE Threshold, 2018; University of Southern California, Understanding America Study's Understanding Coronavirus in America Survey, March 20, 2020–April 24, 2021

Results from the United For ALICE Surveys also highlight similar and substantial differences in employment among household members based on ALICE Threshold status. **Households below the ALICE Threshold were significantly more likely to experience a disruption in their employment.** Only 31% of respondents below the ALICE Threshold reported no employment change, while households above the Threshold had twice as much employment stability, with almost 60% reporting no change (Figure 12). In addition, respondents below the ALICE Threshold were significantly more likely to report that they or a household member:

- **Lost a job:** 35% of respondents below the ALICE Threshold said that someone in their household lost a job (vs. 14% of respondents above the Threshold).
- **Experienced a temporary layoff:** 22% of respondents below the ALICE Threshold reported that someone in their household was temporarily laid off (vs. 12% of respondents above the Threshold).
- **Started a new job:** 11% of respondents below the ALICE Threshold reported that someone in their household started a new or additional job (vs. 9% of respondents above the Threshold).
- **Changed jobs:** 16% of respondents below the ALICE Threshold reported that someone in their household changed jobs (vs. 10% of respondents above the Threshold).

Figure 12.
Changes in Employment Status by the ALICE Threshold



Note: Respondents could select all that apply and were asked to report employment impacts for themselves or for other household members.

Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020 - June 2021

There were also significant gaps in employment stability by race/ethnicity. White and Asian respondents were less likely to report that someone in their household had a change in employment status during the pandemic:

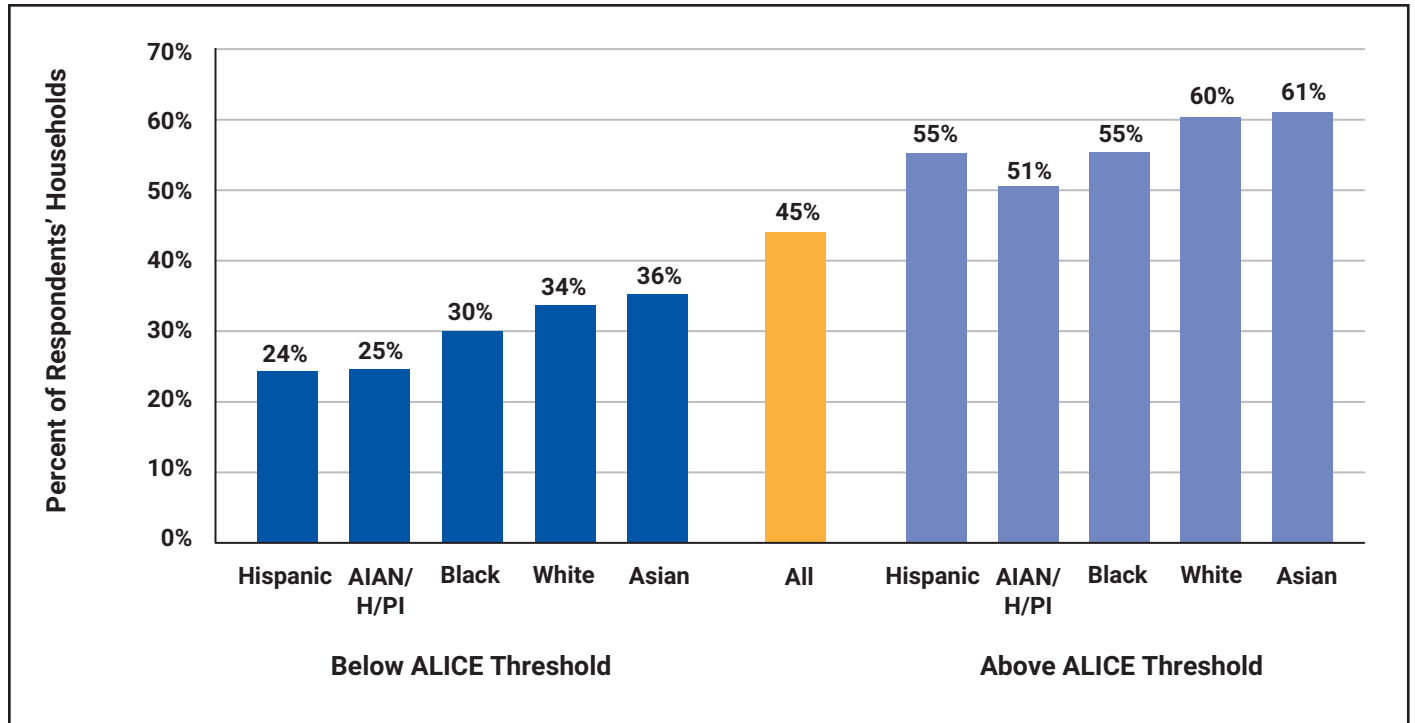
- **No change in employment:** Approximately half of White and Asian respondents reported that no one in their household had a change in employment (49% and 45%, respectively), compared to approximately one-third of Black (37%), Hispanic (34%), and AIAN/Hawaiian/Pacific Islander (34%) respondents.
- **Job loss:** Less than one-quarter of Asian and White respondents reported that no one in their household lost a job during the pandemic (24% and 21%, respectively), compared to approximately one-third of Hispanic (35%), AIAN/Hawaiian/Pacific Islander (34%), and Black (32%) respondents.

“ This pandemic has completely impacted my family. One [household member] completely lost a job, no unemployment [insurance], and can't find another job. One is working less hours and cannot afford anything. I go hungry so my kids can eat. Food stamps got taken away because of what I make... ”

– United For ALICE Survey respondent, Shenandoah Valley, Virginia

The largest gaps in employment change during the pandemic, however, emerge when looking at employment differences by race/ethnicity and income together. Across all five racial/ethnic groups in Figures 13 and 14, the most significant differences were found when comparing households above and below the ALICE Threshold. There were also gaps by race and ethnicity both above and below the Threshold. For example, Hispanic, AIAN/Hawaiian/Pacific Islander, and Black respondents were significantly less likely to report no change to their employment than White and Asian respondents, and though there was less change overall for respondents above the ALICE Threshold, the gaps by race/ethnicity persisted (Figure 13).

Figure 13.
No Changes in Employment Status by the ALICE Threshold and Race/Ethnicity



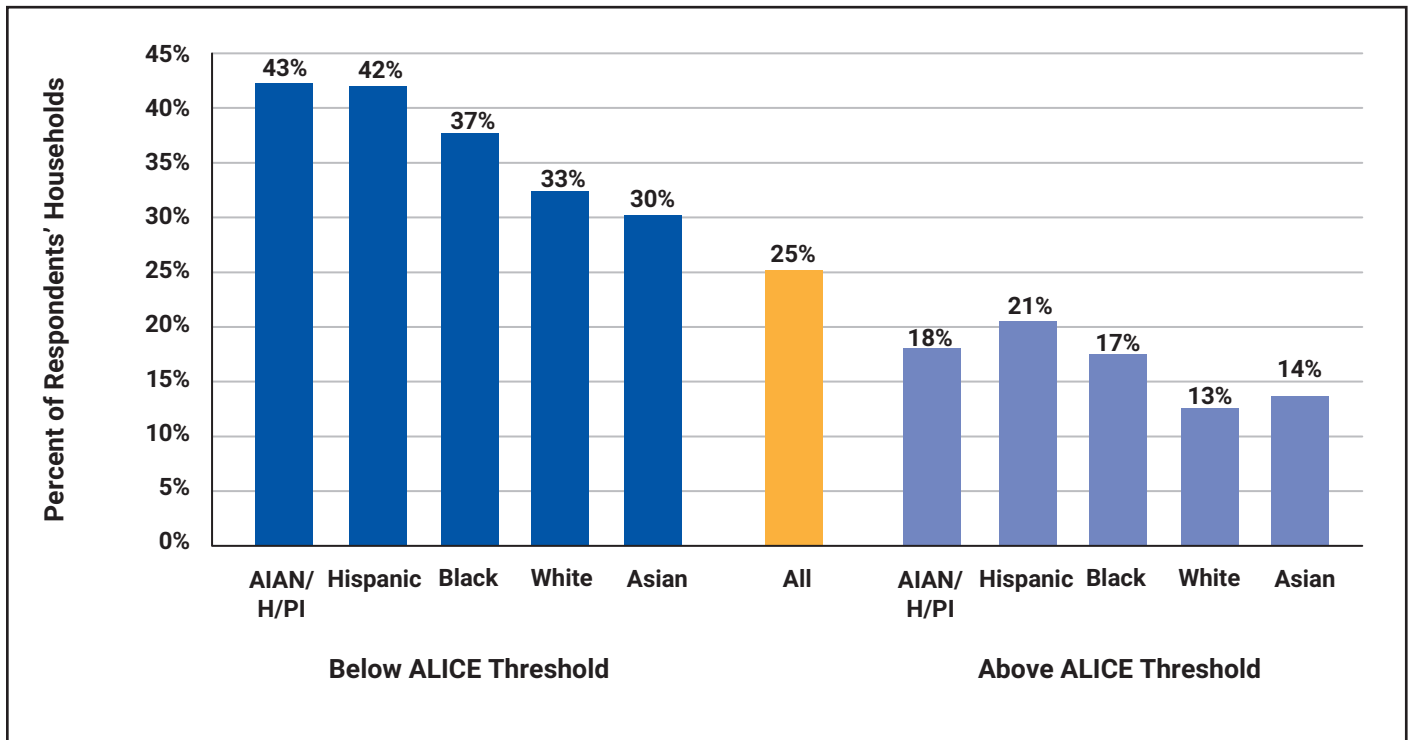
Question: Since March 1, 2020, has employment changed for any household members? ["Employment hasn't changed for any household members" selected]

Note: Respondents could select all that apply (except "employment hasn't changed," which was exclusive) and were asked to report employment impacts for themselves or for other household members. All racial groups include respondents who selected that race alone, except for "AIAN/H/PI," which includes respondents who selected "American Indian or Alaska Native" or "Native Hawaiian or Pacific Islander" alone or in combination with other races (non-Hispanic). The Hispanic ethnic group includes respondents who selected "Spanish, Hispanic, or Latinx" alone or in combination with one or more racial groups.

Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

Similarly, Hispanic, AIAN/Hawaiian/Pacific Islander, and Black respondents below the ALICE Threshold were significantly more likely to report that one or more household members lost a job than White and Asian respondents, and though there was less job loss overall among respondents above the ALICE Threshold, those disparities persisted (Figure 14).

Figure 14.
Job Loss by Race/Ethnicity and ALICE Threshold Status



Question: Since March 1, 2020, has employment changed for any household members? ["One or more household members lost a job" selected]

Note: Respondents could select all that apply and were asked to report employment impacts for themselves or for other household members. All racial groups include respondents who selected that race alone, except for "AIAN/H/PI," which includes respondents who selected "American Indian or Alaska Native" or "Native Hawaiian or Pacific Islander" alone or in combination with other races (non-Hispanic). The Hispanic ethnic group includes respondents who selected "Spanish, Hispanic, or Latinx" alone or in combination with one or more racial groups.

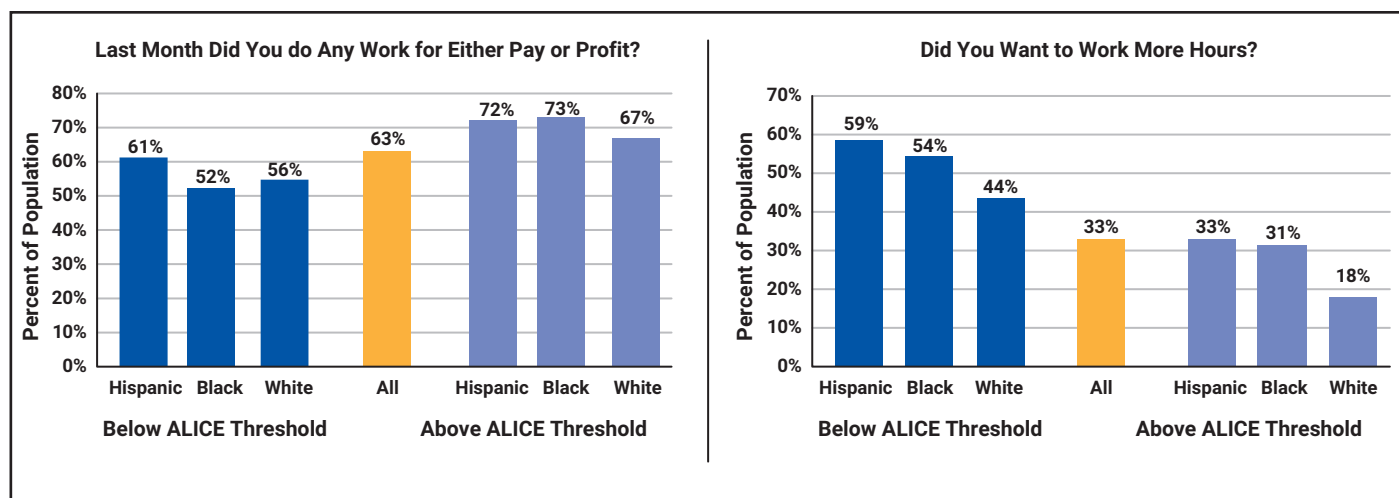
Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

“ My household member would still have a business (co-owned a tour bus company) if everything wasn’t shut down due to this pandemic. He had to shut it down, liquidate everything, and lost a lot of money. He still has buses he is making payments on and no business. ”

– United For ALICE Survey respondent, Arkansas

Employment and opportunities to work were at the heart of the differences by income as well as by race/ethnicity. Responses from the SHED reveal that across all races/ethnicities, households below the ALICE Threshold were significantly less likely to report that they did any work for pay or profit in the previous month than those above the Threshold. The follow-up question reveals a significant difference by race/ethnicity: Black and Hispanic respondents below the ALICE Threshold were significantly more likely to say that they wanted to work, or if they were already working, wanted to work more hours (54% and 59%, respectively), compared with White respondents (44%) (Figure 15).

Figure 15.
Current Work and Desire to Work More by the ALICE Threshold and Race/Ethnicity



Questions: Last month, did you do any work for either pay or profit? And: At any time during the past month, did you want to work/work more hours?

Note: Groupings include Black non-Hispanic, Hispanic, and White non-Hispanic respondents.

Source: ALICE Threshold, 2018; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), October 2019

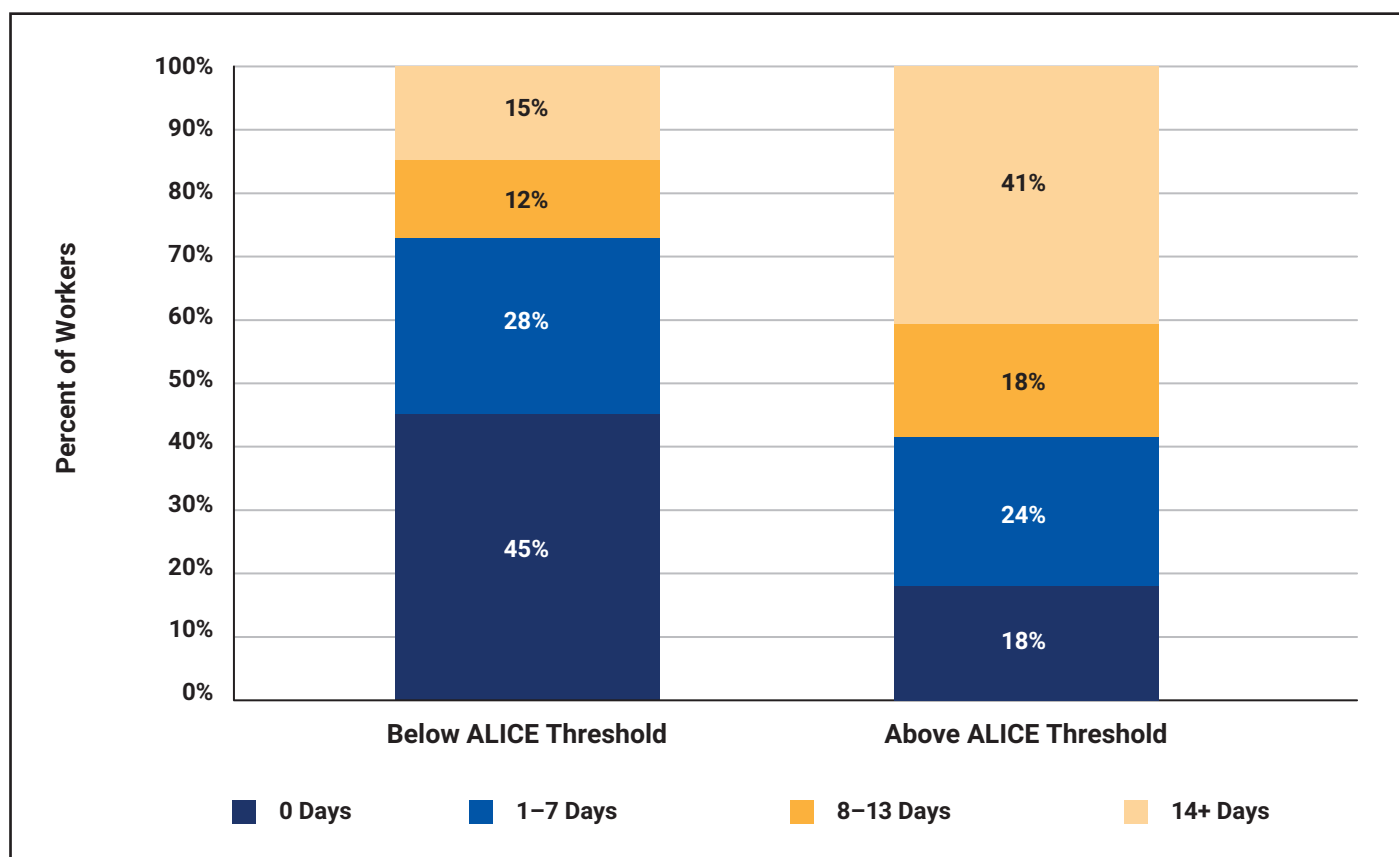
Barriers to work: For more insight into the situations of people looking for work, the United For ALICE Surveys asked jobseekers about the barriers they had been facing during the pandemic. For respondents both above and below the ALICE Threshold, “trouble finding a job” was the most reported barrier (53% of all respondents), and both groups reported difficulties finding a job that pays enough (46% of all respondents). Beyond the top two barriers, however, there were differences between households above and below the ALICE Threshold. Jobseekers below the ALICE Threshold were significantly more likely than jobseekers above the Threshold to report that the following five factors were barriers to securing employment:

- Caregiving for a child, older adult, or person with special needs (48% vs. 20%)
- Concerns about contracting COVID-19 (38% vs. 30%)
- Existing health issues (19% vs. 14%)
- Transportation issues (17% vs. 6%)
- Internet/computer issues (9% vs. 5%)

Similarly, the Household Pulse Survey found that among non-retired respondents who had not worked in the previous seven days (surveyed between January 20 and February 1, 2021, when case counts were increasing rapidly across the country), health issues were a major reason why respondents reported not working. Of these respondents, 20% with household incomes below the ALICE Threshold and 13% above the Threshold said that they were not working because they were sick or disabled (8% and 6%, respectively, reported that they were sick with COVID-19).

Lack of Paid Sick Days: The UAS COVID survey sheds light on why these differences in employment status might exist, especially during a public health crisis. Workers with household income below the ALICE Threshold were significantly less likely to report that they had any paid sick days (45% said that they had no paid sick time), while workers with household income above the Threshold were significantly more likely to report having more than 14 sick days (41%) (Figure 16). See the “Mental and Physical Health” section of this Report for more detailed information on this topic.

Figure 16.
Allowable Sick Days by the ALICE Threshold



Question: If you get sick, how many days can you stay home from your job and still get paid?

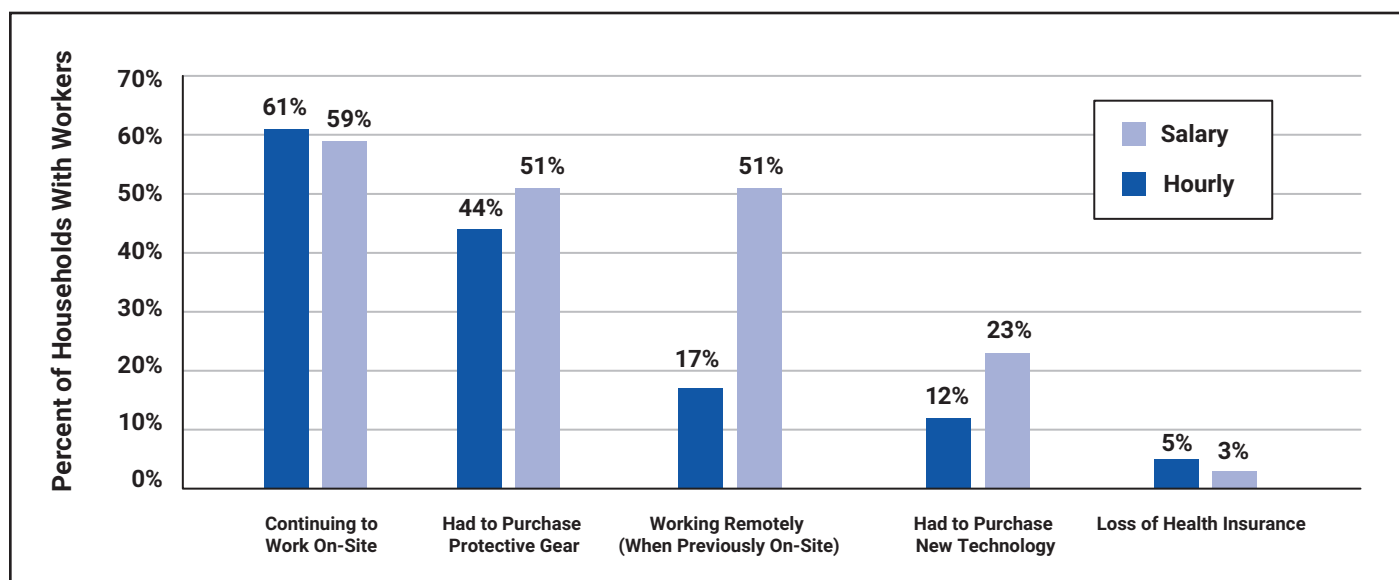
Source: ALICE Threshold, 2018; University of Southern California, Understanding America Study's Understanding Coronavirus in America Survey, Wave 24 Fielded February 2, 2021–March 3, 2021

The lack of paid sick days is an especially critical issue for workers with household income below the ALICE Threshold, as they were less likely to report being able to work from home. Throughout the pandemic, less than 15% of workers below the ALICE Threshold reported that their employer instructed them to work from home. For workers above the ALICE Threshold, the rate declined over time, falling from 55% in April 2020 to 30% in May 2021, but it was always significantly higher than the rate for workers below the Threshold (UAS COVID survey).

Hourly vs. Salaried Work: ALICE workers are more likely to work in hourly paid jobs than in salaried jobs. According to the United For ALICE COVID Surveys, among those working during the pandemic, employment impacts differed for workers in hourly paid jobs compared to salaried positions (Figure 17), which may also help explain differences in benefits, like paid sick days, and in caregiving issues. Respondents with household income below the ALICE Threshold were significantly more likely than those above the Threshold to rely on income from hourly paid work (70% vs. 45%), and significantly less likely to have household members who work for a salary (25% vs. 69%).

This dichotomy led to differences in the ability to work remotely: Only 17% of those below the ALICE Threshold were able to shift to remote work when the pandemic started, compared to over half (51%) of salaried workers. That, in turn, led to significant differences in the need to purchase protective gear and new technology (Figure 17).

Figure 17.
Pandemic Employment Impacts, Hourly vs. Salary Work



Questions: For adults in your household who work for a salary, which of the following have occurred as a result of the COVID-19 pandemic? And For adults in your household who work in jobs that are paid by the hour, which of the following have occurred as a result of the COVID-19 pandemic?

Note: Respondents could select all that apply and were asked to report employment impacts for themselves and other household members.

Source: United For ALICE COVID Impact Surveys, September 2020–June 2021

Hourly vs. Salaried Work Above and Below the ALICE Threshold: Within these two employment groups (hourly vs. salary), there were significant differences by income. Notably, among households with hourly paid workers, **respondents below the ALICE Threshold were significantly more likely to be working fewer hours than before the pandemic (34% vs. 24%)** and significantly less likely to be working remotely (11% vs. 20%). Among households with salaried workers, respondents below the ALICE Threshold were significantly less likely to be working remotely (28% vs. 50%).

Households with hourly paid workers who worked fewer hours overwhelmingly reported that it was because their employer had less business or needed fewer workers (73% below the ALICE Threshold and 79% above the Threshold). Respondents below the ALICE Threshold also faced additional challenges: They were significantly more likely to say that they were working fewer hours due to caregiving needs (28% vs. 14%), fear of catching or spreading COVID-19 (23% vs. 14%), health issues (11% vs. 5%), and limited computer or internet access (2% vs. 1%).

CHALLENGES FOR FAMILIES WITH CHILDREN

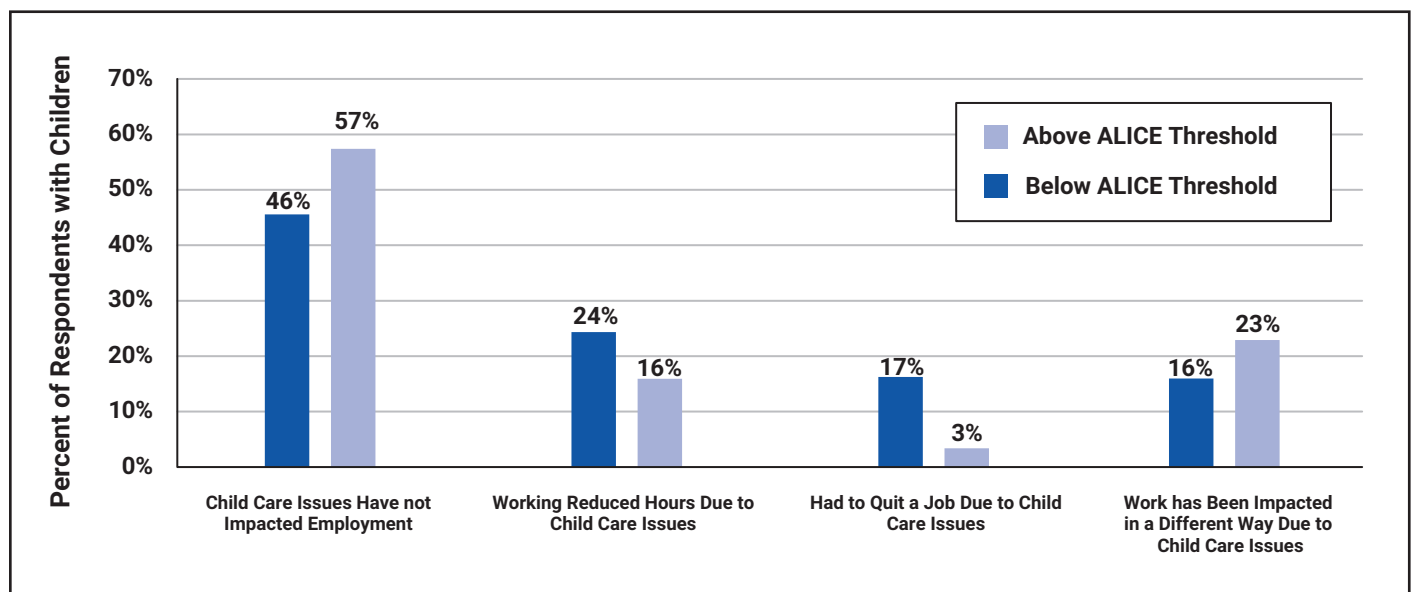
Families with children were among the hardest hit by the pandemic. With the closure of child care centers and schools, there was significant disruption to learning, working, and family activity. Children have had to adjust to new child care and education structures and settings, parents have had to juggle work (remote and in-person), and child care providers have had to adapt to smaller groups and new protocols. The November 2020 SHED revealed that three out of five parents (60%) reported that their access to child care had been disrupted since the onset of the pandemic.

Impacts on Parent Work: Results from the UAS COVID survey confirm that the pandemic created challenges for parents with school-aged children at all income levels. At the beginning of the pandemic, almost 40% of parents reported that school closures made it difficult to both work and do other household tasks. Additionally, 40% said that they were not satisfied with how much their children were learning (in April and May 2020).

By November 2020, households below the ALICE Threshold with children faced more employment challenges than those above the Threshold because their children's classes were not completely in-person, or because access to child care was disrupted. These households were more likely than those above the ALICE Threshold to report that these child care issues led to their working less (23% vs. 16%) or not working (21% vs. 6%) (SHED, November 2020).

The United For ALICE Surveys found similar gaps (Figure 18). Respondents above the ALICE Threshold with children were significantly less likely to report that child care issues had an impact on employment than respondents below the Threshold (57% vs. 46%). Respondents below the ALICE Threshold were significantly more likely to say that they were working reduced hours (24% vs. 16%) or that they had to quit a job (17% vs. 3%) due to child care issues.

Figure 18.
Child Care Impacts on Household Employment by the ALICE Threshold



Question: Since March 1, 2020, how have child care issues impacted household members' ability to work?

Note: Respondents could select all that apply and were asked to report employment impacts for themselves or for other household members.

Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

Food Insecurity: Families with children also faced unique challenges in meeting basic needs, most notably with the most fundamental need — food. Access to and affordability of food was a challenge for many throughout the pandemic, especially for households below the ALICE Threshold with children, and reported across all surveys:

- Among respondents below the ALICE Threshold with children, 41% reported that “sometimes” or “often” their children were not eating enough because the household couldn’t afford enough food. While this was less common in higher-income households, a substantial 17% of respondents above the ALICE Threshold also struggled to afford food for their children (Household Pulse Survey, January 20– February 1, 2021).
- Among respondents below the ALICE Threshold with children, 56% reported that they were concerned about having enough food for the household compared to 15% of respondents above the Threshold (United For ALICE Surveys).
- Black and Hispanic respondents below the ALICE threshold were more likely to report difficulty affording food for their children during the pandemic (49% of both Black and Hispanic respondents, compared to 35% of White respondents) (Household Pulse Survey, January 20– February 1, 2021).
- Results from the UAS COVID survey confirm that among families with children, households below the ALICE Threshold were significantly more likely to report facing food insecurity due to lack of meals provided at school (21% vs. 7%).

“ I am a single mom of three kids. I work a full-time, 12-hour night shift job at a long-term nursing home. It's a struggle to sleep for work, help with school work, and maintain a normal life for my kids. ”

– United For ALICE Survey respondent, Shenandoah Valley, Virginia

Other Concerns for Families With Children: Beyond food needs, United For ALICE Survey respondents below the ALICE Threshold with children were also significantly more likely than respondents above the Threshold to say that they were concerned about:

- Paying housing expenses (71% vs. 22%)
- Paying off debts (50% vs. 27%)
- A reduction in hours/wages for household members who were working (42% vs. 23%)
- Loss of jobs (41% vs. 20%)
- Non-COVID-19-related medical issues (28% vs. 21%)

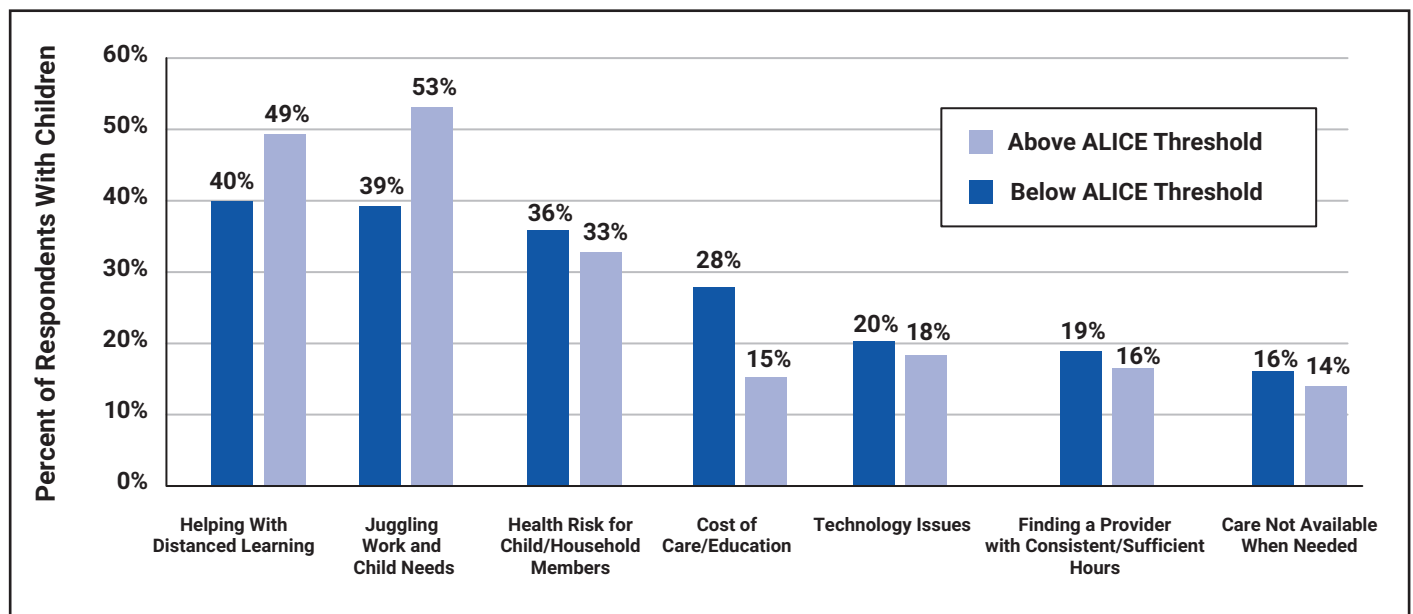
Technology for Families With Children: As internet and device access became increasingly important for work and learning during the pandemic, households below the ALICE Threshold with children reported concerns about access to technology.

- For families with children in school, those below the ALICE Threshold were less likely to always have a computer or other digital device available for educational purposes. At the beginning of the pandemic (Spring 2020), the percentage of respondents below the ALICE Threshold who said they “usually or always” had technology available for educational purposes hovered around 80%; by the following school year, that percentage rose to 90%. For those above the ALICE Threshold, the percentage was 96% throughout (Household Pulse Survey, April 23, 2020–March 29, 2021, excluding June and August 2020).
- Respondents below the ALICE Threshold with children were significantly more likely to have concerns about internet and device access (20% vs. 18%) (United For ALICE Surveys) (Figure 19).

Child Care and Learning Issues: The pandemic brought about substantial changes in child care and education, which created new challenges for families with children (Figure 19):

- Respondents below the ALICE Threshold with children were significantly more likely to be concerned about health risks for children/household members (36% vs. 33%), the cost of child care/education (28% vs. 15%), finding a provider with consistent/sufficient hours (19% vs. 16%) and that care would not be available when needed (16% vs. 14%).
- While helping with distanced learning and juggling work and child needs were the top concerns for both groups, respondents above the ALICE Threshold with children were significantly more likely to have these concerns (53% vs. 39% for juggling work and child needs and 49% vs. 40% for helping with distanced learning).

Figure 19.
Household Child Care and Education Issues or Concerns by the ALICE Threshold



Question: Since March 1, 2020, as a result of the COVID-19 pandemic, what child care issues or concerns or issues have members of your household had?

Note: Respondents could select all that apply.

Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

“ Our biggest concern is the limited number of child care facilities in our rural area and that has prevented my husband from being able to return to work. The few childcare facilities in our area have been struggling with COVID-19 outbreaks, where they have had sporadic available hours. I am an essential worker for the state, working remotely, and carry the health insurance for our family, therefore I have been the one that has remained employed. ”

– United For ALICE Survey respondent, Indiana

PHYSICAL AND MENTAL HEALTH

The health impacts of COVID-19 are the most obvious outcomes of the pandemic, with the virus both directly and indirectly affecting physical and mental wellness. The virus had taken the lives of at least 710,000 people in the U.S. and infected over 44 million as of October 2021, and in the process it both uncovered and worsened disparities in health care quality, access, and affordability – most notably by income and race/ethnicity.⁹ Simultaneously, the uncertainty, grief, and isolation of the pandemic have contributed to new or worsening mental health issues for many.¹⁰

Respondents below the ALICE threshold were significantly more likely than those above the Threshold to report that they or a household member had ever had a documented health issue. Gaps in reported health issues also existed by race/ethnicity:

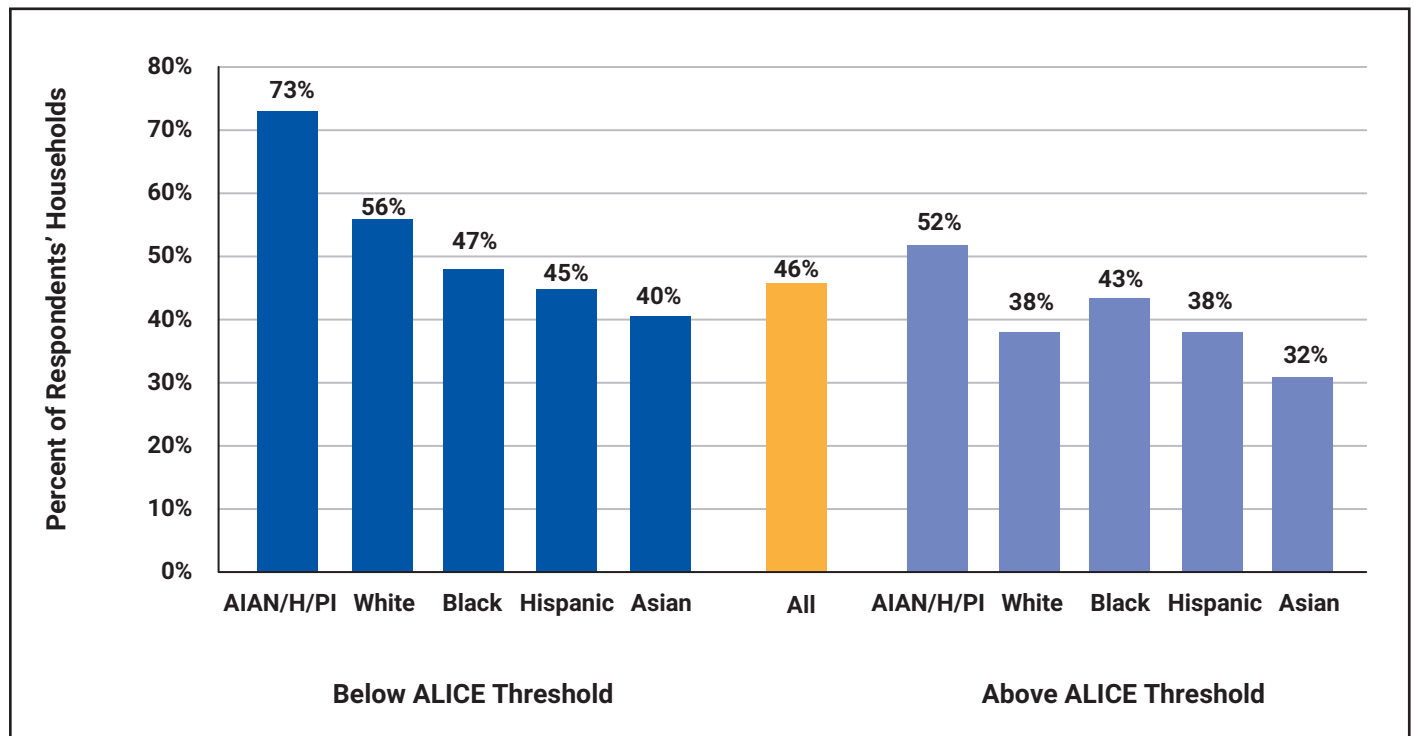
- **Mental health:** According to the UAS COVID survey, almost one-third (30%) of respondents had been told by a doctor, nurse, or other health professional that they had a mental health issue like depression or Post Traumatic Stress Disorder (PTSD). This rate was significantly higher for respondents below the ALICE Threshold at 35%, compared to 25% for those above the Threshold (Wave 24 Fielded February 2, 2021–March 3, 2021).
- **Physical health:** Over half of UAS COVID survey respondents (53%) said they had a doctor-diagnosed physical health condition like high blood pressure or diabetes. This rate was high for both groups, and significantly higher for households below the ALICE Threshold (55%) than for respondents above the Threshold (51%).
- **Differences by race/ethnicity:** AIAN/Hawaiian/Pacific Islander respondents below the ALICE Threshold were the most likely to report a significant health issue at almost three in four households (73%). In addition, just over half (52%) of respondents in this group above the ALICE Threshold reported a significant health issue. These extraordinarily high percentages warrant additional research. Among households below the ALICE Threshold, there were significant health issues for more than half (56%) of White respondents, compared to 47% of Black respondents, 45% of Hispanic respondents, and 40% of Asian respondents (Figure 20).

“ We have kept our small children home instead of daycare and had to balance one parent now working full time remotely and the other still needing to report to an office several times a week – the mental toll of the pandemic has been incredible. The anxiety, stress, sadness, and depression...is like nothing I ever could have predicted. ”

– United For ALICE Survey respondent, Greater Fredericksburg Region, Virginia

Figure 20.

Presence of a Significant Health Issue by the ALICE Threshold and Race/Ethnicity



Question: Do you or anyone in your household have a serious health issue or disability? ["Chronic health condition, such as diabetes or a heart condition," "mental disability," "physical disability," or "other serious health issue or disability" selected]

Note: All racial groups include respondents who selected that race alone, except for "AIAN/H/PI," which includes respondents who selected "American Indian or Alaska Native" or "Native Hawaiian or Pacific Islander" alone or in combination with other races (non-Hispanic). The Hispanic ethnic group includes respondents who selected "Spanish, Hispanic, or Latinx" alone or in combination with one or more racial groups.

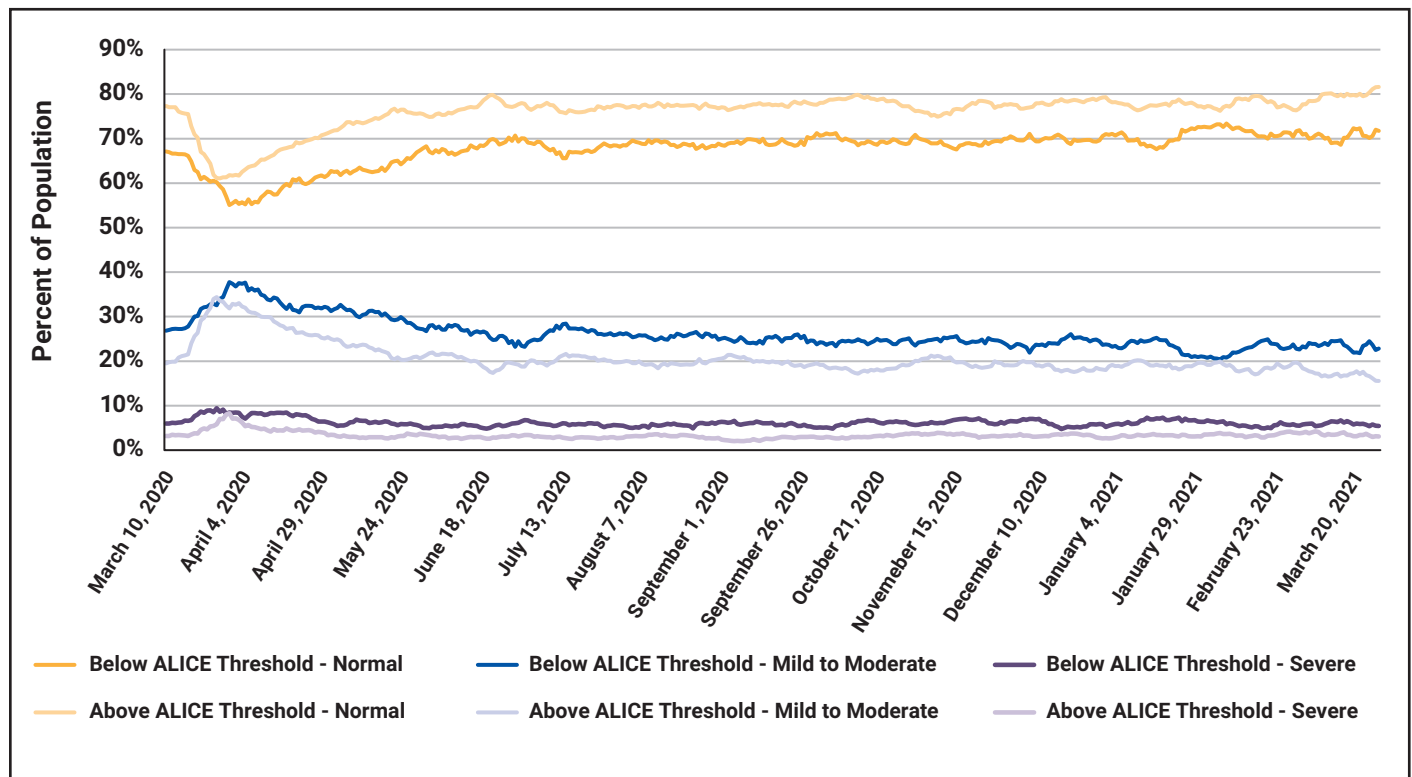
Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

Results from the UAS COVID survey also illuminated how mental health has been impacted over time during the pandemic. As shown in Figure 21, the percentage of respondents with mild to moderate symptoms of anxiety and depression peaked in April 2020, while the percentage of respondents with no or few symptoms ("normal" symptomology) dropped. The percentage with mild to moderate symptoms gradually decreased through mid-June 2020 and then remained relatively flat through March 2021.

At almost every point, however, there were significant differences between households above and below the ALICE Threshold. Respondents below the ALICE Threshold were more likely to have mild to moderate or severe symptoms, while respondents above the Threshold were more likely to have few or no symptoms. For example, in April 2020, 44% of respondents below the ALICE Threshold had symptoms above the normal range, significantly higher than the 35% of respondents above the Threshold. By March 2021, rates were lower for both groups, but the gap persisted (29% vs. 19%).

Figure 21.

Symptoms of Anxiety and Depression by the ALICE Threshold, March 10, 2020–March 20, 2021



Note: Mental health groupings shown in this figure are based on responses to the Patient Health Questionnaire-4, a four-question diagnostic survey that measures the core symptoms and signs of depression and anxiety.¹¹

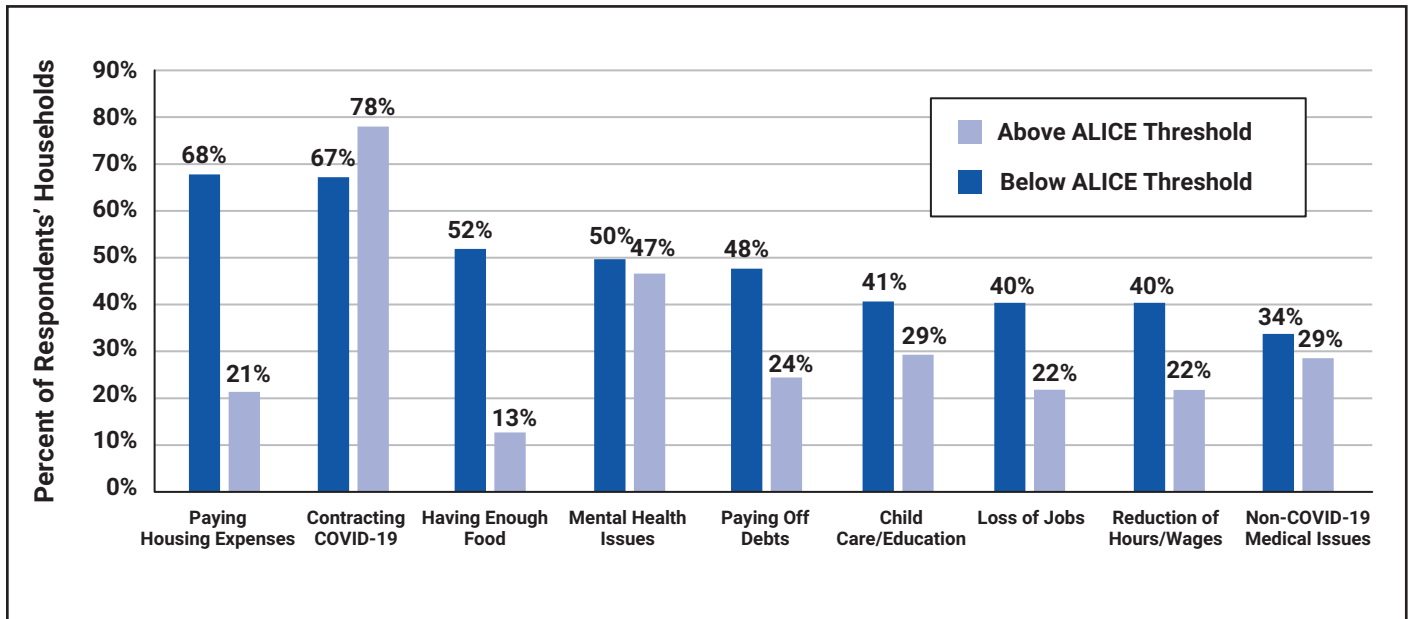
Source: ALICE Threshold, 2018; University of Southern California, Understanding America Study's Understanding Coronavirus in America Survey, March 10, 2020–March 20, 2021

Concerns During the Pandemic: The United For ALICE Surveys provide important insight into the specific worries and concerns that households dealt with during the pandemic and how they differed by income (Figure 22). Across all respondents, the most frequently selected concern was contracting COVID-19 (73%). However, this was significantly more likely to be a concern for respondents above the ALICE Threshold than for those below the Threshold (78% vs. 67%). On the other hand, households below the ALICE Threshold were significantly more likely to be concerned about paying housing expenses (68% vs. 21%), having enough food for the household (52% vs. 13%), paying off debts (48% vs. 24%), child care/education (41% vs. 29%), losing one or more jobs (40% vs. 22%), reduction of hours/wages (40% vs. 22%), and non-COVID-19-related medical issues (34% vs. 29%).

“ Mental health for me personally is poor due to the changes associated from shifting to at-home work, juggling distance learning, adapting to ‘new normal’, learning new technology, and losing the sanctuary of my home (every room is now work/office). ”

– United For ALICE Survey respondent, Florida

Figure 22.
Household Concerns During the Pandemic by the ALICE Threshold



Question: What are your household's concerns during the COVID-19 pandemic?

Note: Respondents could select all that apply. Child care impacts are out of all households, not just households with children.

Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

When respondents to the United For ALICE Surveys were asked a follow-up question about their biggest concern, the top three responses included worries about contracting COVID-19 (37% of all respondents), paying housing expenses (23% of all respondents), and mental health issues (9% of all respondents). However, the choice and ranking of the biggest household concerns differed by income. The top three concerns for respondents below the ALICE Threshold were paying housing expenses (36%), contracting COVID-19 (25%), and mental health issues (7%). For respondents above the Threshold, the top three concerns were contracting COVID-19 (50%), mental health issues (11%), and child care/education (10%).

Drilling down further, responses by health status provided great insight into who was struggling simply to meet basic needs. Households below the ALICE Threshold with health issues were significantly more likely to be concerned about paying housing expenses (69%), providing food for the household (56%), and paying off debts during the pandemic (48%) than either households below the Threshold without health issues or households above the Threshold with health issues (Figure 23) (United For ALICE Surveys).

Figure 23.

Household Concerns During the Pandemic by ALICE Threshold and Health Status

Households	Paying Housing Expenses	Providing Enough Food for the Household	Paying Off Debts
WITH HEALTH ISSUES			
Below ALICE Threshold	69%	56%	48%
Above ALICE Threshold	26%	17%	29%
WITHOUT HEALTH ISSUES			
Below ALICE Threshold	66%	48%	47%
Above ALICE Threshold	18%	10%	22%

Question: What are your household's concerns during the COVID-19 pandemic?

Source: ALICE Threshold, 2018; United For ALICE COVID Impact Surveys, September 2020–June 2021

In addition, over half (51%) of households below the ALICE Threshold with a health issue said that someone in their household was looking for work during the pandemic (compared to 27% of households above the Threshold with a health issue and 37% of all respondents). These households also faced additional barriers to securing employment. Job-seeking households below the ALICE Threshold with health issues were significantly more likely than job-seeking households above the Threshold with health issues to say that caregiving needs (for a child, older adult, or person with special needs) were a barrier to securing employment (54% vs. 24%). They were also significantly more likely to report other barriers to securing a job including concerns about contracting COVID-19 (44% vs. 36%), existing health issues (31% vs. 26%), transportation issues (20% vs. 9%), and internet access/computer issues (11% vs. 6%).

“ I had a credit card maxed out and lost my health insurance because I couldn’t pay for it. All jobs require either reliable transportation or Internet speeds of 10/5 and I have neither, and have no way to obtain either. I literally don’t have enough money to work. This is not how I thought my life would be at 55. I barely have enough food. I can’t even worry about retiring in 20 years. ”

– United For ALICE Survey respondent, Florida

HOW HOUSEHOLDS MET EXPENSES

With insufficient income and little or no savings, households below the ALICE Threshold struggled before the pandemic, often pushed into difficult, no-win choices to make ends meet. The pandemic added to this stress by further destabilizing ALICE worker income, as well as adding new and unexpected expenses. This section provides the first detailed analysis of the different resources that households above and below the ALICE Threshold had access to and used to get by during the pandemic.

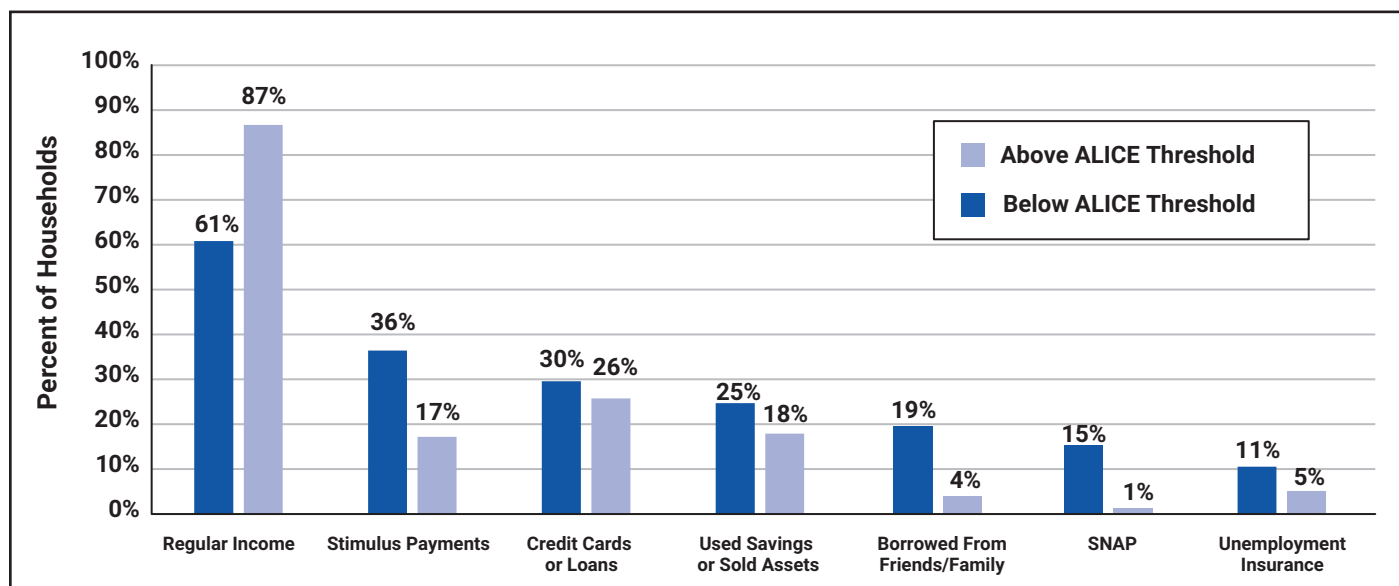
Well into the pandemic (May 2021), the Household Pulse Survey asked respondents to select which of the following actions they or their household members took to meet spending needs over the previous seven days (Figure 24). Most households used regular income sources like those received before the pandemic to cover spending needs, but those above the ALICE Threshold were significantly more likely to use regular income than those below the Threshold (87% vs. 61%).

To cover spending needs, 74% of households below the ALICE Threshold reported using additional income sources (other than regular income sources, like those used before the pandemic) compared to 46% of households above the Threshold. Households below the ALICE Threshold were significantly more likely to have used:

- Stimulus payments (36% vs. 17%)
- Credit cards or loans (30% vs. 26%)
- Money from savings or selling assets (25% vs. 18%)
- Supplemental Nutrition Assistance Program (SNAP) benefits (15% vs. 1%)
- Unemployment insurance (UI) benefit payments (11% vs. 5%)
- Money borrowed from friends and family (19% vs. 4%)

Figure 24.

Ways Households Met Spending Needs by the ALICE Threshold, May 2021



Question: Thinking about your experience in the last 7 days, which of the following did you or your household members use to meet your spending needs?

Note: Respondents could select all that apply.

Source: ALICE Threshold, 2018; U.S. Census Bureau, Household Pulse Survey, Week 30: May 12–May 24, 2021

Significant gaps also existed by race/ethnicity. Most notably, White households below the ALICE Threshold were more likely to have used regular income sources, like those received before the pandemic, to cover spending needs (63%, vs. 57% of Asian and 54% of Black and 51% of Hispanic households). In addition, Black households below the ALICE Threshold were more likely to have borrowed from friends or family (27%, vs. 22% of Hispanic, 18% of White, and 16% of Asian households) and used SNAP benefits (23%, vs. 13% of Hispanic, 14% of White, and 5% of Asian households).

Responses over time to the Household Pulse Survey (April 2020 to May 2021) show that households below the ALICE Threshold experienced more disruptions for a longer period than those above the Threshold. This was especially pronounced for use of regular income sources to cover spending needs, borrowing from friends and family, and UI benefit payments:

- **Regular income sources:** Respondents below the ALICE Threshold were significantly less likely to have used regular income to cover spending needs, with the percentage ranging from 52% to 61%, while the percentage of households above the Threshold using regular income sources remained above 80% throughout this period.
- **Borrowing from friends and family:** Respondents below the ALICE Threshold were significantly more likely to have borrowed from friends or family to cover spending needs, with the percentage ranging from 17% to 29%, while the percentage of households above the Threshold who borrowed from family or friends stayed at or below 6% throughout the period.
- **Unemployment Insurance (UI) benefits:** The percentage of respondents below the ALICE Threshold who used UI benefit payments increased to 20% in August, October, and November 2020, then slowly declined to 11%, while the percentage of households above the Threshold who used UI benefit payments reached 12% in July and August 2020, then declined to 5%.

“ The unemployment [insurance] we received for my husband put us over the limit for qualifying for the EITC for 2020...Without the new stimulus payment coming this week we would not have been able to cover our household bills and expenses. ”

– United For ALICE Survey respondent, Maryland

The November 2020 SHED also asked about community-based support that households received during the pandemic. Respondents below the ALICE Threshold were significantly more likely to report that they received:

- Free groceries or meals through a food pantry, religious, or community organization (22% vs. 4%)
- Financial assistance from friends or family members not living with them (15% vs. 3%)
- Financial assistance from a religious or community organization (4% vs. 1%)

Similar gaps in income were found in the actions participants reported in the United For ALICE Surveys (although at higher rates in this non-representative sample). For respondents below the ALICE Threshold, the top five most selected actions were applying for government assistance programs like SNAP, Temporary Assistance for Needy Families (TANF), and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (43%); receiving food from a food pantry/bank (40%); applying for unemployment (40%); borrowing from family or friends (36%); or taking money out of a savings account (33%). For respondents above the ALICE Threshold, fewer actions were taken and the top actions differed – taking money out of a savings account (28%) was most selected, followed by applying for unemployment (19%), increasing a balance on a credit card (19%), and finding a new way to make money (11%). Among respondents above the ALICE Threshold, 39% said that they did not take any of these actions to get by (compared to only 9% of respondents below the ALICE Threshold).

Finally, the Household Pulse Survey provides additional insights into how households used their government-issued Economic Stimulus Payments (\$1,200 for an individual in April 2020, \$600 in December 2020/January 2021, and \$1,400 in March 2021). Based on income limits, 78% of all households and 100% of households below the ALICE Threshold were eligible to receive these payments.¹² The ways in which households used these payments spotlights the differing needs and priorities of households above and below the ALICE Threshold:

- **First stimulus payment** (Household Pulse Survey, July 16–July 21, 2020):
 - Of those who reported receiving a stimulus payment at the time of the survey, households below the ALICE Threshold were significantly more likely than households above the ALICE Threshold to “mostly spend” their stimulus payment (84% vs. 66%) and significantly less likely to add it to savings (4% vs. 17%) or use it to pay off debts (12% vs. 16%).
 - Households below the ALICE Threshold were more likely to use the first stimulus payment to cover basic needs: They were significantly more likely than households above the ALICE Threshold to report using it to pay for food (78% vs. 63%); telecommunications and utilities, including natural gas, electricity, cable, internet, or a cellphone (63% vs. 45%); rent (45% vs. 17%); or vehicle payments (29% vs. 22%).
 - Households above the ALICE Threshold were more likely to put the stimulus funds into savings or investments (19% vs. 8%) or to make a charitable donation (7% vs. 3%). Both groups were similarly likely to report using it to pay down credit card debt, student loans, or other debts (24% vs. 23%).
- **Subsequent stimulus payments:** (Household Pulse Survey, January 20–February 1, 2021):
 - By late January/early February 2021, when most households had received a second stimulus payment, households below the ALICE Threshold had largely shifted from spending the payment (down sharply to 25%) to using it to pay down debt (up sharply to 59%). This percentage was significantly higher than that of households above the ALICE Threshold who used it to pay off debt (44%).
 - Black and Hispanic households below the ALICE Threshold were more likely to use their stimulus payments to pay off debt than White or Asian households below the Threshold (69% and 65%, respectively, vs. 58% and 42%, respectively) and less likely to add to savings (10% and 13%, respectively, vs. 17% and 19%, respectively).

“ Direct financial support for families facing crisis is needed right now. There just isn’t enough support out there to help folks who haven’t ever faced this kind of need before. Cash in hand would change my family’s life, but we haven’t found any we qualify for yet. ”

– United For ALICE Survey respondent, Arkansas

CONCLUSION: ALICE AT A CROSSROADS

The ALICE analysis of the four surveys presented in this Report shows that those who went into the pandemic struggling —starting out with low incomes, low-wage jobs, and little or no savings — were the most vulnerable to the dual impact of the health crisis and the ensuing economic disruption. The differences between how households above and below the ALICE Threshold experienced the pandemic are striking.

Who did better and worse? The November 2020 SHED asked respondents to consider their current financial standing in comparison to 12 months earlier. Respondents below the ALICE Threshold were significantly more likely to report being somewhat or much worse off than those above the ALICE Threshold (34% vs. 17%).

But 19% of respondents below the ALICE Threshold reported being much better off or somewhat better off. Characteristics of this group provide some insight into what helps families to be more financially stable (Figure 25):

- Respondents below the ALICE Threshold who reported being somewhat or much better off were more likely to have worked full time, received a raise or promotion, started a new job, had insurance through an employer or union, maintained a savings or checking account, kept rainy day funds, had a retirement plan on track, and been very confident in approval for credit.
- Those below the Threshold who reported being somewhat or much worse off were more likely to have worked part time, been laid off or lost a job, had household income that varied quite often from month to month, rented rather than owned a home, had to pay an unexpected medical bill out of pocket, owed outstanding credit card debt, had medical debt, set aside no rainy day funds, and not been confident in approval for credit.

Figure 25.
Characteristics of Those Better and Worse Off

Household Characteristics	Respondents Below the ALICE Threshold: Household Financial Status Compared to 12 Months Prior (November 2020–November 2021)	
	MUCH BETTER OFF OR SOMEWHAT BETTER OFF	MUCH WORSE OFF OR SOMEWHAT WORSE OFF
Employment	<ul style="list-style-type: none"> • Full-time job • Received a raise or promotion • Started a new job 	<ul style="list-style-type: none"> • Part-time job • Laid off or lost a job • Household income that varied quite often from month to month
Housing Tenure		<ul style="list-style-type: none"> • Rent
Health Insurance	<ul style="list-style-type: none"> • Insurance through employer or union 	<ul style="list-style-type: none"> • Paid unexpected medical bill out of pocket
Savings, Assets and Debt	<ul style="list-style-type: none"> • Savings or checking account • Rainy day funds • Retirement plan on track 	<ul style="list-style-type: none"> • Unpaid balance on credit card • Medical debt • No rainy day funds
Access to Credit	<ul style="list-style-type: none"> • Very confident in approval chances 	<ul style="list-style-type: none"> • Not confident in approval chances

Note: Differences between groups were significant.

Source: ALICE Threshold, 2018; Federal Reserve Board, Survey of Household Economics and Decisionmaking (SHED), November 2020

Directions for future research: The four surveys analyzed in this Report provide additional insight into the numerous and varied barriers to financial stability that households below the ALICE Threshold face, and they highlight areas for future research. Six barriers that stand out are:

- 1. Factors that lead to stability:** The correlations between characteristics of those who did better or worse during the pandemic suggest important areas for additional research to understand the cause and effect for each factor as well as the impact of a combination of factors. There also needs to be greater understanding of the impact of these factors over time and of long-term sustainability.
- 2. The role of public assistance:** Respondents below the ALICE Threshold who reported being much worse off or somewhat worse off financially were also more likely to report that their household received TANF, SNAP, Supplemental Security Income (SSI), free or reduced-price lunch, stimulus payments, unemployment insurance, Medicare/Medicaid, or free groceries or meals — an indicator that public assistance was reaching those most in need. These households also reported that they were more likely to receive financial assistance from friends or family.

With the release of 2020 decennial census data, news headlines have touted that increased public assistance during the pandemic has reduced poverty.¹³ But if pandemic relief measures are only temporary, many households will fall back into poverty. The ALICE measures demonstrate that insufficient income extends well beyond the official poverty measures, and survey results confirm that even households that were eligible for public assistance continued to struggle during the pandemic. Additional research is needed to understand whether public assistance can serve only as a stopgap measure during a crisis, or whether it can be structured so that it helps households reach long-term financial stability.

- 3. Race/ethnicity:** The consistent discrepancies by race/ethnicity for households above and below the ALICE Threshold strongly suggest that barriers by race/ethnicity are in fact barriers to financial stability in the U.S. today. Additional research is needed to understand how these barriers are perpetuated.

To do so, additional data is needed, especially for smaller racial/ethnic groups including Two or More Races, American Indian or Alaska Native, and Native Hawaiian and Pacific Islander.

- 4. Health:** Households below the ALICE Threshold were more likely to have a member with a serious health issue. These households were also more likely to experience job loss and to have someone in the household looking for work during the pandemic. They also faced additional barriers to securing employment such as caregiving needs (for a child, older adult, or person with special needs), having trouble finding a job, and not being able to find a job that pays enough.

There were significant health issues among more than half (56%) of White respondents below the ALICE Threshold, compared to 47% of Black respondents, 45% of Hispanic respondents, and 40% of Asian respondents.

Additional research is needed to understand how and where else health and race/ethnicity overlap. In particular, the extraordinarily high prevalence of AIAN/Hawaiian/Pacific Islander respondents below the ALICE Threshold with a significant health issue (73%) needs more attention.

“ In addition to the financial impact that this pandemic has had in our community, we have started and will continue to see the emotional scars that the community at large will have once things start to be a little normal again. ”

*– United For ALICE Survey respondent,
Miami-Dade County, Florida*

5. **Additional discrepancies:** In addition to racial/ethnic groups, there are other demographic groups that have long faced barriers to financial security. Additional work is needed in both data collection and analysis to understand the impact of COVID-19 and economic disruption on groups including women; veterans; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; recent immigrants by country of origin; undocumented workers; formerly incarcerated people; and people with disabilities.

6. **Long term tracking:** Given what we have learned from previous disasters, it is clear that it can take years for ALICE families to recover financially. Tracking families over time is essential to understanding which supports and policies make a difference. In addition, the long-term health impacts for those who contracted COVID-19 will need to be followed closely since the effects of the virus over time are not yet fully understood, though early research suggests potential for ongoing multi-organ impacts or autoimmune conditions.¹⁴ Chronic health issues will also create additional expenses and employment impacts for individuals and their family caregivers.

DIG DEEPER: UNITED FOR ALICE TOOLS AND RESOURCES

- **Meet ALICE in your community [on our website](#)**, with topline ALICE data on every U.S. county and more detailed data for our 24 United For ALICE partner states.
- **Read about the trends over the last decade that contributed to a growing number of ALICE households nationwide** in our 2020 report, *[On Uneven Ground: ALICE and Financial Hardship in the U.S.](#)*
- **Learn about change over time in the cost of household essentials** through a United For ALICE signature measure, the [ALICE Essentials Index](#).
- **See COVID-19 cases and deaths mapped with ALICE data** using our [ALICE & COVID-19 Tracker](#).
- **Explore how wage levels impact ALICE households** and what wages different occupations pay by location using the [ALICE Wage Tool](#).
- **Learn more about the difficult decisions that households face when they can't afford the basics** in our Report, *[The Consequences of Insufficient Household Income](#)*.
- **Gain deeper understanding of the United For ALICE methodology** in our [Methodology Overview](#).
- **Connect to your [local United Way](#)** for support and volunteer opportunities.

APPENDIX A

FEDERAL RESERVE BOARD'S SURVEY OF HOUSEHOLD ECONOMICS AND DECISIONMAKING (SHED)

Overview

Since 2013, the Federal Reserve Board has conducted the Survey of Household Economics and Decisionmaking (SHED), which evaluates the economic well-being of U.S. households and identifies potential risks to their financial stability. The survey includes modules on a range of topics of current relevance to financial well-being, including credit access and behaviors, savings, retirement, economic fragility, and education and student loans.

For more information: <https://www.federalreserve.gov/publications/report-economic-well-being-us-households.htm>

Who Conducted the Survey?

The Board of Governors of the Federal Reserve System

Data Collection Method

Online survey using a nationally representative panel (Ipsos Knowledge Panel)

Frequency/Timing

Surveys included in this analysis were:

- Survey of Household Economics and Decisionmaking conducted in October 2019
- COVID-19 supplemental survey conducted in July 2020 (focused on pandemic impacts)
- Survey of Household Economics and Decisionmaking conducted in November 2020

Sample Size

N-November 2020= 11,648; N-July 2020= 4,174; N-October 2019= 12,173

ALICE Calculations and Considerations

The ALICE Threshold status of survey participants' households were determined using three key components: 1) household income, 2) location, and 3) household composition. Location and family composition were used to identify the appropriate Household Survival Budget (based on 2018 United For ALICE data), which was then compared to the respondent's household income to determine their ALICE Threshold status.

HOW AND WHEN INCOME DATA WAS COLLECTED

Each panelist's income bracket was collected upon their joining the Ipsos Knowledge Panel and published under the variable "I40". For the October 2019 survey, all income information was prior to the pandemic, and the July 2020 supplemental SHED surveyed the same respondents so did not ask for income data again. Since panelists rotate through, roughly one-third of the panel is new each year, for the November 2020 roughly one-third of respondents' income information was collected during the pandemic.

Which of the following categories best describes the total income that you (and your spouse / and your partner) received from all sources, before taxes and deductions, in the past 12 months?

- | | |
|-------------------------|---------------------------|
| 1) \$0 to \$4,999 | 6) \$50,000 to \$74,999 |
| 2) \$5,000 to \$14,999 | 7) \$75,000 to \$99,999 |
| 3) \$15,000 to \$24,999 | 8) \$100,000 to \$149,999 |
| 4) \$25,000 to \$39,999 | 9) \$150,000 to \$199,999 |
| 5) \$40,000 to \$49,999 | 10) \$200,000 or higher |

LOCATION

Each panelist's state of residence was collected upon their joining the Ipsos Knowledge Panel and published under the variable "ppstaten". Smaller geographies (like county or ZIP code) were either not collected or not published. Therefore, the state average Household Survival Budget for each household type was matched to each respondent to determine if their income was above or below the ALICE Threshold.

HOUSEHOLD COMPOSITION

Each panelist's household composition (presence of household members by age) was collected upon their joining the Ipsos Knowledge Panel and published in the following five variables by age:

Presence of Household Members Children 0–1 (ppt01)

Presence of Household Members Children 2–5 (ppt25)

Presence of Household Members Children 6–12 (ppt612)

Presence of Household Members Children 13–17 (ppt1317)

Presence of Household Members Adults 18+ (ppt18ov)

Households were assigned Household Survival Budgets based on their composition. Children aged 0–1 years were assigned infant costs, children 2–5 were assigned preschooler costs, children 6–12 and children 13–17 were assigned school-aged costs. Adults were broken down into non-seniors and seniors.

Race/Ethnicity

The racial/ethnic groupings included in this dataset are as follows:

2+ Races, Non-Hispanic (N-November 2020= 371; N-July 2020= 60; N-October 2019= 400)

Black, Non-Hispanic (N-November 2020= 1,158; N-July 2020= 468; N-October 2019= 1,228)

Hispanic (N-November 2020= 1,423; N-July 2020= 567; N-October 2019= 1,456)

Other, Non-Hispanic (N-November 2020= 571; N-July 2020= 255; N-October 2019= 564)

White, Non-Hispanic (N-November 2020= 8,125; N-July 2020= 2,824; N-October 2019= 8,525)

APPENDIX B

UNIVERSITY OF SOUTHERN CALIFORNIA CENTER FOR ECONOMIC AND SOCIAL RESEARCH'S UNDERSTANDING AMERICA STUDY'S UNDERSTANDING CORONAVIRUS IN AMERICA ("COVID") SURVEY (UAS COVID SURVEY)

Acknowledgement

The project described in this paper relies on data from survey(s) administered by the Understanding America Study, which is maintained by the Center for Economic and Social Research (CESR) at the University of Southern California. The content of this paper is solely the responsibility of the authors and does not necessarily represent the official views of USC or UAS. The collection of the UAS COVID-19 tracking data is supported in part by the Bill & Melinda Gates Foundation and by grant U01AG054580 from the National Institute on Aging, and many others.

Overview

The Understanding America Survey, conducted by the University of Southern California, is a nationally representative, probability-based online panel of adults who were drawn from the more than 9,000 members of the UAS. The margin of sampling error is plus or minus 1 percentage point.

Link for more information: <https://uasdata.usc.edu/index.php>

Who Conducted the Survey?

The University of Southern California Dornsife Center for Economic and Social Research

Data Collection Method

The study relies on an "Internet Panel," which means that respondents answer surveys on a computer, tablet, or smartphone, wherever they are and whenever they wish to participate.

Frequency/Timing

Per UAS: "The first survey was fielded on March 10, 2020. The survey was in the field until April 1. In contrast to later waves, all respondents were invited on March 10. The distribution of responses over the survey period is therefore not random and concentrated in the first part of the survey period (see the Survey Methods tab on the [COVID-19 Pulse site](#)). As of April 1, a new survey is fielded every two weeks. Each day one-fourteenth of the respondents are invited to take the survey. Since respondents have two weeks to answer the survey, the total field period is four weeks, so that responses during the last two weeks of a field period of one survey overlap with responses in the first two weeks of the subsequent survey. For more information about survey waves, see <https://uasdata.usc.edu/index.php>"

Sample Size

Surveys are ongoing with approximately 7,000 people participating in each wave.

ALICE Calculations and Considerations

The ALICE Threshold status of each survey participant's household was determined using three key components: 1) household income, 2) location, and 3) household composition. Location and family composition were used to identify the appropriate Household Survival Budget (based on 2018 United For ALICE data), which was then compared to the respondent's household income to determine their ALICE Threshold status.

HOW AND WHEN INCOME DATA WAS COLLECTED

Income was collected when respondents joined the panel (updated quarterly) using the following income brackets:

- | | |
|----------------------|------------------------|
| 1) Less than \$5,000 | 9) 30,000 to 34,999 |
| 2) 5,000 to 7,499 | 10) 35,000 to 39,999 |
| 3) 7,500 to 9,999 | 11) 40,000 to 49,999 |
| 4) 10,000 to 12,499 | 12) 50,000 to 59,999 |
| 5) 12,500 to 14,999 | 13) 60,000 to 74,999 |
| 6) 15,000 to 19,999 | 14) 75,000 to 99,999 |
| 7) 20,000 to 24,999 | 15) 100,000 to 149,999 |
| 8) 25,000 to 29,999 | 16) 150,000 or more |

LOCATION

Each respondent's state of residence was collected and published under the variable "STATERESIDE". Smaller geographies (like county or ZIP code) were either not collected or not published. Therefore, the state average Household Survival Budget for each household type was matched to each respondent to determine if their income was above or below the ALICE Threshold.

HOUSEHOLD COMPOSITION

Household composition (presence of household members by age) was collected and reported using the following variable:

HHMEMBERAGE_1-18 up to 18 individuals in a household by age

Race/Ethnicity

The racial/ethnic groupings included in this dataset include Hispanic, non-Hispanic, American Indian/Alaska Native, Asian, Black, Native Hawaiian/Pacific Islander, and White. Race/ethnicity data for this dataset is not used in this Report.

APPENDIX C

U.S. CENSUS BUREAU COVID-19 HOUSEHOLD PULSE SURVEY (HOUSEHOLD PULSE SURVEY)

Overview

To help understand the social and economic impacts of COVID-19 on American households in near real-time, the U.S. Census Bureau developed the Household Pulse Survey in partnership with five federal statistical partner agencies: the Bureau of Labor Statistics, the National Center for Health Statistics, the United States Department of Agriculture's Economic Research Service, the National Center for Education Statistics, and the Department of Housing and Urban Development. The survey was designed to meet the goal of accurate and timely weekly estimates.

Link for more information:

<https://www.census.gov/programs-surveys/household-pulse-survey/technical-documentation.html>

Who Conducted the Survey?

U.S. Census Bureau

Data Collection Method

The Household Pulse Survey is a 20-minute online survey. Respondents are selected from housing units in the Census Bureau's Master Address File (MAF) where at least one email address or cell phone number is known. Sampled households are sent the survey link by email and text if both are available, by email if no cellphone number is available, and by text if no email is available. Because personal visits are not possible during COVID19, follow-up is pursued with the emails and/or cell phones associated with the address until a response is received. Once a complete interview is obtained from a household, that household remains in the sample for up to two additional weekly interviewing periods.

Sample Size

N-Week 12 (July 16–July 21, 2020)= 86,792; N-Week 13 (August 19–August 31, 2020)= 109,051; N-Week 23 (January 20–February 1, 2021)= 80,567; N-Week 30 (May 12–24, 2021)= 72,897

Frequency/Timing

Phase 1 began April 23, 2020, and ended on July 21, 2020, and was collected weekly. Phase 2 began August 19, 2020, and was collected biweekly, as with all subsequent phases. Phase 3.2 is currently underway and is scheduled to continue until October 2021.

ALICE Calculations and Considerations

The ALICE Threshold status of each survey participant's household was determined using three key components: 1) household income, 2) location, and 3) household composition. Location and family composition were used to identify the appropriate Household Survival Budget (based on 2018 United For ALICE data), which was then compared to the respondent's household income to determine their ALICE Threshold status.

HOW AND WHEN INCOME DATA WAS COLLECTED

Participants answered the following question (respondents' 2019 household income before taxes was used to capture pre-COVID-19 income):

In 2019, what was your total household income before taxes?

- | | |
|------------------------|--------------------------|
| 1) Less than \$25,000 | 5) \$75,000 - \$99,999 |
| 2) \$25,000 - \$34,999 | 6) \$100,000 - \$149,999 |
| 3) \$35,000 - \$49,999 | 7) \$150,000 - \$199,999 |
| 4) \$50,000 - \$74,999 | 8) \$200,000 and above |

LOCATION

Each respondent's state of residence was collected and published under the variable "EST_ST". Metropolitan Statistical Area was also collected but was not a reliable variable for calculating ALICE Threshold status, as data was missing for non-metropolitan areas. Smaller geographies (like county or ZIP code) were either not collected or not published. Thus, the state average Household Survival Budget for each household type was matched to each respondent to determine if their income was above or below the ALICE Threshold.

HOUSEHOLD COMPOSITION

Each panelist's household composition (presence of household members by age) was collected in the surveys and reported using the following two variables:

Total number of people under 18-years-old in household (THHLD_NUMKID)

Recode for the number of Adults in the household (THHLD_NUMADLT)

Respondents were assigned Household Survival Budgets based on their responses. The specific ages of children were not reported; therefore, all children were assigned the budget costs for a school-age child. Adults were assigned adult costs as indicated by the respondent.

Race/Ethnicity

The racial/ethnic groupings included in this dataset are as follows:

Hispanic (N-Week 13 (August 19–August 31, 2020)= 10,208; N-Week 23 (January 20–February 1, 2021)= 7,943)

Non-Hispanic (N-Week 13 (August 19–August 31, 2020)= 98,843; N-Week 23 (January 20–February 1, 2021)= 72,624)

Asian, Alone (N-Week 13 (August 19–August 31, 2020)= 5,722; N-Week 23 (January 20–February 1, 2021)= 3,968)

Black, Alone (N-Week 13 (August 19–August 31, 2020)= 9,366; N-Week 23 (January 20–February 1, 2021)= 6,153)

White, Alone (N-Week 13 (August 19–August 31, 2020)= 88,545; N-Week 23 (January 20–February 1, 2021)= 66,522)

Any other race alone, or race in combination (N-Week 13 (August 19–August 31, 2020)= 5,418; N-Week 23 (January 20–February 1, 2021)= 3,924)

APPENDIX D

UNITED FOR ALICE COVID-19 IMPACT SURVEYS (UNITED FOR ALICE SURVEYS)

Overview

From September 2020 to June 2021, over 45,000 people responded to state surveys in Arkansas, Florida, Indiana, Maryland, New York, and Tennessee, and regional surveys in Franklin County, Ohio (Columbus), Roanoke Valley, Virginia, Shenandoah Valley, Virginia, and the Greater Fredericksburg Region, Virginia, about how their households have been impacted by the COVID-19 pandemic since March 1, 2020. The surveys were conducted by United Ways and local collaborators in partnership with United For ALICE. These surveys relied on convenience sampling and are not a representative sample of the national population. However, the respondents match national demographics in terms of race/ethnicity, age, and urban/rural location. With this caveat, the combined results of these surveys provide important insights into the issues ALICE households faced during the pandemic.

For more information: contact Info@UnitedForALICE.org

Who Conducted the Survey?

United For ALICE, in partnership with state and local United Ways

Data Collection Method

Online surveys

Frequency/Timing

Surveys were conducted between September 2020 and June 2021

Sample Size

N = 45,057

ALICE Calculations and Considerations

The ALICE Threshold status of each participant's household was determined using three key components: 1) household income, 2) location, and 3) household composition. Location and family composition were used to identify the appropriate Household Survival Budget (based on 2018 United For ALICE data), which was then compared to the respondent's household income to determine their ALICE Threshold status.

HOW AND WHEN INCOME DATA WAS COLLECTED

Participants answered the following question (2019 or 2020 was used as the reference year, depending on when the survey was in the field):

What was your household income last year before taxes?

- | | |
|-------------------------|---------------------------|
| 1) Less than \$25,000 | 5) \$75,000 to \$99,999 |
| 2) \$25,000 to \$34,999 | 6) \$100,000 to \$149,999 |
| 3) \$35,000 to \$49,999 | 7) \$150,000 or more |
| 4) \$50,000 to \$74,999 | |

LOCATION

Respondents were asked to provide their zip code and county of residence. The county-level Household Survival Budget for each household type was matched to each respondent to determine if their income was above or below the ALICE Threshold.

HOUSEHOLD COMPOSITION

Each respondent's household composition (presence of household members by age) was collected using the following question:

How many children, adults, and seniors are in your household – including yourself?

Adults (18 to 64 years old)

Seniors (65 years or older)

Children (0 to 5 years old)

Children (6 to 17 years old)

Race/Ethnicity

The racial/ethnic groupings included in this dataset are as follows:

American Indian or Alaska Native, Native Hawaiian or Pacific Islander, alone or in combination with other races; non-Hispanic (N= 576)

Asian, alone (N= 536)

Black or African American, alone (N= 6,073)

Spanish, Hispanic, or Latinx, alone or in combination (N= 5,022)

White, alone (N= 30,216)

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- a. 401(k), 403(b), Keogh, or other defined contribution plan through an employer
- b. Pension with a defined benefit through an employer that will pay a fixed monthly amount in retirement
- c. IRA or Roth IRA
- d. Savings outside a retirement account
- e. Own a business or real estate that will provide income in retirement
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COMMUNITY AND ECONOMIC DEVELOPMENT DISCUSSION PAPER

Restructuring the Eligibility Policies of the Child Care and Development Fund to Address Benefit Cliffs and Affordability: Florida as a Case Study

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Primary issue:

Affordable childcare is a struggle for most working families in the United States. Subsidized childcare provides financial support for some low-income parents so they can work or enroll in training and obtain a higher-paying occupation. However, in many instances, the federal eligibility limits hit before families can independently pay for the full cost of childcare without sacrificing other basic household expenses. To help parents receiving subsidized childcare advance in their careers, changes to policy and funding can address affordability of childcare and eliminate the benefits cliff to support economic mobility.

Key findings:

Based on case study analysis in Florida, the authors describe childcare affordability challenges. The current federal eligibility limit is not consistent with the amount of earnings needed for families to absorb the full cost of childcare without forgoing other basic household expenses. Cost of living and wage variation means that affordability challenges differ across communities. Extending subsidy eligibility to a measure of economic self-sufficiency that is based on the minimum household budget needed to cover expenses independently would address the affordability challenges. Gradually increasing parental contributions to the cost of childcare in alignment with increased earnings can eliminate the benefits cliff. There is an associated cost to government to implement these changes, which could be offset by a longer-term return on investment in the form of reduced public benefits and increased tax contributions by working families.

Takeaways for practice:

Understanding the potential gaps between the established eligibility limit for subsidized childcare and minimum household budget needed to afford childcare independently without sacrificing other basic household expenses can inform community, state, and federal funding and policy considerations. More flexible federal regulations could enable states to extend eligibility in areas with higher living costs to better support childcare affordability and pathways to economic self-sufficiency. States can develop strategies for mitigating the benefits cliff by creating an off-ramp that features a graduated phaseout of subsidy when families can afford childcare costs independently. Federal, state, and community resources can potentially be allocated to bridge the existing funding gaps.

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Restructuring the Eligibility Policies of the Child Care and Development Fund to Address Benefit Cliffs and Affordability: Florida as a Case Study

Abstract:

This paper explores how the current eligibility policies of the federal Child Care and Development Fund (CCDF) create benefits cliffs that act as barriers to economic self-sufficiency. By examining Florida data and policies, the authors demonstrate how the program's existing co-payment schedule affects the same hypothetical family living in two contrasting Florida counties: one with state median living costs and one with high living costs. The authors find that the CCDF income eligibility exit threshold is too low, particularly in high-cost counties. That occurs because the exit threshold is based on the state median income, as opposed to more local measures that better approximate and reflect local cost of living. The authors propose and calculate the additional family and government costs of two alternative CCDF phase-out designs, which would remove the CCDF benefits cliffs. Both proposed alternatives feature smooth phase-out schedules that align the subsidies with the local cost of childcare, thereby reducing barriers to economic mobility unintentionally created by government policies.

JEL classification: I38, J08, J13, J24

Key words: childcare, benefits cliffs, human capital, skills, provision and effects of welfare programs, effective marginal tax rates

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Affordable high-quality childcare is a struggle for most parents in the United States. We estimate that only 44 percent of U.S. families with children under the age of 13 can afford the full price of childcare without having to sacrifice other basic needs such as housing, food, health care, and transportation.¹ Although the U.S. government has many programs intended to support working families with young children, design and funding constraints can significantly limit their reach and effectiveness. In this paper, we focus on the largest childcare subsidy program in the United States: the Child Care and Development Fund, or CCDF (Office of Child Care, 2019). CCDF, also known as the Child Care and Development Block Grant, is administered by the Office of Child Care at the U.S. Department of Health and Human Services (HHS) and provides block grants to states, which are used to subsidize the childcare expenses of eligible working families with children under age 13 so they can work or attend a job training or educational program. We focus on two design features of the current CCDF design, which we argue can reduce the incentives for seeking greater income, decreasing economic mobility.

The first design feature is the lack of a smooth co-payment schedule toward the exit eligibility threshold. For families that are currently receiving a CCDF voucher, eligibility is defined by states and ends once their income passes a certain threshold—usually 85 percent of state median income (SMI), the highest allowable threshold per federal regulations. For families close to this threshold, a modest wage increase can push earnings above it, with the value of the lost subsidy often being greater than the increase in earnings. This is known as a benefits cliff. The size of the benefits cliff depends on the value of the subsidy near the income eligibility threshold. States ultimately determine how the value of the subsidy phases out as income increases. CCDF requires a family co-pay contribution toward the cost of childcare, and states establish the subsidy value and the family co-payment schedule. Thus, while CCDF is a federal program, states have some ability to mitigate the cliff effect. Many states' co-payment schedules, however, do not feature a smooth subsidy phase-out schedule all the way to the exit eligibility threshold, and thus it creates a large benefits cliff. This is the case in Florida.

The second design feature is the level of the exit eligibility threshold. Arguably, a benefits cliff may not present an insurmountable barrier if it is phased out at a level commensurate with the amount needed to pay all expenses (including childcare). However, we find that across all of Florida, only 3 percent of the population live in counties where a family with two adults and two young children can afford the full cost of childcare at the CCDF eligibility threshold without forgoing other basic needs. Furthermore, these cliffs are

¹ We find this number by applying the University of Washington Self-Sufficiency Standard to the 2018 American Community Survey (ACS). We aggregate the Self-Sufficiency Standard data to metro and nonmetro geographic level and merge to all households in the ACS by state, metro/nonmetro, number of adults, and number of kids. We then compare the income level of the household to the Self-Sufficiency Standard to determine what share of households with children under 13 can afford the full set of basic expenses approximated by the standard.

exacerbated in high-cost areas. For a family composed of two adults and two young children, the size of the cliff at the eligibility threshold can be as high as \$16,000. The average estimated disparity between the 85 percent SMI eligibility threshold and the amount of additional income needed to afford all expenses is \$11,000 across all counties in Florida for such families.

In this paper, we examine the design of CCDF as currently established in Florida. According to the U.S. Health and Human Services Department, two key objectives of the CCDF co-payment schedule are: 1) subsidy rates that reflect families' abilities to pay regardless of the number of children in care or the price charged by the provider; and 2) to minimize the benefits cliff effect by establishing a gradual subsidy phaseout schedule (National Center on Subsidy Innovation and Accountability, 2018). Our analysis demonstrates the challenges of meeting these objectives within the current design of the program. Specifically, we demonstrate how geographic variation in childcare costs can create different-sized cliffs and how CCDF families living in counties with high overall living costs face disproportionately large barriers to economic mobility relative to lower-cost counties.

This paper proceeds as follows. Section I provides background on the consequences of unaffordable childcare as well as an overview of the CCDF program and its limitations. Section II examines how the existing CCDF phaseout schedule differentially affects families in different areas of Florida by presenting two contrasting counties: one with median living costs and one with high living costs. Two proposed alternative structures of the CCDF subsidy are presented in Section III. The first alternative keeps the co-pay schedule as it is and expands the eligibility thresholds to the point at which families can afford unsubsidized childcare without having to forgo other basic needs.² The second alternative is an entirely different co-pay schedule, which increases gradually with income and phases out at the point when a family is able to afford childcare without sacrificing other basic needs. In Section IV, we examine the implications of both alternative structures on the costs to individual families as well as to the government and discuss the trade-offs associated with each alternative. Section V provides concluding context and considerations.

² To estimate childcare costs, we use data from the University of Washington's Self-Sufficiency Standard. The standard's measure of childcare costs assumes market rate costs (at the 75th percentile). Costs vary by age of child and county of residency.

Section I: Background

Childcare affordability

To better understand financial constraints for families with young children, we begin by estimating the share of the population in the United States that could potentially afford a basic set of expenses. We use the University of Washington’s Self-Sufficiency Standard (“the standard”) to determine what constitutes a basic set of expenses and to determine the amount of those expenses in every county in the United States.³ We then use county-level data from the 2018 American Community Survey (ACS) and compare total reported income from all sources (including reported receipt of government assistance) to a basic set of expenses provided by the standard for all families in the ACS. We estimate that only 44 percent of U.S. families with children under 13 years old could potentially afford the full price of center-based childcare without having to sacrifice their budget for other basic needs such as housing, food, health care, and transportation.⁴ Indeed, childcare makes up a significant share of a typical family’s budget. Among all families in the ACS that potentially need childcare, the median estimated share of a self-sufficiency budget allocated toward childcare is 17 percent. For comparison, the median estimated share of the budget spent on housing—often the largest basic expense—is 19 percent.⁵ For families that do not have the income necessary to meet a self-sufficiency budget, the relative expense of childcare is much higher. Alternatively, these families would have to switch to a different (possibly lower quality) form of childcare.

Negative social and economic consequences of unaffordable childcare

A lack of access to quality, affordable childcare can negatively affect economic growth by limiting the labor force participation of parents and challenging career advancement opportunities (Danziger et al., 2014). Challenges with childcare affordability can ultimately force parents who want to work to stay home with their children, work fewer hours, or turn

³ The up-to-date University of Washington Self-Sufficiency Standard is available only for 28 states. For the remaining states, we use data from the Cost-of-Living Database (Ilin and Terry, 2021), which closely matches the standard’s methodology.

⁴ We assume that the family potentially needs childcare if both parents are working and the family has at least one child under the age of 13.

⁵ Calculations are based on the 2019 American Community Survey and the University of Washington Self-Sufficiency Standard. Housing includes HUD’s measure of fair market rent and utilities for the area. The Department of Health and Human Services considers childcare affordable if no more than 7 percent of a family’s budget is allocated toward it (Child Care and Development Fund [CCDF] Program, 2016). Note, this figure does not depend on the level of income of the family, which we argue in this analysis is an important consideration.

down higher-paying jobs in order to remain eligible for childcare assistance from the government.⁶ If parents avoid taking higher-paying jobs in order to keep government assistance, this can result in a net loss to the taxpayers in the long run, in the form of hundreds of thousands of foregone employment taxes and greater government assistance payments (Altig, et al., 2020, revised 2021). According to analysis by the Council of Economic Advisers, as of 2016 there were 3.8 million nondisabled, working-age parents with children under age 6 outside the labor force, and another 6.6 million such parents with children under age 13 working part-time (Council of Economic Advisers, 2019). Therefore, making childcare more affordable could help up to 10.4 million parents choose to enter the labor force or increase their work hours. That would reflect a 6.5 percent increase in the 2016 U.S. labor force.⁷

For many parents who decide to have children and stay in the labor market, the inability to afford quality childcare can have negative effects on children's development. Families may need to reduce their living standard to afford childcare and continue to work or avoid taking a higher-paying job so they do not lose government assistance. If they must sacrifice adequate housing and health care, this can adversely affect parents as well as children and lead to financial and psychological stress. For example, Dahl and Lochner (2012) find a positive effect of family's income on child development. They estimate that a \$1,000 increase in annual income raises combined math and reading scores of children by 6 percent of a standard deviation of a normalized mean score. Duncan, Morris, and Rodrigues (2011) find similar results. Their estimates show that a \$1,000 increase in annual income increases young children's achievement by 5 to 6 percent of a standard deviation.

Alternatively, parents might choose lower-quality childcare that is more affordable. However, quality childcare matters for the healthy development of children at early ages. Neuroscientists and developmental psychologists have established that the first five years of a child's life are critical for the development of language and cognition as well as executive functioning skills. For example, Gialamas et al. (2014) found that low-quality childcare can adversely affect children's task attentiveness and emotional regulation. A study of early childcare conducted by the National Institute of Child Health and Human Development (NICHD) found that higher-quality childcare is associated with positive outcomes such as better mother-child relationship, fewer reports of problem behaviors, higher cognitive performance, and higher language skills (NICHD, 2005). The NICHD study measured quality childcare in many ways, including adult-to-child ratios, group sizes, training of staff, and day-to-day interactions and activities between children and staff.

⁶ Morrissey (2017) provides a detailed review of the literature on the relationship between childcare and parents' labor market behavior.

⁷ As of December 2016, the U.S. labor force was approximately 159 million people (FRED, accessed February 18, 2021).

Thus, it is not surprising that investments in early childhood development are known to have positive returns on investments. For example, Grunewald and Rolnick (2003) estimated the real internal rate of return (a useful metric for comparing public with private investment) of a 1960s Perry School program, which provided two-and-one-half-hour classroom sessions for three- to four-year-old children and an hour-and-a-half home visits on weekday afternoons, to be 16 percent. These benefits were realized in the form of fewer crimes and class disruptions, decrease in welfare payments, and higher earnings for program participants (Grunewald and Rolnick, 2003). In particular, investment in early childhood development has been found by many to yield much higher returns compared to interventions implemented later (Cunha and Heckman, 2007; Heckman, 2006; and Konstantopoulos, 2011).

Government childcare assistance through the CCDF

Federal and state governments directly subsidize the cost of childcare for low-income working parents through the Child Care and Development Fund. The current program design, however, has features that arguably limit its effectiveness. We refer to “effectiveness” as the extent to which an activity achieves its intended objectives, independent of costs (Salamon, 2002). In this analysis, we specifically focus on the co-payment schedule of CCDF. Other design features of CCDF not included in this analysis are: 1) definitions of countable income and 2) the block grant nature of the program. We choose to focus on the co-payment schedule because this element of the program design has the potential to affect the economic mobility of program participants. As mentioned in the introduction, two key objectives of the CCDF co-payment schedule that we focus on are: 1) that subsidy rates reflect families’ ability to pay and 2) to minimize the benefits cliff effect (National Center on Subsidy Innovation and Accountability, 2018).

The Child Care and Development Fund, also known as the Child Care and Development Block Grant, is administered by the Office of Child Care at the U.S. Department of Health and Human Services (HHS). It provides block grants to states, which are used to subsidize the childcare expenses of eligible working families with children under age 13 so they can work or attend a job training or educational program. In addition to providing funding for childcare services, funds are also used to improve the overall quality and supply of childcare for families in general. In 2018, CCDF served 1.3 million children and 813,200 families. In the state of Florida, these numbers are 99,100 and 70,500, respectively (Office of Child Care, 2019). The program is administered by states, territories, and tribes with funding and support from the HHS Administration for Children and Families’ Office of Child Care.

Not all eligible families receive subsidies because of limited CCDF funds. Fewer than one in six qualified households receive childcare support (Chien, 2015). Among those families that obtain CCDF vouchers, the program’s effectiveness is limited by eligibility thresholds and

phaseout schedules, which do not always allow for a smooth financial transition from the program. As a block grant, the program allows states certain discretion over CCDF rules. This includes the authority to establish initial income eligibility thresholds, continuous income eligibility thresholds, and co-pay schedules, provided they are within certain parameters. CCDF has two income eligibility thresholds: initial eligibility (at entry) and exit eligibility (at redetermination). Federal regulations require that states keep the income eligibility threshold at or below 85 percent of the state median income (SMI) for a family of a given size for either threshold.⁸ States can choose to set a different threshold for initial eligibility and exit eligibility, or they can choose the same threshold for both. A state that chooses to set the initial eligibility threshold below the exit eligibility threshold must provide a graduated phaseout co-pay schedule between the two thresholds. For states that have a phaseout co-pay schedule, most states implement one of the following three types of phaseout co-pay schedules: 1) co-pay as a share of income, where the share of income increases as income increases; 2) co-pay as a share of expense, where the share of expense increases with increases in income; and 3) fixed co-pay levels for different income brackets, with co-pay levels being higher for upper-income brackets. In Florida—which is the focus of the paper—the CCDF program design features two separate eligibility thresholds. The initial enrollment (“entry”) threshold is 150 percent of the federal poverty level (FPL) and the exit eligibility threshold is 85 percent of the SMI. Florida’s co-payment schedule design is the third type described above: fixed co-pays for different income brackets.

Commonly, the co-pay schedule for CCDF is not established with a smooth transition toward the eligibility threshold. Instead, co-pays tend to remain relatively low and then escalate considerably at 85 percent of SMI when families must absorb the full cost of childcare. This design keeps family contributions low when earnings are lower, but families can still experience significant financial hardship at the upper eligibility limit. If ineligibility for a continued subsidy is a result of a modest income increase, the result can be a loss to net family resources, also known as a benefits cliff. The gradual phaseout of subsidies is an attempt to meet the dual objectives of CCDF—to minimize the benefits cliff while keeping payments affordable. However, this design results instead in the cliff being pushed to a higher income level. If the income level at which CCDF is lost is insufficient for a family to afford the full cost of childcare, families that experience a benefits cliff may have to make financial sacrifices to basic household expenses to absorb childcare spending fully and continue to work. In some cases, this financial dilemma may result in some families “parking” their income below the

⁸ Chien, Minton, and Giannarelli (2017) simulate the effect of a 200 percent federal poverty level eligibility threshold and estimate increases in mother’s employment and the number of children aged birth to three who receive subsidies.

eligibility threshold to keep their childcare subsidy.⁹ Given the high cost of childcare and challenges to pay for it independently, instead of helping low-income working families on a path to self-sufficiency, CCDF subsidies can effectively trap them below the 85 percent SMI threshold.

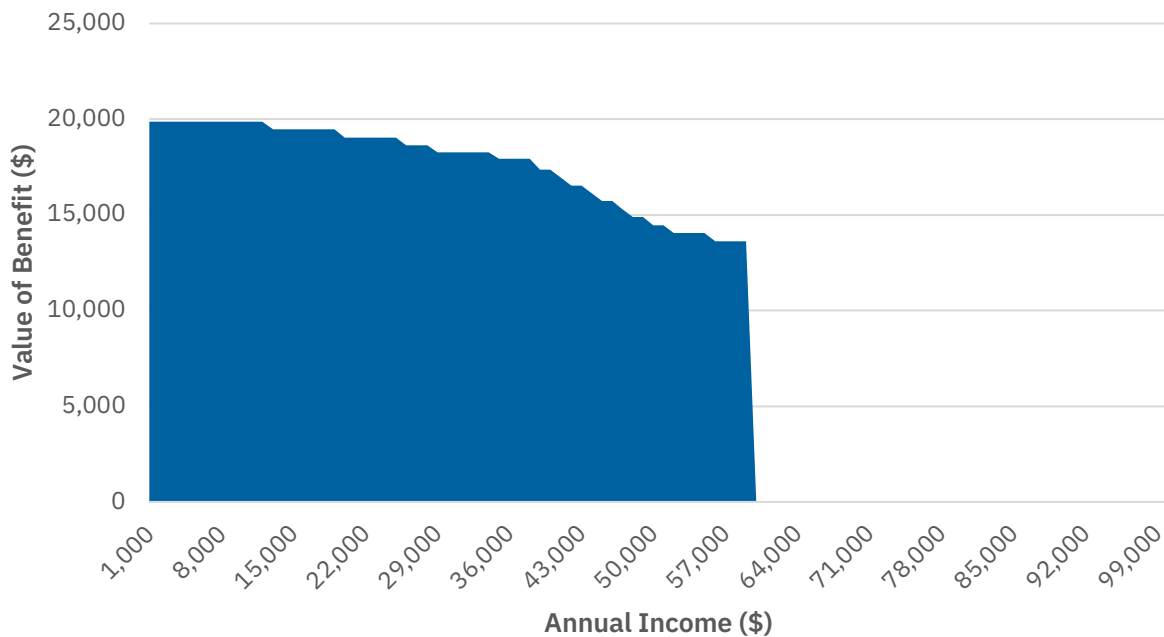
An example from Florida

In Florida, the CCDF structure is as follows. Florida has a fixed co-pay level for each of 17 different income brackets, and the co-pay levels gradually increase with higher-income brackets. The highest-income bracket ends at 85 percent of SMI. The resulting value of the CCDF subsidy is obtained by subtracting private market costs from the amount of the co-pay. The total amount of the co-pay additionally depends on the number of children under 13 a family has and whether the child(ren) need full-time or part-time care. To demonstrate how CCDF subsidies help families of different income levels, Figure 1 shows the value of the CCDF subsidy for a hypothetical two-parent household with two children living in Palm Beach County, Florida. We chose to analyze the case of two adults and two children because it is the most common family type among families with children in the United States.¹⁰ The ages two and three are chosen because the costs are a middle ground between more expensive infant care and less expensive after-school care for older children.

⁹ Romich (2006) studied 60 households over three years in the New Hope Ethnographic Study and found no instances of individuals turning down raises or promotions to avoid benefits losses. However, Roll and East (2014) surveyed 332 families utilizing the CCDF program in four Colorado counties and found that 33 percent of survey respondents have turned down a raise, not taken a new job, not worked additional hours, not gotten married, or not turned in their redetermination paper in order to keep their childcare subsidies. For a review of the literature that studies the effects of public assistance programs on labor supply, see Moffit (2002).

¹⁰ Among families with children, the most common family type is two adults and two children (25 percent). The second most common family type is two adults and one child (20 percent). The third most common type is two adults and three children (12 percent). See Appendix A for further details.

Figure 1: CCDF Subsidy by Employment Income



Note: Assumes family of two adults and two children, aged two and three living in Palm Beach County, Florida.

Source: Policy Rules Database (Ilin and Terry, 2021)

As Figure 1 shows, the value of CCDF declines as wages increase because the co-pay increases with higher levels of income. This hypothetical family loses childcare assistance completely when their income exceeds \$59,580, the eligibility threshold (85 percent of 2019 SMI) for a family of four in Florida in 2020.¹¹ The estimated value of the voucher starts at nearly \$20,000 and declines to \$13,360 right before the income eligibility threshold is reached. Thus, if the family’s income were \$59,000 and they received a \$1,000 wage increase, the family would experience a net financial loss of \$13,630, corresponding to a 19 percent decline in their total financial resources including income and CCDF.¹² The loss of the CCDF subsidy is the largest financial loss associated with reaching eligibility limits for any government assistance program (see Appendix B).

¹¹ The 2020 CCDF program rules in Florida used SMI from 2019 to determine income eligibility.

¹² See Appendix B for a chart that includes other government assistance programs, such as SNAP. The value of the CCDF program is approximated by the 75th percentile of a state-wide market rate survey of childcare providers in the county minus the co-pay for that income level.

A look at the CCDF income eligibility threshold

According to the final rule of CCDF, if states choose to set their continuous income eligibility limits below 85 percent of SMI, they should choose a “level sufficient for the family to reasonably afford quality childcare without assistance, based on the typical household budget of a low-income family. This approach promotes continuity of care for children while allowing for wage growth for families to move on a path toward economic stability” (CCDF Final Rule, 2016). Although this directive is specifically about states that do not set continuous income eligibility at 85 percent SMI, this statement implies that 85 percent of SMI adequately captures families’ ability to pay the full cost of childcare in the United States without any assistance and without forgoing other basic needs. A key question for this analysis is whether 85 percent of SMI is a realistic threshold.

One way to evaluate this question is to compare 85 percent of SMI to the cost of living in each state. In this paper, we use the University of Washington Self-Sufficiency Standard (the “standard”) as a proxy for the cost of living in an area. The standard is a budget-based measure of the real cost of living and an alternative to the official poverty measure. It determines the amount of income required for working families to meet basic needs at a minimally adequate level, taking into account family composition, ages of children, and geographic differences in costs. The standard defines the amount of income necessary to meet basic needs (including taxes) without public assistance, nonprofit or informal assistance (such as free babysitting by a relative or friend, or food provided by churches or local food banks). The standard includes the costs of childcare, food, housing, health insurance, other expenses such as clothing, taxes (net of tax credits), and employment-related transportation.

Figure 2 shows the CCDF income eligibility threshold (85 percent of SMI) compared to the average standard for a family of four in each state of the United States and the District of Columbia as well as a 45-degree line.¹³ Points on the chart that are below the 45-degree line represent states where the standard is higher than 85 percent of SMI. In areas where the standard is higher than the 85 percent of SMI, the CCDF threshold is not a good proxy for the ability of families to pay for childcare without government assistance, as in Florida (the orange dot). In total, in about half of states (25 out of 50 states and the District of Columbia) there is a shortfall between the CCDF threshold and the standard. If families are living below the standard and do not qualify for CCDF, they would have to rely on other means of support, reduce expenses as noted above, or face a trade-off between labor market participation and quality childcare.

¹³ The standard is available at the county level; population weights are used to obtain the state average.

Figure 2: Relationship between Exit Eligibility Threshold and the Standard



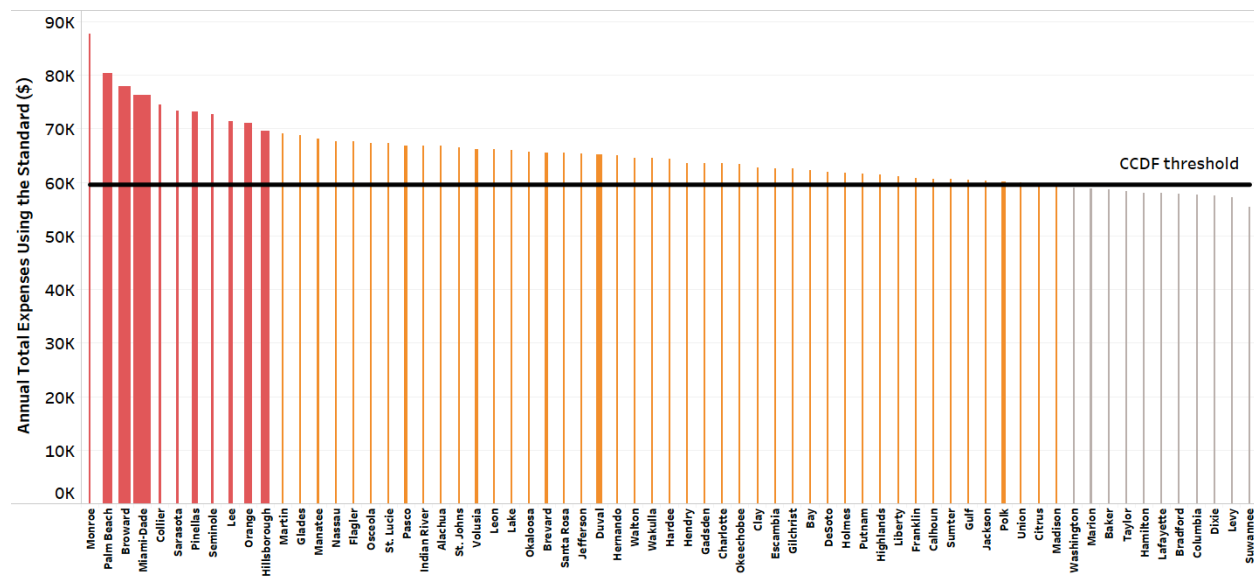
Note: The orange dot is Florida. A map of this data is shown in Appendix C.
 Sources: University of Washington, U.S. Census Bureau, and authors' calculations

Even within a state, there can be a significant variation in income and living costs that inhibit the ability of CCDF to meet the needs of low-income working families. For example, there is significant variation in the standard across counties in Florida. The standard for the most expensive county—Monroe—is \$87,743. In contrast, in the least expensive county—Suwanee—the standard is \$55,371.

Figure 3 shows a horizontal line indicating the CCDF cutoff for a family with two adults and two young children in Florida (\$59,580) compared to the standard for each county. As the chart shows, in most counties the CCDF threshold is too low, according to this measure. The average two-adult and two-young-children family faces an annual financing gap of nearly \$11,000, and there is significant heterogeneity in cost of living across the state. Only 11 counties have a standard below the CCDF threshold. The county with the largest gap between the CCDF threshold and the standard is Monroe (\$28,000). Further, the state's population is

concentrated in the counties where the standard is above the threshold. Ninety-seven percent of the state’s population live in counties where the amount of income needed for self-sufficiency is above the eligibility threshold for this family type. Fifty-seven percent of the population live in counties where the standard for this family type is at least \$10,000 higher than the CCDF threshold (as indicated by the red bars), and 40 percent of the population live in counties where the standard is less than \$10,000 higher than the CCDF threshold (indicated by the orange bars).

Figure 3: CCDF Threshold and the Standard by Florida Counties



Note: Assumes family of two adults and two children, aged two and three. The width of the bar represents the population size of the county, where larger width bars correspond to relatively higher county populations. Counties marked in red have a standard that is at least \$10,000 higher than 85 percent SMI, counties in orange have a standard that is less than \$10,000 higher than the standard, and counties in gray have a standard that is less than 85 percent of SMI.

Sources: University of Washington, U.S. Census Bureau, and authors’ calculations

The inadequacy of using SMI as a proxy for the affordability of childcare across and within states is the focus of Section III of this paper where we discuss alternatives to the existing eligibility threshold for CCDF. These alternatives factor in local costs of living as opposed to using the statewide income threshold alone.

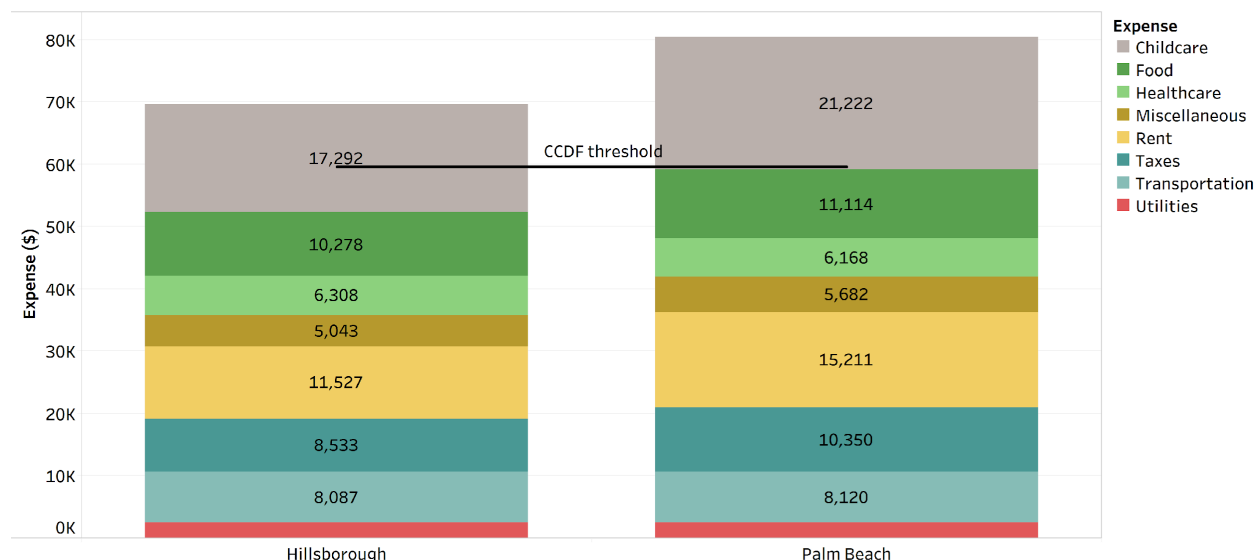
Section II: CCDF in Florida

Case study of two Florida counties

Two counties in the state of Florida were selected to illustrate the limitations of CCDF eligibility thresholds and test the alternatives for a family of two adults and two children. We compare Hillsborough County, which includes all of Tampa city limits and the surrounding area, and Palm Beach County, which includes multiple cities north of Fort Lauderdale and south of Jacksonville. We chose Hillsborough County because the median wage and cost of living are similar to the statewide median and we choose Palm Beach County because it has the second highest living costs in the state, which allow us to demonstrate the extent to which the variation in cost of living across the state can create difficulties for CCDF participants. Palm Beach was chosen over Monroe (the most expensive county) due to the latter's low population, which creates greater potential for measurement error in expense and income data.

Figure 4 shows the expenses that comprise the standard for a family of four in these two counties. In Hillsborough County, the standard is \$69,600, which is similar to the population weighted average of the state, \$70,400. This amount is \$10,000 above the 85 percent SMI exit threshold for CCDF. This implies that, for the average cost of living county in the state of Florida, the current CCDF exit threshold does not permit a smooth transition to self-sufficiency. Families that lose CCDF in Hillsborough County may not be able to afford quality childcare without making cuts elsewhere in the budget. This issue is even more pronounced in high-cost counties. For example, Palm Beach County has one of the highest costs of living in the state and therefore one of the largest gaps between the CCDF income eligibility threshold and the standard for a family of four. The same family living in Palm Beach would need to make \$80,400 to achieve the standard. It would be difficult for the family to pay childcare costs for two young children without major sacrifices to other necessities or a large amount of other government support (on the order of \$21,000 per year). However, if the family were earning income at or above the CCDF threshold of \$59,580, they would not qualify for most of the public assistance programs such as Supplemental Nutrition Assistance Program (SNAP), Earned Income Tax Credit (EITC), and Medicaid (see Appendix B for details).

Figure 4: The Standard and Its Composition in Hillsborough and Palm Beach Counties



Note: Assumes family of two adults and two children, aged two and three. The cost of living in Hillsborough County is similar to the average cost of living across the entire state of Florida.

Sources: University of Washington, U.S. Census Bureau, and authors' calculations

Thus, setting CCDF income eligibility limit at the 85 percent of SMI imposes significant financial constraint on many families, particularly those in high-cost counties.

Co-pay structure

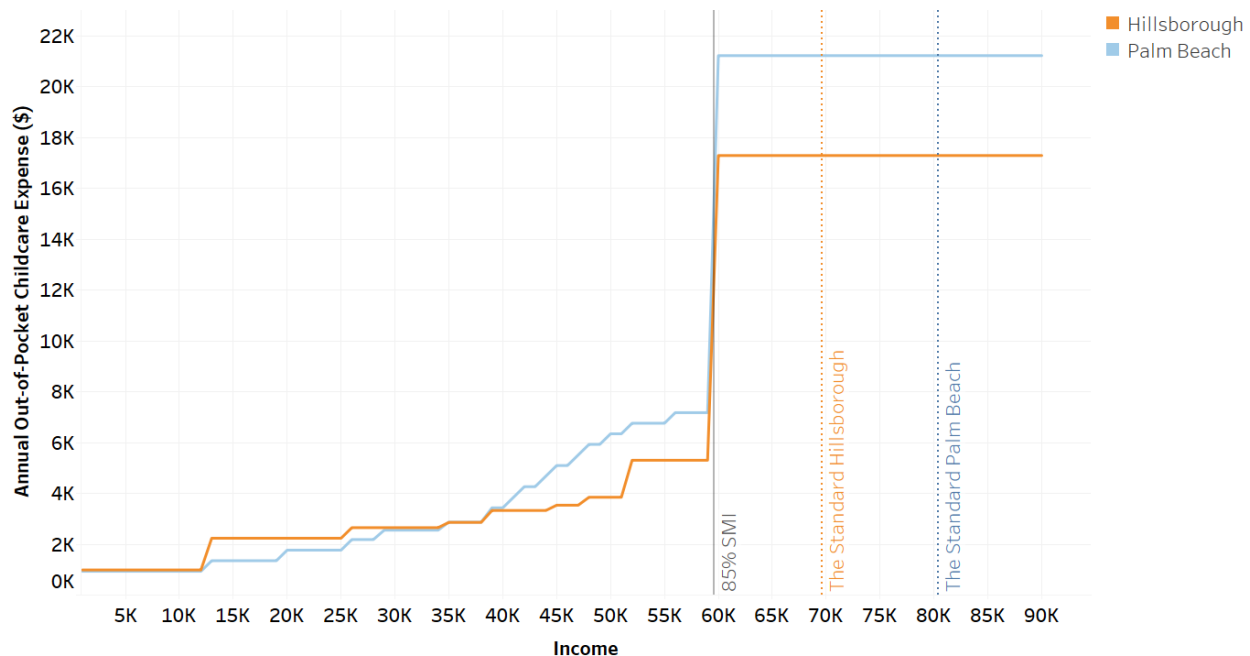
As shown in Figure 4, total childcare costs for two children aged two and three is roughly \$17,300 in Hillsborough County and \$21,200 in Palm Beach County. Families receiving CCDF assistance pay only a portion of this cost, as determined by the co-pay schedule.

Figure 5 illustrates the existing co-pay structure in both counties. It shows how annual out-of-pocket childcare costs increase gradually with income up to the point where the CCDF subsidy is lost entirely.¹⁴ At 85 percent of SMI, a family is no longer eligible for CCDF and must pay the full cost of childcare. Due to the large difference between the size of the final co-pay and the full cost of childcare, the financial loss to the family whose income crosses the eligibility threshold is substantial. Families whose income exceeds 85 percent SMI by \$1 face a benefits cliff amounting to \$13,000 in Hillsborough and \$16,000 in Palm Beach. Therefore, the family might choose not to advance in their career to keep their income deliberately below

¹⁴ To calculate the annual out-of-pocket childcare costs when receiving CCDF subsidies, we make assumptions about the number of days the child needs full-time and part-time care over the course of the year. We assume that both children need full-time care for 260 workdays per year (365 days minus weekends and holidays).

the threshold to avoid this large financial loss. This creates a dilemma for working parents who must choose between long-term career and financial success and the immediate needs and best interests of their children.

Figure 5: Existing CCDF Co-Pay Schedule in Hillsborough and Palm Beach Counties



Note: Assumes family of two adults and two children, aged two and three.
 Sources: University of Washington, Policy Rules Database, and authors' calculations

Section III: Alternative Co-Pay Schedules

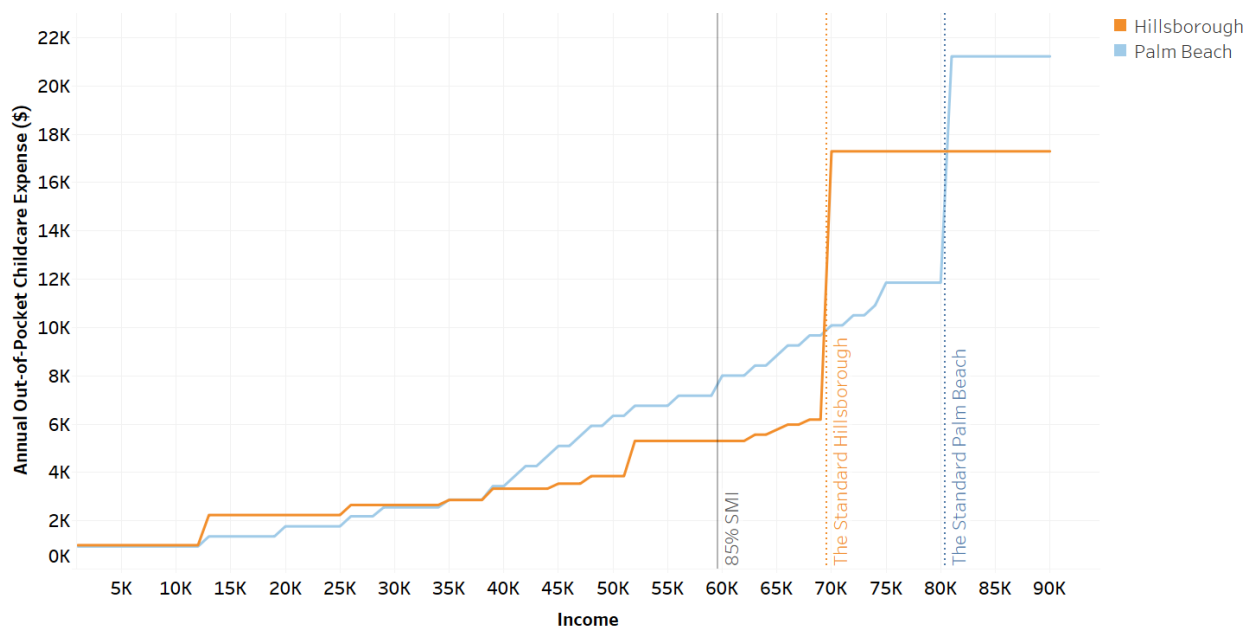
As we discussed previously, two problems with the existing CCDF design are: 1) families' inability to afford unsubsidized childcare without the need to forgo other basic needs, especially in high-cost areas (affordability problem); and 2) the abrupt loss of subsidy at the eligibility threshold that results in a significant loss of household's financial resources (benefits cliff). In this section, we demonstrate two alternatives to the existing CCDF co-pay schedule and exit eligibility threshold that address these problems. The first alternative addresses the affordability issue. The second alternative addresses both the affordability and the benefits cliff issues. We intentionally do not demonstrate a solution, addressing only the benefits cliff problem because such a solution implies using the current exit eligibility threshold, and thus would create a sharp increase in co-pays for households currently near the exit eligibility threshold relative to the current co-pay schedule.

Option 1: Addressing Affordability: The Extended Co-Pay Schedule

The first option extends the eligibility for the CCDF subsidy above 85 percent of SMI and allows families to continue receiving the subsidy as long as their income is below the standard for their family size. The co-pay schedule for families whose eligibility is extended is determined by linearly extrapolating the current co-pay schedule to the new standard-based eligibility threshold. The current co-pay schedule is determined separately by each county in Florida, but all have the following structure. As income increases, a family's co-pay also increases. All counties have 17 income brackets (with the same range of income across all counties) for determining the co-pay. However, the co-pay level for each income bracket varies by county. For example, the highest full-time co-pay for daily care is \$10.20 in Hillsborough and \$14.60 in Palm Beach. To extend the current structure of 17 income brackets to the new eligibility limit would require adding a different number of additional income brackets depending on the county. In Palm Beach County, this would effectively add nine additional co-pay levels. In Hillsborough County, where the standard is closer to the current threshold of 85 percent of SMI, only four additional co-pay levels would be needed.

Figure 6 illustrates how this option works if implemented in Palm Beach and Hillsborough counties. In both counties, the new eligibility threshold is higher than 85 percent of SMI. The threshold is higher in Palm Beach County, which has a relatively higher cost of living. Setting adjusted CCDF eligibility thresholds at the standard implies that families' income at the threshold allows them to afford the full price of childcare without needing to sacrifice other basic needs. It addresses the first problem with the existing CCDF co-pay schedule.

Figure 6: Illustrating Option 1, Extended Current Co-Pay



Note: Assumes family of two adults and two children, aged two and three.
 Sources: University of Washington, Policy Rules Database, and authors' calculations

However, this extended co-pay schedule still results in a benefits cliff at the threshold because there is not a smooth transition between the co-pay and the full amount of childcare at the adjusted CCDF threshold. Even at the standard, the family faces a benefits cliff. The size of the cliff in Hillsborough County at the revised eligibility threshold is \$12,651 compared to \$13,314 with the current co-pay schedule. In Palm Beach County, the size of the cliff would change to \$12,330 compared to \$15,840. Thus, with this design, families still face an incentive to keep their income below the exit income eligibility threshold.

Option 2: Addressing Affordability and the Benefits Cliff: The Alternative Co-Pay Schedule

A second option is to eliminate the benefits cliff by changing the co-payment so it's an increasing fraction of the full unsubsidized childcare costs, in addition to extending benefits to families with income below the standard. In this model, the higher the family income, the higher the share of childcare costs they would pay. Families would assume the full costs of childcare once they reach the standard eligibility threshold. This is done by making the share of the full childcare cost paid by the family to be a continuous function of income that is equal to one at the threshold. Like option 1, the eligibility threshold is set at the value of the standard to provide greater assurances that the family can afford to pay the full cost of childcare without sacrificing other basic needs. In combination, these changes would allow for a smooth

transition toward paying the full cost of childcare.¹⁵ Mathematically, the structure of the alternative co-pay takes the following form:

$$\text{copay}_{fc} = \left(\frac{\text{Income}}{\text{The standard}_{fc}} \right)^k \times \text{Total Childcare Costs}_{fc} \quad (1)$$

where *Income* is the total countable family’s income, *The standard_{fc}* is the value of the standard, and *Total Childcare Costs_{fc}* are the total unsubsidized costs of childcare that a family would have to pay.¹⁶ Both the value of the standard and the total unsubsidized costs of childcare vary by family type *f* (age and number of children) and by county of residence *c*. By design, when a family's income reaches the income eligibility threshold (at the standard), the family’s co-pay is equal to the total childcare costs. The adjustable parameter *k*—discussed in the next section—will determine the shape of the co-pay schedule. A higher value of *k* will coincide with a lower co-pay schedule for all families. However, the higher the *k*-value, the more quickly the co-pay increases as income approaches the eligibility threshold.

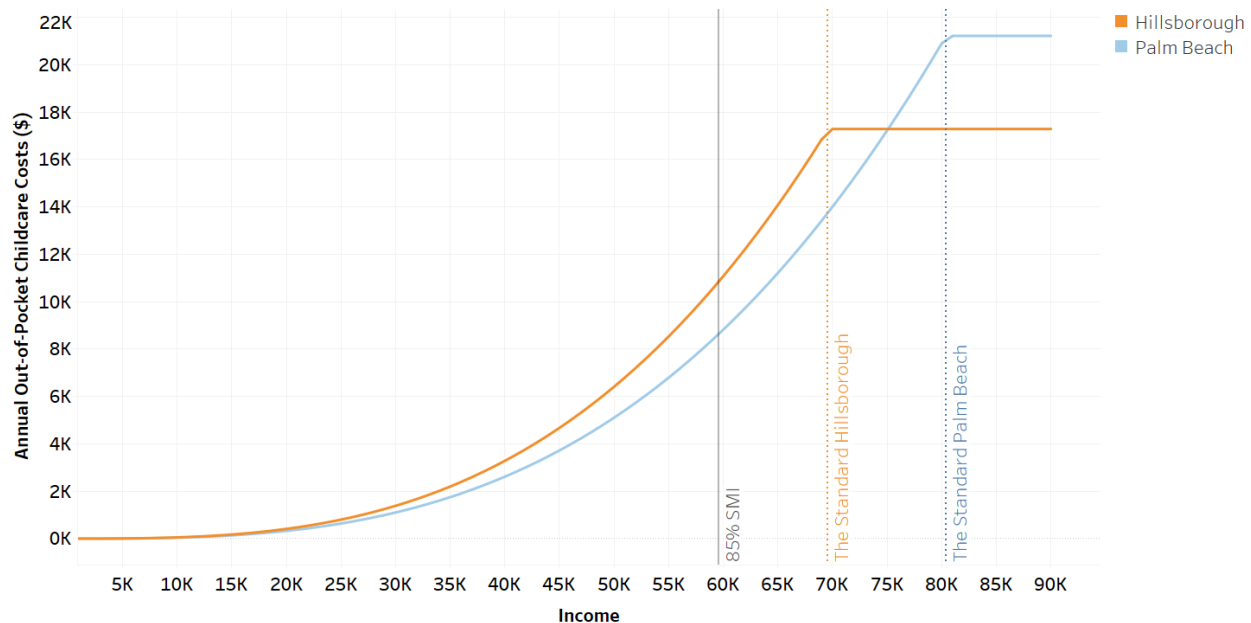
Figure 7 demonstrates the alternative co-pay if implemented in Palm Beach and Hillsborough counties. As in Figure 6, in both counties, the new eligibility threshold is higher than 85 percent of SMI and the threshold is higher in Palm Beach County, which has a

¹⁵ Some states have a similar co-pay strategy. For example, in Idaho, co-payments are based on the price of care, with families in different income ranges paying different percentages of the price. Although the Idaho co-pay schedule eliminates the CCDF benefits cliff, it does not address the problem of affordability of childcare for families at the threshold and higher (Minton and Durham, 2013).

¹⁶ According to Florida’s Child Care and Development Fund Plan for FFY 2019–21, the definition of countable income for determining eligibility in Florida is “combined gross income, whether earned or unearned, that is derived from any source by all family or household members who are 18 years of age or older who are currently residing together in the same dwelling unit. The term does not include income earned by a currently enrolled high school student who, since attaining the age of 18 years, or a student with a disability who, since attaining the age of 22 years, has not terminated school enrollment or received a high school diploma, high school equivalency diploma, special diploma or certificate of high school completion. Income does not include income earned by a teen parent residing in the same residence as a separate family, nor does income include food stamps, adoption subsidies, foster care payments, documented child support and alimony payments paid out of the home, federal nutrition programs, federal tax credits, state/territory tax credits, housing allotments, LIHEAP or energy assistance, military housing or other allotment/bonuses, federal housing assistance payments issued directly to a landlord or the associated utilities expense, scholarships, education loans, grants, income from work study, disaster relief or other forms of temporary assistance of families in a natural disaster areas, income of foster parents and court ordered relative and non-relative caregivers, independent living grant, lump sum settlement, money borrowed with an established repayment plan, one time only gifts, sale of personal assets, VISTA payments, Supplemental Security Income (excluded for children only)” (Office of Early Learning, 2019).

relatively higher cost of living. Additionally, a smooth co-pay schedule ensures that there are no benefits cliff at the eligibility threshold.

Figure 7: Illustrating Option 2, Extended Alternative Co-Pay



Note: Family of two adults and two children, aged two and three. The *k*-parameter is set to 3.
Sources: University of Washington, Policy Rules Database, and authors’ calculations

We make a couple of additional observations. Computing this eligibility threshold by family type and county will require some different steps from the previously discussed method. This new eligibility threshold and corresponding total co-pay will vary by county since the costs of living (and the standard) vary within a state. Second, the new eligibility threshold will vary depending on the family composition: number of adults, number of children, and ages of children, because these characteristics of the family affect the total living costs and total childcare costs. The current eligibility threshold only varies by SMI and family size. These costs could be approximated using the same source we used, the standard. Alternatively, sources such as the United Way’s ALICE threshold, the Atlanta Fed’s Cost-of-Living Database, or other cost of living measures that consider detailed basic expenses at fine geographic levels such as county or metropolitan area can be used.¹⁷

Further, in some cases, the resulting alternative eligibility threshold will be below that of the existing 85 percent of SMI eligibility threshold. Families that live in areas with lower living costs may have a lower standard. Given that the standard reflects the minimum income

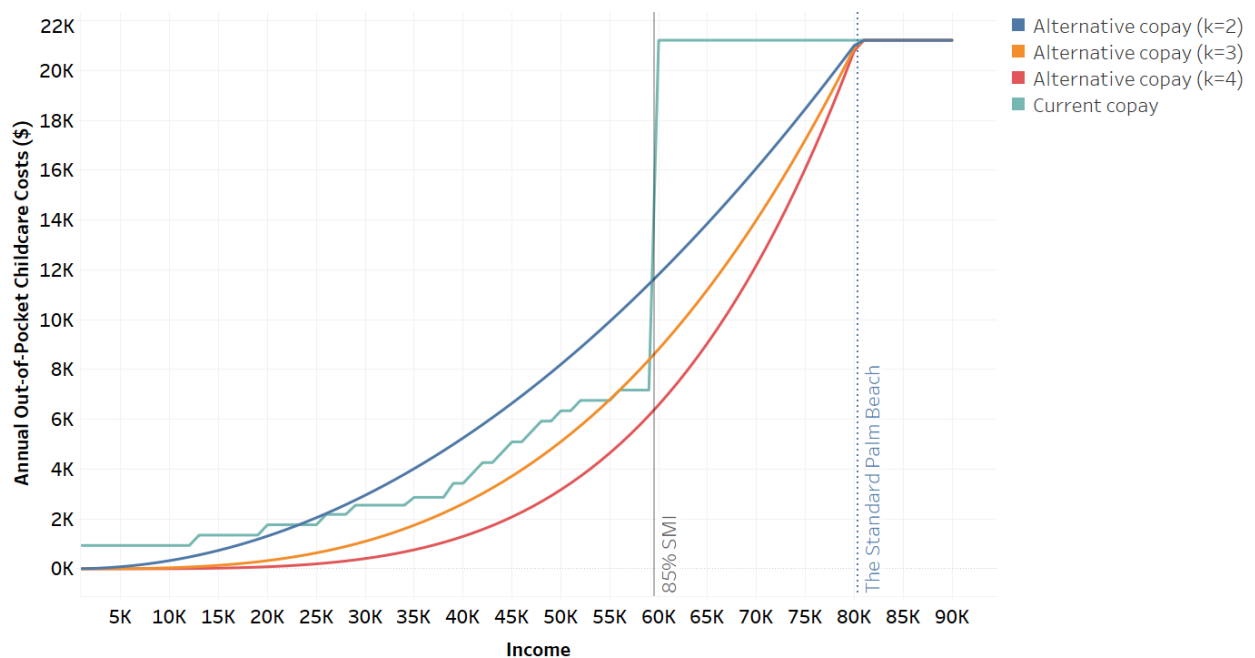
¹⁷ The United Way’s ALICE data is available at <https://www.unitedforalice.org/> and the Atlanta Fed’s Cost of Living Database is available at <https://www.atlantafed.org/economic-mobility-and-resilience/advancing-careers-for-low-income-families/policy-rules-database.aspx>.

needed to cover basic household expenses and support economic self-sufficiency, we suggest that the alternate eligibility threshold be either the standard or 85 percent of SMI, whichever is greater. This ensures that in the short term, no family that is already on the program would be forced out of it.

The choice of the *k*-parameter

In equation 1, parameter *k* determines how gradually co-pay changes with increase in income. To illustrate how different *k*-parameters affect families' out-of-pocket expenses relative to the original co-pay schedule, let's consider the family of four living in Palm Beach County. Figure 8 plots the original co-pay and alternative co-pay schedules for three different values of *k*-parameter (*k*=2,3,4). For *k*=4, in comparison to the extended co-pay, the alternative co-pay makes almost all families better off. The out-of-pocket expenses for families with income below 85 percent of SMI is less than their current out-of-pocket expenses. For *k*=3, families with income below \$40,000 are better off while families with income above \$40,000 would pay higher co-pays. Finally, when *k*=2, almost all families except very low income below \$15,000 face higher out-of-pocket expenses.

Figure 8: Alternating *K*-Parameter—Costs to Families at Different Income Levels in Palm Beach County



Note: Family of two adults and two children aged two and three.

Sources: University of Washington, Policy Rules Database, and authors' calculations

The choice of k-parameter additionally affects the total government spending on subsidies to participating families. Families that start paying higher co-pays relative to the current co-pay schedule reduce government costs while families that start paying lower co-pays increase government costs. The sum of the differences in co-pays across all families ultimately determines the change in government spending for this program. Next, we discuss the implications of the choice of the k-parameter to the total government spending.

Section IV: Alternative Co-Pay Schedules and Costs Implications

CCDF is jointly financed by federal and state governments and consists of three funding streams: mandatory, matching, and discretionary funds. In FY 2018, the total CCDF allocation across all U.S. states was \$10.2 billion (Office of Child Care, 2018).¹⁸ Of this, \$6.9 billion was directly spent on subsidies. In Florida, direct spending was \$422 million in FY 2018 (Office of Child Care, 2020). The block-grant nature of the CCDF subsidy and the current level of funding is insufficient to pay for all who are eligible. Thus, this funding design significantly limits participation among the eligible population. In 2012, only an estimated 15 percent of the estimated 14.2 million children who were eligible for CCDF received subsidies (Chien, 2015). Given that CCDF funds are limited by the amount of the block grant, it is important to provide estimates of how each of the proposed alternatives will affect public spending and the number of families served by the subsidy. Implicitly, the additional cost imposed by our proposed changes to the CCDF program would need to be financed somehow, such as by federal, state, or community funding, or by philanthropic dollars. If the amount of spending on the program does not increase to pay for the proposed changes, these changes would reprioritize funding for those currently enrolled in the CCDF program. Funding would be reprioritized because these proposed changes permit families to stay on CCDF at higher incomes. Thus, the changes would reduce the availability for those coming into the program at lower-income levels compared to the current design.

In the next section, we evaluate the effect of each of the proposed CCDF co-pay structures on the costs to the government as well as to the individual families. This allows us to discuss how alternative CCDF co-pay schedules will have differential effects on families at different parts of the income distribution.

¹⁸ The total spending is the sum of federal and state spending (state mandatory allocation, state share matching funds, and federal-only funds).

Comparing original, extended, and alternative co-pays

Methodology

We estimate government spending and average costs to participating Florida families for each income bracket in the following steps. First, we calculate unsubsidized childcare costs for all Florida households in the 2018 American Community Survey (ACS) using the standard. The total cost of childcare for each family is determined by taking the number of children in the family and multiplying by the age-specific cost of childcare provided in the standard.¹⁹ Second, for each Florida family in the ACS we calculate the total family co-pay under CCDF rules. Third, we compute the average childcare costs and average co-pay per family in each income bracket. Fourth, we multiply the average childcare costs for families in each of 17 existing income brackets and a proposed new one by the number of families served, using administrative data provided by the Florida Department of Education Office of Early Learning. This gives us the total unsubsidized childcare costs by income bracket.

To understand potentially how many participating families would be affected by extending the income eligibility limits (and thus, what the costs to the government would be), we need to know how many newly eligible families with income between 85 percent of SMI and the new income threshold would likely take up CCDF. To calculate this number, we extrapolate the CCDF take-up rate to the additional 18th income bracket (between 85 percent of SMI and the standard) by using the same take-up rate as the 17th income bracket, or 6 percent.

It is important to note that the proposed alternative affects only the exit eligibility threshold for CCDF. As we noted previously, there are two eligibility thresholds in Florida: initial eligibility and exit eligibility. The initial enrollment (“entry”) threshold remains at 150 percent of FPL, which is below the exit threshold of 85 percent of SMI. Thus, to obtain an estimate for how many families would potentially fall into the 18th income group we cannot rely on population estimates—families must advance to the next income group from a lower-income group. Therefore, we make an assumption for how many families move to income bracket 18 from lower-income brackets. Because we do not know how many families currently on CCDF would potentially increase their income to be within income bracket 18, we provide a range of cost estimates to the government based on different assumptions of how many families would move to income bracket 18. The lower bound of the range assumes that all 1,544 families from income bracket 17 (with income between 230 percent of FPL and 85

¹⁹ We assume that families do not need the center-based summer care for their children and rely on alternate sources for childcare.

percent of SMI) advance to the next income bracket. The upper bound of the range assumes that all families from income brackets 15 to 17 (3,798 families) progress to income bracket 18. These estimates can be interpreted as an upward bound that, if accurate, would take time to realize.²⁰

Results

Table 1 shows the results of the extrapolation exercise and the costs implications for three different co-pay schedules: the current co-pay schedule, the extended co-pay schedule, and the alternative co-pay schedule where the k-parameter in equation 1 is set to 3. We choose to show the k=3 scenario, because as will be discussed later, of the three k-parameters considered, this parameter choice minimizes costs to the government without significantly affecting families' budgets. The table features 18 total income groups: the first 17 groups have income below the current exit eligibility threshold and the 18th income group includes the hypothetical newly eligible families whose income increases from below 85 percent SMI to between 85 percent of SMI and the standard. For each income bracket, the table shows the estimated number of families receiving a CCDF subsidy, the average annual co-pays for three different co-pay alternatives, and the direct costs of the subsidy to the government.²¹

By design, the extended co-pay model does not change the family's portion of childcare costs except for those in income bracket 18. In contrast, the alternative co-pay (k=3) changes the co-pay schedule for all income groups. Families in income brackets 1 to 14 pay less, while families in income brackets 15 to 17 pay more compared to the original co-pay schedule. Families in income bracket 18 are now covered by the subsidy and thus will pay less.

Under both the extended co-pay schedule and the alternative co-pay (k=3) the costs to the government are estimated to increase. With the extended co-pay, depending on the assumption of the new number of families served, costs are estimated to increase between \$4.4 million to \$10.6 million (1.0 percent to 2.1 percent) due to an increase in the number of eligible families. For the alternative co-pay schedule with k=3, the program costs would increase by \$37.0 million to \$40.4 million (7.2 percent to -7.8 percent). This reflects a

²⁰ Families that move from income bracket 17 to 18 would experience an average income increase of 6 percent. Families that move from income bracket 15 to 18 would experience an average income increase of 18 percent. In calculating the additional costs imposed, we assume that all those who moved to income bracket 18 from these lower brackets are replaced by families on wait lists and that CCDF participants move to higher-income thresholds such that the initial distribution of CCDF participants for all income groups below income bracket 18 is retained.

²¹ To determine the income group specific co-pay amount we use the average co-pay amount for the income group across all counties in the state (recall that each county has their own unique co-pay amounts but the same income categories).

combination of a decrease in program costs on families that face higher co-pays and an increase in program costs on those families that face lower co-pays relative to the original co-pay schedule.

Table 1: Effect on the Average Costs to Families and Total Direct Costs to the Government: Simulated FY 2020

Income Bracket	Description	Number of Families Receiving CCDF*	Average Annual Costs to Families			Total Annual Direct Government Costs		
			Current Co-pay	Extended Co-pay	Alternative Co-pay (k=3)	Current Co-pay	Extended Co-pay	Alternative Co-pay (k=3)
1	0 to 50% of FPL	20,690	401	401	17	161,943,536	161,943,536	169,544,581
2	50% to 75% of FPL	9,902	584	584	93	69,914,777	69,914,777	74,899,142
3	75% to 100% of FPL	13,482	768	768	252	85,549,814	85,549,814	92,270,179
4	100% to 116.67% of FPL	9,629	947	947	396	55,331,359	55,331,359	60,540,802
5	116.67% to 133.34% of FPL	8,861	1,155	1,155	629	46,589,501	46,589,501	50,971,399
6	133.34% to 150% of FPL	7,495	1,329	1,329	982	38,844,602	38,844,602	41,483,415
7	150% to 155.83% of FPL	2,065	1,509	1,509	1,188	9,364,602	9,364,602	9,992,556
8	155.83% to 161.66% of FPL	1,843	1,513	1,513	1,181	7,190,507	7,190,507	7,819,229
9	161.66% to 167.49% of FPL	1,630	1,910	1,910	1,535	7,090,185	7,090,185	7,732,616
10	167.49% to 173.32% of FPL	1,375	2,045	2,045	1,694	5,924,145	5,924,145	6,447,189
11	173.32% to 179.15% of FPL	1,174	2,168	2,168	1,834	4,484,670	4,484,670	4,929,439
12	179.15% to 185% of FPL	1,228	2,728	2,728	2,194	5,149,942	5,149,942	5,744,796
13	185% to 192.5% of FPL	1,164	2,326	2,326	2,101	3,638,720	3,638,720	3,988,385

14	192.5% to 200% of FPL	1,166	2,769	2,769	2,538	3,973,795	3,973,795	4,304,754
15	200% to 215% of FPL	1,319	2,927	2,927	3,000	3,874,765	3,874,765	3,930,828
16	215% to 230% of FPL	935	2,841	2,841	3,298	2,431,341	2,431,341	2,215,610
17	230% of FPL to 85% SMI	1,544	3,281	3,281	4,138	4,364,372	4,364,372	3,309,378
18	85% SMI to the standard	0*	NA	5,190	6,596	NA	4,428,885 to 10,548,705	2,493,596 to 5,948,755
Total		85,502				515,660,634	Range: 520,089,519 to 526,209,339	Range: 552,617,892 to 556,073,051

Sources: 2018 American Community Survey, Florida Department of Education Office of Early Learning, and authors' calculations

*The number of families receiving CCDF in income group 18 is 0 for the current co-pay schedule. Under the extended and alternative co-pay schedules, this would increase to a range of 1,544 to 3,798.

Calibrating the alternative co-pay schedule

As discussed in Section III, the k-parameter of the alternative extended co-pay schedule in equation 1 can be adjusted to alter effects on the total government spending and costs to individual families.

Table 2 shows the average costs to the family at each income level and the total government spending under each alternative: the current co-pay and three alternative co-pays (k=2, k=3, and k=4). As the table demonstrates, k=2 results in savings to the government. The estimated total cost of the program relative to the current co-pay schedule is estimated to decline by a range of \$3.2 million to \$5.6 million. It comes at a trade-off. With k=2, all eligible families that fall into income brackets four or higher (corresponding to income above 100 percent of FPL and below 85 percent of SMI) would pay higher co-pays. In contrast, if k=4, then families at almost all income levels pay lower out-of-pocket expenses compared to the current co-pay schedule. For example, a family in the 150 percent to 155.83 percent of FPL (income bracket 7) currently pays, on average, \$1,509 per year in co-pays. If it were k=2 instead, their average annual co-pay would increase to \$2,063, but with k=4 the average co-pay would decrease to \$688 per year. However, k=4 is the most expensive alternative; the total government costs are estimated to be \$56.8 million to \$61.2 million larger than the current co-pay, which equates to 11.0 percent and 11.9 percent increase in spending, respectively.

Table 2: Adjusting K-Parameter—Average Costs to Individual Families and Total Costs to the Government: Simulated FY 2020

Income Bracket	Description	Average Annual Costs to the Family				Total Annual Direct Government Costs			
		Current Co-pay	k=2	k=3	k=4	Current Co-pay	k=2	k=3	k=4
1	0 to 50% of FPL	401	116	17	3	161,943,536	167,614,450	169,544,581	169,817,233
2	50% to 75% of FPL	584	394	93	22	69,914,777	71,817,319	74,899,142	75,625,988
3	75% to 100% of FPL	768	768	252	84	85,549,814	85,539,349	92,270,179	94,464,293
4	100% to 116.67% of FPL	947	1,016	396	156	55,331,359	54,764,844	60,540,802	62,773,598
5	116.67% to 133.34% of FPL	1,155	1,385	629	288	46,589,501	44,909,769	50,971,399	53,688,291
6	133.34% to 150% of FPL	1,329	1,872	982	519	38,844,602	35,370,300	41,483,415	44,626,925
7	150% to 155.83% of FPL	1,509	2,063	1,188	688	9,364,602	8,312,942	9,992,556	10,940,262
8	155.83% to 161.66% of FPL	1,513	1,969	1,181	714	7,190,507	6,526,456	7,819,229	8,575,112
9	161.66% to 167.49% of FPL	1,910	2,503	1,535	947	7,090,185	6,333,212	7,732,616	8,571,614
10	167.49% to 173.32% of FPL	2,045	2,683	1,694	1,076	5,924,145	5,216,702	6,447,189	7,204,394
11	173.32% to 179.15% of FPL	2,168	2,804	1,834	1,208	4,484,670	3,925,238	4,929,439	5,570,239
12	179.15% to 185% of FPL	2,728	3,313	2,194	1,461	5,149,942	4,578,012	5,744,796	6,499,100
13	185% to 192.5% of FPL	2,326	2,952	2,101	1,505	3,638,720	3,111,056	3,988,385	4,594,332
14	192.5% to 200% of FPL	2,769	3,486	2,538	1,861	3,973,795	3,319,740	4,304,754	5,000,819
15	200% to 215% of FPL	2,927	3,858	3,000	2,348	3,874,765	2,936,680	3,930,828	4,676,607
16	215% to 230% of FPL	2,841	3,950	3,298	2,774	2,431,341	1,648,289	2,215,610	2,667,058
17	230% of FPL to 85% SMI	3,281	4,813	4,138	3,585	4,364,372	2,340,552	3,309,378	4,105,083
18	85% SMI to the standard	NA	7,167	6,596	6,092	NA	1,762,878 to 4,205,664	2,493,596 to 5,948,755	3,142,000 to 7,495,409
Total						515,660,634	Range: 510,027,788 to 512,470,574	Range: 552,617,892 to 556,073,051	Range: 572,542,948 to 576,896,357

Sources: 2018 American Community Survey, Florida Department of Education Office of Early Learning, and authors' calculations

Section V: Discussion and Conclusion

High-quality childcare is unaffordable for more than half of parents in the United States. Government subsidizes the cost of childcare for working parents directly through the Child Care and Development Fund. However, the continuing eligibility requirements of the CCDF subsidy program pose challenges to economic self-sufficiency. The termination of a subsidy often occurs before families can afford the full cost of childcare, placing families in precarious financial situations. This can become a disincentive for career advancement, which runs contrary to the purpose of the program. This disincentive can result in families having to choose between high-quality childcare and employment. In response, a working adult may opt out of the labor force, choose not to advance credentials that would lead to higher-wage positions, or turn down promotions because it is not in their family's financial or practical best interest to do so. The problem of finding affordable childcare has only been exacerbated by the recent COVID-19 pandemic. Government-mandated business shutdowns and social distancing measures led to a huge negative supply shock of childcare providers in the country, and the loss of revenues will likely result in many childcare facilities closing their doors permanently.

In this paper, we illustrate two problems with the CCDF program using the case study of Florida—affordability and the benefits cliff. The CCDF program rules allow the exit income threshold to be set at no higher than 85 percent of SMI. In this analysis, we argue that this threshold is too low for most families and that it should instead be set according to families' ability to afford a set of basic expenses. We find that only 3 percent of Florida's population live in counties where a family with two adults and two young children can afford the full cost of childcare at 85 percent of SMI without sacrificing other basic needs. Furthermore, the distance between the current eligibility threshold and the amount needed to afford a basic set of expenses varies extensively by county. The average estimated disparity between the 85 percent SMI eligibility threshold and the amount of additional income needed to afford all expenses is \$11,000 across all counties for such families; the maximum difference for an individual county is \$28,000. These numbers reinforce the need for states to be able to adjust eligibility thresholds according to the cost of living in different areas.

The second problem we address is the benefits cliff. The CCDF program in Florida lacks a smooth phaseout schedule, which creates benefits cliffs for some families. For example, a family of four with two young children that crosses the income eligibility threshold stands to lose \$16,000 in Palm Beach County, one of the most expensive counties in Florida, due to an abrupt loss of the subsidy.

To address these issues, we propose two alternatives co-pay schedules for the CCDF program in Florida. Our first proposed alternative addresses the affordability issue by extending the eligibility threshold to the level of income at which a family can afford paying for childcare without decreasing the basic standard of living. The costs for a basic standard of living vary at the county level. In the rare case that the alternative threshold is below the current threshold, we suggest maintaining the current threshold so that no families are made worse off. The first proposed alternative extrapolates the current co-pay schedule of the CCDF program in Florida to this new eligibility threshold. This extends eligibility to those near the current income limit without affecting any other families in the program. We estimate that between 1,544 and 3,798 additional families could be helped under this alternative. The upward bound on the estimated annual additional cost of this change is between \$4.4 million to \$10.6 million (1.0 percent to 2.1 percent).

The second proposed alternative addresses both the affordability problem and the cliffs effect problem. It features a co-pay schedule that is different from the current co-pay schedule across the entire income distribution and features a smooth subsidy phaseout schedule. This eliminates the CCDF benefits cliff entirely. In our model, parameter k controls the degree with which co-pay increases with income. We show how parameter k can be calibrated to minimize direct costs to the government. Although costs to the government can be decreased by setting parameter k to 2, we suggest setting the phaseout k -parameter to 3. This parameter choice would leave almost all families better off at relatively low additional costs to the government.

The additional costs incurred by either alternative are not without significant potential reward. Studies have found that investments in childhood development significantly increase cognitive development and earnings potential as adults. Thus, such investments will likely result in better long-term outcomes for these children. Moreover, smoothing the CCDF benefits cliff can potentially increase the economic mobility of low- or moderate-income families for whom childcare is unaffordable. Increased income among parents and increasing income among low-income children as adults would create long-run returns to the government in the form of reduced government assistance, higher income tax, and higher sales taxes.

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Appendix A: Most Common Family Types

Appendix Table 1: 10 Most Common Family Types among Families with Children in the United States and Florida

Family Type	Share of U.S. Families with Children	Share of Florida Families with Children
2 adults, 2 children	25.0%	23.2%
2 adults, 1 child	23.7%	25.6%
2 adults, 3 children	10.2%	8.8%
1 adult, 1 child	9.0%	10.1%
3 adults, 1 child	6.6%	7.5%
1 adult, 2 children	5.8%	6.0%
3 adults, 2 children	3.7%	4.1%
2 adults, 4 children	3.2%	2.4%
1 adult, 3 children	2.3%	2.3%
4 adults, 1 child	2.1%	2.6%

Source: 2019 American Community Survey

Appendix B: Eligibility for Major Public Assistance Programs and Tax Credits

In this appendix we first discuss all public assistance programs for which the hypothetical family with two adults and two children would be eligible in Palm Beach County, Florida, at different income levels. We then isolate childcare-related programs and discuss how they can come together to help families afford quality childcare. The graphs here do not include living costs, however. Despite the assistance from the government, families can still face financial hardship depending on their overall expenses.

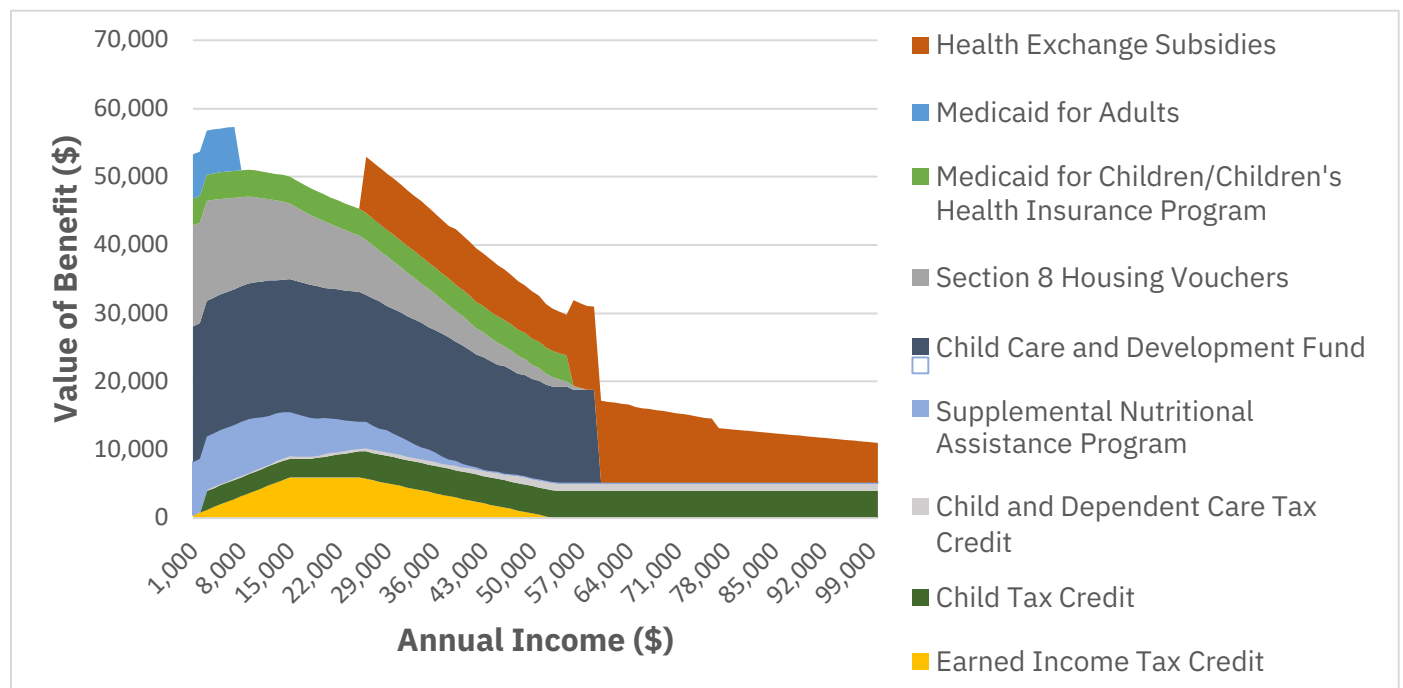
All major public assistance programs and tax credits

Appendix Figure 1 shows what public assistance programs and tax credits a family with two adults and two children can receive at different income levels and how the value of assistance changes with income. At a very low-income level, a family is eligible for the subsidized health insurance through Medicaid, housing assistance through the Housing Choice Voucher (Section 8), food assistance through SNAP, energy assistance through the Low-Income Energy Assistance Program (LIHEAP), and childcare assistance through the CCDF subsidy.

All public assistance programs phase out when income increases. Florida is a state that did not expand Medicaid eligibility under the 2014 Affordable Care Act. Therefore, parents lose access to Medicaid once their income reaches \$8,032 (32 percent of the federal poverty level for the family of four) and they fall in the so-called Medicaid coverage gap. Parents gain subsidized health insurance through the Marketplace (ACA subsidies) once their income reaches \$26,200 (100 percent of the federal poverty level for the family of four).

A number of federal tax credits are available for the family. The Earned Income Tax Credit is refundable, meaning that families can claim it even if they do not pay federal income tax. A small portion of the Child Tax Credit is refundable and therefore available for low-income families. However, in order to claim full credit, families must have a federal tax liability that exceeds the size of the credit. Child and Dependent Care Tax Credit (CDCTC) allows families to deduct certain childcare-related expenses while calculating their tax liabilities. However, federal CDCTC is nonrefundable credit and therefore not available for low-income families that do not have federal tax liabilities.

Appendix Figure 1: Public Assistance Programs and Tax Credits by Employment Income



Note: Family of four in Palm Beach County, Florida, with children aged two and three.
 Source: Policy Rules Database (Ilin and Terry, 2021)

At the eligibility threshold for CCDF (85 percent of SMI), families are ineligible for most major public assistance programs (Housing Voucher, SNAP, Medicaid for adults and children) and for EITC. Families are still eligible for the ACA subsidy and can claim the Child Tax Credit and Child and Dependent Care Tax Credit.

Childcare-related public assistance programs and tax credits

Appendix Figure 2 isolates public assistance programs and tax credits that are targeted specifically for working families that need childcare for their children.

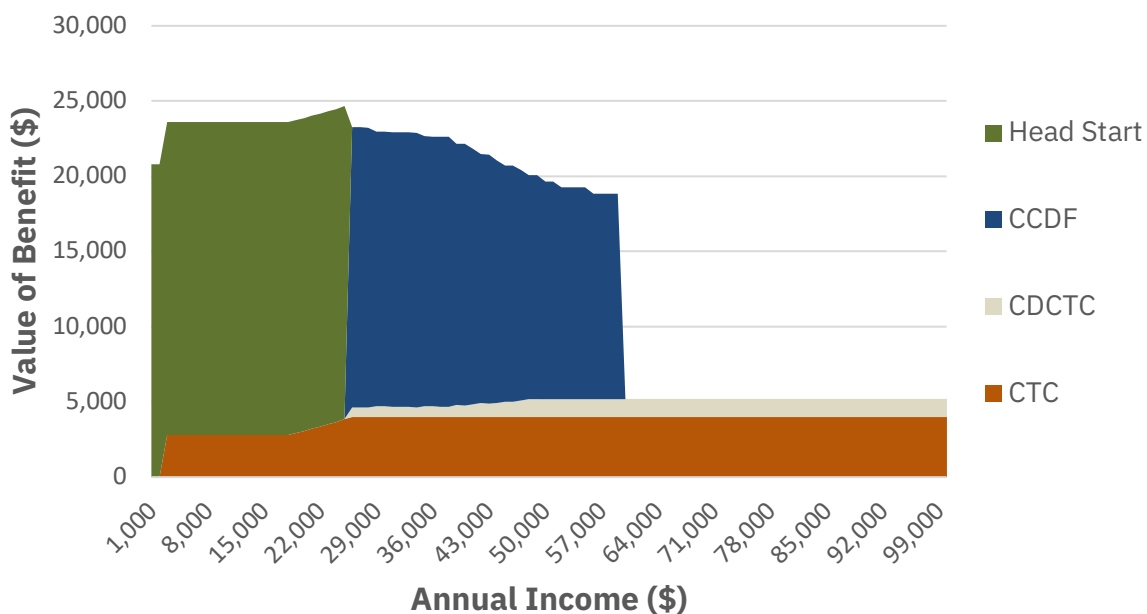
Tax Credits

The two federal tax credits aimed specifically at families with children are the Child Tax Credit (CTC) and Child and Dependent Care Tax Credit (CDCTC). Prior to the recently passed American Rescue Plan Act of 2021 (APRA), the federal CTC eligibility rules were the following. Up to \$2,000 per child under age 17 can be claimed for up to two children; if the credit

exceeded taxes owed, families still may receive up to \$1,400 per child as a refund. Income had to be above \$25,000 and below \$280,000 for single parents and \$480,000 for married couples, after which the tax credit began to phase out by 5 percent. These 2020 rules are depicted in the graph below. Families with working adults may be able to get back some of the money they spent on childcare expenses by claiming CDCTC. The credit is 20–35 percent of qualified expenses, and the exact percentage depends on the adjusted gross income. The maximum amount of qualified expenses a family can claim is \$3,000 for one qualifying child and \$6,000 for two or more.

A limitation of the CDCTC is that it is nonrefundable. Thus, it is only available to families who owe taxes. Therefore, while the CDCTC provides a higher tax credit to lower-income taxpayers, many low-income taxpayers do not have tax liabilities and therefore receive little or none of the tax credit. Both tax credits also exist in slightly different forms in many states that have state income tax. A strength of the CDCTC is that, unlike CCDF subsidies, tax credits are part of the tax code and thus are available to all who qualify.

Appendix Figure 2: Head Start, CCDF Subsidy, and Tax Credits by Employment Income



Note: Family of four in Palm Beach County, Florida, with children aged two and three. Rules are as of 2020.

Source: Policy Rules Database (Ilin & Terry, 2021)

Appendix Figure 2 also shows how the value of tax credits changes as income increases. First, families with income below \$2,500 are ineligible for CTC. Second, because

only \$1,400 out of the \$2,000 maximum per child is refundable, the value of the CTC gets larger as income increases up until it reaches \$2,000 per child (\$4,000 in total for the hypothetical family shown). The CDCTC is not refundable at all. Therefore, the gray area on Appendix Figure 2 appears at the point when the family begins to pay federal income tax, at approximately \$30,000. The share of qualifying care expenses for the CDCTC declines with income gains, which results in a small change in the value of CDCTC with income gains for this family.

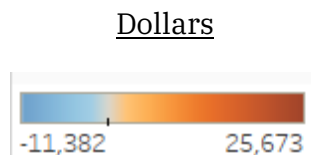
Head Start

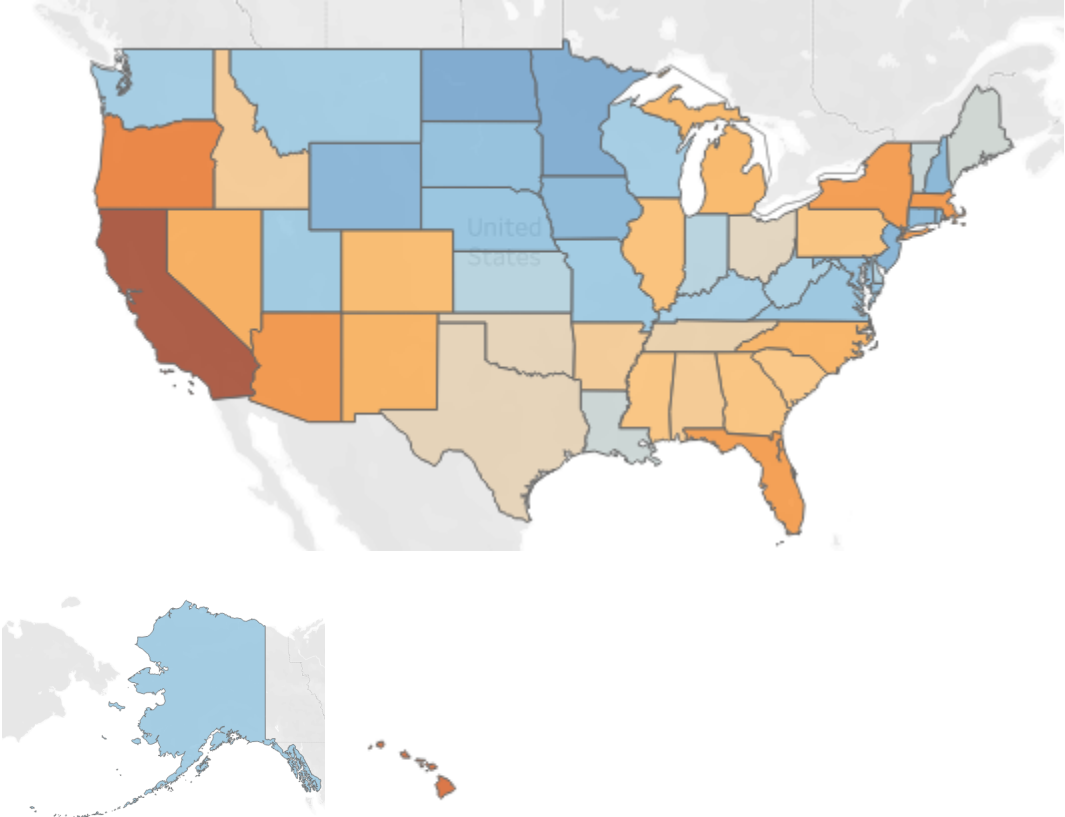
In addition to the CCDF subsidies, Head Start is another federal program that helps working parents who need childcare. Head Start is a program administered by the U.S. Department of Health and Human Services and provides free early childhood education to low-income children and families. Families must have income below 100 percent of the federal poverty level in order to qualify for the program. Head Start (and Early Head Start) are available for children under the age of five. Appendix Figure 2 shows the value of Head Start for our hypothetical family with two children aged two and three if their income is below the eligibility threshold. If the family is above the threshold for Head Start, the chart shows the value of the CCDF subsidies. Compared to Head Start, which is a free program, parents must pay a co-pay if they participate in the CCDF subsidy. Therefore, the total value of a subsidy declines when the family switches from the Head Start to CCDF program.

Appendix C: SMI Versus the Standard across the United States

Appendix Figure 3 shows the average standard minus the exit eligibility threshold of 85 percent SMI for a family of two adults and two children aged two and three across the United States. In North Dakota, the standard is \$11,382 lower on average than 85 percent of SMI whereas in California, the average standard is \$25,673 higher than 85 percent of SMI.

Appendix Figure 3: The Standard Minus 85 Percent SMI





Sources: University of Washington, U.S. Census Bureau, and authors' calculations

leap fund

**Calculator Pilot Learnings and Coaching During COVID-19 Insights
October 2020**

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Executive Summary

What a benefits cliff is

People face a benefits cliff when they receive public benefits from the government, earn a raise, and then discover that they make too much money to receive the benefits. But they are not making enough money to sustain themselves and their household.

Leap Fund exists to find, bridge, and eliminate benefits cliffs, and create a path towards self-sufficiency and financial independence.

Learnings from Leap Fund's pilot

Leap Fund's calculator, designed with clients and coaches, reflects how changes in income, hours, or household size may impact benefits eligibility. We recruited 10 coaching organizations, including financial, employment, workforce development training coaches; social workers, and case managers to participate in Leap Fund's Benefits Cliff Calculator Pilot.

Leap Fund's key learnings included:

- Close to 50% of clients were aware of benefits cliffs, and 1 out of 4 clients made decisions out of fear of hitting them
- Leap Fund's Calculator program adds minimal time to coaching sessions, with some unanticipated additional use cases
- Overall, the pilot was well-received, with multiple impacts on client decision making

Insights on how coaching has changed during COVID-19

During the pilot, we realized that we were witnessing a change rippling across coaching organizations, and that we had a front row seat to it all. Here are the key insights we found, about the ways that coaching has changed during COVID-19.

New fears for clients

- reactive triage sessions, not long term planning
- unemployment a top concern

Time spent differently

- time is now spent on different tasks
- conversations are shorter, tech takes longer
- people are lonely and scared

The new tech world

- orgs needed to implement new digital tools quickly
- building trust virtually is hard, but possible
- privacy is a struggle
- technology is a challenge on multiple fronts

The future of coaching

- working remotely has positives
- new clients are emerging
- new ways of working are being testing right now

Leap Fund's new Calculator Program

Leap Fund's Calculator Program enables coaches to meet the moment with clients:

01	Nationwide reach	<ul style="list-style-type: none">• Predict benefits cliffs
02	Up-to-date information	<ul style="list-style-type: none">• Surface benefits eligibility
03	Improve conversation quality	<ul style="list-style-type: none">• Remove stigma and anxiety
04	Deeper impact	<ul style="list-style-type: none">• Plan for changes before they happen

Learn more about how you can incorporate Leap Fund into your existing coaching services, to help your coaches create meaningful touchpoints, and deeper impact, with clients. Find us at myleapfund.com or email us directly info@myleapfund.com

Learnings

Leap Fund Calculator Pilot

Who we are

People face a benefits cliff when they receive public benefits from the government, earn a raise, and then discover that they make too much money to receive the benefits. But they are not making enough money to sustain themselves and their household. Leap Fund exists to find, bridge, and eliminate benefits cliffs, and create a path towards self-sufficiency and financial independence.

Leap Fund's calculator, designed with clients and coaches, reflects how changes in income, hours, or household size may impact benefits eligibility.

Leap Fund's calculator pilot program included onboarding, resources, guides, and scripts. Our goal was to collect data and feedback on benefits, benefits cliffs, and client impact. Leap Fund collected feedback via surveys, 1:1 interviews, feedback forms, and email. The pilot program took place over 4 week sprints between March - August 2020, with the option to renew after each sprint ended. During the pilot, coaches used the calculator with clients that were benefits recipients, or potentially eligible for benefits.

Who participated

Nationwide

Cara, Chicago

Catalyst Miami

Circles: Davis County, Green Bay

**Episcopal Community Services,
Philadelphia**

**The Directors Council: Evelyn K. Davis
Center for Working Families, Financial
Empowerment Center @ EKD, Oakridge
Neighborhood Services, Des Moines**

NYC-specific

CUNY Hollis Gardens

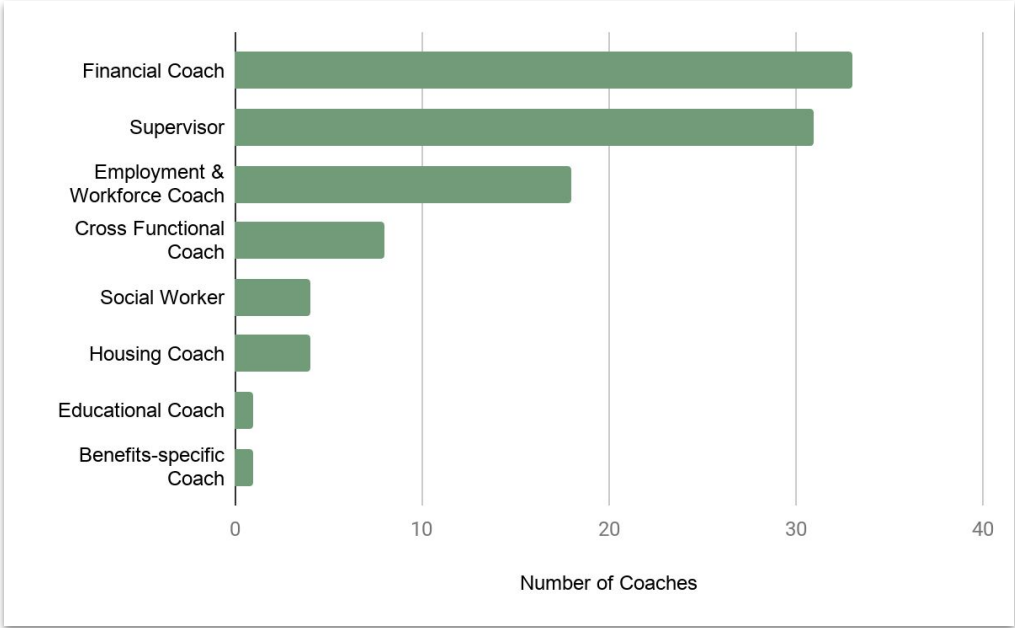
**Neighborhood Trust
Financial Partners**

**New York Legal
Assistance Group**

Per Scholas

The HOPE Program

Who participated by role



Onboarding experience

Our 2-½ hour onboarding process, spread across 4-10 days (based on partner needs), included a live webinar, a guidebook, coach testing period, and a pre-client Q&A session.



70%

reported the onboarding being really helpful



74%

reported it was important to have a testing period with the calculator



61%

reported the guidebook being really helpful

“I thought onboarding was really thorough, and that we really got the tool by the end of the experience. My team members were really prepared to use the tool.”

Calculator use across the cohort

We trained **77 coaches and supervisors** to use the calculator.

Coaches had 3,682 client sessions, and spoke about benefits, benefits cliffs or used calculator with 156 of them (4.2%). Coaches used the calculator with 90 clients (2.4%).

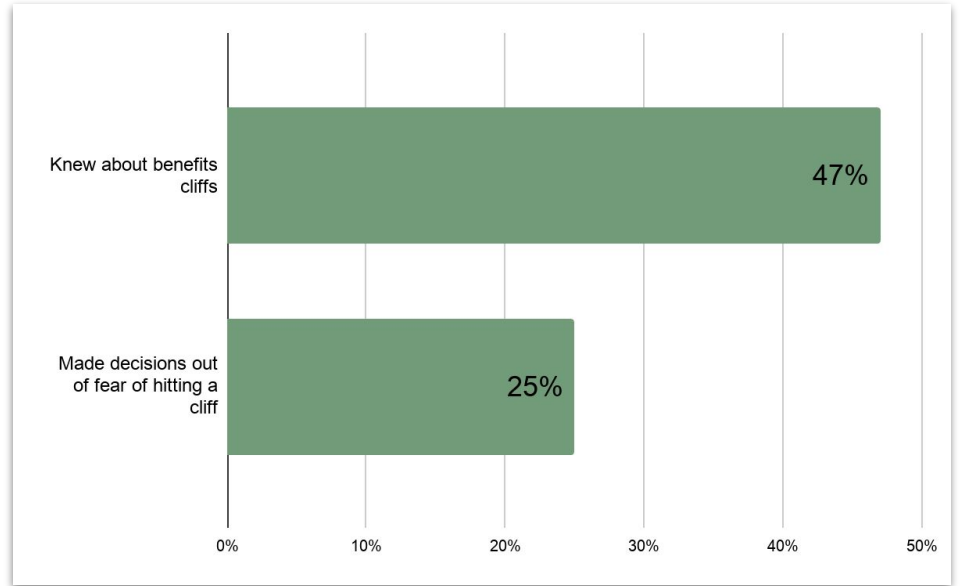
Cohort client trends with calculator use:

- 46% of clients had children in their household, 75% of which were single parents
- 82% of clients already received benefits
- 46% were not employed, but only 13% were receiving unemployment
- 64% of clients were female
- Less than 6% had healthcare subsidized by employer

Benefits cliff understanding

Coaches asked clients about their understanding of the concept of benefits cliffs, and whether they had made decisions based on the fear of hitting a benefits cliff.

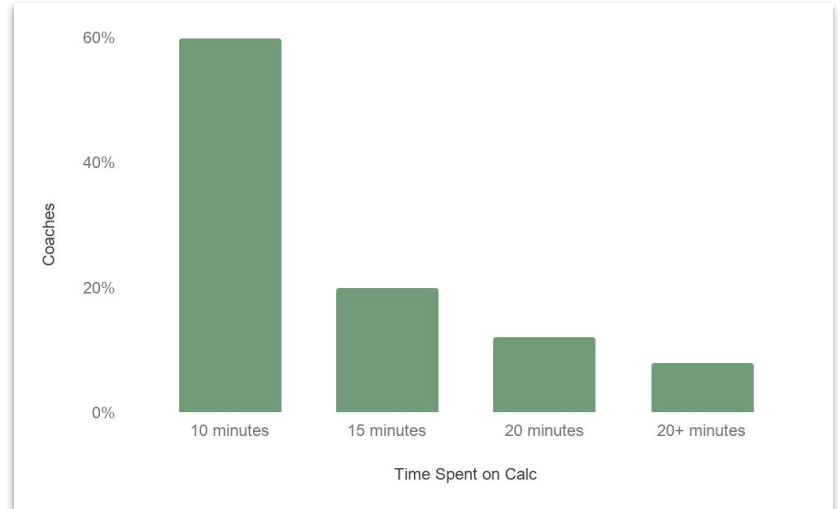
Close to 50% of clients were aware of benefits cliffs, and 1 out of 4 clients made decisions out of fear of hitting them.



Calculator time in sessions

One of the concerns we heard partners express at the outset was that the calculator would add too much time to sessions. What we learned is that **Leap Fund only adds between 10-15 minutes to sessions for 80% of coaches.**

Coaches have reported spending hours searching for benefits regulations and running their own calculations. Overall, Leap Fund saves time in sessions.



“I view myself as tech savvy, and would look on Google to find benefits regulations, but would end up doing the math myself. I haven't seen any cliff calculator like this.”

Calculator use impacted client decision-making

Most commonly coaches reported using the calculator in the following situations, with outcomes that included:

- **Illuminating benefits cliffs** for a variety of scenarios
- Showing **eligibility for public benefits** like SNAP
- **Removing anxiety and stigma** with data driven output page
- Surfacing **benefits impact of earning more** income
- **Informing job search** parameters
- **Preparing salary negotiation** for raise

“Some people don't want the stigma of being on benefits. But when they see the numbers put in a budget, that's where reality sets in for them and it's a powerful visual.”

Feedback

What partners said

“The Leap Fund Calculator created space for new conversations and insights that can be actionable for my clients.”

“This has been a good tool for ‘what ifs’. Most of the feedback has been around adjusting certain types of income. Like, ‘what if I gain custody of my son?’ With the calculator I can predict and [adjust for that].”

“We felt really alone dealing with these cliffs, and wondered if anyone else knows about this stuff. You’re the first group we’ve worked with that’s acknowledging this and understands it.”

Feedback

**A pandemic is a
difficult time to pilot**

“COVID-19 significantly impacted client finances in loss of wage income, increase in expenses, and benefits they receive. It changed the types of financial counseling services they are seeking.”

“During COVID-19, uncertainty became the focus of sessions. During normal times it would be easier to incorporate the calculator, but now, it’s not as easy to do.”

Key Insights

Coaching during the time of COVID

Insights on how coaching has changed during COVID-19

During the pilot, we realized that we were witnessing major changes rippling across coaching organizations, and that we had a front row seat to it all. Here are the key insights we found, about the ways that coaching has changed during COVID-19.

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- conversations are shorter, tech takes longer
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The new tech world

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- building trust virtually is hard, but possible
- privacy is a struggle
- technology is a challenge on multiple fronts

The future of coaching

- working remotely has positives
- new clients are emerging
- new ways of working are being testing right now

**COVID-19 brought new fears
to the forefront for clients**

Insight 1

Clients focused on reactive triage sessions, not long term planning

Top client concerns amidst COVID-19 include:

- **Emergency & direct support, connecting clients to resources:** food, rent, accessing emergency funds, and government benefits like PUA, EBT, stimulus checks, and CARES act.
- **Unemployment:** finding work, filing unemployment claims, and adjusting to reduced work.
- **Children:** navigating remote school with work, supporting children with school, device sharing with children, and hard parenting decisions around childcare and work.

“One of my clients is a mom of three and her childcare shutdown for a while -- does she go to work and bring her child to someone else?

Clients are making these hard parenting decisions, weighing work, childcare, and making the best decision for their family to keep them safe. ”

Insight 2

Unemployment was top concern during COVID-19

Changing circumstances during COVID-19 meant that some clients had lost everything, and were unconcerned about cliffs in the immediate

- Many clients were unemployed, and were therefore not anticipating an increase in income
- Less clients were job searching because they felt safer receiving unemployment benefits, than the risk of what might happen in a new job
- Those who were employed were less likely to be offered a raise

Time spent differently

Insight 3

Time is spent differently now, between coach and client

More work is being done outside sessions for both the client and coach, and there's a lot more back and forth in-between sessions via text and email.

“Instead of one-hour straight, sessions have become ongoing conversations that happen over days.”

Insight 4

Conversations are shorter, but tech eats up session time

Transferring or accessing documents virtually can be time-consuming, and according to some organizations, triple the length of a session.

“Something that would have taken 20 minutes in-person can be an hour and half, because we have to switch to digital files, and train the client to encrypt and send their documents”

“Doing something dynamic and engaging in Zoom can be exhausting, and people check out quickly. Zoom fatigue is real. People are making choices, either spreading things out, or shortening their sessions.”

Insight 5

People are lonely and scared

Especially in the beginning of pandemic, people just needed someone to talk to.

“I can always tell who lives with a lot of people and who doesn’t, because people who are living alone are desperate for small talk. Especially clients who are unemployed, I have biweekly sessions where we can talk about nothing, but it’s a constant for them.”

It's a brave new tech world

Insight 6

Pressure mounted to find and implement digital replacements quickly

Coaching organizations scrambled to adjust to remote environment, and to secure digital replacements for in-person processes.

- Tech limitations and privacy & safety concerns hindered ability to share documents. Most orgs upgraded to e-signature tools to collect consent forms and waivers
- When documents weren't easily shared, coaches struggled to interpret what they couldn't see
- No walk-ins forced some orgs to get creative with publicizing availability and scheduling appointments

“When people get to experience full in-person coaching, it’s almost like going to a spa, it was so intensely powerful, like rocket fuel. Everyone’s being creative and resourceful, but the deep heartfelt bond that can happen is missing.”

Insight 7

Building trust virtually is hard, but achievable

Organizations struggled with the “delicate dance of building rapport.”

- Before COVID-19, in-person ‘water cooler’ moments helped build relationships and trust
- Over the phone, clients may feel less comfortable sharing financial information (esp their 1st time)
- Now, organizations are rethinking touchpoints for clients, like including multi-step communications before the first session, to build trust virtually

“I didn't think we could build community in a digital space, but we found that we have been able to build community online. We were **underestimating ourselves and students ability to adapt.”**

Insight 8

Coaching is now taking place in your home – it's awkward for everyone

Remote sessions opened new privacy concerns as coaches and clients had to share documents and themselves in new ways.

- Clients and coaches struggled with how to safely review and exchange documents
- Many clients struggled to find privacy in their own home to talk to coaches
- For some, Zoom felt like an invasive window into their home, and not all coaches wanted to be sharing their home with clients

Insight 9

Technology is still a challenge on multiple fronts

Technological access and proficiency defined the experience for coaches and clients in a variety of ways.

- **Clients lack access to technology**, especially computers and internet
- **Many clients have access, but in a limited capacity**, for example, sharing devices with other family members and lacking consistent access to high quality broadband
- **There is a learning curve for some clients on how to use the available technology**, and coaches have to dedicate time to teaching digital literacy
- **Most clients are communicating with coaches via their mobiles**, which limits what a coach can accomplish in a session, especially as it restricts a coaches ability to screen share.

“Our organization started with tech recycling, and redistributing computers to low income communities. Seeing that tech is more accessible than ever, we thought that gap had gone away, but in fact, it’s still very prevalent. Our expectation of what people can do virtually is based on our own privilege.”

A new future for coaching

Insight 10

Working remotely has changed how coaching works

Organizations have found many positives to remote coaching, that they hope to incorporate going forward.

- **Coaches' lives are more efficient**, with less travel time and less busy work
- **Clients are learning digital literacy**, an area of increasing importance
- **Organizations are redefining success metrics**, and are finding new ways to monitor progress when they can't rely on "seeing" it happen.
- **Organizations have increased access to policy makers**, who are more willing to engage and work with them and their clients virtually

Insight 11

Virtual coaching opens doors for new types of clients

Remote coaching has opened the doors for a new demographic of people to access services, including:

- **Working folks**, who no longer need to take off work hours to meet in person with coaches
- **Parents, specifically mothers**, who no longer need to rely on childcare to meet with coaches
- Those who **live far away** from the organizations
- **Justice involved population**, who were harder to serve with an in-person model

“We’re taking a big look at what practices we’d like to go back to in-person because there’s a real sense of loss, and what things we’re going to keep remote because efficiencies are so great and delivery is just as good.”

Insight 12

COVID-19 has provided a fertile testing ground for new ways of working

Most organizations expressed using a hybrid remote / in-person model going forward.

Organizations expressed creativity and excitement around the ways to rethink and restructure classes, coaching sessions, recruiting and onboarding, and are in fact testing out these hybrid models on the ground now (it's not just theory!).

“I'm convinced remote service is here to stay.”

The Updated Leap Fund Program

The Calculator Beta Program

Leap Fund's Calculator Program enables coaches to meet the moment with clients:

01	Nationwide reach	<ul style="list-style-type: none">• Predict benefits cliffs
02	Up-to-date information	<ul style="list-style-type: none">• Surface benefits eligibility
03	Improve conversation quality	<ul style="list-style-type: none">• Remove stigma and anxiety
04	Deeper impact	<ul style="list-style-type: none">• Plan for changes before they happen

The Calculator Beta Program

Our calculator works **nationwide**, and is ideal for organizations with **existing coaching programs**.

We partner with:

- **Financial** coaching
- **Employment** coaching
- **Housing** coaching
- **Workforce Development** coaching
- Social Workers
- Case Managers

The Calculator Beta Program

Join our waiting list!

We're currently running the Calculator Program in a closed Beta with ~40 partners. We'll be aiming to invite new partners to the program in late-2021 / early-2022. If you're a coaching organization that would like to discuss joining our program, let us know, and thank you so much for your interest.

Find us at myleapfund.com or email us directly info@myleapfund.com

Thank You!



U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON RULES
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U.S. HOUSE OF REPRESENTATIVES
Committee on Rules

**ROUNDTABLE: “Ending Hunger in America: Food Insecurity
in Rural America”**

December 8, 2021

Testimony: House Rules Committee Roundtable

December 10, 2021

Melissa Sobolik, CEO, Great Plains Food Bank

Thank you Mr. Chairman, Ranking Member Cole, members of the committee and fellow panelists. It is an absolute privilege to be with you today to shed some light on the often hidden issue of rural hunger.

I grew up on a farm outside of the small town, Courtenay, ND. My parents farmed small grains with my uncle and grandpa. I grew up PROUD of my rural, farming background; my family was growing food to feed the world. How could you not be proud of that? Sure, there were hard times...but I never went hungry. Only much later in my life did I find out I received reduced price school lunches.

After graduating, in my small class of 8, I attended Concordia College in Moorhead, MN. Through all 4 years, I worked 1 to 2 jobs. I thought that was normal and that I was a typical, struggling college student.

The first job I sought out was with the college catering department...honestly, because I knew I would get a leftover meal at the end of my shift.

I also had an off campus job and remember how excited I would get when coworkers would bring in baked goods to share, often sticking extras into my bag. In that moment, I never thought of myself as food insecure or hungry – this was just my reality.

Looking back, I see I was really good at hiding it. I never threw away an empty cereal or mac and cheese box. When they were empty, I'd close the boxes back up and put them in my cupboard; so that when family or friends came over and they'd look in my kitchen they wouldn't know that anything was wrong. And I never thought anything was wrong. Eventually at the recommendation of a family member, I applied for and received SNAP benefits.

I haven't shared these personal stories before – they were a moment in my life where I did what I had to do. It was survival, not intentional. It was a temporary situation, not my identity. To this day, call it prairie pride or something else, I never considered myself a food insecure person, even though by definition I was.

And I think that's one of the reasons **hunger hides in plain sight in rural communities**. We are proud. We don't let it define us or beat us. **We grow food to feed the world, so how can we be hungry at the same time?** We have family and friends and neighbors who will help pick us up when we need it most.

That's what I see and hear from those that I have the honor to serve in my role as CEO of the Great Plains Food Bank.

We are the only food bank in the entire state of North Dakota and Clay County, Minnesota. In our 38 years, we have recovered surplus that would otherwise go to waste and got it into the hands of those who need it through a network of charitable feeding programs and direct service programs.

Pre COVID, we served 102,000 people with 12.7 million meals. In 2020, we served 50% more people, a record of 153,495 individuals, that's 1 in 6 North Dakotans who needed food assistance; half of them being children and seniors.

COVID had detrimental impacts on rural economies. In many small towns, there are only a handful of businesses...so if your hours got cut or you lost your job...there simply wasn't anywhere else for you to go. Or, if one person had COVID, the entire staff was quarantined. Which may have meant that the only grocery store for 60 miles was closed. And because rural communities are so close, they go to the same school, church, post office, when COVID hit one person in the community – it affected the entire town.

We at the Great Plains Food Bank operate under the philosophy that there is “no one-size-fits-all approach” to ending hunger. What works in urban areas may not work in rural or remote areas. We had to get creative delivering services and food during COVID.

We operated drive-through, contactless, mobile food pantries, we put food pantries in clinics or schools – sometimes the only infrastructure in the communities, we are piloting mailing food boxes to homebound veterans and working with our Native Nations to get culturally appropriate foods and services to them.

We are focused not only on ending hunger today, but **ENDING HUNGER TOMORROW** by addressing root causes of hunger and **ENDING HUNGER FOR GOOD** by building a future where hunger doesn't exist.

But we can't do this work alone, it takes government, public and private entities standing beside each other and working **TOGETHER** to end hunger.

Thank you.



**Written Testimony of MDC President, John Simpkins at U.S. House Committee on Rules
“Ending Hunger in America: Food Insecurity in Rural America” Roundtable
December 8, 2021**

Chairman McGovern, Ranking Member Cole, members of the committee, and fellow roundtable participants, it is an honor to be with you today to discuss the impact of hunger in rural communities across our country.

Today, I am proud to represent my colleagues at MDC. This organization began in 1967 as part of a public-private partnership between the state of North Carolina, under Governor Terry Sanford, and the Ford Foundation. Our original purpose was two-fold:

- Integrate the North Carolina workforce
- Facilitate the transition from an agrarian to an industrial economy

Now working in 13 states across the South, MDC’s understanding of economic mobility, approach to economic development, and commitment to racial and gender equity have led us to prioritize being more directly responsive to the desires of community members to have meaningful work—in any sector—that pays a life-sustaining wage and allows them to provide for the necessities of life: food, shelter, healthcare, transportation, education, rest, and recreation. We equip Southerners of all races to live lives of meaning through work that brings dignity and engagement that finds its full expression in a strong community.

To be clear, I am not here to speak on behalf of rural communities. We have heard and will continue to hear from others on this panel who can speak with greater currency and specificity than I.

That being said, I could be considered the product of a rural community—Lexington, South Carolina. In 1990, Lexington’s population was 3,300; in 2010 it was 17,7900. And today, its population has grown to 23,200.

As a result of that rapid population growth, some would now consider Lexington a suburb of Columbia, South Carolina, instead of a rural area or small town.

Therein lies part of the problem: neither residents nor government can define rural areas with certainty.

What is Rural?

What do we mean when we talk about rural areas? There are differences between the Census Bureau and the Office of Management and Budget (OMB) designations of “rural.”

In 2010, the Census Bureau reported a rural population of roughly 60 million; the rural population by OMB's definition in that same year was 46.2 million.¹

There is also a lack of agreement even among those living in areas that might be considered rural. Some see greater prestige and economic possibility in shedding the "rural" label and seek to be defined as suburban or exurban extensions of a more familiar urban area. Others embrace the rural designation as a marker of cultural and economic distinction. Regardless of how rural areas are defined, these places nevertheless should be priority areas for federal efforts to combat hunger.

Rural Community Assets

America has deep agrarian roots that inform everything about us, from our values to our language to our food. More importantly, rural communities are essential in an increasingly urban country:

- They keep us safe -- 40% of service members and nearly 25% of veterans reside in rural communities.²
- They keep us fed -- two million farms are covering America's rural landscape, and families operate 98%.³
- They keep us clothed and supplied -- with the vast growth of e-commerce, manufacturing and fulfillment centers are increasingly locating to rural areas.
- They keep us entertained and rejuvenated -- rural areas with strong recreational industries, such as southern states with year-round golfing weather, have been growing rapidly.⁴
- They keep us warm, cool, and adequately powered -- while many rural American communities have faced economic challenges, they have also recently experienced incredible growth in wind energy, solar power, and energy efficiency. Rural areas hold 99 percent of all U.S. wind capacity -- enough to power more than 25 million homes.⁵

Beyond these vital functions, other assets in rural communities include community organizations, innovation, and stewardship.

Rural Community Challenges

To be sure, rural communities are not merely repositories of deficits, but they do have challenges, which are unique compared to urban settings.

Rural hunger is but one issue that differs from the same phenomenon in an urban context and often occurs amid agricultural abundance. Hunger is a manifestation of food insecurity, which is perhaps one of the most direct social determinants (or social drivers) of health.⁶

North Carolina's Upper Coastal Plain provides an illustrative example of food insecurity and hunger challenges. North Carolina has the tenth highest rate of food insecurity in the country, with 13.5% of households experiencing food insecurity. The Upper Coastal Plain—which includes Edgecombe, Halifax, Nash, Northampton, and Wilson counties—has 20-24% of food-insecure households. An underdeveloped local food system in the area has resulted in pervasive and persistent food insecurity slowing economic and community development while contributing to increased medical costs and growing health disparities, particularly in communities of color.⁷

The prevalence of debt in rural communities, and again particularly communities of color, only increases the likelihood of food insecurity and its follow-on effects on health and health outcomes. As a member of the *Southern Partnership to Reduce Debt*, MDC collaborates with a wide range of stakeholders to generate actionable policy solutions to address what is essentially a chronic disease within our economy.

Moreover, rural communities remain disconnected from many state and federal supports due to inadequate infrastructure. This limited connectivity is both real and virtual, evidenced by inadequate transportation and limited broadband capacity. The absence of an affordable means of accessing services essentially makes them unavailable in some areas.

Even when communities work to help themselves, there are limited local resources to address rural hunger. For example, the expenditures of SNAP (the Supplemental Nutrition Assistance Program) are 20 times those of all private sources combined.⁸ And that still is not enough to prevent hunger. The experience of the Great Plains Food Bank is indicative of the need for more significant support beyond the Herculean efforts of community members alone.

MDC's work on Food Insecurity

As a partner with the *Kate B. Reynolds Trust's Healthy Places NC* program, MDC managed a learning network of community colleges focused on addressing health and wellness in the community. Below is a snapshot of the colleges' impact on their respective communities. Edgecombe, Nash, and Rockingham community colleges specifically addressed food insecurity. MDC also authored a report detailing the project: [*The Community College as Change Agent: How Community Colleges Address Health Issues in Counties Served by the Healthy Places North Carolina Initiative.*](#)

A body of evidence has shown clear links between socioeconomic status, the practice of healthy eating, and the incidence of these chronic conditions. For low-income communities, a significant barrier to healthy foods is cost. Less-healthy, energy-dense foods come at a cheaper price tag and often last longer than perishable fresh ingredients.

Although unhealthy food is often cost-effective in the short term, the long-term financial burden of chronic conditions is far greater. However, many low-income families cannot

make the initial investment of reshaping a diet due to other immediate responsibilities and demands. Beyond cost, healthier recipes also require a time investment and can become intimidating to prepare. Considering these variables, it became clear that intervention addressing diet needed to not only be cost-effective but easily implemented into the lives of community members ²:

- **Rockingham County: Edible Greenhouse.** The lead team proposed an initiative focused on empowering local farmers, educating the larger community on advanced local food production, and setting the groundwork for a system that provided an economic reward for healthier food decisions. The foundation of this project involved the development of an edible greenhouse that utilized advancements in agricultural practices to produce fresh fruit and vegetables on the college campus.
- **Nash County: Healthy Places Healthy People Dining Room.** The dining room allowed NCC to provide a space on the campus in which one of the college's culinary chefs could interactively demonstrate and teach participants how to create healthy eating options. Phase I of the HPNC initiative at NCC increased awareness and understanding of the effects of healthy eating choices through menu recipes, preparation tips, food substitution suggestions, and tasting opportunities.
- **Edgecombe County: Community Food Gardens.** The lead team began designing two community garden projects, working with their previous developer, at W.A. Pattillo Elementary School, a Title 1 school serving predominately low-income African Americans, and Iglesias Internacional Principe De Paz, a predominately Hispanic church. Constituents of both sites were trained on the garden's upkeep and provided educational materials regarding maintenance. The gardens were intended to instill a sense of responsibility that came with the reward of fresh fruits and vegetables for community members to enjoy for both sites.

Hunger is everyone's problem. Rural hunger debilitates communities, dehumanizes individuals, and deprives the country of the full expression of the gifts of our rural neighbors. It prevents us from leading lives of meaning and dignity-- lives that are fully realized in strong, healthy communities.

***About MDC:** MDC equips Southern leaders, institutions, and communities with the necessary tools and strategies to advance equity—particularly racial and gender equity—and economic mobility. For over 50 years, institutions, communities, foundations, and others across the South have turned to MDC for deep knowledge and proven tools to design, demonstrate, and sustain what works to boost members of underinvested communities to higher rungs on the economic ladder.*

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United States House Committee on Rules

“Ending Hunger in America: Food Insecurity in Rural America”

Testimony of Chris Bernard, JD
Executive Director
Hunger Free Oklahoma

December 8, 2021

Chairman McGovern, Ranking Member Cole, and distinguished members of the House Committee on Rules thank you for the opportunity to share our experiences working to end hunger in Oklahoma and rural communities. My name is Chris Bernard, and I serve as the founding Executive Director of Hunger Free Oklahoma.

Hunger Free Oklahoma’s mission is to leverage the power of collaboration to solve hunger in Oklahoma by improving systems, policies, and practices. We do not distribute food; instead, we strive to end hunger through collaboration, capacity building, technical assistance, research, and advocacy. We are also the state SNAP outreach contractor and the administrator of the nutrition incentive program, Double Up Oklahoma. We were formed 5 years ago to do exactly what our name says; make Oklahoma hunger-free. Unfortunately, Oklahoma has some of the worst food security statistics in the nation – one in seven households,¹ one in six seniors,² and one in five children are food insecure.³

We work to address hunger in both urban and rural settings. While work in one setting can inform work in the other, rural Oklahoma has its own unique challenges and opportunities. Rural Oklahoma is not a monolith. It includes historically Black towns, the Ozark plateau, ranch land, farm land, capitals of sovereign nations, and many other unique communities. It has a rich diversity of people, communities, issues, and solutions and there is no way for us to cover every aspect of such a unique community in the time we have today. Solving rural hunger requires a deeper and longer discussion that includes a wide array of stakeholders, which is why Hunger Free Oklahoma supports a White House conference on hunger. Yet today, I do hope to offer you some commonalities of our rural communities to inform your work as policy makers.

Over the past five years, we have seen unprecedented collaborative and individual efforts to address hunger in Oklahoma. The Regional Food Bank of Oklahoma and Community Food Bank of Eastern

¹ Feeding America. (2019). Map the Meal Gap. Available at: <https://www.feedingamerica.org/hunger-in-america/oklahoma>

² Feeding America. (2019). The State of Senior Hunger in America in 2019. Available at: <https://www.feedingamerica.org/sites/default/files/2021-08/2021%20-%20State%20of%20Senior%20Hunger%20in%202019.pdf>.

³ Feeding America. (2019). Map the Meal Gap. Available at: <https://map.feedingamerica.org/county/2019/child/oklahoma>.

Oklahoma, the Oklahoma Department of Education, the Oklahoma Department of Human Services, the Chickasaw Nation, and many others have worked tirelessly with us and others to create lasting impact. Prior to the pandemic Oklahoma's food security was improving, but even then, less than 10% of children participating in free and reduced-price lunch accessed summer meals,⁴ tens of thousands of eligible Oklahomans didn't utilize SNAP benefits,⁵ and WIC participation was declining.⁶

The barriers we see in the communities we partner with are likely no surprise to any of you. Barriers like transportation, access to broadband and technology, stigma, and limited community resources are a few of the common hurdles which we have witnessed many times over.

We see the impact of limited transportation and program rigidity on a community when the only WIC-certified store closes and the next closest is more than 20 miles away.

We see entire counties with almost no access to fresh food because of people, dollars, and ultimately stores leaving their communities for areas with more economic opportunity.

We receive calls from thousands of Oklahomans to our SNAP enrollment assistance hotline for help enrolling in SNAP because of barriers to using the online application or reaching a physical application site.

We see summer meal sites close because not enough children can get there safely, even though the data demonstrates great need.

We also see tremendous strength in rural communities despite the many barriers. Rural communities are built upon strong social connectedness and the determined, resilient, solutions-oriented people living in them.

These strengths, when leveraged, can make a huge impact.

We see partnerships like those in Enid, Oklahoma where the local library and the food bank partnered to provide critical summer nutrition and literacy programming in high need communities, boosting access and participation for both programs.

We see communities come together to address hunger through collaborations that support local food systems, build community-wide outreach projects, and target community health. Such as in Perry Oklahoma where a group of concerned local organizations started an anti-hunger coalition and secured funding to offer nutrition incentives at their local grocery store – improving nutrition security and the local economy.

We see how changes to the federal nutrition programs made during the pandemic increased household food budgets and access to meals because they removed barriers, created flexibilities, and prioritized people. We have seen what works.

⁴ Food Research and Action Center. (2019). Hunger Doesn't Take a Vacation. Available at: <https://frac.org/wp-content/uploads/frac-summer-nutrition-report-2019.pdf>.

⁵ Food Research and Action Center. (2021). Estimates of State SNAP Participation Rates in 2018. Available at: <https://fns-prod.azureedge.net/sites/default/files/resource-files/Reaching2018.pdf>.

⁶ USDA Food and Nutrition Service. (2021.) Annual State Level WIC Data, Total Participation. Available at: <https://fns-prod.azureedge.net/sites/default/files/resource-files/26wifypart-12.pdf>.

If we are really going to end hunger in Oklahoma we need the help of federal policymakers. We ask that Congress:

1. **Leverage the proven effectiveness and efficiency of SNAP and electronic benefit programs to reduce food insecurity and support local economies.** Rural SNAP participants are estimated to spend 30 percent more on food than their urban counterparts.⁷ By enhancing these programs, you are not only fighting hunger, you are also keeping local businesses open, creating jobs, and ultimately helping to hold a community together. Specific policies Congress should act upon include:
 - a. Authorize the Summer Electronic Benefits Transfer Program permanently. Past Summer Electronic Benefits Transfer Program pilots indicate that access to this benefit allows for the reduction of extremely low food security by one-third, and food insecurity by one-fifth, and improves nutrition for children.⁸ By permanently authorizing the Summer Electronic Benefits Transfer Program we can ensure that kids do not go hungry during the summer.
 - b. Ensure Supplemental Nutrition Assistance Program (SNAP) benefits reflect the costs of a healthy diet. One of the greatest challenges regarding SNAP is the benefit amount for most households is not enough to get through the entire month with enough healthy food for their family. The USDA's recent action, as directed by the 2018 Farm Bill, reviewing the adequacy and subsequently increasing the *Thrifty Food Plan* calculation is a major step in the right direction. However, this should not be a one-time action; there must be regular review and benefit adjustments.
 - c. Allow for simultaneous participation in FDIPIR and SNAP. Native Americans experience some of the highest rates of food-insecurity and diet-related chronic illnesses.⁹ FDIPIR is a commodity-based program, but, unlike other commodity-based programs such as WIC and TEFAP, simultaneous participation in SNAP is prohibited. This prohibition is inequitable and limits the potential economic impact for Native American communities.
 - d. Permanently authorize WIC program flexibilities implemented during the pandemic. Pandemic program waivers have allowed WIC to issue benefits remotely and to offer flexibilities in the WIC shopping experience, which have enabled families to use their WIC benefits more fully amidst food supply chain issues and social distancing requirements. As a result, WIC participation has increased by 2.1 percent nationally. Additionally, vouchers intended to increase WIC participants' fruit and vegetable purchasing power should remain in place or be incorporated into a comprehensive increase of the WIC benefit amount.
 - e. Provide sufficient funding structures to scale Gus Schumacher Nutrition Incentive Programs (GusNIP) and/or integrate them into EBT systems. Hunger Free Oklahoma took the Double Up Oklahoma program on two years ago and has successfully grown

⁷ USDA (2017). The Food-Spending Patterns of Households Participating in the Supplemental Nutrition Assistance Program. Available at: <https://www.ers.usda.gov/webdocs/publications/84780/eib-176.pdf>.

⁸ Food Research & Action Center (2019). The Summer Electronic Benefit Transfer Program. Available at: <https://frac.org/research/resource-library/the-summer-electronic-benefit-transfer-program-summer-ebt>.

⁹ Bipartisan Policy Center. (2021). Improving Food and Nutrition Security During COVID-19, the Economic Recovery, and Beyond. Available at: https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/09/BPC-Health-Nutrition-Brief-1_R03-compressed.pdf.

the benefit from \$90,000 to \$2.4 million. The increased access to healthy foods through GusNIP is transforming rural towns like Okemah, Oklahoma where SNAP purchases for fruits and vegetables have increased by over 100%. Organizations and states are ready to expand the scale and impact of nutrition incentive programs across the country, but limited resources are restricting innovation and impact. Increased funding, adjustment of the federal match from a 1:1 ratio to a 3 or 4:1 ratio, and providing funding for integration of programs into the EBT systems would facilitate expansion of programs and better incentivize states to help to fund these programs.

- 2. Remove program requirements that exacerbate barriers.** Federal Child Nutrition Programs in particular include several one-size-fits-all program requirements that are not responsive to individual community needs and circumstance. Specific policies Congress should act upon include:
 - a. Remove or provide exceptions to the congregate meal requirements of summer and afterschool meals. Congregate meal requirements can be best leveraged in areas with greater population density. Children in rural Oklahoma often live many miles away from the nearest meal site making it burdensome and costly for families to access the much-needed support. The lack of demand ultimately translates to fewer meal sites due to lack of economic feasibility for program sponsors.
 - b. Expand other proven models designed for our most isolated areas including programs like the Meals to You pilot. Some rural areas may never have enough density to support even a non-congregate meal site. Families in these areas need innovative approaches to reduce childhood food insecurity when children are out of school. In 2020 the Meals to You pilot program expanded during the pandemic providing over 39 million shelf-stable meals to children in rural areas across the country.¹⁰
 - c. Authorize flexibilities that allow for additional meals for children who stay later in the evening in child care settings. Meal site sponsors are limited to serving only two meals per day, with very limited exceptions.¹¹ However, there are sponsors who have the capacity and interest in serving three meals a day but are unable to due to these restrictions. Removing this restriction will ensure more regular access to meals for children who are food insecure.
- 3. Fund cross sector community level collaborations and solutions.** Funding local-level collaboration will help communities address their needs in innovative ways which can be shared with those facing similar challenges. Specific policies Congress should act upon include:
 - a. Support public-private partnerships focused on addressing hunger and poverty in communities by fully funding section 4021 of the Agriculture Improvement Act of 2018. Rural communities know their own strengths and barriers best and often recognize that to achieve a goal it takes a community-wide effort. Congress authorized a program to support public-private partnership pilot projects to address food insecurity in the 2018 Farm Bill, but has not yet provided funding for this program.

¹⁰ Baylor Collaborative on Hunger and Poverty. (2020). Meals to You Shipment by State of District. Available at: <https://www.baylor.edu/hungerandpoverty/doc.php/367052.pdf>.

¹¹ USDA Food and Nutrition Services. (2016). Meal Service Requirements in the Summer Meal Programs. Available at: <https://www.fns.usda.gov/cn/meal-service-requirements-summer-meal-programs-questions-and-answers-revised>.

- b. Create new funding streams that will fund community-driven solutions across issue areas to meet the whole needs of a community. Siloed funding streams that focus on one specific subject matter such as food insecurity, health, or housing while useful can also create serious barriers for small rural communities to access. Creating funding streams that allow a community to address an array of issues with the same funds will facilitate easier access for rural communities and more efficient solutions.

The recommendations set out in this testimony reflect the sentiments shared by members from both sides of the aisle and many hunger experts before me. We must empower people and communities to make their own choices and determine what solutions are best for them. We must remove red tape and invest in communities. We must incentivize rather than restrict. We must leverage the strengths of our private sector and existing systems, while ensuring equitable access. We must fund and scale what works!

In Oklahoma and in rural areas across the country working solutions are ready to be scaled, we just need the resources and flexibilities to make it happen. Hunger Free Oklahoma extends an open invitation to members of congress to come to Oklahoma to see and hear first-hand from our partners and community members about our successes, struggles, and determination to solve hunger permanently. Chairman McGovern, Ranking Member Cole, and distinguished committee members, thank you for your time and I look forward to your questions.

Thank you, Chairman McGovern, and other Rules Committee members. I feel very privileged to be here today to discuss the subject that's so near and dear to my heart. My name is RF Buche with GF Buche Company. I'm a fourth generation South Dakota grocer, and I've been in this business since I was four years old and snuck out of a snowstorm to go work with my dad, so I've been in a long time. My great grandfather, Gus Francis Buche – hence the GF Buche Company – started this company in Lake Andes in 1905. Currently, we have 20 locations in 12 different communities throughout South Dakota. All 20 communities are rural, and 19 of those 20 locations are either on or near an Indian reservation. We've been operating in Indian country for 116 years, so food within the Native American communities has been bred into me, and I'm very passionate about the customers living on and near the reservations throughout South Dakota.

I have a couple projects to tell you about that we've been doing to help fight hunger. Our first one is called Feed the Hungry; our goal is to provide food essential items for those in need in times of a gap in benefits. As you all know, when a person goes to sign up for SNAP, they don't receive those benefits immediately, so they'll go to their local food pantry to be able to get items until their SNAP benefits begin. We do a fundraising event held in each of our 20 locations between early November and Christmas when customers are feeling the most generous to help stock food pantries across the communities in South Dakota we operate in. There are no administrative costs, and one hundred percent of the money collected goes right to those in need. Additionally, I personally match up to 500 dollars for each of the 17 non-profit food pantries. We have been doing this for nearly 10 years and have raised thousands for those in need.

Another project that I'm working on is a travel trailer for essentials, food and other grocery items. Our goal is to provide healthy foods as well as essential products to areas where there is little means of transportation. GF Buche Company is working with a non-profit organization named One Spirit on the Pine Ridge Indian Reservation to secure a semi-trailer and truck with both frozen and cold storage so that we can, on a consistent basis, transport grocery items to those communities that are anywhere from 50 miles on into 10 miles away from a grocery store. We plan to go out to these districts, which are small communities on the reservation, and sit there for half-day, or one day a week, and have food available for those customers that don't have transportation. This will definitely fill a void, but it certainly doesn't leave much for variety and choices for the people.

The project I'm most excited about is food delivery to lockers, we hope to be rolling this out during the first quarter of 2022. Our goal is to provide healthy foods, as well as essential products, to areas where there is very little means of transportation. GF Buche Company received a grant to install temperature-controlled food lockers – similar to a school locker, but with frozen and cold storage as well as ambient storage – which will allow us to store anything from frozen vegetables to fresh vegetables to canned vegetables. We are putting these lockers in Marty, South Dakota, which is a town 16 miles away from the nearest grocery store. Marty is on the Yankton Sioux Reservation, and these lockers will give customers the ability to shop online with any smart device – or they can shop directly from the unit. The lockers will be put in a community center that has very flexible hours and is in a location for people to easily get to. Customers will be given a locker code when they order their groceries, and then they will be able to go in and pick up those groceries. Residents will also be able to use SNAP benefits in addition to debit and credit payments. A cold delivery truck will be used to bring these residents their groceries and deposit them into the lockers within the unit, so we are super excited to be rolling this project out because I think that this is something that could potentially work not just in small communities within the reservations, but in small town across America.

GF Buche Company is the only South Dakota independent grocery retailer that has been approved to accept SNAP benefits online. This allows SNAP participant customers the ability to order food online and have a safe, contact-free, online experience just like any other customer.

Lastly GF Buche Company will be participating in a test of online WIC purchasing, working with the State of South Dakota and the Rosebud Sioux Tribe. WIC clients living on the Rosebud Sioux Reservation, the Pine Ridge Reservation, as well as four other reservations across the state, will be able to order WIC online as well.

But none of these ideas will ever completely work to end hunger in rural and Native American communities until something is done to enforce our federal antitrust laws. Big box stores and dollar chains are leveraging their power over manufacturers to create unfair competition and dominate markets not just in South Dakota but in small towns throughout the country. We are competing heavily with dollar store formats – which have recently popped up in every rural town – where approximately 70 percent of their sales are consumable products. That means that 70 percent of their sales compete heavily with my grocery store and every other independent and family-owned grocery store across this country. However, dollar stores primarily carry ultra-processed foods which means very little to no healthy options for their customers, further leading to obesity and other negative health outcomes. What programs or initiatives do dollar stores participate in and contribute to in the communities they serve? The answer is few, if any. You'll never see their name on the back of a ball team uniform or as sponsors of a local food drive.

How do dollar stores drive independents like myself out of business? They use “cheater size” packaging, which is a size of product that looks the same as you can find in your local grocery store, but it is actually smaller. Customers see a cheaper price at their dollar store but fail to realize that the price point also reflects the sizing. Where antitrust issues are concerned, these dollar chains restrict manufacturers from selling those smaller-sized products to independents like myself so I can't even compete fairly.

The worst abuse, however, from these national big-box stores and dollar chains is how they prevent independent grocers from getting the products we need to keep our shelves stocked and our customers happy. Let me put into context how pervasive these anticompetitive practices are. My wholesaler affiliate, Associated Wholesale Grocers (AWG), out of Kansas City, KS, is the largest cooperative wholesaler in the United States and does \$22 billion in retail sales annually. But during the pandemic, Ball™ who produces jars and jar lids for canning vegetables and other products, decided not to sell their products to AWG so those customers of mine that want to live off the land and want to eat healthy and use canning as a source to get through the winter, can't buy them from me. But you can go into any Target or Walmart and find their product on the shelf. Unfortunately, that doesn't do my customers any good because the nearest Walmart or other big-box chain closest to the communities I serve is over 50 miles away.

Likewise, during the pandemic, AWG was forced to put allocations on all kinds of products like ramen noodles, ground beef, Pedialyte and formula for babies, as manufacturers prioritized their big-box and national accounts well before independents. The quantities we received were so limited that we had to personally drive product from our lower volume stores to fill shelves at other locations that were out. The distance from our lowest volume store to our store in Pine Ridge is 253 miles; not the most economical situation for me, but that doesn't concern me one bit. I'm glad to do it for my customers if it means they won't go hungry. But picture this, please: Pine Ridge, one of the poorest counties in the nation, not having WIC items like formula for babies on their local grocery store shelf because my big-box and national competitors can force manufacturers to fill their orders and disregard independents.

I apologize if I seem a little upset about antitrust laws not being enforced and unfair competition being the result, but it's because I care passionately about my customers going hungry and I truly believe this is a life-or-death situation. Can you imagine if we didn't make that twice-a-week twice trip, consisting of over 500 miles per week? People on the Pine Ridge Indian Reservation could have starved, and that's just wrong. Unless we start enforcing antitrust laws, guys like me are going to disappear by the thousands across the country. And I'll guarantee there will not be a CEO from Walmart or Dollar General that will drive across this state to deliver food and goods to their customers. Thank you.



USET

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January 14, 2022

Testimony of Rebecca Naragon, United South and Eastern Tribes For the Record of the House Rules Committee Roundtable on “Ending Hunger in America: Food Insecurity in Rural America”

Good afternoon and thank you to Chairman McGovern and committee staff for the invitation to be with you all this afternoon. My name is Rebecca Naragon, I am a citizen of the Poarch Band of Creek Indians, and the Economic Development Director for United South and Eastern Tribes (USET). We appreciate and support Chairman McGovern’s focus on ending hunger in America. Food insecurity affects Tribal Nations and Indian Country, frequently to greater degrees than other jurisdictions and communities in the United States. 1 in 4 Native Americans experiences food insecurity, for example, compared to 1 in 8 people in the U.S. general population.

However, meaningful inclusion of Tribal Nations in this initiative requires an understanding of the history of U.S. – Tribal Nation relations, trust and treaty obligations, and the unique, and diverse circumstances of the 574 federally recognized Tribal Nations. Despite the complexity of our experiences, we share in common the failure of the U.S. government to live up to promises made in exchange for the cession of our land and resources. These promises are not based in poverty or need, but rather are a payment on debt to Tribal Nations. And the failure to deliver upon these promises, including the chronic underfunding of federal Indian programs and a failure to fully recognize Tribal sovereignty, as well as historic and current federal Indian policy, are largely responsible for food insecurity and other substandard living conditions faced by Native American people today. This includes a failure to promote and support economic development in Indian Country.

USET SPF is a non-profit, inter-tribal organization advocating on behalf of thirty-three (33) federally recognized Tribal Nations from the Northeastern Woodlands to the Everglades and across the Gulf of Mexico.¹ USET SPF is dedicated to promoting, protecting, and advancing the inherent sovereign rights and authorities of Tribal Nations and in assisting its membership in dealing effectively with public policy issues. While many of our members are rural, which we understand is the focus of today’s roundtable, many are also adjacent to urban centers. Regardless of location, however, a majority of Tribal Nations, with few exceptions, continue to experience the conditions described during the December 8th Roundtable. Proximity to an urban center does not necessarily alleviate these issues for Tribal Nations.

¹ USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chickahominy Indian Tribe (VA), Chickahominy Indian Tribe–Eastern Division (VA), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Monacan Indian Nation (VA), Nansemond Indian Nation (VA), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Rappahannock Tribe (VA), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), Upper Mattaponi Indian Tribe (VA) and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

Because there is Strength in Unity

Economic Development in Indian Country and the USET Region

Prior to European contact, Tribal Nations, including our members, had a long history of dynamic economies and governance structures. Robust trade networks connected Tribal Nations and the goods they produced. As with other aspects of Tribal governance and infrastructure, the removal, termination, and assimilation policies of the United States government negatively impacted traditional economic trade. Over the course of centuries, Tribal Nations ceded millions of acres of land and extensive resources to the U.S.—oftentimes by force— in exchange for which it is legally and morally obligated to provide benefits and services in perpetuity. Because of this historic and ongoing diplomatic relationship, the federal government has trust and treaty obligations to support Tribal self-governance and self-determination, along with rebuilding Tribal Nations and economies. At no point has the government fully delivered upon these obligations.

In addition to being relegated to fractions of our original homelands, which can be in remote areas, Tribal Nations lack governmental parity in economic development opportunities and treatment under the U.S. tax code. The Federal Reserve Board of Governor's 2012 report, *Growing Economies in Indian Country*, outlined eight issues as fundamental challenges to realizing economic growth in Indian Country. USET and member Tribal Nations, with few exceptions, face these same challenges:

1. Insufficient access to capital
2. Capacity and capital constraints of small business
3. Insufficient workforce development; financial management training; and business education
4. Tribal governance constraints
5. Regulatory constraints on land held in trust and land designated as restricted use
6. Underdeveloped physical infrastructure
7. Insufficient research and data
8. Lack of regional collaboration

All Tribal Nations, especially USET member Tribal Nations, vary in levels of economic activity, capacity and development. Some Tribal Nations have decades of experience and familiarity with economic development initiatives; some are just starting in their journey in this sector. This diversity demands that federal policy not adopt a one-size-fits all approach.

While the obstacles that Tribal Nations face certainly contribute and exacerbate food insecurity and other issues in Indian Country, we continue to fight for our economic sovereignty and greater economic development on our lands. Tribal Nations engage in a wide variety of economic development in order to fund essential government services and provide for our people. USET's comprehensive economic development strategy (CEDS) plan contributes to the region's effective economic development through a locally-based, regionally-driven economic development planning process of USET member Tribal Nations and partners. The 2016 Plan identified several economic clusters that member Tribal Nations participate in, including Agriculture, Aquaculture, and Fishing; Artisan – Handmade; Digital Media and Film; Forest/Wood Products; Tourism; Entertainment; Energy; Niche Manufacturing; Business Services; and Healthcare. This diversity is also illustrated in the USET Tribal Enterprise Directory and the over 600 business firms and activities across 21 industries. Since the focus of this roundtable is on rural economic development, we offer the following member examples:

- A maple syrup bottling and branded enterprise, Passamaquoddy Maple, by the Passamaquoddy Tribe in Maine: In 2013, the Passamaquoddy Tribe created an economic development project to tap into a traditional natural resource: maple syrup. Since the operation began, Passamaquoddy Maple has tapped over 10,000 trees and produced over

a thousand gallons of maple syrup. The enterprise has also created 6 seasonal and full-time jobs for the Passamaquoddy people.

- A local produce provider, Choctaw Fresh Produce, by the Mississippi Band of Choctaw Indians in Choctaw, MS: Since 2012 the farm, located in Choctaw, Mississippi on the Mississippi Band of Choctaw Indians Reservation, specializes in Direct-Store-Delivery throughout Central Mississippi to a broad variety of organic-focused buyers – from grocers and to institutions, to community farmer’s markets.
- A technical service contracting firm, Tiya Support Services, by the Chitimacha Tribe of Louisiana: As a member of the 8(a) graduate Keta Group, LLC, the multifaceted company has expertise and resources to provide organizations with everything from facility management to construction, disaster relief, engineering, technical services, and more.
- Local artist support through Authentically Cherokee, by the Eastern Band of Cherokee Indians in Cherokee, NC: The Authentically Cherokee store offers products made by Cherokee artists from the Qualla Boundary that reflect each artist’s own interpretation of their culture and the world around them.

It is critical to note that Tribal Nation economic development has the ability not only to alleviate food insecurity and other similar conditions for Tribal citizens and on Tribal homelands, it also contributes to larger regional growth and success, increasing economic security for non-Tribal citizens. For example, a USET member Tribal Nation located in the southeast, has an expansive portfolio of various businesses. Revenue from these businesses supports community programs for Tribal and local citizens, contributes to the needs of the local community through philanthropic giving, and the Tribal Nation has become one of the top employers in the entire state. When Tribal Nations succeed, positive impacts are felt far beyond our jurisdictional boundaries.

Honoring and Supporting Tribal Sovereignty to Promote Economic Development and Reduce Food Insecurity

Economic sovereignty is essential to Indian Country’s ability to be self-determining and self-sufficient. Rebuilding of our Tribal Nations involves rebuilding of our Tribal economies as a core foundation of healthy and productive communities. Building strong, vibrant, and mature economies is more than just business development. It requires comprehensive planning to ensure that our economies have the necessary infrastructure, services, and opportunities for our citizens to thrive; thus resulting in strong Tribal Nations. In order to achieve economic success, revenues and profits generated on Tribal lands must stay within Indian Country in order to benefit from the economic multiplier effect, allowing for each dollar to turn over multiple times within a given Tribal economy. It is critical that inequities and the lack of parity in policy and federal funding be addressed for Tribal Nations in order to fully exercise our inherent self-governance to conduct economic development activities for the benefit of our Tribal citizens.

Tribal Nation economies thrive when Tribal sovereignty and self-governance are supported and upheld. When Tribal governments are empowered to make decisions in response to local conditions and priorities through self-governance, especially in ways that support cultural principles, all metrics of economic prosperity benefit, i.e. lower rates of unemployment, higher rates of household income, etc. As members of the House Rules Committee, you can support Tribal economic development by crafting policy that:

- Acknowledges our sovereign status and provides for governmental parity;
- Funds Tribal Nations directly and ensures these funds can be received through self-governance contracts and compacts;

- Recognizes the diversity of Indian Country by providing appropriate flexibility in use of funds and programmatic implementation, and deferring to Tribal Nations to set standards; and
- Avoids competitive grants, pass through funding, matching funds, non-duplication requirements, and extensive reporting.

Policies promoting economic sovereignty are just one way to address food insecurity for our people. We provide the below recommendations as the Committee works to better understand the uniqueness of Indian Country.

Economic Parity

With nearly every aspect of economic development controlled by the federal government, economic progress within Indian Country moves at a slower pace than needed. Congress and the Administration must work to free Tribal Nations from the over-burdensome regulations that impede our success. This is especially important in an environment of fiduciary failures via inadequate funding for Indian programs.

The U.S. government has a responsibility to ensure that federal tax law treats Tribal Nations in a manner consistent with our governmental status, as reflected under the U.S. Constitution and numerous federal laws, treaties and federal court decisions. With this in mind, we remain focused on the advancement of tax reform that would address inequities in the tax code and eliminate state dual taxation. Revenue generated within Indian Country continues to be taken outside our borders or otherwise falls victim to a lack of parity. Similarly, Tribal governments continue to lack many of the same benefits and flexibility offered to other units of government under the tax code. USET SPF continues to press Congress for changes to the U.S. tax code that would provide governmental parity and economic development to Tribal Nations.

This includes support for H.R. 4505, the Tribal Tax and Investment Reform Act, introduced by Rep. Ron Kind. H.R. 4505 would specify the treatment of Tribal Nations as States with Respect to Bond Issuance, modify the treatment of pension and employee benefit plans maintained by a Tribal Government, modify the treatment of Tribal Foundations and charities, improve the effectiveness of Tribal child support enforcement agencies, and recognize Tribal governments for purposes of determining whether a child has special needs eligible for the adoption tax credit. We further note and support the inclusion of Tribal parity for bond issuance in the House-passed version of the Build Back Better Act.

Dual Taxation

Dual taxation hinders Tribal Nations from achieving their own revenue generating potential. Although Tribal Nations have authority to tax noncitizens doing business in Indian Country, when other jurisdictions can tax those same noncitizens for the same transactions, Tribal Nations must lower their taxes to keep overall pricing at rates the market can bear or forgo levying a tax at all. The application of an outside government's tax often makes the Tribal tax economically infeasible.

Dual taxation undercuts the ability of Tribal Nations to offer tax incentives to encourage non-Indian business entities onto the reservation to create jobs and stimulate the Tribal economy. As long as outside governments tax non-Indian businesses on the reservation, even if a Tribal government offers complete Tribal tax immunity to attract a new non-Indian business to the reservation, that business is subject to the same state tax rate that is applicable off-reservation. As a matter of economic fairness, we ask that you work with us to support and advance initiatives that would bring

certainty in tax jurisdiction to Tribal lands by confirming the exclusive authority of Tribal governments to assess taxes on all economic activities occurring within our borders.

Traditional Foods

In addition to changes in federal Indian policy related to economic development, we must also focus on food and nutrition policy. Though Tribal Nations have access to millions of acres of land that are already engaged in some form of agriculture or food production, these foods do not stay within Tribal communities. At this time, the \$3.4 billion generated annually through Tribal agriculture efforts is more than 99% raw commodities, instead of the healthy, local, economically beneficial, and nutritious food needed in Tribal communities and rural areas. Access to traditional and healthy foods is not just an economic issue, but a health and sustainability issue as well. Increasing access to these foods is a crucial part of the solution to food insecurity in Indian Country.

Across Indian Country, Tribal Nations and Tribal producers are actively engaging in food sovereignty projects that would increase the amount of traditional food, including fresh fruit, meat, and vegetables within Tribal communities. Congress must ensure Tribal food sovereignty and traditional food programs are supported. This includes ensuring Tribal Nations and Tribal agriculture programs have equal access to vital agriculture programs that would support traditional food programs, including, for example, the Specialty Crop Block Grant Program. The sustainability of traditional foods and crops are vital to the cultural and spiritual lives of Tribal citizens.

Tribal products must also be given the maximum protection under federal law so that they are protected from non-Tribal commercialized purposes. Tribal products are often derived from traditional seeds, which are among the most sacred items to individual Tribal Nations. The federal government must uphold the inherent right and sovereign status of Tribal Nations to protect traditional seeds not just to ensure biosecurity and food security for their communities, but to preserve market competitiveness for Tribal products as well.

Self-Governance for SNAP and Forestry Programs

As a matter of governmental parity, Tribal Nations must have the authority to engage in Tribal Self-governance to administer the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR) and other vital nutrition programs. Tribal Nations, like other units of government, are responsible for providing essential services to their citizens, including those related to nutrition. Tribal Nations have demonstrated we have the capacity to fully administer SNAP programs to Tribal citizens, as we have been administering far more complex federal programs for decades. However, and in spite of a 2014 USDA feasibility study, Tribal Nations continue to be excluded from administering SNAP and other nutrition programs under P.L. 93-638 contracting and compacting. The 2018 Farm Bill authorized a P.L. 93-638 demonstration projection for FDPIR, but this authority should be guaranteed to any Tribal Nation that wishes to USET SPF joins Tribal Nations and organizations across the country in calling upon this Committee and this Congress to ensure that Tribal sovereignty and self-determination for federal nutrition programs is made a reality, including as part of the upcoming Farm Bill reauthorization.

In addition, we urge that P.L. 93-638 authority also be extended to forestry programs at the U.S. Department of Agriculture. When Tribal Nations manage our own forests, we are able to prioritize traditionally harvested plants and animals that provide vital elements of a healthy Indigenous diet. Wild harvested foods are often more nutritionally dense than their cultivated counterparts and they

carry a cultural connection for Indigenous people. Nutritious, local foods are an essential part of any solution to food insecurity.

Need for Broader Engagement with Indian Country

As noted during the Roundtable, Indian Country's diversity and complexity cannot be represented by a single individual or organization. With this in mind, we were pleased to know that Chairman McGovern intends to engage Tribal leaders for a roundtable in this series specific to Indian Country. This will facilitate the meaningful inclusion of Tribal Nations and Native American people, as the Chairman seeks to address food insecurity, and contributing issues, throughout the country.

Conclusion

Food insecurity in Indian Country is a symptom of the larger issues we face as Tribal Nations, particularly the failure of the U.S. government to live up to the terms of our diplomatic, Nation-to-Nation relationship. Solutions that recognize and uphold our inherent sovereignty and trust and treaty obligations are necessary to alleviate food insecurity and improve conditions for Tribal Nations and Native American people. We urge you to keep this in mind as you seek ways to meaningfully include Tribal Nations, as well as address hunger at its roots in the United States. We commend your efforts thus far, appreciate the opportunity to participate in the Roundtable, and welcome further engagement as this initiative proceeds.

Center for Rural Strategies

Mission

At the Center for Rural Strategies, we seek to improve economic and social conditions for communities in the countryside and around the world through the creative and innovative use of media and communications. We strive to create better opportunities for small towns and rural communities by building coalitions, developing partnerships, leading public information campaigns, and advancing strategies that strengthen connections between rural and urban places.

By presenting accurate and compelling portraits of rural lives and cultures, we hope to deepen public debate and create a national environment in which positive change for rural communities can occur.

Rural Strategies helps communities and nonprofit organizations incorporate media and communications into their work in support of strategic goals. We also design and implement information campaigns that educate the public about the problems and opportunities that exist in contemporary rural communities.

Rural Strategies publishes information about rural issues, works with press to assist them in the coverage of rural topics, and works with a wide range of partners to build a stronger voice on behalf of rural communities.

We believe that rural America's fate is interrelated to those of metropolitan and urban America. Building stronger rural communities helps the nation as a whole.

Projects

The Center for Rural Strategies' goal is to help establish a rural America that is more connected and more inclusive through work on strategic communications, coalition building, public information campaigns, and public policy.

Our work focuses on the intersections of areas including economic development, healthcare, broadband, the environment, climate, education, transportation, and immigration. Through working across this broad range of issues, we believe that more just and equitable policies can be crafted.

In this work, we produce and distribute media, create coalitions that cut across sectors and geographies, commission research, and conduct public information campaigns. Our organization is built on alliances with like-minded institutions, nonprofits, and social change activists.

Our major ongoing projects include the [Daily Yonder](#), a digital news platform that covers rural news for a national audience of rural residents, advocates, policymakers, and journalists, and the [National Rural Assembly](#), which works at local, regional, and national levels to build more opportunity and better policy for rural communities across the country.

Rural Strategies also creates strategic messages and communication principles for nonprofit organizations, policymakers, and philanthropies.

If you are interested in working with us, through direct consultation and coaching, workshop-style small-groups, or plenary presentations, please contact us at teresa@ruralstrategies.org.

THE FOOD SYSTEM: CONCENTRATION AND ITS IMPACTS

A Special Report to the Family Farm Action Alliance

by

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September 14, 2020

Highlights

- Consolidation is happening across all sectors in the food system, at the national and global levels, and has resulted in a particular set of power relationships. This has resulted in numerous negative impacts on farmers, workers and their communities as well as consumers, who have experienced higher prices and less innovation.
- These power relationships impact our food system democracy, and are particularly concerning for marginalized voices and communities.
- Crop acreage is consolidating in larger farms, while the sales midpoint for livestock has starkly increased between 1987-2017. For hogs, the midpoint of sales has increased from 1,200 to 51,300 and in dairy the herd size has gone from 80 to 1,300 cows.
- New processes of integration are occurring. In U.S. pork production, large pork producers own processors and grain elevators, while supermarket behemoths Walmart and Costco are using backward integration in dairy, beef and chicken. Kroger continues its strategy of backward integration in dairy and is supplying competing retailers. In addition, asset management firms are increasing their investments in food and agriculture, potentially reducing competition via common ownership of most of the leading firms in a number of industries.
- In a consolidated system, farmers, workers and the environment are interconnected, meaning that when problems hit one part, they quickly engulf others. For meatpacking, the coronavirus hit workers, and the human tragedy of over 40,000 workers with COVID-19 (189 deaths) quickly became a farm and environmental disaster. Besides the financial hit for farmers who may have euthanized between 300,000 to 800,000 hogs and 2 million chickens, the waste of the embodied resources (28,500 tons of pork, .02% of the 2018-2019 corn crop) is stunning. The inability to control the drift of the herbicide dicamba has divided communities, damaged livelihoods and ecologies, and illuminated the inability of agencies to regulate dominant firms.
- Agrifood consolidation reduces farmer autonomy and redistributes costs and benefits across the food chain, squeezing farmer incomes. In 2018, farmers whose primary occupation was farming but with sales of less than \$350,000 had a median net income of -\$1,524. An agriculture without people has depopulated rural communities causing a collapse in social relationships. Communities of color bear a disproportionate burden of exposure to excessive pesticide use or large animal confinement operations.
- Consolidation obscures ownership to the point that farmers and consumers frequently have far fewer options in the market than it appears. For instance, Anheuser-Busch InBev (Belgium) has acquired 17 formerly independent craft breweries since 2011, although these ties are not indicated on the product labels. Seed companies label the same seeds under multiple brands while products from a single processing plant may be sold under as many as 40 different brands.
- Because political democracy rests on economic democracy and vice versa, our laser focus in scholarship, praxis and policy must be on democratizing the agrifood system at local, state, regional and national scales. Working together, policy-makers, farmers, workers and communities need to fashion alternatives and policies that can help to curb monopolistic tendencies in the agrifood system, to shine a racial lens in scholarship on agrifood system power and consolidation, to prioritize resilience and redundancy, to rethink core assumptions such as efficiency and property rights, and to encourage the development of alternative production and consumption arrangements.

Introduction

In this paper, we report the current state of concentration in the food system in the United States and globally, examine the consequences of that concentration – which have become very evident with the COVID-19 crisis – and suggest avenues for action and transformation of the food system. Our collective scholarship has long been concerned with increasing concentration in agriculture and food because of the impact of the associated economic and political power has on democracy, equity, ecology and community.

In the last 150 years of relatively temperate and stable climate, we have come to rely on a high-yielding, mechanized, capital-intensive system of agriculture and food that operates at a global scale, impacting local places around the globe unevenly. Lyson (2004) succinctly illustrated how technological revolutions including mechanization, the use of chemicals, and biotechnology made agriculture more specialized, disconnecting food production and consumption from particular places and their communities. Big data/digitalization of agriculture continues this trend (Mooney 2018; Rotz et al 2019). These revolutions tend to deskill agrifood labor, rewarding the most powerful firms and exploiting vulnerable labor forces. Our fossil-fuel dependent transportation systems have enabled regional specialization across the globe – for example fruit and vegetable specialization in places such as Spain, Kenya or Mexico, or highly industrialized grain production in the American Midwest or Eastern Europe. These processes have altered producers' relationship with their land and communities, often marginalizing the labor process across the food chain, and changing the relationship of consumers with food acquisition and preparation – transforming ecological and community relationships in the process.

These changes have paved the way for the current social and economic structure of our agrifood system. A capital-intensive system rewards those with access to capital (that is money), and marginalizes those without it. This has become particularly important in an increasingly unequal society, where money and power have accrued to a few, predominantly white households, with agriculture following the same trends. More importantly, money and wealth that is increasing concentrated in the hands of a few risks the notions of dispersed power at the center of Western democracies (Wu 2018).

This concentration of ownership, wealth and power is particularly apparent in the agrifood system where just a few companies dominate almost all aspects of food production. The social and ecological risks associated with our current agrifood system – rising levels of food insecurity and hunger, ecological degradation – are directly related to who has the power to make decisions in food and agriculture. Who decides where and what food will be produced, who produces it and how, and who will get to eat it? We observe that these decisions have increasingly migrated from a more community or public arena (c.f. Weis 2007; Wilkinson 2017) into the realm of private decision-making that largely involves those within the biggest firms, including their management teams, boards of directors and shareholders. Those decision-makers have their eye on increasing their power relative to other firms, and although this may increase their profits, it does not usually align with enhancing the public good. We need only look at the agrifood sector during the COVID-19 pandemic. In a time where the World Food Programme warned that the number of hungry people in the world will double to 270 million people¹ and dairy farmers dumped

¹ <https://www.wfpusa.org/coronavirus/>

their milk while facing bankruptcy,² grain traders like Bunge and ADM reported healthy profits³ and privately held Cargill returned record profits to the family that constitutes their shareholders⁴

Consolidation and concentration are key features across the food system, from aggregating farmland holdings to seeds and fertilizers to processing and manufacturing to distributing and retailing. We have seen horizontal, vertical and global integration within and across the supply chain, across commodities and food sectors, and at multiple scales – from regional markets to global markets. The food system is not unique in the way capital and decision-making is concentrated. Studies show that concentration is a systemic rather than isolated feature of the broader economy, and within agrifood itself (Hendrickson, Howard and Constance 2019; Khan 2020). Recent authors of *The Curse of Bigness* (Wu 2018) and *Goliath* (Stoller 2019) argue that concentrated political and economic power threatens our democracy and must be addressed. From our perspective, it may be even more urgent to address within the agriculture and food system, both in the U.S. and globally, in order to ensure that humanity can be fed in the future.

The distribution of power in the food system, embodied in the power to make decisions about what food is produced, how, where and by whom, as well as who gets to eat – and what they get to eat, is our major focus of concern because of the negative impacts of those decisions to farmers, workers, communities and our ecology. Without a rebalancing of economic and political power within the global food system, humanity confronts a crisis over our very sustenance.

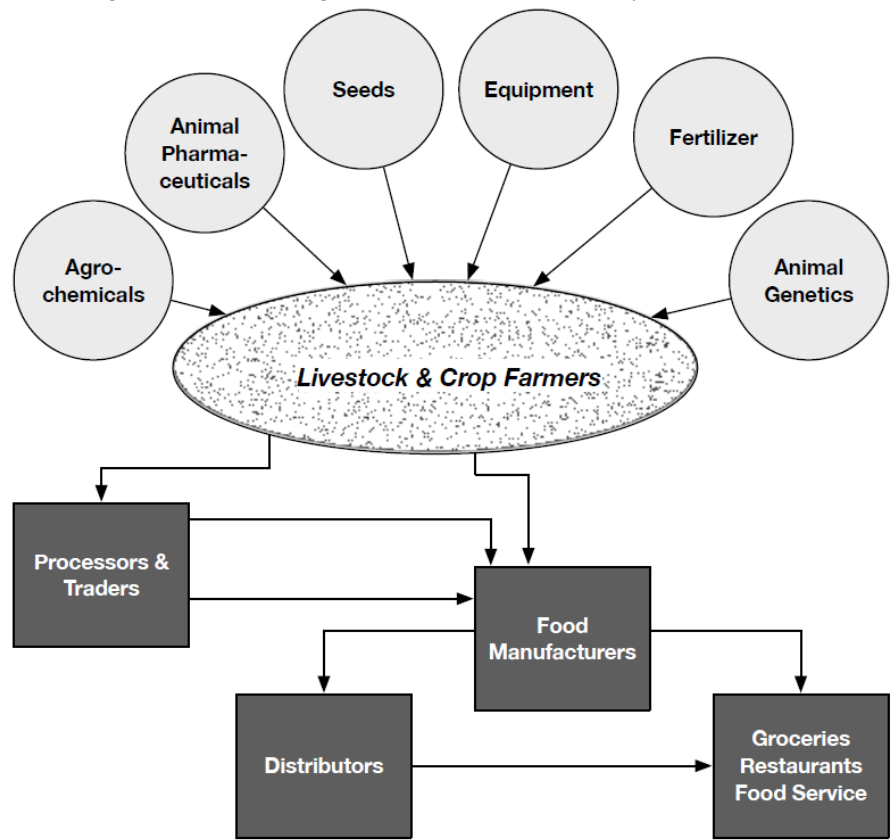


Figure 1: Illustration of different points of consolidation and control in the agrifood system. There are officially close to two million farms in the U.S., but less than half of them consider farming their primary occupations.¹ Still, these million farmers must buy seeds, fertilizers and chemicals from the same few firms as many farmers around the world do, while selling to just a few food processors and traders who operate in the U.S. and globally, who then move food further down the supply chain until it eventually winds up in a grocery store where a majority of us purchase our food.

² See <https://www.detroitnews.com/story/business/2020/07/03/dairy-farmers-dumping-milk-worldwide-brink-crisis/5372654002/> or <https://www.cnn.com/2020/06/08/perspectives/cabot-dairy-farmers-pandemic/index.html>

³ See *Successful Farming*: <https://www.agriculture.com/markets/newswire/grain-trader-adms-profit-doubles-on-boost-from-agri-nutrition-businesses> and <https://www.agriculture.com/markets/newswire/update-3-bunge-raises-outlook-as-robust-agribusiness-powers-profit-beat>

⁴ <https://www.bloomberg.com/news/articles/2020-07-31/cargill-pays-record-dividend-to-family-owners-after-profits-boom>

Current State of Concentration in Key Products and Market Channels

Recent years have seen continued consolidation in numerous food and agricultural industries. These patterns stem from mergers and acquisitions among formerly separate firms, as well as the exit of other competitors. The result is more concentrated markets, or sales that are dominated by fewer and larger firms. A simple measure of concentration is a ratio, typically the combined share of the top 4 firms, or concentration ratio 4 (CR4). A limitation of the CR4 is that it only measures horizontal changes, and firms are increasingly integrating vertically, such as by acquiring upstream suppliers or downstream customers. In addition, leading firms are rapidly integrating globally, and it is more challenging to measure concentration worldwide than in a single national market.

One significant result of these changes is increasing foreign ownership of formerly U.S.-headquartered firms, sometimes with substantial foreign government support. Another is that firms have become dominant across industries previously separated in ownership, such as seed and agricultural chemical sales, or processing of beef and soybeans. This has been accompanied by rapid trends toward larger farms and a declining number of farms. In this section, we show consolidation in key livestock and crop sectors, as well as levels of concentration for key products and market channels in both the US and global arenas.

Agricultural Inputs and Data at the Global Level

There are approximately 2 million farmers in the US, but most of them buy inputs from a very small number of firms. These are the same firms that millions more farmers around the world increasingly rely on – especially for agrochemicals, animal pharmaceuticals, seeds, farm equipment and fertilizers. The leading firms and their global market shares are shown in the figure below. Four out of five of these input industries have a CR4 of over 40%, a level that may be conducive to price signaling when observed in national markets – but we emphasize that these firms are now dominant in *global* markets. National and more specific market segments may be even more concentrated, such as the two leading firms combining for 70% of corn and 61% of soybean seed sales in the US (Maisashvili et al. 2016), or the leading firm controlling more than half the sales of heavy tractors and combines in the U.S. (Horton and Kirchmeier 2020).

Recent changes in the agrochemical industry have reduced the number of dominant firms from six to just four, and ownership has changed from three U.S.-headquartered firms to just one. Since 2015, the U.S. firms Dow and DuPont merged and spun off an agriculture focused firm named Corteva, ChemChina acquired Syngenta (Switzerland), and Bayer (Germany) acquired Monsanto (U.S.) and divested some seed divisions to BASF (Germany). Note that all four of these remaining firms are also dominant in seeds – BASF is currently ranked the fifth largest in global seed sales.

Other inputs that farmers rely on include animal genetics from large seedstock banks used both by integrators and farmers breeding by artificial insemination. Although this industry is much smaller in comparison to those discussed above – approximately \$5 billion in annual sales – it is even more concentrated. Globally, just two firms control 99% of turkey genetics, 94% of laying hen genetics, and 91% of broiler genetics, and just three firms control 47% of swine genetics (ETC Group 2013; Shand and Wetter 2019). Two European firms, EW Group and Hendrix, are each among the top firms in three out of four of these species.

Global Market Concentration

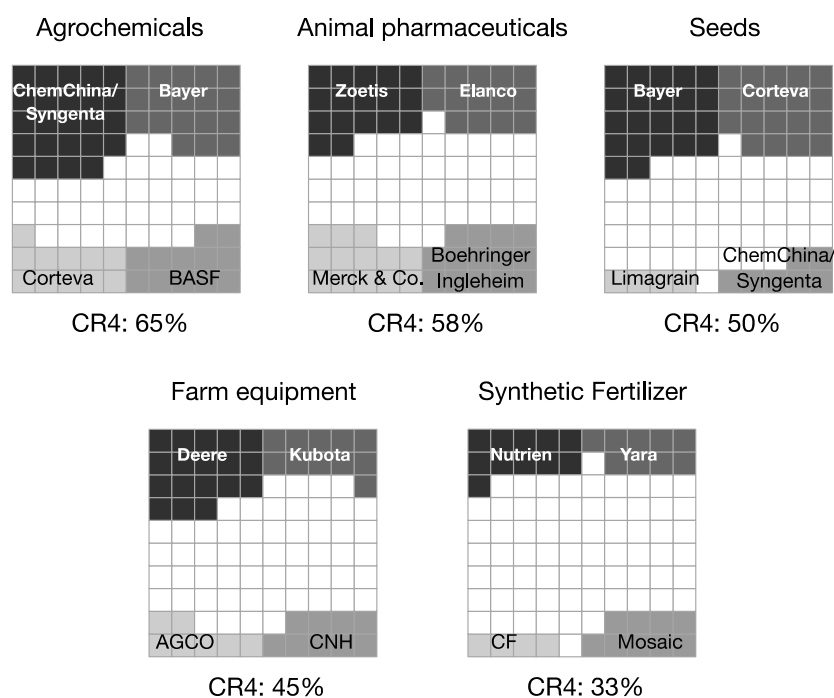
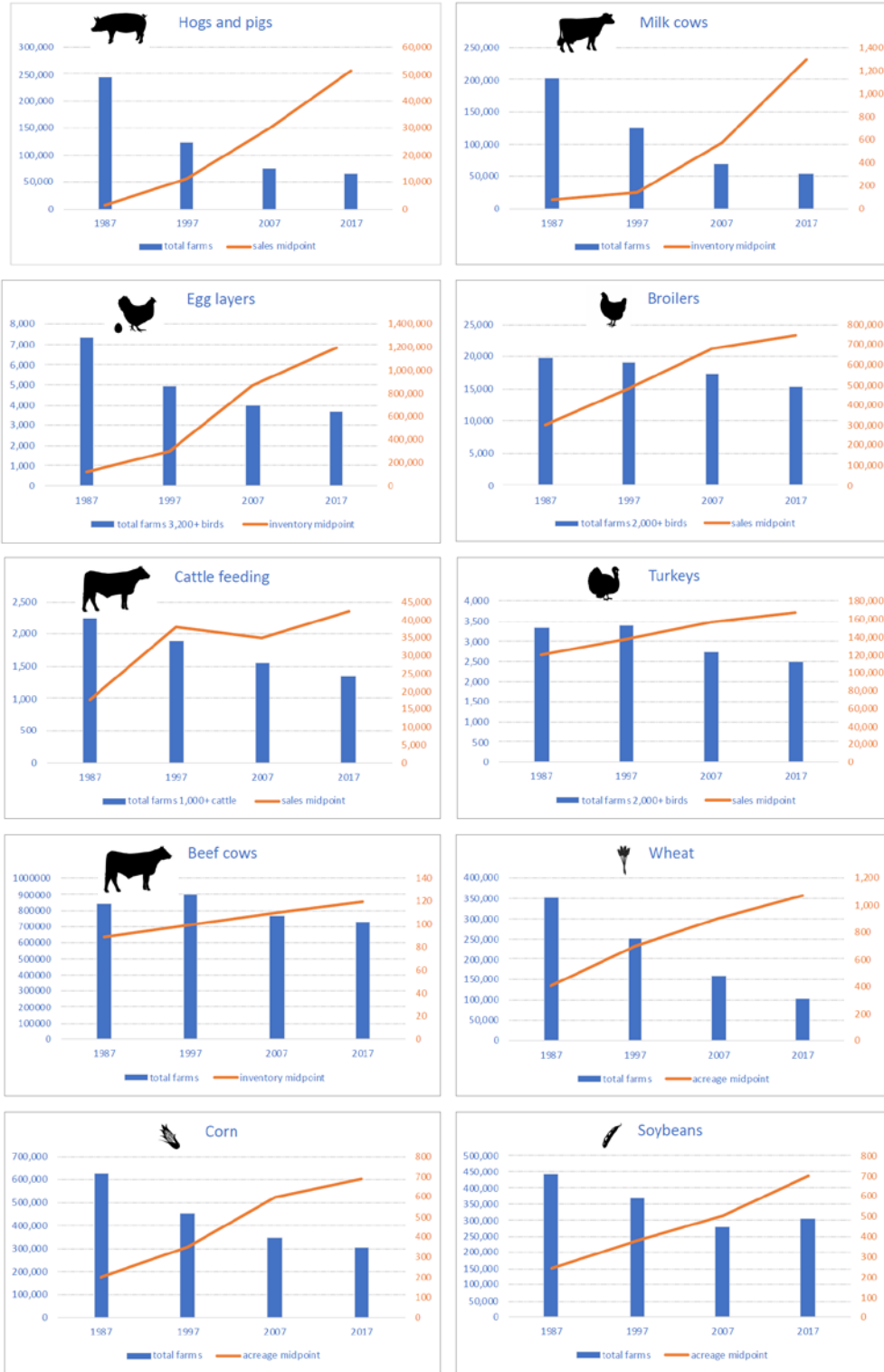


Figure 2: Global market concentration in selected agricultural inputs.

Farm Level and Producer Consolidation

The figure below indicates how consolidated agriculture has become at the farm level since the 1980s. The midpoint – where half of the farms have smaller numbers and half have larger numbers – has increased 50-fold for hog farms, and a median dairy farm is 16 times bigger in 2017 than in 1987. MacDonald et al. (2020) show that dairy has been consolidating at the farm level faster than any other sector in recent years, with the midpoint herd size increasing from 80 in 1987 to 1,300 in 2017. In crop farming, the share of acres in farms larger than 2,000 acres has more than doubled in 40 years, from 15% to 37%, while the midpoint for all crop farms stood at 1,445 acres in 2017, up from 650 acres in 1987 (MacDonald 2020). MacDonald further notes (p. 6), “Almost all of that expansion came at the expense of farms with 100–999 acres, whose share fell from 57% of cropland acres to 34% over thirty years. The net effect was that 85–90 million acres of cropland shifted out of the midsize class and into the largest acreage class over 1987–2017.”

Consolidation in U.S. Livestock and Crop Sectors, 1987 to 2017



Half of all animals are on farms with at least as many animals as the midpoint, and half are from farms no larger than the midpoint.

Half of all harvested crop acreage is on farms that harvest more, and half is on farms that harvest less

Data: USDA Census of Agriculture and MacDonald (2020). Author based midpoint calculations on confidential farm-level records from the USDA National Agricultural Statistics Service, Census of Agriculture Sales midpoint is number of head sold or removed, inventory midpoint is number of head in herd/flock.

Figure 3: Number of farms and mid-points of farm sizes for selected agricultural commodities.

These figures do not fully represent the scale of the very largest farms, such as dairies with 30,000 or more cows, and feed yards with 100,000 or more cattle. The top four cattle feeders have a total capacity of over 2.5 million head, as estimated from multiple sources, about 500,000 more than they had in *Cattle Buyer's Weekly* estimate in 2015.⁵ In addition, the four largest pork producers have between them nearly 1.8 million sows in the U.S..

Table 1: Largest U.S. Cattle on Feed Producers	One-time Capacity	Supplier to	
Five Rivers (Pinnacle Asset Management)	980,000	JBS ⁶	
Cactus Feeders	600,000 ⁷	N/A, possibly Tyson	
Friona Industries	577,000 ⁸	Cargill ⁹ and others	
Green Plains	355,000	Cargill ¹⁰	
<i>None of the 3 largest packers feed their own cattle outright after the sale of Fiver Rivers sale in 2018. Note that feedlots likely turn capacity twice per year, so 600,000 one-time capacity equates to about 1.2 million head per year. In 2015, Cattle Buyers Weekly pegged the 4 largest feeders as JBS Five Rivers, Cactus Feeders, Cargill and Friona, with a total capacity of 2.06 million.</i>			
Table 2: Largest U.S. Pork Producers	# Sows 2019	# Sows 2018	# Sows 2010
Smithfield Foods (WH Group)	930,000	950,000	876,804
Seaboard Farms	345,000	340,000	213,600
Pipestone System	282,000	251,000	140,000
Iowa Select Farms	242,500	235,000	157,500
<i>Source: Successful Farming Pork Powerhouses 2019 and 2010.</i>			

Processing and Trading

The largest firms may pick up and discard divisions like a game of trading cards, with a goal of becoming more dominant in specific markets. The figure below indicates the names of processing firms and their market shares for a number of key products. Some industries that were already highly concentrated decades ago, such as beef processing, have experienced ownership changes. This has resulted in two firms headquartered in Brazil – JBS and Marfrig – taking the first and fourth place in market share, respectively. Cargill remains in third place for beef and soybean processing, but sold its pork division to JBS in 2015 – due to its inability to move up from a fourth place position in this segment, according to some analysts.¹¹ Similarly, Tyson sold its chicken divisions in Brazil and Mexico to JBS in 2014, rather than trying to compete in markets where JBS had strong government support. These changes contributed to JBS

⁵ <https://r-calfusa.com/wp-content/uploads/2013/04/160125-Top-30-Cattle-Feeders.pdf>

⁶ <https://www.agprofessional.com/article/sale-worlds-largest-cattle-feeder-jbs-five-rivers-finalized>

⁷ <https://tskra.org/care-for-the-cattle-comes-first-at-cactus-feeders/>

⁸ <https://www.drovers.com/article/friona-ind-buys-two-cattle-empire-feedyards>

⁹ <https://www.cargill.com/news/releases/2016/NA31962055.jsp>

¹⁰ <https://www.drovers.com/article/cargill-exits-cattle-feeding-sells-two-yards>

¹¹ <https://www.nationalhogfarmer.com/marketing/cargill-jbs-deal-changes-pork-industry-landscape>

overtaking Tyson to become the world’s largest meat processor. Smithfield was once the largest processor in the pork segment, for both the U.S. and the world, until it was acquired by the WH Group in 2013 with backing from the government of China.

Beer is a rare industry that is experiencing decreasing concentration in the U.S., in part due to growing competition from craft breweries. The leading firm, Anheuser-Busch InBev (Belgium), has responded by acquiring 17 formerly independent craft breweries since 2011, although these ties are not indicated on the product labels (Howard 2018). The bread industry is consolidating quite rapidly via acquisitions, however, and the leading firm, Grupo Bimbo, is headquartered in Mexico.

Grain trading has long been dominated by just a few firms – ADM, Bunge, Cargill and Louis Dreyfus – but in recent years, the Chinese firm, COFCO, has joined their ranks. COFCO is China’s largest state-owned agrifood company (Belesky and Lawrence 2019). It has become the second largest global grain trader in just a few years, after acquiring firms in the Netherlands and Hong Kong, and surpassing Dreyfus, Bunge and ADM.

Retail and Distribution

The supermarket industry rapidly consolidated beginning in the late 1990s. These trends for convenience stores and food distributors have accelerated more recently. The top firms have been very active in making acquisitions, such as 7-Eleven’s purchase of 3,900 stores from Speedway in 2020 and Sysco acquiring half a dozen other distributors in 2019. Some newer forays from retailers include backward integration up the supply chain, particularly in dairy and meat processing.¹² Kroger, which has long been vertically integrated, may produce up to 90% of fresh milk for its stores, and even sells some of its supply to a competitor, Food Lion.¹³ While food retailers have long sold private-label grocery brands, these moves may represent something different. Walmart has moved into integrating dairy and beef processing, developing its own supply chain for Angus beef, which includes partnering with Creekstone Farms in Kansas for slaughter and FPL Foods in Georgia for packing.¹⁴ Costco, the third largest food retailer, set up their own poultry production and processing operation in

Common Ownership Across Products and Market Channels

Asset management firms are increasing their shares in multiple firms in the same sector, and this “common ownership” or “horizontal shareholding,” in markets that are already highly concentrated, may further reduce incentives to compete (Clapp 2019, Clapp & Purugganan 2020). BlackRock and Vanguard, for example, both own significant shares in at least five dominant firms in both meat and dairy processing, as well as all three leading soft drink firms, and all three leading cold cereal firms.

¹² Howard (2016) documents that Kroger controlled 20 % or more of the milk supply in the St. Louis area by 1968.

¹³ https://www.ey.com/en_us/consumer-products-retail/how-vertical-integration-is-impacting-food-and-agribusiness and two *Wall Street Journal* articles <https://www.wsj.com/articles/walmart-kroger-bottle-their-own-milk-and-shake-up-american-dairy-industry-11595872190> and <https://www.wsj.com/articles/retailers-are-bottling-their-own-milk-raising-pressure-on-dairy-companies-1507887002>

¹⁴ <https://www.wsj.com/articles/walmart-to-develop-its-own-supply-chain-for-angus-beef-11556121364>

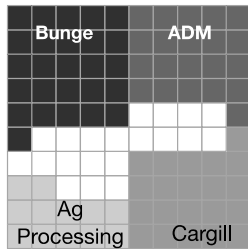
Nebraska.¹⁵ By doing so, the company may save 25 cents per rotisserie chicken, but it also gives them greater control over their supply chain to reduce uncertainty.¹⁶

¹⁵<https://www.npr.org/2018/10/22/659561091/costco-builds-nebraska-supply-chain-for-its-5-rotisserie-chickens> and <https://civileats.com/2018/12/11/costcos-100-million-chickens-will-change-the-future-of-nebraska-farming/>

¹⁶ https://www.ey.com/en_us/consumer-products-retail/how-vertical-integration-is-impacting-food-and-agribusiness

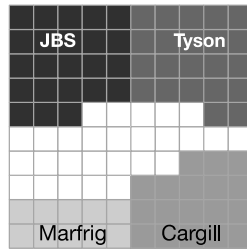
U.S. Market Concentration

Soybean processing



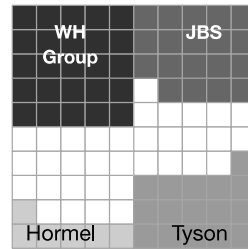
CR4: 80%

Beef processing



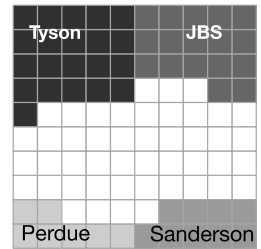
CR4: 73%

Pork processing



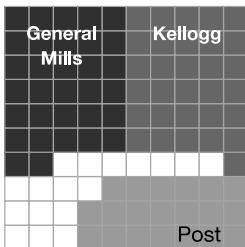
CR4: 67%

Chicken processing



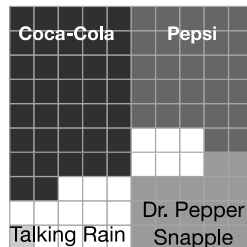
CR4: 54%

Cold cereal



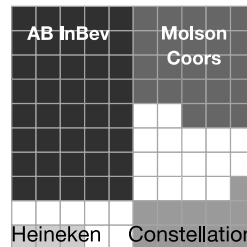
CR3: 83%

Soft drinks



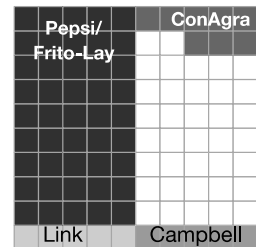
CR4: 82%

Beer



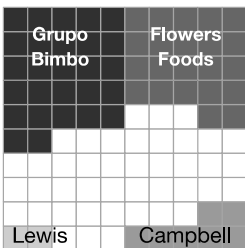
CR4: 77%

Salty snacks



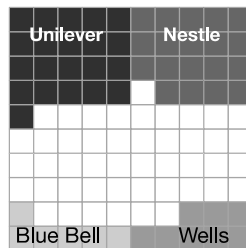
CR4: 63%

Bread



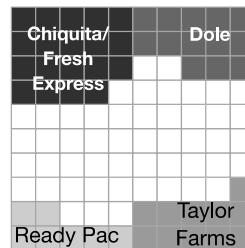
CR4: 58%

Ice cream



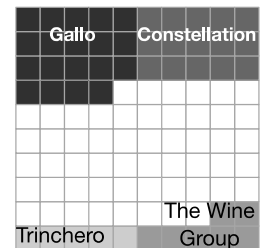
CR4: 54%

Fresh cut salad



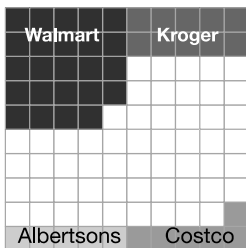
CR4: 50%

Wine



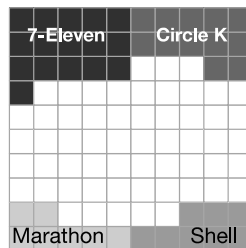
CR4: 46%

Retail grocery



CR4: 45%

Convenience stores



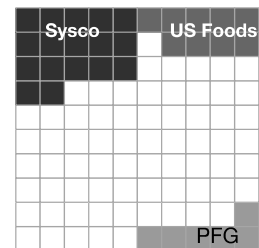
CR4: 43%

Fast food



CR4: 39%

Distribution



CR3: 32%

Figure 4: Concentration ratios for selected commodities, food processing/manufacturing, and distribution/retail channels.

Impacts on Farmers, Workers, Communities and the Environment

The concentration and consolidation we have broadly outlined has often been justified on the basis of efficiency, despite failing to incorporate an enormous number of social, economic and ecological externalities when calculating such measures. Nearly 50 years ago, in a series entitled “Who Will Control Agriculture?,” agricultural economists Briemyer, Guither and Sundquist (1973) warned that the changing organization of agriculture did not enhance the efficiency or productivity of the system and would exact social and psychological costs on farmers and society. In addition, some recent studies have failed to measure efficiency gains (nor price reductions) from consolidation in manufacturing (Blonigen and Pierce 2016). Defenders of the current monopolized system cite that consumer welfare has not been harmed,¹⁷ yet consumer prices are “sticky,” rising when costs for powerful processors and retailers increase, but less likely to fall when prices paid to farmers decrease (Shields 2010). Recently, a number of lawsuits point to multiple cases of price-fixing, including in tuna, and allegedly in chicken, beef and pork.¹⁸ For those of us concerned with resilience, efficiency has often been the enemy of redundancy, which can provide fail-safe mechanisms, making systems more resilient. Here we present two cases – the meat industry and the widespread problems with the herbicide dicamba – to illustrate the fragility and interconnectedness of the dominant agrifood system.

The Meat Industry

Nowhere is this systemic vulnerability clearer than in the protein sector, which has been hard hit by the COVID-19 crisis, particularly in North America. Meat production, processing and consumption have risen steadily in recent years, part of the “meatification” of global society (Weis 2015; Winders and Ransom 2019). Increased meat consumption is a central component of the industrial diet developed in the United States (Winson 2013) and diffused globally, contributing to obesity epidemics throughout the world (Otero 2018). The feed/meat complex has developed with concerted cooperation between state and market actors through various subsidies and pro-business regulations (Howard 2019). Meatification, primarily the feed/cattle complex, is also a major contributor to greenhouse gas emissions (IPCC 2018). Meat processing is one of the most dangerous jobs in the United States, especially hazardous for immigrant groups with limited English-speaking skills and sometimes precarious legal status (GAO 2005; Choi and Constance 2019; Human Rights Watch 2005). The “chickenization” of the red meat industry has restructured meatpacking from a dangerous, but good paying, blue-collar, union job dominated by white males to an even more precarious working-class, non-union job, often staffed by marginalized female, immigrant, and refugee groups (Freshour 2019; Schwartzmann

¹⁷ Dorsey et al (2020 p. 862) are perhaps the latest to argue that “the elegant ‘consumer welfare standard’ ... offers a rigorous, objective, and evidence-based framework for antitrust analysis.”

¹⁸ See summary of alleged price-fixing of pork at https://thefern.org/ag_insider/more-antitrust-lawsuits-hit-the-meat-industry-this-time-its-pork/, chicken at <https://www.porkbusiness.com/article/three-poultry-execs-plead-not-guilty-price-fixing>, and beef at <https://www.agriculture.com/livestock/cattle/lawsuits-allege-price-fixing-by-big-beef-companies>. The most recent case is a lawsuit by restaurant chain Bob Evans alleging price-fixing in poultry: <https://www.meatingplace.com/Industry/News/Details/94274>.

2013; Stull 2019; Stull and Broadway 2005). Finally, “chickenization” is also restructuring the protein production sector away from open markets to contract farming, as captive supplies in beef (see Table 1) and contracting in pork further marginalize producers.

This protein sector clearly illustrates the complex interconnectedness of one industry. Recently, this sector revealed how worker vulnerabilities triggered by COVID-19 created crises in worker welfare, animal welfare and farmer livelihoods during the pandemic. In our consolidated farm and food system, farmers, workers and the environment are interconnected, meaning that when problems hit one part, they quickly engulf others. For meatpacking, the coronavirus hit workers, and a supply chain focused on efficiency quickly broke down. Below we focus on the impacts to workers, farmers and the environment of this one massive disruption that is a wake-up call to redesign the system.

Labor: According to reporting by Leah Douglas at the Food and Environment Reporting Network, over 40,500 workers in 417 meatpacking plants had tested positive for COVID-19 by mid-August, and 189 meatpacking have died from it (see Figure 5). Transmission of COVID-19 among workers has been rapid and difficult to control in almost all large-scale poultry, pork and beef processing plants in N. America, Europe and Latin America. For instance, the Centers for Disease Control (CDC) reported that in 14 states, 9% of meat and poultry processing workers were diagnosed with COVID-19 by the end of May. Close working conditions for long time periods, shared transportation to work, and shared (congregate) housing were highlighted by the CDC as potential causes. When industry CEOs such as Don Tyson warned of a meat supply crisis due to plant shutdowns, President Trump issued an executive order that declared meatpacking plants to be “critical infrastructure” under the Defense Production Act and prohibited their closure by state health authorities.¹⁹

Farmers/Animal Welfare: By mid-April, nearly 20 percent of daily pork processing capacity had been idled by COVID-19, with similar problems in beef processing.²⁰ An early outbreak at a Smithfield Foods plant in S. Dakota shut down a plant responsible for 5 percent of the nation’s daily pork slaughter.²¹ When a plant that processes nearly 20,000 animals a day closes, it creates

Covid-19 cases by company

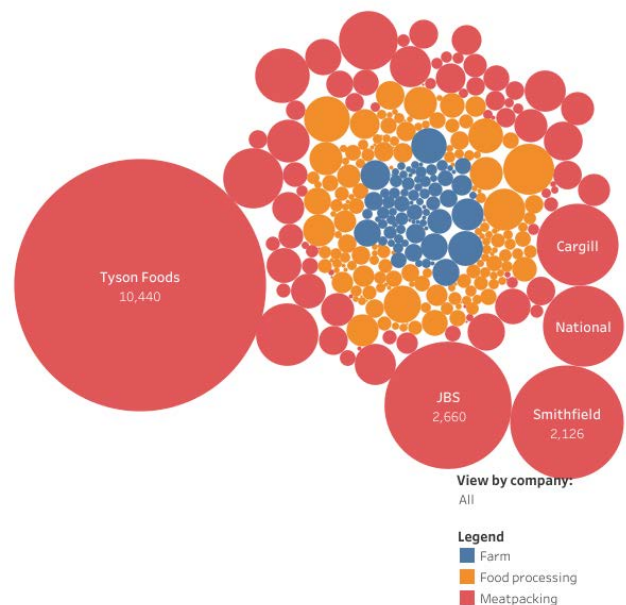


Figure 5: Counts as of August 12, 2020 by Leah Douglas, Food and Environment Reporting Network Accessed at: <https://thefern.org/2020/04/mapping-covid-19-in-meat-and-food-processing-plants/>

¹⁹ <https://www.theatlantic.com/ideas/archive/2020/05/essentials-meatpeacking-coronavirus/611437/>

²⁰ <https://www.dtnpf.com/agriculture/web/ag/news/article/2020/04/20/plants-suspend-operations-growing>

²¹ <https://www.meatingplace.com/Industry/News/Details/91490>

crises for farmers supplying that plant. They must either feed those animals, find an alternative market or euthanize them. Alternative markets for 20,000 pigs per day are difficult to find, even outside a pandemic situation. One agriculture press article estimated that nearly a million pigs had disappeared from slaughter markets in the second quarter of the year, with anywhere from 300,000 to 800,000 pigs euthanized.²² At the low estimate, that's nearly 29,000 tons of pork destroyed.²³ At least 2 million chickens were also euthanized by mid-May.²⁴ Previous mass euthanizations occurred in the wake of livestock disease epidemics, such as porcine diarrhea virus epidemic in 2013 and avian influenza in 2015. The genetic uniformity of these animals contributed to their susceptibility—globally just one breed accounts more than 99% of turkeys, for example, and in the U.S. more than 85% of dairy cows belong to the Holstein breed. Mass euthanasia of healthy, marketable livestock has undoubtedly caused emotional trauma for farmers, and all of us can lament the tremendous loss of life and natural resources embodied in the once living animals. The wastefulness of a system with few fail-safe mechanisms is astounding. It also clearly illustrates that our agrifood system more heavily emphasizes relations of power rather than feeding people.

Food, Feed and the Environment: Meat production at this scale requires enormous amounts of corn and soybeans, two of the seven so-called “program crops” that have historically been heavily subsidized by the U.S. Farm Bill, both through direct payments and subsidized crop insurance (Starmer and Wise 2007; see also Congressional Research Service 2018).²⁵ Howard (2019) argues that firms like Tyson, Smithfield and JBS were able to consolidate due to low feed costs, made possible by direct and disaster payments that kept row-crop farmers producing even though market prices did not cover their costs. Most of the best soil in the U.S. is devoted to the production of corn and soybeans.²⁶ In 2018-2019, just under 40% of the U.S. corn crop was used for feed²⁷ - some of which those hogs and chickens ate before they were euthanized.²⁸ The corn-soy rotation that covers much of Corn Belt, contributed to the Heartland region having the lowest diversity in seven of the eight USDA census years between 1978 and 2012 (Aguilar et al. 2015).²⁹ Monocultures negatively impact the provision of ecosystem services and biodiversity through simplifying the ecosystem and by requiring higher production inputs (Klasen et al. 2016). Corn and soybeans become the de facto crop rotation across large portions of the Corn Belt, with associated soil erosion that was estimated to cost Iowa farmers \$1 billion per year (Eller 2014). Soil erosion costs the entire U.S. over \$44 billion per year, including \$100 million

²² <https://www.agri-pulse.com/articles/14018-number-of-hogs-euthanized-due-to-covid-19-impacts-still-unknown>

²³ We calculated 300,000 hogs at market weight of 275 pounds, dressing out at a minimum of 70%.

²⁴ <https://www.theguardian.com/environment/2020/may/19/millions-of-us-farm-animals-to-be-culled-by-suffocation-drowning-and-shooting-coronavirus>

²⁵ “From 2007 to 2016, the total net cost of the federal crop insurance program was about \$72 billion” of which 60% went direction to producers and 39% went to private insurers (Congressional Research Service 2018)

²⁶ <https://www.ers.usda.gov/topics/crops/corn-and-other-feedgrains/feedgrains-sector-at-a-glance/>

²⁷ <https://www.fapri.missouri.edu/wp-content/uploads/2020/06/2020-June-Update.pdf>

²⁸ If 300,000 market-weight pigs (275 pounds each) were euthanized, using feed rations from Iowa State Hog Market Ag Decision Maker, that would represent 3.4 million bushels of corn fed, or about .024% of 2018-19 US corn production, using FAPRI figures.

²⁹ The Heartland region as defined by USDA encompasses all of the states of Ohio, Indiana, Illinois and Iowa, most of Missouri, and portions of eastern Nebraska and South Dakota, southern Minnesota, and southwestern Kentucky (Aguilar et al. 2015).

in lost farm income.³⁰ The washing away of nitrogen and phosphorus fertilizers in top soil contributes to hypoxia, such as the Dead Zone in the Gulf of Mexico.³¹ A renewed interest in soil health has led to increased use of cover crops and reduced tillage which can alleviate these problems, but still fewer farmers on the land farming larger acreages make the labor and timing of such practices challenging (Hendrickson 2019). Few if any markets exist for diversified crops and livestock meaning crop rotations are limited (Roesch-McNally et al. 2018).

Dicamba Debacle: “[T]he herbicide for which [Mike] Wallace literally gave his life”³²

Dicamba, registered as an herbicide in 1967 and available in 1,000 products in the U.S.,³³ has recently pitted farmer against farmer and farmer against community, as well as given “all of agriculture a black eye”³⁴ in the words of one weed scientist. In the five years since Monsanto’s (now Bayer’s) Xtend dicamba resistant soybeans were approved, all of the large agrochemical-seed firms have introduced dicamba-tolerant seeds, including ChemChina, Corteva, BASF and Bayer.³⁵ In the same time period, the Heartland has witnessed one related murder,³⁶ thousands of dollars of uncompensated off-target injuries and failure of institutions to combat the power of agriculture firms.

Power Play: In 2015, Monsanto’s Xtend (dicamba-glyphosate tolerant) soybeans were approved for the 2016 planting season, even though the accompanying less volatile formulation of dicamba was not approved.³⁷ Thus the dicamba formulation available in 2016 was not allowed for “in-crop” use as it was volatile and could easily drift. Monsanto continued to sell these beans, and seemed to blame farmers when some “tried using older formulations of dicamba and the off target movement was very bad.”³⁸ Indeed, court documents in a peach grower’s lawsuit against Bayer and BASF suggest that the companies “created circumstances that damaged millions of

³⁰ The \$44 billion per year includes lost productivity, along with sedimentation and eutrophication of water reservoirs according <https://www.farmprogress.com/soil-health/high-cost-soil-erosion>. Sartori et al. (2019) estimated the global costs of soil erosion due to water at \$8 billion annually, reducing global food production by 33.7 million tonnes and raising prices by up to 3.5%.

³¹ In 2017, the Dead Zone, an area of low or no oxygen that kills aquatic life, was 8,776 square miles. Measurements in 2020 were disrupted by Hurricane Hanna. <https://www.noaa.gov/media-release/smaller-than-expected-gulf-of-mexico-dead-zone-measured>

³² <https://arktimes.com/news/cover-stories/2017/08/10/farmer-vs-farmer>

³³ <https://usrtk.org/pesticides/dicamba/>

³⁴ Bill Johnson, Purdue University, weed scientist:

<https://www.dtnpf.com/agriculture/web/ag/crops/article/2018/07/20/dicamba-moves-beyond-bean-fields-eye>

³⁵ For a complete list of brand names see <https://www.agriculture.com/crops/soybeans/whats-next-for-dicamba-tolerant-technology>.

³⁶ Missouri farmhand Allan Curtis Jones was convicted of shooting Arkansas farmer Mike Wallace seven times and killing him in an apparent dispute over the spraying of dicamba by Jones and resulting damage to Wallace’s fields. <https://www.agweb.com/article/man-convicted-of-murder-in-feud-with-farmer-over-dicamba-apnews>

³⁷ “Roundup Ready 2 Xtend soybeans are tolerant to both glyphosate and dicamba. It allows for the use of dicamba herbicide over the top of Roundup Ready 2 Xtend soybeans to help control problem weeds.”

<https://www.farmprogress.com/story-asgrow-roundup-ready-2-xtend-soybeans-arrive-missouri-9-139092> For a history see <https://www.reuters.com/article/us-monsanto-dicamba-specialreport/special-report-the-decisions-behind-monsantos-weed-killer-crisis-idUSKBN1D91PZ>.

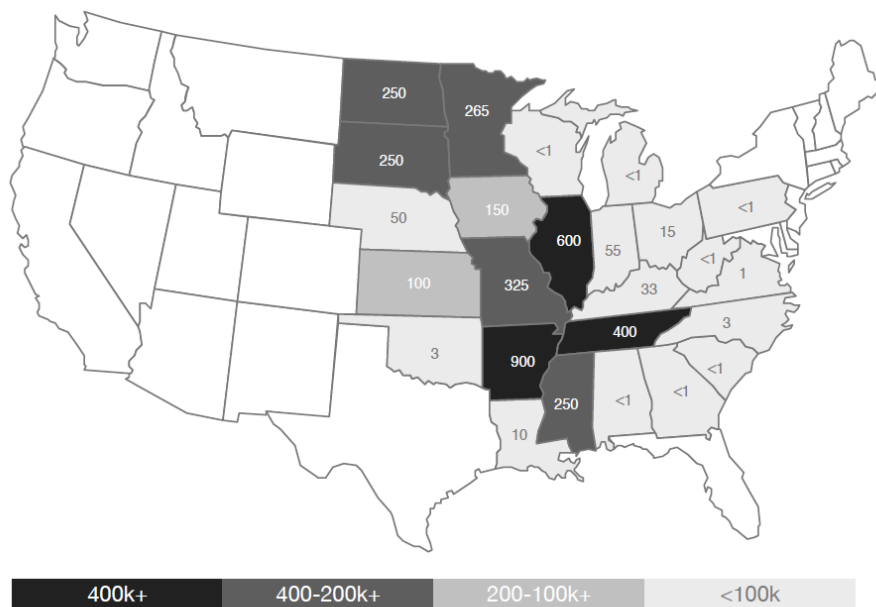
³⁸ <https://ipm.missouri.edu/MPG/2017/11/dicamba/>

acres of crops by dicamba in order to increase profits from a set of new dicamba-related products offered for sale beginning in 2015.”³⁹

By 2017, the new formulations of dicamba had been approved so farmers could plant dicamba-tolerant soybeans and legally use dicamba to control weeds in mid-summer. Still dicamba damage continued. There were reports of so-called defensive planting, whereby farmers protected themselves from neighboring farmers’ use of dicamba by planting Xtend or other dicamba tolerant soybeans⁴⁰ – especially if the price was not substantially different than other traited seeds.⁴¹

While dicamba resistant soybeans were widely planted from 2017-2020, – largely because of resistant weeds like waterhemp and Palmer amaranth, problems with dicamba use remained. Weed scientists at the University of Missouri detailed potential problems with volatility even with new formulations.⁴² In February, 2020 a jury awarded Bader Farms, a peach orchard, \$15 million in compensation for damages from off-target dicamba drift, and awarded over \$200 million more in punitive damages.⁴³ In June, the agriculture community was stunned when a federal court ruled that EPA’s approval of reformulated dicamba (XtendiMax, Engenia and FeXapan) in use on “an estimated 60 million acres of soybeans and cotton [was] vacated – or ended – effective immediately.”⁴⁴ Farmers could apply any existing stocks of those herbicides through July 31, 2020.⁴⁵

Distribution of Estimated 3.6 Million Acres of Dicamba-injured Soybeans
Reported by University Weed Scientists in Thousands of Acres as of October 15, 2017



Adapted from Dr. Kevin Bradley, University of Missouri
Figure 6: Distribution of dicamba-related soybean injuries known in 2017.

³⁹ <https://www.agriculture.com/crops/pesticides/dicamba-on-trial>

⁴⁰ “I had to start growing dicamba beans because the losses were so much you can’t stand it,” said Sam Branum, a recently retired farmer near Hornersville [MO]. “If you’re farming around it, you either get with it, or you get out.” Another Missouri farmer Carlis McHugh said “We switched over to it to protect ourselves... You didn’t have a hell of a lot of choice, if you know what I mean.” <https://www.rfdtv.com/story/41832450/dollar265m-dicamba-verdict-could-give-other-lawsuits-victories>.

⁴¹ Personal conversation with one author’s relative, a farmer who chose to defensively plant dicamba tolerant soybeans.

⁴² <https://ipm.missouri.edu/IPC/M/2019/4/dicamba/>

⁴³ <https://www.agriculture.com/news/business/bader-farms-wins-dicamba-lawsuit-against-bayer-basf>

⁴⁴ <https://www.dtnpf.com/agriculture/web/ag/crops/article/2020/06/04/know-legal-status-dicamba>

⁴⁵ <https://agriculture.mo.gov/news/newsitem/uuid/dd3b5f4d-abd2-4466-937e-325d51fd29f2/missouri-department-of-agriculture-follows-epa-guidance-on-dicamba>

Environmental Consequences of Corporate Actions: To understand the problems with dicamba, Howard and Hubbard (2020) trace changes in the seed industry, with historic seed firms first being acquired in the 1970s by oil and grain trading companies, and then by agrochemical companies in the 1990s. The latter was spurred by slowing rates of growth in agrochemical sales largely due to environmental concerns. Then came herbicide-tolerant crops, starting with the introduction of Monsanto’s Round-Up Ready soybeans in 1996. Agrochemical-seed firms could now bundle seeds and chemicals, which could keep farmers dependent upon one firm for these inputs (James, Hendrickson and Howard, 2013).

The herbicide dicamba has been in use since the 1960s, primarily in corn production, but tensions exploded in 2016. Why? Monocropping in cotton, corn, and soybeans have created a plethora of herbicide-resistant weeds⁴⁶ that have occurred since the introduction of Round-Up Ready seeds. Dicamba-tolerant, as well as 2,4-D tolerant seeds, were seen as an urgently needed solution. As Missouri weed scientist Kevin Bradley notes, dicamba became a problem for two reasons: farmers spray more to combat weeds such as herbicide resistant pigweed (*Amaranthus palmeri*), which we note thrives particularly well in a rapidly changing climate; and dicamba is being used later in the season, which makes it vulnerable to drift due to hot and humid conditions.⁴⁷

This overreliance on one single weed management tool – herbicides – alarmed soil scientists who argue that soil conservation gains are threatened by the tillage desperate farmers use to control weeds, and called for an “integrated weed management” approach (CAST 2012).

Community Impact: The volatility of dicamba has pitted neighbor against neighbor in rural communities. The most poignant, of course, is the murder of Mike Wallace by his farming neighbor’s employee, Curtis Jones, over dicamba drift damage to an estimated 40% of Wallace’s crops. In the months after this murder, Wallace’s family worked to get a permanent ban on dicamba, “a quest that has put Wallace’s family at odds with many of their neighbors.”⁴⁸ Others acknowledge the potential community problems, as this Arkansas farmer said in 2017, “We’re trespassing on our neighbors, and we’re trespassing on our neighbors in town. It’s not just our neighbor farmers. There’s a lot of damage in yards. You hate to say that and call attention to it, but it is a reality.”⁴⁹

In 2018, just two years after dicamba tolerant beans were introduced, an investigation by the agricultural news service DTNPF on community impacts of dicamba drift exposed the destruction of a South Dakota CSA farm’s crops, a Tennessee rural resort struggling to save gardens and trees, and an Illinois homeowner who spent at least \$10,000 investigating damage from dicamba on her “carefully landscaped yard.”⁵⁰ In all these cases, individuals – in the first two instances, consumers and farmers attempting to build agrifood alternatives – were blind-sided by the constrained choices of conventional farmers (e.g. Hendrickson and James 2005). In essence, the rights of rural community members to make choices about their livelihoods or even

⁴⁶ There are 514 unique cases of herbicide resistant weeds globally, involving 262 species, in 93 crops in 70 countries: <http://www.weedscience.org/Home.aspx>

⁴⁷ <https://www.harvestpublicmedia.org/post/dicamba-has-been-around-years-why-would-it-now-be-causing-problems> and <https://ipm.missouri.edu/MPG/2017/11/dicamba/>

⁴⁸ <https://arktimes.com/news/cover-stories/2017/08/10/farmer-vs-farmer>

⁴⁹ <https://arktimes.com/news/cover-stories/2017/08/10/farmer-vs-farmer>

⁵⁰ <https://www.dtnpf.com/agriculture/web/ag/crops/article/2018/07/20/dicamba-moves-beyond-bean-fields-eye>

their enjoyment of rural properties is usurped by the right of dominant agrifood companies to profit or of conventional row-crop farmers to control weeds.⁵¹ Perhaps the situation is best summed up by a Missouri farmer interviewed in 2019 (James et al. 2020): “With Dicamba, you can do everything right and it can still move around and damage the neighbor’s orchard or the garden of the lady down the road....morally, can you spray a product that you have no control over once it leaves the boom tip and you have to rely on Mother Nature to keep it where it's at and you damage someone else's crop?”

Failure of Institutions: The power of these dominant firms is also demonstrated by the failure of the EPA and state agencies to regulate dicamba, and the struggle by universities to provide accurate information about its use. University weed scientists were caught off-guard as dicamba related injuries accumulated in 2016 and 2017.⁵² Some state agencies have been in the cross-hairs between corporate power, desperate farmers and community concerns. For instance, after the Arkansas Plant Board restricted use of dicamba-based herbicides in 2016 and 2017, Monsanto sued the board “arguing that the 2016 rule had effectively prohibited in-crop use of XtendiMax in 2017, and that the 2017 rule would effectively prohibit in-crop use of XtendiMax in 2018.” At the same time, farmers also sued the board after it set an early April, 2018 cut-off date for spraying dicamba instead of the May 25 date.⁵³

Other state agencies responsible for regulating herbicides issued and rescinded bans limiting use at certain times,⁵⁴ and pleaded with EPA to ban post-emergent use when reregistering the chemical.⁵⁵ States were flooded with damage reports,⁵⁶ even though some farmers felt state agencies were reluctant to investigate and even discouraged reports.⁵⁷ The federal judiciary stepped in, vacating EPA’s approval of three specially formulated herbicides in the middle of the 2020 growing season.⁵⁸

Farmer and Community Impacts

Both of these cases serve as illustrations for the impacts of concentration in the food system across multiple, global scales. As Hendrickson (2015) argues, a consolidated system constrains the ability of farmers to manage their farms using agroecology, which requires diversity and redundancy, rather than specialization and efficiency. In *Too Big to Feed*, the International Panel of Experts on Sustainable Food Systems (IPES-Food 2017)⁵⁹ argued that agrifood consolidation

⁵¹ Ashwood et al (2019) show how Right-to-Farm laws prioritize the right to profit from property over other rights such as the right to sustenance or the right to heritage. In addition, Ashwood (2018) explores how government enforcement of the right to profit has undermined democracy in rural communities.

⁵² Kevin Bradley writing a plea to understand dicamba, and also linking other weed scientist articles:

https://ipm.missouri.edu/IPC/M/2017/7/Ag_Industry_Do_we_have_a_problem_yet/

⁵³ <https://nationalaglawcenter.org/the-deal-with-dicamba-part-one/>

⁵⁴ See a summary at <https://www.dtnpf.com/agriculture/web/ag/news/article/2019/03/01/illinois-arkansas-others-add-state>.

⁵⁵ <https://www.dtnpf.com/agriculture/web/ag/news/article/2020/04/30/state-regulators-ask-epa-ban-dicamba>

⁵⁶ See <https://www.dtnpf.com/agriculture/web/ag/crops/article/2019/12/10/states-report-another-year-dicamba>

⁵⁷ On-going research being conducted by Hendrickson and colleagues.

⁵⁸ <https://www.dtnpf.com/agriculture/web/ag/crops/article/2020/06/04/know-legal-status-dicamba>

⁵⁹ One of the authors, Philip Howard, is a member of this panel. The report is available at http://www.ipes-food.org/_img/upload/files/Concentration_FullReport.pdf.

reduces farmer autonomy and redistributes costs and benefits across the food chain, thereby squeezing farmer incomes. The table below illustrates this squeeze. One can see that the *median* net farm income for intermediate farms, those grossing less than \$350,000 and for which one of the operators considers farming an occupation, was -\$1,524 in 2018.

Table 3: Principal farm operator household finances, by ERS farm typology, 2018

Item	Residence Farms	Intermediate Farms	Commercial Farms	All Farms
Number of farms	1,069,497	742,931	166,940	1,979,368
Income, median dollars per household				
Farm income	-2,610	-1,524	141,614	-1,735
Off-farm income	90,559	46,483	41,000	65,841
Earned Income	74,305	7,910	17,500	37,500
Unearned Income	14,000	25,310	5,000	20,404
Total household income	88,220	50,097	195,254	72,481

Source: USDA-ERS. Residence farms are those where the operator is retired or has another occupation. Intermediate farms have at least one operator who spends 50% or more of work time farming and have agricultural sales <\$350,000. Commercial farms are the same except have agricultural sales >\$350,000.
<https://www.ers.usda.gov/data-products/farm-household-income-and-characteristics/farm-household-income-and-characteristics/#Farm%20Household%20Characteristics>

As we have described, the agrifood system is a set of power relationships with dominant agrifood firms leveraging their power over farmers, workers and communities in producing, manufacturing and retailing food. This can have particular impacts on farmers, workers and communities of color. Johnson Gaither (2016) outlines how heirs’ property⁶⁰ can affect how Black property owners, as well as heirs of Native American fractionated allotments and Texas *colonias*, are able to engage with government agriculture and land programs. Due to unclear titles or multiple heirs, farmers of color may also face displacement through land partition or tax sales (Dyer and Bailey 2008). This puts them specifically at risk of losing their farms through land consolidation, particularly as cultural rights and/or the right to sustenance are mostly superseded by the right to profit in current application of property rights (Ashwood, Diamond and Walker 2019). Farmers of color have also been historically locked out of conventional agricultural markets, leading them to forge alternative market arrangements – like cooperatives⁶¹ – that can be vulnerable to dominant trading or supermarket firms.

⁶⁰ Gaither defines it as, “inherited land or real estate owned by two or more people as tenants in common” usually arising from a lack of a will or outside a formal probate process. Gaither summarizes legal scholarship that notes Native Americans, who were often compelled to lease their land to Whites, did not consider land as a commodity which constrained their ability to participate in White notions of free markets.

⁶¹ See Federation of Southern Cooperatives <https://www.federation.coop/> and also <https://www.wealthworks.org/success-stories/new-mexico-cooperatives>.

Farmers and consumers frequently have far fewer options in the market than it appears. Farmers Business Network,⁶² for example, notes that "Seed companies routinely label the same seeds under multiple brands with dramatically different prices." Recalls have illustrated the hidden yet widespread practice of contract packing, with identical foods from a single processing plant sold under as many as forty different brands, including those that appear to be direct competitors (DeLind and Howard 2008).

The IPES-Food (2017, p. 77) also argued that agrifood consolidation was "narrowing the scope of innovation," controlling information through a focus on big data, allowing labor abuses and fraud, and hollowing out corporate commitments to sustainability. IPES expressed concerns about increased environmental and public health risk – which were prescient as the pandemic has shown. Other scholars such as Drake (2013, p. 1083) detailed how non-white "communities across the United States disproportionately bear the burden of pollution by big agriculture" through exposure to excessive pesticide use and location of large-scale animal operations, thereby linking consolidation in the agrifood systems with civil rights.

As was illustrated with the dicamba debacle and meat industry consolidation, there are important community level impacts of consolidation in agriculture and food. Dicamba has divided rural communities, while the labor strategies of big meat have exacerbated impacts of immigration on communities, particularly in the Midwest. In their meta-analysis on the relationship between agricultural structure and community well-being, Lobao and Stofferahn (2007) found detrimental effects of industrialized farming on communities were reported in 82% of 51 studies. These negative effects included greater income inequality or poverty; decreased retail trade and diversity of retail firms; population declines; and negative health effects of large livestock operations. Gibson and Gray (2019) show how a consolidated agriculture "without people" has depopulated Western Kansas with an accompanying collapse of social relationships. A recent New Yorker article provides the human face of these effects, examining the unhappy fate of dairy farmers across a very productive region of Wisconsin, due to the rapidly changing structure of their industry, which has seen the elimination of many smaller (less than 300 cows) herds.⁶³ Such changes have social and political ramifications as rural areas depopulate, challenging the ability of rural communities to provide essential services and invest in businesses and infrastructure (Peters 2019).⁶⁴

Possibilities for Democratizing the Food System

Our aim in this report was to document current conditions of consolidation within the agrifood system and to frame the social and ecological consequences of such a system. We are concerned that the relationships of power currently exhibited within the agrifood system have significant negative impacts on farmer livelihoods and autonomy, particularly for less powerful members of

⁶² <https://use.farmersbusinessnetwork.com/seed-relabeling-report-2018/>

⁶³ <https://www.newyorker.com/magazine/2020/08/17/how-suffering-farmers-may-determine-trumps-fate>

⁶⁴ According to Peters research, of the 70% of non-metro counties that lost population since 2010, most were concentrated in the Great Plains and Midwest – the Heartland region that provides corn and soy. Some scholars at Iowa State, including D. Peters, have tried to help Iowa communities manage these processes through "smart shrinkage." <https://www.news.iastate.edu/news/2018/10/31/shrink-smart>

society, especially those who are systemically discriminated against and exploited based on race, gender, queer identity, ethnicity, or nationality. Centralizing food system decisions about what is produced, where, how and by whom damages farmers' abilities to treat their farms as specific agroecosystems and constrains their choices by determining what they can produce for what markets. In response to continued consolidation in agrifood, rural communities in some agricultural areas have depopulated, collapsing social relationships, while in others, relationships, livelihoods and property have been damaged by the choices of some farmers caught in a treadmill of monocropping. Vulnerable workers have been sacrificed to injury and illness, and serious questions arise about the social and ecological resilience of such systems in the face of climate change and societal turmoil.

At the heart of this analysis is a focus on power – both economic and political. Ultimately American political democracy rests on economic democracy and vice versa (Wu 2018). Thus, our laser focus in scholarship, praxis and policy must be on democratizing the agrifood system through a multitude of strategies at local, state, regional and national scales.

What would democratizing the food system look like? We already see a plethora of emerging alternatives from Community Supported Agriculture farms that intimately share risks and rewards with consumers to farmer cooperatives, urban agriculture farms, garden-based education, commons-based land ownership, fair trade or building values-based value chains that serve local and regional food systems. All of these in some way are attempting to reshape relationships of power within the food system. Full spectrums of innovations must be encouraged without cooptation or blocking by those whose power may be relatively diminished. This will only be achieved with an accountable, and truly democratic government, which has yet to be fully realized.

What is missing is analysis and action on policy that can be immediately deployed to reshape power relationships in agriculture and food. It is not our intent – nor our expertise – to offer fully formed policy solutions here. Rather we believe that democratizing food and agriculture will take policy-makers, farmers, workers and communities working together to fashion alternatives and policies that can help to:

- 1) Curb and prevent monopolistic tendencies in agrifood systems within all sectors and at all scales through diverse policy instruments from contract to competition law, including all titles of the Farm Bill.
- 2) Shine a racial lens in scholarship on agrifood system power and consolidation that highlight the myriad ways that economic power has often been built within and upon other relationships of power, providing new insights into potential remedies.
- 3) Adopt a stance prioritizing resilience and redundancy in business arrangements as well as policies.
- 4) Rethink core assumptions such as efficiency and property rights in ways that acknowledge their social and ecological consequences.
- 5) Encourage the development of alternative production and consumption arrangements that root producers and consumers in place, offer producers and consumers more choices at

different scales, afford more opportunities for communities to develop self-reliance, and reduce society's dependence on dominant agrifood firms.

- 6) Rethink what kinds of crops, livestock and even sectors of the food system are subsidized, and how they are subsidized, in a transparent iterative process that allows citizens to truly weigh their benefits and consequences.

To transform our agrifood system from one that is monopolized and brittle to one that is democratic, equitable, ecological and resilient will take many solutions and experiments across all scales and sectors of food production and consumption. We hope that we have contributed to this process by providing a framework for seeing and understanding the social and economic organization of the agrifood system.

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Food Security and Community Resilience Resources

Prepared by the Interdisciplinary Center for Food Security, University of Missouri
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Missouri Hunger Atlas

The Missouri Hunger Atlas visually engages readers to better understand hunger in Missouri. Through a series of indicator maps and tables, the Atlas details the extent of food insecurity in all 114 Missouri counties and the city of St. Louis. The Atlas also assesses the performance of a host of public and private programs intended to help people struggling with hunger.

Web: <https://foodsecurity.missouri.edu/missouri-hunger-atlas/>

Food Pantry Research

The center conducts a variety of research involving food pantries. Projects explore the characteristics of food pantries, looking at how they are organized and operated. Other research explores the household characteristics, health, and coping strategies of those who use food pantries. In the summer of 2021, we concluded data collection for a multi-state (Missouri, Kansas, & parts of Illinois) study involving agencies and clients and plan to make that data available by early 2022.

Web: <https://foodsecurity.missouri.edu/food-pantry-research/>

Missouri EATs

In partnership with communities across the state, Missouri EATs helps connect local stakeholders to build and strengthen their community's food system. Missouri EATs is a community development process designed to **engage** people to identify local assets and needs; help them develop a plan to **act** on their top priorities; and make lasting changes to **transform** their local food system. Missouri EATs is a creation of the Interdisciplinary Center for Food Security and MU Extension Community Economic Development Food Systems Team. It is adapted with permission from the Oregon Food Bank's FEAST program.

Web: <https://foodsecurity.missouri.edu/missouri-eats/>

“Local Is Delicious,” But It’s Not Always Easy:

A Case Study of the Western Montana Growers Cooperative



**A community-based action research project of the
Environmental Studies Program, University of Montana,
in partnership with the
Western Montana Growers Cooperative
& Mission Mountain Food Enterprise Center**

November 2013

This research emerged from a graduate workshop offered through the Environmental Studies Program at the University of Montana during Fall 2012. Sixteen students and Professor Neva Hassanein carried out this multi-dimensional case study of the Western Montana Growers Cooperative. Such community-based action research allows students to contribute to building our regional food system and to learn by doing.



The researchers and authors of this report are:

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Emily Davidson	Arza Hammond	Stephanie Parker
Kim Degner	Morgen Hartford	Eva Rocke
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**“LOCAL IS DELICIOUS,” BUT IT’S NOT ALWAYS EASY:
A CASE STUDY OF THE WESTERN MONTANA GROWERS COOPERATIVE (WMGC)**

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FREQUENTLY USED ACRONYMS	
AERO – Alternative Energy Resources Organization	
CBAR – Community-Based Action Research	
CSA – Community Supported Agriculture	
LCCDC – Lake County Community Development Corporation	
MMFEC – Mission Mountain Food Enterprise Center	
USDA – United States Department of Agriculture	
WMGC – Western Montana Growers Cooperative	

DEDICATION

Jane Kile (1954-2010) was a pioneer in Montana's organic and community-based agriculture movements. She committed herself to conserving wild lands; supporting sustainable forestry, farming and ranching; and creating stable, self-sufficient rural communities. Jane was instrumental in the formation of the Western Montana Growers Cooperative. This report is dedicated to her memory and inspiration, which live on.



ACKNOWLEDGEMENTS

The UM Environmental Studies Program gratefully acknowledges our community partners for their support and interest in the project and in students' learning. For financial support and helpful guidance, we thank Jan Tusick, Karl Sutton, and the rest of **Mission Mountain Food Enterprise Center**, a Division of the Lake County Community Development Corporation, as well as Rural Cooperative Development of the United States Department of Agriculture. We are especially grateful to the **Western Montana Growers Cooperative** (WMGC) for its willingness to provide input on the research and share information vital to this research, especially Dave Prather and the WMGC Board of Directors.



EXPLORING A FOOD HUB IN THE NORTHERN ROCKIES

Neva Hassanein and Laura Ginsburg

Introduction

With deep roots in the movement for sustainable agriculture and community-based food systems, the Western Montana Growers Cooperative (WMGC) formed in 2003. This agricultural marketing cooperative aggregates, processes, markets, and distributes products at a regional scale for its grower members. Using the tag line “local is delicious,” the WMGC serves wholesale markets (e.g., grocers, restaurants, institutions) and their own community supported agriculture (CSA) program. The business’ formation and the key partnerships involved reflect what many scholars and practitioners have increasingly recognized while working to promote local and regional food systems in Montana and elsewhere. That is, in order for such food systems to flourish, infrastructure and marketing channels supporting short, values-based supply chains must be developed, scaled appropriately, and sustained over time.¹

The new term “food hub” and the attention being given to the concept reflect this systems orientation and interest in intermediated local/regional markets.² While food hubs may serve a variety of economic and social functions, they are most simply understood as businesses or organizations that actively manage the aggregation, processing, marketing, and/or distribution of local and regional food products. Aggregation refers to the combining of products sourced from multiple growers, and marketing and distribution networks typically retain some level of source identity with sales to wholesale markets.³ Food hubs have adopted various legal structures, including privately held businesses, non-profit organizations, and cooperatives. Cooperative businesses constitute about 21% of the 168 food hubs identified by the United States Department of Agriculture (USDA).⁴

¹ Diamond, A. & J. Barham. 2011. Money and mission: Moving food with value and values. *Journal of Agriculture, Food Systems, and Community Development*. 1(4):101-117.

² Horst, M. E. Ringstrom, S. Tyman, M. K. Ward, V. Werner, & Branden Born. (2011). Toward a more expansive understanding of food hubs. *Journal of Agriculture, Food Systems, and Community Development* 2, 209-225.

³ Day-Farnsworth, L. & A. Morales. (2011). Satiating the demand: Planning for alternative models of regional food distribution. *Journal of Agriculture, Food Systems, and Community Development* 2, 227-247.

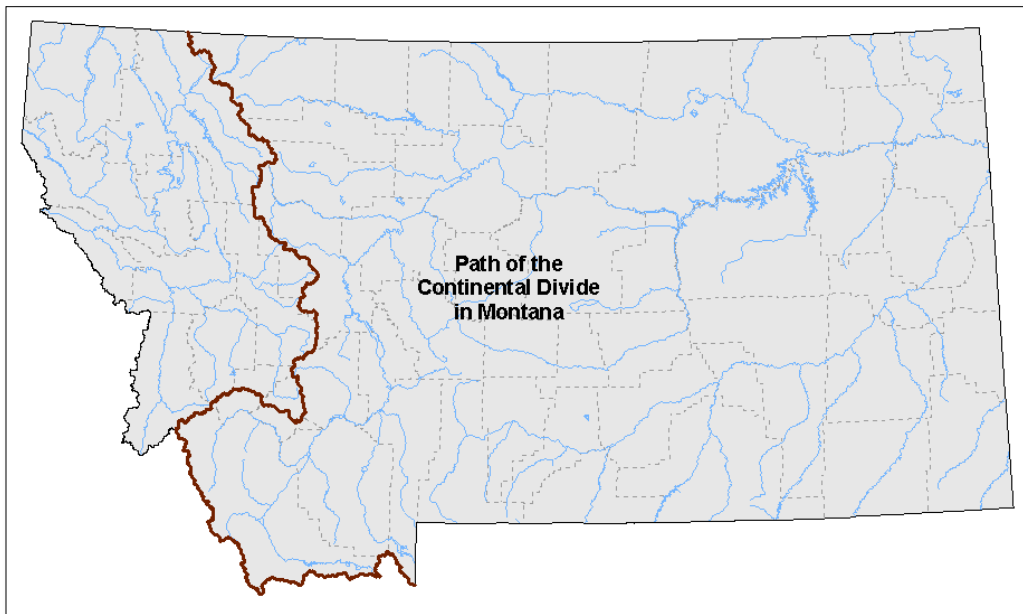
⁴ Matson, J. M. Sullins, & C. Cook. (2013). *The Role of Food Hubs in Local Food Marketing*. USDA Rural Development, Service Report 73.

Continuing a long tradition of organized opposition to the concentration of economic power in agriculture, farmer cooperatives have strong potential as a vehicle for empowerment and solidarity.⁵ As member-owned and controlled businesses, the democratic form of cooperatives creates an opportunity for the emergence of a shared identity around goals and values. In the case of food hubs, that collective identity seems likely to be constituted around the goal of and values associated with building a food system grounded in a particular place and network of relationships. In turn, the infusion of cooperative principles into food hubs might reinforce the development of values-based supply chains, which generate economic value *and* advance particular social, economic, or environmental values.

This report presents the results of a community-based action research project (CBAR) about one particular food hub, the WMGC, and its role in a local and regional food system in the Northern Rockies. Geographic factors certainly contributed to a strong practical interest among producers, economic development professionals, and other food system actors in developing this food hub. Montana's geography is roughly defined by the Continental Divide, which splits the western one-third and the eastern two-thirds of this vast state – the nation's fourth largest in area (see Map 1). With just over a million people, Montana is ranked 48th out of the 50 states in terms of population density. The vast majority of the growers in the WMGC (36 in 2011) are located west of the Continental Divide, especially in Flathead, Lake, Missoula, Ravalli, and Sanders Counties (see Map 2). Montana's cities and, therefore, larger markets are spread apart geographically. These include Missoula, Kalispell, and smaller towns around Western Montana, as well as points east, including the cities of Helena and Butte, Bozeman, and even Billings in Eastern Montana. The northern latitude and shorter growing season have logically led to partnerships to meet demand during winter through processing and storage facilities. Despite the fact that Montana is sparsely populated – or perhaps because of it – there are strong social and economic networks among those working on various alternative food and agriculture initiatives.

⁵ Gray, T. W. & G. W. Stevenson. (2008). Cooperative structure for the middle: Mobilizing for power and identity. In T. A. Lyson, G. W. Stevenson, & R. Welsh, (Eds.), *Food and the Mid-Level Farm: Renewing an Agriculture of the Middle*. Cambridge, MA: The MIT Press.

Map 1: Path of the Continental Divide in Montana



Map 2: Montana Cities and Counties



Collaborative Research Approach

In conventional research, so-called “experts” decide on the issue to be studied, and mainly present their findings to other scholars. By contrast, CBAR aims to systematically answer questions in collaboration with community partners affected by the issue being studied and for the purpose of effecting change in some way.⁶ The process rests upon strong relationships between the researcher(s) and the community or organization. In this case, for over a decade, Neva Hassanein, Professor of Environmental Studies at the University of Montana (UM), has worked in a variety of capacities with organizational, governmental, and individual actors engaged in efforts to transform the food system. As a result of those relationships, this project emerged from conversations among UM researchers, staff and board members of the WMGC, and staff from the Mission Mountain Food Enterprise Center (MMFEC) of Lake County Community Development Corporation (LCCDC).

During a graduate-level course at the UM during late 2012, a research team of 16 students and Hassanein carried out this multi-dimensional case study about the WMGC. In the spirit of CBAR, UM researchers met several times with our community partners to determine the scope of the project. The WMGC board and staff generated ideas for specific research questions, emphasizing interest in learning more about the perspectives of their members and their customers. The Cooperative Development Center at LCCDC was instrumental in creating the WMGC; therefore, their staff was particularly interested in a comprehensive case study, wanting to be able to tell the story of how the Cooperative functions in the emerging local and regional food system. With funds from Rural Development at USDA, LCCDC provided financial support for the project. Specific objectives included:

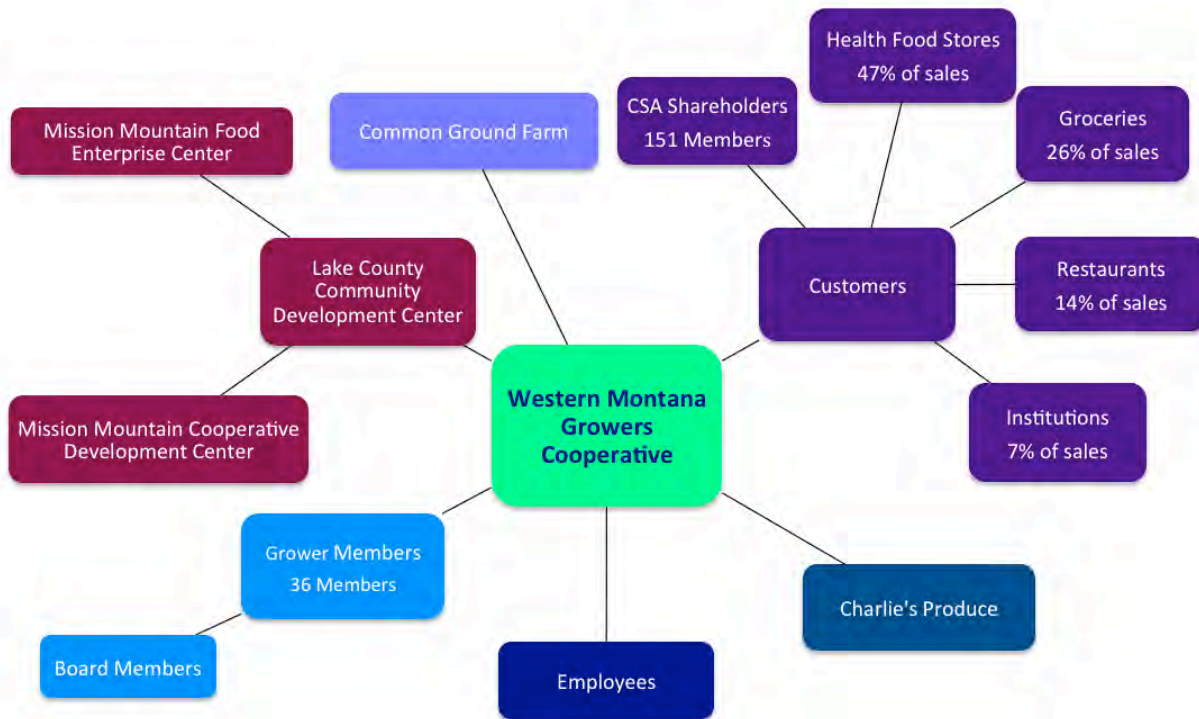
- To describe and analyze the structure and function of the WMGC and its role in the regional food economy;
- To explore the values-based supply chains associated with the Cooperative; and
- To learn about what is working well and what might be improved.

The research presented here not only answers questions of interest to the Cooperative and its partners, but also contributes to a general understanding of small-scale cooperatives operating as food hubs, values-based supply chains, and the possibilities and challenges associated with building a more democratic, regional food system in a large rural area.

⁶ Stoecker, R. (2005). *Research Methods for Community Change: A Project-Based Approach*. Thousand Oaks, CA: Sage Publications.

Methods

Students joined one of three teams, each of which studied different links in the supply chain associated with the WMGC, including staff, partners, grower-members, and selected buyers. These relationships are illustrated in the schematic below:



A schematic representation of the Western Montana Growers Cooperative, its partnerships, membership, and buyers. Membership and wholesale sales percentages from 2011. Other sales (e.g., freight) were 6%. CSA sales are included in the institutional and other sales categories.

Student teams developed research strategies, and then collected and analyzed data in their particular topic area. Each of the teams reports in the following three parts:

PART I: Structure and Function. One team looked at the structure of the WMGC, its aggregation and distribution process, and the three primary (because other companies also distribute for them, not just Charlie's) strategic partnerships it has. In addition to document

review (e.g., sales data, organizational policies), the team carried out in-depth interviews with the all six of the staff members employed at that time, as well as some participant observation during warehouse packing and distribution. This team also interviewed five people from the three strategic partnerships – that is, at MMFEC; Common Ground Farm where the warehouse is located; and Charlie’s Produce, a partnering business that carries some of WMGC products to more distant cities in Montana.

PART II: Members’ Experiences and Perspectives. A second team focused on the grower-members of the WMGC. In addition to analyzing members’ sales and product data, the team conducted in-depth interviews with 15 of top 18 producers in terms of dollars sold through the Cooperative during the 2011 season (83% response rate). These semi-structured interviews focused on members’ interactions with and perspectives on the WMGC.

PART III: Customers Experiences and Perspectives. The third research team learned from selected customers about their experiences with this business enterprise. Because of the Cooperative’s interest in expanding the CSA, all 151 of its members were invited to participate in a self-administered survey; 112 members either filled it out at the pick-up site or returned it via mail for a response rate of 74%. Health food stores make up nearly half of total annual sales for the WMGC; therefore, this team conducted phone interviews with 10 buyers from nine stores. Lastly, because institutions constitute a perceived growth opportunity for the Cooperative, the team interviewed four of these buyers on the phone.

Interviews were recorded and transcribed; the research teams coded and analyzed the text to identify themes that answered the research questions using basic content analysis techniques.⁷ The CSA survey mostly had closed-form questions, which were tabulated and cross-tabs were analyzed for significance; the few open-ended questions were coded and tabulated.

The research approach used here presents several strengths and weaknesses. Given the number of people in this course project, we were able to collect and analyze a considerable amount of multi-dimensional data in a relatively short period of time. Such a holistic understanding of an organization within its social context is a hallmark of the case study approach. The in-depth interviews⁸ generated a detailed description of participants’ experiences and knowledge. Researchers asked all interviewees in a given group the same questions; however, participants also had a chance to raise unanticipated ideas, and probes were used to clarify, rather than assume, the meanings of terms. The strong response rates for both the survey and the interviews increase confidence in the data.

⁷ Hesse-Biber, S. N. & P. Leavy. (2011). *The Practice of Qualitative Research*. Second Edition. Los Angeles: Sage Publications.

⁸ Interview guides available upon request.

In addition to the goal of contributing to regional food system efforts, this project was most of all a learning experience for the student researchers. For most of them, this was their first time doing research. The project gave them an opportunity to develop new skills in a supportive environment and with guidance from the professor. In the process, students built new relationships and developed a first-hand and fairly detailed understanding of social and economic activity in the regional food and agricultural system. The research teams presented the findings to the WMGC Board of Directors and some of their key partners in December 2012.



“LOCAL IS DELICIOUS,” BUT IT’S NOT ALWAYS EASY:

A CASE STUDY OF THE WESTERN MONTANA GROWERS COOPERATIVE (WMGC)

SUMMARY OF FINDINGS

Structure & Function

- The WMGC is an agricultural marketing cooperative that is owned by its grower-members. Cooperatives are self-governed, democratically controlled businesses whose profits benefit the member-owners.
- The WMGC is building the regional food system by providing a cost-based service, ensuring farmers receive fair prices, and connecting farmers to larger wholesale and institutional markets. The Co-op bases its prices on gross margin (i.e., percent of selling price that is profit), including 25% for produce and 20% for meats and eggs. The pricing structure could be revised so that is more robust and reflects the variety of products and distance to markets.
- Over the course of seven years, the Co-op experienced an average annual rate of growth of nearly 31% (2006-2012). At times, cash flow for operations is dependent on members’ contributions as either short-term loans or accounts payable. The Co-op has relied on philanthropy, especially in the early years, and on grants, such as a recent one from USDA’s Farmers Market Promotion Program.
- In Fall 2012, the Co-op had three full and three part-time employees.
- Operations could be better streamlined and safer by developing schedules that allow for adequate driver rest, utilizing labor and time saving equipment, and minimizing travel with an empty truck.
- Additional equipment has made the warehouse work easier and faster. Yet, improvements could be made with respect to boxes, labels, accurate poundage increments, and pallet wrapping.
- Re-location of the warehouse and offices to Missoula is under consideration, which would make it more central for growers who farm to the south and improve access to the Interstate.
- The Co-op will benefit by developing more year-round markets, which would help to retain trained staff over the winter months and increase cash flow.

- Clear, consistent communication among all players will be essential to continued success.

Partnerships

- Partnerships with other businesses and non-profits have been and will continue to be key to the Co-op's success.
- The Mission Mountain Food Enterprise Center (MMFEC) has provided extensive assistance with cooperative development, processing facilities, food safety information and training, and connections to school and university markets.
- Common Ground Farm in Arlee (30 minutes north of Missoula) has housed the Co-op since inception and provided infrastructural support.
- For a fee, Charlie's Produce, a regional food distributor based in Seattle, has distributed WMGC's goods to markets in Central and Eastern Montana.

Producer Members

- Growing from nine members in its first year, the WMGC had 36 by 2011, seven of whom served on the Board of Directors at the time of the study. Members are located across a large rural area. Most of the members' farms are certified organic, branded with a local eco-label (Homegrown), or both.
- Although Co-op members heavily contributed to the vegetable category (62% of the members sold vegetables through the Co-op), these sales accounted for less than 30% of the total annual sales in 2011. In contrast, when combined, products such as fruit, dairy, eggs, and poultry account for 55% of the total annual sales, while only 38% of members contribute to these categories.
- Three members provided product that amounted to 37% of the total annual sales in 2011; another four sold over 26%; and 8 made up nearly 25%. Of the 36 members in 2011, 21 sold less than \$10,000 worth of goods.
- Products sold by multiple members while representing a small portion of sales (such as vegetables) may indicate potential areas of conflict for grower commitments. Low sales item may indicate areas for growth and increased member participation (such as beef and pork).

- According to the members interviewed, the primary benefits are: the distribution and aggregation of goods; empathetic relationships with other members; working with committed staff; financial return; and belief in local products.
- The WMGC has been particularly helpful to small and/or beginning farms improving their financial viability through improved market access, assistance with production planning, and opportunities to grow with the Co-op.
- Primary challenges mentioned are: inaccurate sales projections; competition between growers over commitments; competition between members and the Co-op for the same market; short turnaround from sales to pick-up; and the sales margin.
- Some members of the Co-op are much more deeply involved and invested in it than others who have limited sales and tend to remain on the fringes. Ten of the 15 farmers interviewed expressed that they were definitely committed to and invested in the success of the Co-op.
- Member engagement could be strengthened with greater communication (e.g., a newsletter), trainings, work parties, and increased attendance at the annual meeting.
- Members think the Co-op is fulfilling its role in the local food system by being an aggregation and distribution hub; increasing access to local foods; improving the viability of small and beginning farmers; and being “the face” of local food in the region.
- Most members would like to see the Co-op continue to grow. They raised several issues and provided specific ideas regarding: increasing the number of buyers, more thoroughly saturating current markets, diversifying the kinds of products sold by the Co-op, necessary steps for growth, and increasing the number of producer members. When discussing individual growth, members expressed willingness to increase or change their farm’s production to meet changing demands of the Co-op.

Customers and Markets

- Health food stores generated 47% of the total sales in 2011, followed by 26% at other grocery stores, 14% to restaurants, 7% to institutions, and 6% other.
- The sales from the CSA accounted for roughly 9% of the WMGC’s total sales (CSA sales are included in the institutional and other customer types above). The CSA has had positive financial impacts on the Co-op, while allowing more families to access local foods through the distribution of shares at multiple drop points and employees at an area hospital.

- Initiated in 2008, the CSA program has grown considerably to 151 shareholders in 2012. The Co-op aims to double that number in the next couple of years.
- Eight to ten farms provided for the CSA in 2011.
- CSA members consistently ranked the quality of the produce (freshness and taste) and the healthfulness of the food as being very important reasons why they participate. CSA survey respondents also greatly valued that they are “supporting local farming” (92%) and that they are “contributing to environmentally friendly agriculture” (86%).
- Buyers at institutions and health food stores valued being part of the movement to build a regional food system. They appreciated that the WMGC provides a reliable mechanism for purchasing in larger quantities and supporting a greater number of area farmers than the buyers could otherwise access. These customers also appreciated the high quality and freshness of the products, and they have generally found the ordering process convenient and easy.
- Buyers described their relationships with staff as strong and mutually beneficial. They praised the staff’s communication abilities and their willingness to address problems that arise. CSA customers also ranked the customer service of the CSA coordinator very highly.
- The buyers identified the need to improve packaging, provide more processed products, and increase quantities available.
- Knowing the particular farmers was not as important to CSA customers as the knowledge that they were supporting local agriculture. Conversely, health food stores noted that connecting a product to a certain farmer helped with sales. Indeed, they asked for more educational efforts around the meaning of certification labels and food source identity.
- Health food stores should continue to be a strong market because customers are more willing to pay premium prices for the high-quality, local/regional food. New opportunities in this market may be harder to find.
- Institutional markets – especially if processing expands – provide a growth opportunity for the Co-op. Their brand and information on the particular farms are less transparent to the end-user, however.

PART I: THE STRUCTURE AND FUNCTION OF THE WESTERN MONTANA GROWERS COOPERATIVE

Emily Davidson, Laura Ginsburg, Taylor Lyons, Stephanie Parker, and Caroline Stephens

The Place of the WMGC in the World of Cooperatives

Since its inception in 2003, the Western Montana Growers Cooperative (WMGC) has marketed and distributed agricultural products at a regional scale for its grower members. Every year, the WMGC has grown in number of members, sales, customers served, and pounds of products sold. The first section of this report focuses on the Growers Cooperative itself: the legal structure as a cooperative in the state of Montana; the history of the WMGC; past and current sales; an overview of aggregation and distribution practices; staff perspectives on a variety of topics; current partnerships; and future prospects.

This section is based upon data collected using three methods. First, our team carried out eleven in-depth, semi-structured interviews with all staff members and key partners. Interviews averaged 80 minutes in length. For nine of these interviews, two interviewers were present, and only one interviewer carried out the remaining two. All staff interviews contained standard questions about the individual's specific role; length of employment; questions regarding the mission, vision, and role of the WMGC; and thoughts regarding services the Co-op could offer in the future. Each employee also spoke to their own particular area of expertise within the WMGC. All interviews were recorded and transcribed and then coded for themes. Participants were assigned a unique code to identify their voices throughout this section and to increase the reliability of the reporting. In the findings below, employees of the Co-op are designated by the letter "E" and a number, and partners with the letter "P" and a number. The researchers have made every attempt to accurately reflect the opinions of the interviewees. Bear in mind that the thoughts expressed in the following sections reflect the perspectives of the staff and partners and not the grower-members. For the interview guide with staff members, see Appendix A.

The second method of data collection was participant observation through ride-alongs on pick-up and delivery routes and at the warehouse during order packing. Detailed field notes were taken during and after these experiences, which allowed researchers to observe first-hand the daily tasks of staff members.

The final method of data collection involved document review. Documents included such things as financials reports generated by the Cooperative, legal codes from the Montana Code Annotated, membership agreement forms, Articles of Incorporation, and By-Laws of the

WMGC. Document review gave us the ability to better understand the structure and functioning of the Co-op since its inception.

Cooperative Structure & Function

For well over 100 years, cooperative businesses have been representing and meeting the needs of their member-owners in the United States. From credit unions to buying clubs, cooperatives allow people to come together to address the needs of their community with a business model that is flexible and responsive⁹. For agricultural producers, cooperatives first became popular in the early 1900s in an attempt to protect themselves collectively from undercutting pricing strategies of larger businesses that could exert more buying power and downward pressure on price¹⁰.

Three major characteristics distinguish cooperatives from other business models. First, governance comes from a board of directors, comprised of member-owners. Theoretically, the board of directors has direct buy-in to the success of the Co-op and decisions are typically made by majority or unanimous vote. Other business models hold the Chief Executive Officer (CEO) or President responsible for company decision-making. Second, cooperatives are managed for the success and profitability of its members. Cooperatives have a mandate to pay out earnings to members or reinvest for improved functioning, such as upgraded facilities or infrastructure, or savings accounts for future purchases or loans. Other businesses are managed for profit of the business and to pay dividends to shareholders; typically earnings are not returned to workers. Third, cooperatives ideally operate under seven guiding principles that encourage knowledge sharing, democratic functioning, open membership, and concern for community, also known as the Madison principles (see Appendix B). Cooperatives are likely to: share lessons of business success and failures with other cooperatives; be invested in the well being of their members and surrounding community; and encourage a thoughtful, democratic process for decision-making. Most other businesses consider business information as confidential or proprietary, give to their community as a form of charity, and do not encourage worker input on decisions regarding company functioning.

Laws governing incorporation of a business and the activities the cooperative can undertake vary by state. Montana Code Annotated (MCA) Title 35, Chapter 17 describes state law

⁹ Nadeau, E.G. 2012. *The Cooperative Solution: How the United States can Tame Recessions, Reduce Inequality, and Protect the Environment*. The Cooperative Foundation. Available at: http://www.thecooperativefoundation.org/images/Cooperative_Solution_6x9-h_copy.pdf

¹⁰ Reich, A. 2007. The agricultural exemption in antitrust law: A comparative look at the political economy of market regulation. *Texas International Law Journal* 42(843): 843-874.

regarding agricultural marketing cooperatives. In Montana, an agricultural marketing cooperative must have at least five members to form and operate as a nonprofit cooperative association. Under MCA 35-17-105, the permissible activities include:

1. Any activity in connection with the marketing or selling of the agricultural products of its members or with the harvesting, preserving, drying, processing, canning, packing, storing, handling, shipping, or utilization thereof or the manufacturing or marketing of the byproducts thereof;
2. Any activity in connection with the manufacturing, selling, or supplying to its members of machinery, equipment, or supplies;
3. The financing of the above-enumerated activities;
4. Or any one or more of the activities specified herein.

The first step in forming a cooperative is to draft articles of incorporation, which includes primary information about who is coming together, for what purposes, where, and for how long. Articles of Incorporation describe the structure onto which the specifics of how the cooperative will function are built. Bylaws include information about meetings; what constitutes a quorum; election and terms for the Board of Directors; membership rules and fees; payment or transfer of stock; and reasons for withdrawal of membership rights (MCA 35-17-206). See Appendix C for the Bylaws of the Western Montana Growers Cooperative.

The Board of Directors (BOD) is the main decision-making body in a cooperative business. Made up of member-owners, the BOD is invested in the outcome of their decisions regarding the operation of their cooperative. In the WMGC, the five-member board is elected for 3-year terms, staggered to provide overlap and leadership for new board members. The Board governs:

the business and affairs of the Cooperative and shall be empowered to adopt all necessary rules and regulations not inconsistent with the Articles of Association or Bylaws. The rules and regulations may be established for the operation of the business, the guidance of the officers and other employees, and the management of the Cooperative. The Board of Directors of the officer or officers to whom the power is delegated, shall hire and fire employees of the Cooperative, and determine duties, salaries, and other conditions of employment (WMGC Bylaw 3).

The BOD also has the power to form an executive committee that has nearly all of the same powers as the full board, or other committees to address regulatory changes. The four officer positions include a Chairperson, a Vice-Chairperson, a Secretary, and a Treasurer. These positions are filled by election at the Annual Meeting. Board members are compensated for

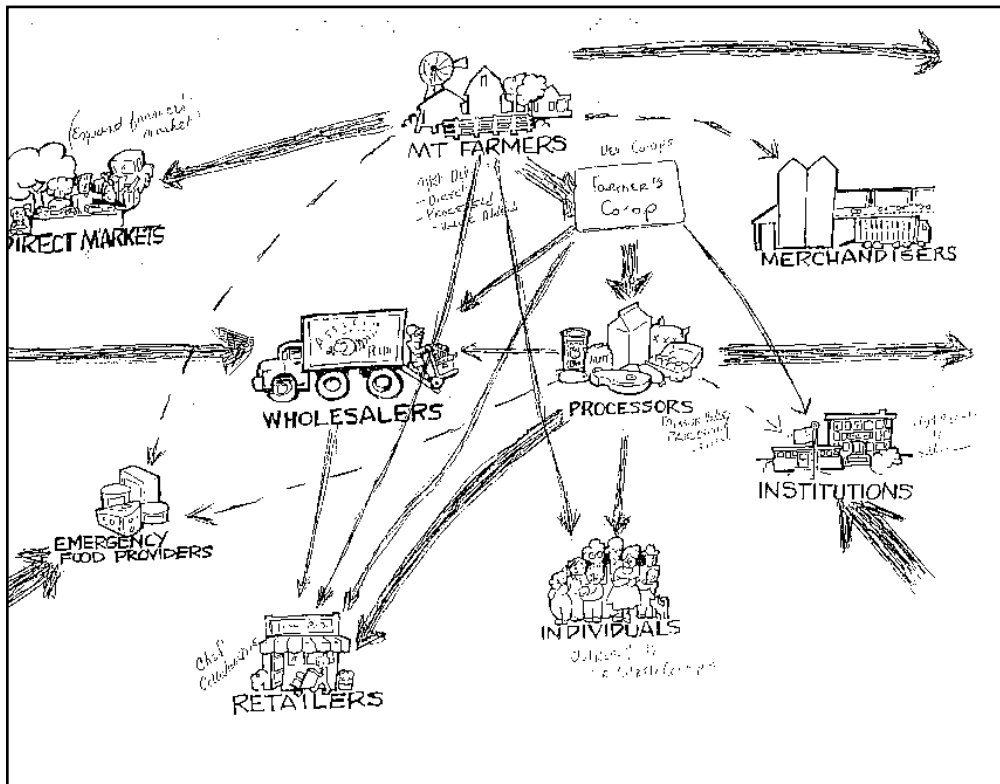
meeting attendance and those who hold officer positions receive further compensation as determined by the BOD.

Member-owners constitute the base of any cooperative, and have their own rules and regulations that must be followed. A potential WMGC member first fills out an application regarding their interest in the Co-op and then the manager meets with them to determine their fit with the Cooperative. If the new member is approved, they pay a membership fee. Members must abide by the Bylaws and membership agreement (Appendices C & D). Annual membership fees are included as income of the cooperative. Membership benefits in the cooperative include pick-up, transport, and delivery of the farm's products, and some member's goods are further processed into value-added items at Mission Mountain Food Enterprise Center (see below for further detail about this relationship). An agricultural cooperative is required by law to sell the majority of goods from members, but up to 49% of sales can come from non-members.

History of the Western Montana Growers Cooperative

In the mid-1990s, a group of producers in Western Montana – that is, west of the Continental Divide – set the foundation of what would later become the WMGC. “There was a group of area producers that were just exploring the idea of marketing together. They called themselves the Mission Valley Organic Growers Cooperative,” said Jan Tusick, director of the Mission Mountain Food Enterprise Center (MMFEC). The organization was short-lived. Without technical assistance or existing infrastructure to work with, it struggled to establish itself. Nonetheless, the seed was planted to create a marketing and distribution cooperative that could help growers sell their products. Soon after, Jane Kile, an organic grower in Dixon, Jan Tusick, and other farmers were part of an initiative organized by the statewide Alternative Energy Resources Organization (AERO). AERO's Montana Food System Initiative involved a collaborative process for analyzing the food system in Western Montana and identified areas for development, particularly marketing and distribution of local foods. These concurrent developments, along with the dismantling of the Mission Valley Organic Growers Cooperative, set the climate for the founding of the WMGC.

In 2000, the MMFEC successfully secured a Community Food Project grant through the United States Department of Agriculture (USDA). The primary aim was to provide the seed capital for a growers cooperative. The founding members then had to convince other growers to join. “Jane went...up to Whitefish, she went up to Plains, Hot Springs, the local area and really held some good discussions with producers and identified their needs,” said Tusick. “A core group came together out of that work and organized the Western Montana Growers Co-op.” Incorporated in 2003, 2013 marks its tenth anniversary.



The above illustration captures early thought in the potential role for a growers' cooperative in Western Montana and was an outcome of the AERO Montana Food System Initiative.

The Co-op found its home base in Arlee at Common Ground Farm owned by Mary Stranahan. She had purchased the property a few years prior from the Bureau of Alcohol, Tobacco, Firearms, and Explosives, which had seized the land from its previous owners. The infrastructure left over—two warehouses and an office—became the aggregation and distribution facility for the Co-op. Another farmer who had previously leased land at Common Ground had built a refrigerated unit in one of the warehouses, which also was useful. Stranahan, a longtime supporter of the Co-op, charges very affordable rent for the Co-op's use of the warehouse. In order to develop infrastructure for distribution, Stranahan also helped the WMGC purchase a refrigerated truck. "I bought the truck and leased it to them and eventually, I donated it to them...when it looked like they were going to make it," said Stranahan.

From the start, the Co-op's primary vision was to increase food supply to the region by marketing, aggregating, and distributing local food products. The founding members hoped to

address the issues of increasing food access and local food supply by marketing and distributing local food products from local farmers. Yet the efforts at organizing faced challenges.

An important initial obstacle that had to be overcome was simply an apparent lack of interest among farmers. “The ones that were established were not interested in a co-op, because they were established and doing fine, and thank you very much, why add another layer,” said Stranahan. It took a lot of talking to farmers across Western Montana to increase membership. The founders of the Co-op had to “push people to join to some extent. [I had to] get some of my friends who were established farmers to join,” said Stranahan. But this barrier was “overcome within two or three years.” Indeed, by 2011 the number of members had grown to 36 in 2012 from the 9 founding farms in 2003. Details on the current membership are presented in Part Two of this report. The Co-op has also grown in terms of sales, reaching a high of over \$900,000 gross sales in 2012 (the time of this study).

Partnerships

As explained further below, the WMGC has developed several key partnerships. First, the Co-op has a partnership with Charlie’s Produce, a regional food distribution company based out of Seattle, Washington. Developed in 2011, and the partnership helps the Cooperative reach markets further from Arlee, taking WMGC goods all the way to Billings (about 370 miles to the east). Also in 2011, the WMGC began to process some of their produce with Mission Mountain Food Enterprise Center’s (MMFEC) processing facility in Ronan. In 2012, processing has continued to increase, allowing Montana farmers’ produce to be sold to more markets, such as local public schools, and throughout the year as frozen product.

Employees

In Fall 2012, the WMGC had three full and three part-time employees. Soon after data collection ended, the number dropped to five as the assistant manager stepped down, and two existing staff shifted roles in the wake of that transition. The number of staff typically decreases in the winter as the workload also diminishes but with the departure of the assistant manager and recently awarded grants, the WMGC retained the majority of staff during the slower season (winter 2012-13).

The general manager (GM), Dave Prather, completed his third season in this position in 2012. Previously, Prather worked as a driver, warehouse worker, and assistant manager. As GM, his job duties include: coordinating grower commitments; budgeting expenses; communicating with the Board of Directors; managing and hiring staff; growing the customer base and finding new markets; maintaining and procuring equipment; and helping in the warehouse as needed.

Perhaps most importantly, Prather coordinates the movement of produce from members' farms to its final destination, including scheduling processing at the MMFEC.

For nearly two and a half years, Jim Sugarek was the assistant manager and bookkeeper. His job mainly consisted of making sales calls, planning and budgeting, readjusting product prices, and working in the warehouse. Sugarek continues to do the books and create financial statements on a contractual basis. He stepped down as assistant manager in October 2012.

Steffen Brown has been the primary driver and distribution coordinator from mid-2011 through 2012. He does a lot of driving, for both pick-up and delivery routes. He also spends a good deal of time in the warehouse packing orders and coordinating with the other drivers as well as helping manage and train employees. Recently, he has been doing more direct sales with customers. Brown assumed the role of assistant manager in late 2012. The position is structured differently than in the past as it will not include financials and will be more centered on streamlining sales and distribution.

Connie Surber and Brianna Ewert both began their work with at the WMGC while the 2012 season was in full swing. As drivers and warehouse workers, they primarily pack orders and do delivery and pick-up driving. With recent staffing changes, Surber will now become the primary driver and distribution coordinator, assuming Brown's previous role. Warehouse workers often turn over each season.

Amy Pavlock has managed the Community Supported Agriculture (CSA) program for three seasons. She coordinates growers and production needs according to the CSA delivery schedule. Pavlock also markets the CSA during the off-season to gain new shareholders. During the growing season, she packs CSA boxes, ensures that people are paying for their shares, and writes a weekly newsletter included in each box.

Products and Price-Setting

The WMGC carries a fresh product line, striving to have produce to their customers within 24 hours of picking it up from the growers. The bulk of sales consist of vegetables, fruits, poultry, and dairy. Less than ten percent of sales are from other products or services such as meat, herbs, dry goods, and freight. As discussed in Part Three, the WMGC sells nearly half of its products to health food stores, another quarter to other grocers, and the remainder to restaurants, institutions, and other venues. Five years ago, the Co-op developed a Community Supported Agriculture (CSA) program. Having started with just a few farms and around 30

shareholders, the CSA program served 150 shareholders in 2012, with more than 40 at one drop-site.

The WMGC carries Certified Organic, a local label called Homegrown, as well as conventional products. The USDA defines “Organic” as food or other agricultural products that have been “produced through approved methods that integrate cultural, biological, and mechanical practices that foster cycling of resources, promote ecological balance, and conserve biodiversity”. Organic farms must follow production standards and be certified by an accredited USDA certifying agent.

Formed in 2005, the Montana Sustainable Growers Union (MSGU) is a group of local farmers within a 75-mile radius of Missoula. MSGU administers the Homegrown label, and its farmers pledge:

- No use of synthetic herbicides, insecticides, fungicides, or fertilizer on crops, fields, or livestock;
- Sustainable management practices of the soil, water, and air quality;
- No use of chemically treated or genetically engineered seed; and
- No hormones or antibiotic-laced feeds or feeds of genetically engineered origin.

Homegrown producers complete a questionnaire concerning their farming methods, attend two meetings per year, pay annual dues of \$50, participate in annual farmer-to-farmer visits, and are asked to donate \$25 worth of their product in exchange for the communication coordinator’s volunteer efforts.

In 2011, nine percent of the WMGC’s sales came from the CSA program. The WMGC decides which farmers grow for the CSA based on hierarchy for what growers have produced in the past. As one staff member explained, “We did the policy and procedure thing, and we decided that if [the growers] have been growing for the wholesale for at least one season of successful production then they could be considered for CSA. It needed to be something unique for CSA that we didn’t have or something that someone else didn’t want to grow anymore or they decided that they can’t grow it in the quantity needed.” The CSA portion of the Co-op’s sales is projected to grow and expand, especially given a recent grant from the USDA.

Price-setting

Certified Organic and Homegrown items are priced the same. According to S2, “conventional can be a little cheaper to quite a lot cheaper. And we really have trouble with conventional vegetable pricing because it’s really cheap.” Certified Organic and Homegrown products are priced at a premium using several methods:

- A consensus of the desired price expressed by growers;
- Historical data;
- Market research to set competitive prices, using Agriculture Marketing Service (AMS) reports and prices lists; and
- Reactionary pricing based on lowering the price if a product is not selling or, if possible, raising the price.

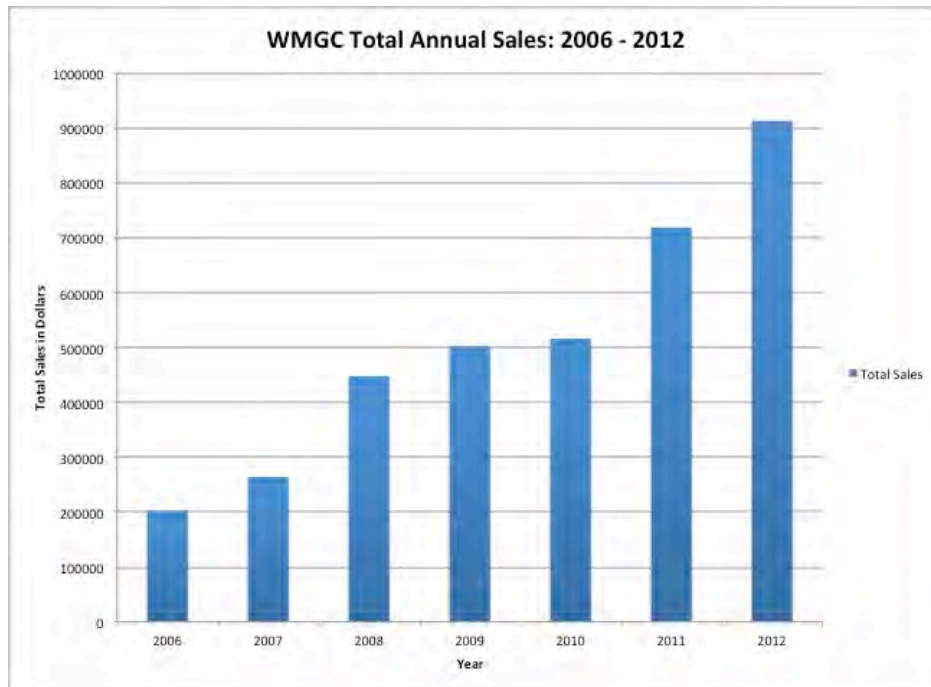
In return for distributing members' products, the WMGC keeps a gross margin of the price of each product, which is slightly different than a mark-up. The gross margin for produce is higher than other items at 25%, according to one staff member (S3): "Most of the produce is higher risk. If it is a bad batch, it is still our responsibility; but we can't always track it, or forget to. We can always track it but then we don't find out for another week or two if they [the customer] rejected it and then we have to work backwards, and maybe we have already paid [the grower]. So you end up with a lot of loss that way on the produce end that we can't really do anything about, so we need the higher margins to make that work." S3 also explained that, "A lot of high value items we can work on tighter margins." For instance, eggs work on a margin of 20% or less, the margin for meats is about 20%, and S3 believes the goal for everything this year (2012) is 22.5%.

A more robust, complex pricing system has been suggested, so the margins are set more equitably for everyone. This would involve greater flexibility based on the costs incurred by the WMGC and the benefits for the grower based on the different levels of marketing and the distance products are distributed for each grower. An issue brought up by S3 is that of sending products to places such as "Bozeman, Billings, and Helena, where it costs more to get there than Missoula, so in theory we could work on different margins for where things are going. But then you have to figure out the fairness issue for which growers get to send their stuff where."

Sales

The following charts illustrate sales trends beginning in 2006. Chart 1 describes total annual sales from 2006 – 2012. Due to incomplete sales data for 2012, Chart 2 shows sales from 2006 – 2011 by category. Since 2006, gross sales of the WMGC have increased at an average annual rate of 30.8%

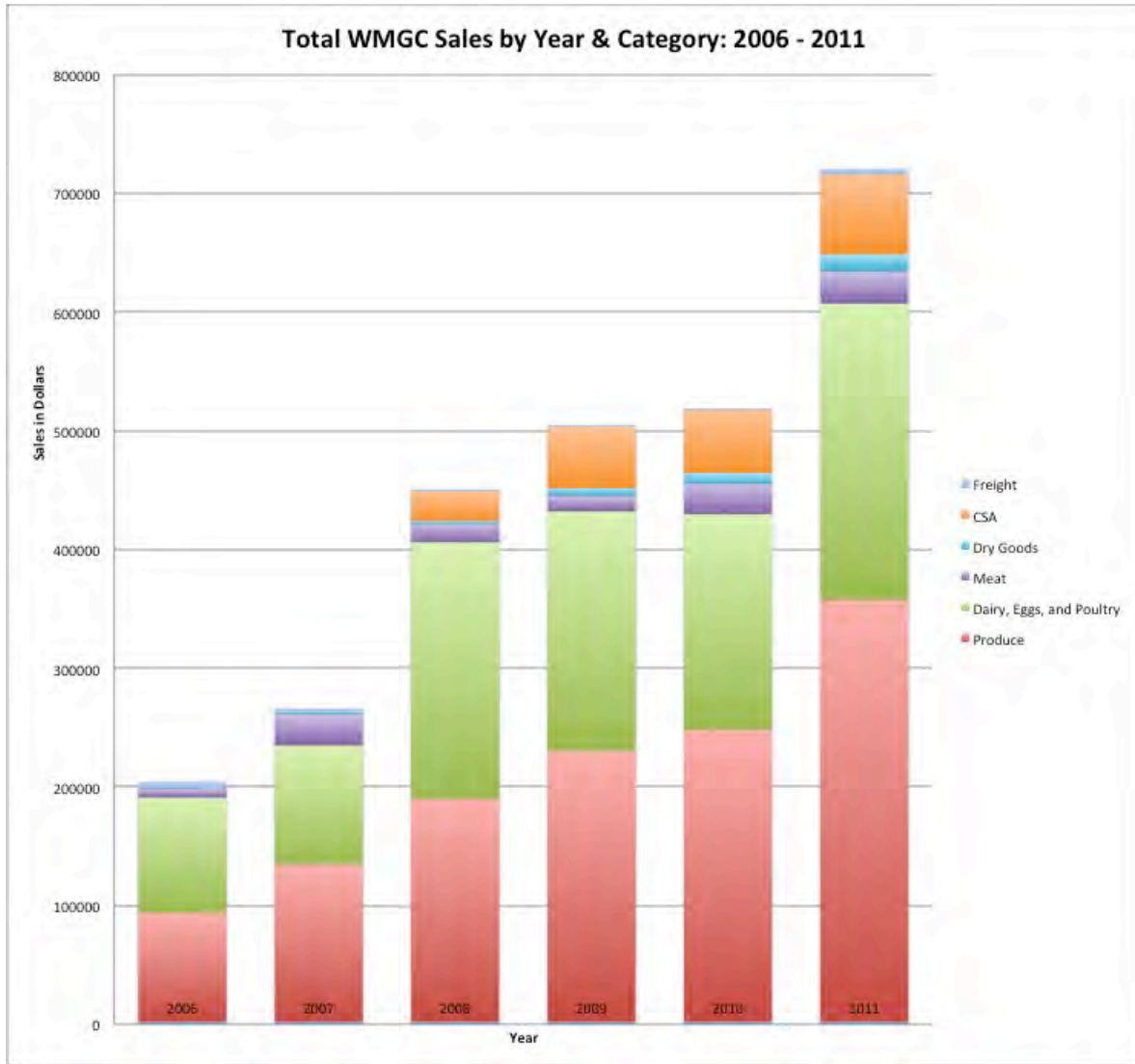
Chart 1. Total Annual Sales 2006 – 2012.



Although some categories, such as dairy, eggs, poultry, and meat, have seen fluctuations throughout the years, sales in each category of produce have steadily increased (see Chart 2). For certain products, supply is not meeting demand, particularly for carrots and potatoes, which were the most frequently mentioned items of which the Co-op’s supply fell short. At times, the supply of the Co-op’s products may not meet demand in terms of customers’ access to certain products that can be found at the farmers markets before they are available through the WMGC. According to staff, untapped or unmet markets consist of hospitals, schools, institutions, and conventional grocery stores.

There is potential for the WMGC to expand to fulfill this unmet demand. For instance, certain WMGC growers wish to increase their operations and other growers in the region network with WMGC to fill in items that are in short supply. Expanding the CSA is another option being pursued, as is selling frozen products over greater distances by partnering with other distributors. Getting a better pre-season forecast for what the Co-op can do for customers by directly communicating with them may also help close this gap between supply and demand.

Chart 2. Total Annual Sales by Year and Category 2006 – 2011.



Financial Stability

The major sources of the WMGC's revenue consist of sales to health food stores, restaurants, conventional grocery stores, institutions, and CSA shares. Currently, the WMGC's cash flow for operations is dependent on members' contributions as either short-term loans or accounts payable. In winter especially, the WMGC relies on credit cards and grants. According to S3, "It would be nice to be able to improve [the infrastructure] and not feel like we are working on a shoestring all of the time. Pretty much the only way I know how to do that is just sell more." The cash flow needs of the WMGC are to improve infrastructure and to finance operations in the slower winter season.

The Co-op has also relied on other sources of income, including grants and philanthropy. For the first several years, grants were especially key. Grants continue to provide important support for expansion projects, such as an award from the USDA's Farmers Market Promotion Program in 2012 to increase the CSA. In addition, the relationship the WMGC has with Mary Stranahan, owner of Common Ground Farm, includes financial and other types of support for the Co-op. Stranahan provided the Co-op with a free truck and inexpensive rent on its storage warehouse and offices (see partnerships discussion below).

To improve the financial stability of the WMGC, a possible goal mentioned (S2) was to have investments from growers instead of loans given out of necessity and to access to an outside line of credit. Indeed, as Margaret Lund of the University of Wisconsin Center for Cooperatives points out, "All businesses require capital to buy equipment, purchase inventory, secure work space, pay staff and cover other necessary expenses. 'Member economic participation' is one of the key co-op principles. This means that in a co-op, not only do members share in the economic rewards of the co-op; they also share responsibility for making sure the co-op has the capital it needs to operate effectively." In turn, outside lenders typically expect cooperative member owners to have a substantial level of equity investment, opening the door to other sources of capital.¹¹

Several suggestions for lowering expenses also arose in interviews. One staff member believed handling a higher volume with the same amount of labor is possible. Having full loads and fewer loads were also suggested. According to S2, "there [are about 10 growers] that probably cost us more to deal with than we are getting out of it," creating greater expenditures to the

¹¹ Lund, Margaret. 2013. Cooperative Equity and Ownership: An Introduction. University of Wisconsin Center for Cooperatives. Accessed at: <http://www.uwcc.wisc.edu/pdf/Cooperative%20Equity%20and%20Ownership.pdf>

WMGC. According to this person, it is logistically easier for the WMGC to distribute and sell large quantities of fewer items than it is to sell small quantities of a wide variety of products.

Aggregation and Distribution

Transportation of agricultural products, especially vine-ripened produce, to consumers can be a challenging endeavor. As is the case with the WMGC, it can be even more challenging when you pride yourself on providing produce that was harvested just 24 hours prior to delivery. To maintain this competitive edge, the WMGC has overcome challenging transportation logistics, limited facilities and equipment, and developed a food distribution network that spans an area from the Bitterroot to Whitefish to Billings. This section outlines the WMGC's infrastructure and addresses the aggregation and transportation of products to customers. We conclude with thoughts on the possible relocation of the WMGC warehouse and offices.

Product Transportation

Transportation of goods is a time and resource-intensive task. In today's commercial and globalized food economy, food often travels many hundreds, even thousands of miles, from source to consumer. The WMGC deflates those miles to, at most, hundreds. In doing so, the WMGC provides its clientele with fresh products and aims to boost the local economy by serving its producer members. For this study, one leg of product transportation relates to how products arrive at WMGC from its members, while the other leg includes how packaged products leave the warehouse and arrive at their final destination. Based on an analysis of the data collected during in-depth interviews, several WMGC employees echoed similar themes.

The most prominent theme expressed was appreciation for the recent addition of certain pieces of Co-op equipment. Co-op employees understand the time and energy savings that something as simple as a truck lift gate can provide, or even just having two pallet jacks. One employee (S1) noted that they "did not believe in the lift gate, but now [realize] it's necessary." Also crucial for expansion was the addition of a second truck, as evidenced by the fact that both trucks run every day.

The drivers demonstrated a strong ability to communicate directly with growers and customers and be a "face" for the Co-op. Building rapport and addressing problems with produce managers can instill a level of confidence that otherwise may be absent from larger, corporately-owned food distribution companies. During one ride-along, an example of this was observed first hand, as a driver calmly addressed a disgruntled produce manager over a selection of apples. Due to the Co-op's style of management – where authority is shared as opposed to a more hierarchal chain of command – the driver was able to make a decision on

the spot and appease the produce manager. Also noted during the ride-along was the avoidance of empty miles (that is, driving the truck with no goods in tow). During product deliveries, the WMGC truck utilized empty truck space to pick up products from Co-op members on the back haul. This utilizes time and resources more efficiently. Another positive attribute that contributes to successful transportation of goods is that Co-op employees are time conscious. One employee, after a 14 hour day, commented to another employee that they “were sorry for taking so long” (S5) on their delivery. The other employee replied “don’t be sorry, it takes what it takes. You won’t have a guy that’s making eighteen dollars-an-hour come back apologizing for being gone fourteen hours” (S1). Overall, Co-op employees demonstrate a unique ability to turn produce around in 24 hours. Given limited access to facilities and equipment, their method of product pick-up and distribution is “necessary and sufficient” (S1).

Despite the dedication of the Co-op employees to execute successful product transport with limited resources, product transport could be improved. Most notable is the issue of irregular scheduling of employees. Several employees cited times when they were packing boxes for the following day’s deliveries at the Co-op until one or two in the morning, and then had to return at six or seven the next day to deliver the boxes of produce to Co-op customers. This negatively affects efficiency in that some of the drivers even reported having to take naps during their deliveries, as they were exhausted from the previous night. Although not on the clock, this still takes time out of the day and can lead to rushed work later on. Furthermore, given the inherent danger of driving, this irregular scheduling poses more risks on Co-op employees than may be necessary. One employee suggested that having more employees in the warehouse could help remedy the situation. With an additional employee to pack boxes, a driver could return from picking up a load of products and let the warehouse staff unload and pack the following day’s orders. This would allow the driver to return home at a reasonable hour and receive the rest needed for the next day.

Also hindering efficiency is longer-than-necessary pickup times at product drop points. Drivers have left explicit directions for growers at certain drop points on how to arrange products so that the driver can quickly load the products. When these directions are not adhered to, it causes delays and incurs costs. This does not happen frequently, but it does sometimes occur. Of all the routes the Co-op operates, the least profitable has been the one to Helena (about 2.5 hours from the warehouse one way). Unlike other routes minimizing empty truck miles, the Helena route has an empty truck on the way back. Helena’s orders tend to be small, which further exacerbates the poor returns. One suggestion was to advertise to haul goods back to Missoula, particularly goods that would not jeopardize sanitation requirements of a food truck.

Product Aggregation and Warehouse Operations

Once products are picked up and brought back to WMGC's warehouse, packing commences. Products are unloaded from the trucks, sorted according to purchase order, repacked, and sometimes loaded back onto trucks to await delivery the next morning. Depending on a variety of factors, this process can be very efficient or inefficient. The addition of certain key pieces of infrastructure has made work easier. As noted by an employee (S4), the addition of a computer with Wi-Fi access located in the warehouse has been helpful: "Having a computer and having Wi-Fi access in the warehouse has been huge. That way, when we have a question about something that's on the packing slip, we can really quickly check the bigger computer system and see what's going on. So that's actually a great benefit." Other key pieces of equipment are the forty-foot tractor-trailer-cooler, the additional pallet jack, and a lift gate on the additional truck. Another employee (S1) pointed out that with \$14,000 dollars worth of produce that needs to be refrigerated, the "tiny walk-in cooler makes that kind of impossible," thus hinting to the significance of this key piece of infrastructure. Another benefit of two separate coolers is the ability to store apples away from other produce as apples release a certain chemical that affects other produce. Co-op employees are also appreciative of growers who "bundle" big orders and label their destination, such as the Good Food Store.

Once again, while investigating product aggregation and warehouse operations, certain core themes arose among Co-op employees. The most common theme is that of a faulty policy governing the boxing of products before they leave the farm. Box issues were discussed in all aspects of the product transport chain, but were especially highlighted with regards to warehouse aggregation. If a box fails, this can hurt the Co-op in two ways. One is that there is lost time in cleaning up, and two, the product could be jeopardized due to bruising or insanitation. One employee (S5) noted that they did not even know that there even was a "bad box policy," and if they had known, they would have voiced their concerns sooner. WMGC's reuse of boxes four or five times may be economical and environmentally friendly, but it hardly adheres to current distribution standards and may in fact be illegal. Another interviewee (S1) noted "what's the point of a bad-box policy if no one is going to enforce it?"

Labeling presents another hindrance when it comes to efficiency of warehouse operations. Employees noted that sometimes growers do not use correct descriptions for the contents of each box. When the warehouse employee tries to match the description on the grower's label to what is in the WMGC database and it's not listed, it takes time to figure out exactly what is in the box and where it should go. Another mistake that growers sometimes make is forgetting to take an old label off one side of the box and adding a new label on the other side. This results in a double-labeled box, adding to the time it takes to figure out which is correct.

From a distribution standpoint, improper labeling may have legal implications. One of WMGC's partners, Charlie's Produce, cited WMGC's labeling as falling short of current distribution standards in that the boxes should all be uniformly labeled with the name of the distribution company (WMGC) and that the producer's name should also be on the labels, which is not always the case. A WMGC employee also noted that the adoption of a more advanced labeling system would lead to increased efficiency.

Another misalignment between WMGC and growers is the discrepancy between produce increments offered by growers and amount that customers order. For example, a customer might order 60 pounds of produce but the farmer only offers 20 pound boxes. Sometimes this requires repacking into bigger boxes and mix-ups have occurred. Another suggestion from a WMGC employee that would reduce waste and potentially save money would be to look into reusable pallet wraps for loading and unloading pallets from trucks. The current method involves wrapping pallets just to get them off the truck, and then un-wrapping them once they are off, creating "mountains of plastic" (S4). In conclusion, one Co-op employee may have stated it best: "it [warehouse operations] just involves more work. But as the way it is set up, that is the way it has to be. We just need to work; [the Co-op is] still in its adolescence, but until [it] grows up...we're still awkward in our movements and our growth" (S1).



Considering the Relocation of WMGC

As the WMGC continues to grow, the idea of searching for a new home has become a topic of discussion. The overwhelming consensus is that the new location should be in Missoula. Although the possibility of moving is speculative, interviewees did express why they thought a Missoula location would be beneficial. Its central location, relative to growers and Co-op customers, is a key factor. A move to Missoula would have a positive impact on transportation logistics. One driver expressed dismay over having to haul Missoula-bound products past Missoula up to Arlee (a half hour north) knowing that they would turn around and be shipped right back to Missoula. Therefore, products sourced from south of Missoula in the Bitterroot Valley would be positively affected, and northern-sourced products would just continue heading south. To complement this, there would be the added benefit of much easier access for eastbound trucks on Interstate 90, the only east-west interstate in Montana.

When asked what features Co-op employees thought would be most beneficial to the WMGC in a new location, several components emerged. In no particular order, the first would be access to loading docks, which would substantially reduce loading and unloading times. Second would be access to a temperature-controlled packing area. At the current facilities, Co-op employees struggle not to break the “cold chain,” that is, reduce the amount of time produce is exposed to varying temperatures. The new facility should also have larger and separate coolers located under one roof, which would also help with not breaking the “cold chain.” Lastly, having an office located in the same building as the warehouse would ease communication between management and warehouse workers, and allow for better oversight. Also, an office can provide a “face” to the Co-op with which potential customers and grower members could interact. Currently, the only “face” of the Co-op that many customers see are those of the drivers. An integrated facility with loading docks, proper cooling, and professional office facilities could really help WMGC soar to new heights. Finally, potentially sharing a facility with its distribution partner, Charlie’s Produce, would support both businesses’ values and make their partnership all the more efficient. There is the potential to streamline packaging, loading, labeling and to share equipment.

Working for the WMGC

Staff members consistently report that they enjoy working for the WMGC. One of the most common remarks made by staff was how satisfying it is to deliver high quality, locally grown items to stores and restaurants across the region. One shared that, “It is really rewarding knowing that we’re helping farmers and also getting good food out to people,” (S4). Another noted that they think the most rewarding part of their job is “taking this amazing produce and

products that people make and seeing it go from their place to... a grocery store or restaurant...and being able to present that, and say this came from your neighbor” (S5). Staff members express pride in representing the work of the farmers and the WMGC, such as trying to provide excellent service. One staff member (S6) said, “I like the customer service part. I really like talking to our customers. Sometimes we get negative feedback, but for the most part it is really positive. And if it is negative, then we try to figure out how we can make them happy and stay. That is probably the best part.” Also, many of the staff members said that they are actively involved in helping create and expand the local food system through their work with the WMGC. One (S3) reflected, “Food is an important thing for me. It is important for me to see the system grow and be a part of that.” Staff members also report that they enjoy working with each other; the current staff seems to have a lot of camaraderie, which our research team noted during observation visits to the warehouse and during interviews.

When asked during interviews what improvements could be made to Co-op operations and business, staff members mentioned three key topics. The first issue relates to the seasonality of the work and annual hiring of new staff members. Five out of six staff members related that they think the seasonal nature of the work is a drawback. Financially, it can be burdensome to be fully employed during some parts of the year and underemployed, or even unemployed, during the slower winter months. One staff member said, “it just hasn’t done well for me because it’s full time in the summer but then the hours get cut in the winter...So it’s really hard to put so much energy into something and then have to turn around and do something else to make ends meet” (S2). While not directly stated by interviewees, it seems as if the need to hire new employees every year causes some challenges, as new employees have to be trained and the growers and customers do not have a steady Co-op representative with whom they can develop strong relationships. A staff member noted that this is the first year in the past three or four years that the WMGC has had a steady driver and that has led to “some really solid relationships” (S1). Another employee noted how a new hire did not work out this season; therefore the Co-op had to hire new people during the busiest part of the year, making it difficult to provide adequate training. Three staff members noted that it would be beneficial to be paid more for the work they do or for the WMGC to offer them paid time off or other benefits.

The second challenge noted by staff is the tight turnaround in the packing, delivery, and pickup schedule. The staff is often in the warehouse until midnight or later packing orders, and then the driver has to come back early the next morning to make deliveries. One employee noted this challenge specifically, explaining, “we might be there until midnight but we are getting up the next day at 6 or 7 and then start driving. There’s not a lot of rest” (S5). Although there has been an attempt to get the drivers home earlier; late nights still occur occasionally. Being tired

while driving is a serious issue that arises as a result of this scheduling, and is something staff members hope the WMGC can address.

Staff members related that the third area in need of improvement is the relationship between grower-members and the Co-op itself. Staff members, while they are proud to represent the hard work of farmers across the region, express that they feel the brunt of issues regarding the relationships between the Co-op and members. Negative grower attitudes were frequently reported as being one of the areas most in need of improvement, as they affect the staff and the ability of the Co-op to function. One staff member stated, “It feels a lot of times like egos just get in the way. That can be a little difficult” (S6). Another staff member mentioned, “sometimes people are on totally different pages and there is a lot of people talking behind each other’s backs” (S1). Regarding how some growers sell outside the Co-op, a staff member (S3) noted, “It is definitely annoying and it hurts us even worse when they are selling it for less.” Staff also mentioned that it would be helpful for growers to have to work in the warehouse for at least one shift so that they can experience how bad boxes, mislabeled items, or poor packing jobs decrease the efficiency. Staff thoughts on how growers relate to the Cooperative are expanded upon in a later section, which goes into more depth about perceived member commitment to the WMGC.

In conclusion, the staff members of the WMGC all seem to enjoy the work they are doing. Every staff member expressed pride, feeling they do a good job for the members and that they are directly involved in strengthening the regional food system. Though employees identified a few challenges, the overall sentiment among employees is one of positivity and pride in working for such an important regional organization.

Staff Views on the Co-op’s Role in the Local Food System

A central question to this study was to understand how staff, member-growers, and key partners view the role of the WMGC in the local and regional food system. All interviewees were asked to step back from their own personal experience with the WMGC and explain their perspective on this topic. Interviewees offered diverse answers, but several themes emerged.

The WMGC has solidified its role as an aggregator of local products able to reach a greater number of markets. Without the Co-op, many local farms would be trying to sell smaller amounts separately, restricting their market access. By aggregating the goods of different growers, the Co-op is able to expand into more retail and institutional markets. One interviewee explained this relationship stating, “I think it has had a huge impact in getting more local food to more mouths. I think it’s had an impact on growing farmers...They have managed to network with regional distributing systems like Charlie’s Produce” (P1).

While aggregation is essential to reaching more markets, distribution is critical to getting goods from the farm to the consumer. The WMGC distributes the produce of their growers on their own trucks and through a strategic partnership with Charlie's Produce. Distributing on their own and with Charlie's Produce allows growers to reach markets that may otherwise be inaccessible, such as those in distant cities like Bozeman and Helena. According to one staff member,

Not everybody is going to buy everything direct from a farmer at a farmer's market or through their CSA. There's going to be some distribution that needs to happen...If we can send one big truck around that's really full, instead of a bunch of farmers driving all their individual trucks around... I think there's more efficiency there (S4).

Furthermore, the WMGC has bumper stickers, hats, and a logo on the truck so that people are able to associate their name and logo with local, high quality food. In lieu of nearly 36 farms all doing their own marketing, WMGC markets the aggregated goods as one brand. One Co-op employee expressed enthusiasm at seeing Co-op branding out in the community: "I had a moment the other day where I'm driving the truck and I'm behind a lady who has a 'Local is Delicious' bumper sticker on her car. And I'm just like, 'Yeah, that's pretty awesome.' It has our logo on it and it's pretty cool to see that" (S5). Another staff member (S1) added, "[It is important to] establish and maintain markets for our farmers because that helps...the money stays here, you are helping people that are here survive and in some cases, thrive."

One of the most important roles the Co-op plays is as a food hub for the entire region. Food hubs are simply understood as businesses or organizations that actively manage the aggregation, processing, marketing, and/or distribution of local and regional food products.¹² Through scale efficiency and improved distribution mechanisms, food hubs aim to meet growing demand for such products from households, retailers, restaurants, institutions, and wholesalers. Indeed, the WMGC is a focal point in Western Montana, or as one Co-op partner called it, a "Kingpin" (P1). The Co-op's Arlee warehouse, while not a convenient location for all, has become a food hub in western Montana's local food movement. By doing the aggregating, distributing, and marketing, they are an important point of contact between those who want to buy local food and those who want to grow and sell it. "I mean they're a food hub. That's what they are. Their business is social enterprise. It's there for its members and for the betterment of the food system," said P3. Additionally, WMGC is occasionally a food hub for growers outside the Co-op. When buyers have demands that cannot be met by the Co-op in a growing year,

¹² Matson, J., M. Sullins, and Cook, C. 2013. *The Role of Food Hubs in Local Food Marketing*. USDA Rural Development Service Report 73.

they are able to work with other growers so that they can continue their commercial relationships. One partner (P4) explained, “There aren’t that many carrots available from within the Growers Cooperative. So that’s an example of how they’ll look to kind of fill their supply needs from outside of the organization.”

The WMGC is regionally unique and could serve as a model for other growers cooperatives in Montana. Some interviewees suggested that the Co-op might eventually evolve into simply the “Montana Growers Cooperative,” with branches serving both the eastern and western sides of the state. However it is organized, growers in other regions could use the WMGC as a model for other operations that focus on food distribution, aggregation, and marketing.

The WMGC also acts as a kind of advocate for local food and agriculture. On a daily basis, employees communicate to retail buyers the importance of local food during their sales pitches and check-in calls. The importance of being an effective communicator was particularly highlighted by the drivers, who take their jobs seriously and take pride in being the reliable and loyal “face” of the Co-op. “People complain to me, and I resolve it,” said one employee (S1), “and sometimes that involves me talking with the stores, and then talking with Dave and Jim, or kind of going directly to farmers when there [are] issues.” The local food message is also passed on to customers during the CSA as well as just by seeing on a restaurant menu that the food being served is locally grown and purchased through the WMGC. On this topic, one staff member explained, “There’s kind of an educational repercussion to it all, and that happens in different ways. It happens in restaurants when people open up the menu in Redbird and read a paragraph talking about [why they are] committed to WMGC” (S1). Another staff member (S3) noted, “We are just helping, just facilitating that relationship between the farmer and the customer.”

In its role in the Western Montana food system, the WMGC wears many hats. The ability of the Co-op to be an effective component of the supply chain requires that it be able to successfully fill its mission and various roles, most especially as a business that works for its grower-members.

Mission of the WMGC

When asked about the mission of the WMGC, staff members were unsure whether or not there is a formally adopted mission statement. The organizational documents we reviewed do not contain an explicit mission statement, which suggests that the WMGC does not currently have one. However, the website does contain a short statement of purpose: “The Western Montana Growers Cooperative is a coalition of growers in the Flathead, Jocko, Mission, and Bitterroot Valleys whose goal is to provide the market in our region with fresh, quality products from our

farms. To reach that goal, the Cooperative provides a wholesale marketing and delivery service for its members. We strive to improve the local food system of our area by enhancing the sustainability of local farms and contributing to local economic growth, while reducing the demand of produce being shipped here from long distances.”

According to staff members, the mission of the Cooperative begins with “connecting small growers with the local community” (S6) or, as another put it, “simply to build a stronger food system in Western Montana” (S4). This includes “helping growers access the wholesale market” (S3) by “providing a cost-based service” (S3) and “helping them sustain and grow their individual businesses” (S1). A large part of this is enabling individual farmers to “sell more stuff” (S2) than they would be able to on their own, or “to increase access by getting local food into places where farmers couldn’t individually” (S4). This also includes providing a “comprehensive, fresh product line” (S3) to customers, getting a “fair price for farmers” (S5), and putting a “good face on the Co-op” (S1).

Staff members explained how they think the WMGC is living up to its goals. One staff member noted, “there are a lot of institutions that are purchasing from the Co-op because of the convenience...and the larger selection” (S4). Another employee said that “we are selling a lot of food from the growers, so...we have been able to grow and get new growers on [as members]” (S3). Increasing access to locally grown food for individuals is also an important part of the mission of the WMGC. One staff person shared a story of how a potential customer followed her as she was making deliveries because she “had heard about the CSA and wanted more information about it” (S4). Concerning the handling of goods, another employee stated, “Everybody’s really careful...we take really good care of the products that come in” (S5). One staff member offered a summary of how the WMGC is effectively impacting the local food system: “The other really great...part of all this is that we’re benefiting more than just ourselves. We are having an impact on the local food system. And actually in the past year, it is happening...being able to work with those people that are doing the snacks in the schools programs and stuff like that. We are kind of enhancing the food system” (S1).

Employees of the WMGC also had some thoughts on how the mission of the Co-op could be improved or enhanced. One staff member felt that, “if we could expand [sales] more through the Mission Valley, I would feel even more confident that we are sort of living up to the mission statement” (S6). Several employees commented that improving operational efficiency and the sustainability of staff schedules and workload would also really improve the organization (S4). On this topic, one staff member offered, “standard infrastructure improvements, whatever we can do to streamline operations and pick-up, orders, labeling” would really improve overall organizational effectiveness (S3). Another staff member felt that there needs to be a greater

“understanding (of) the different roles...producers understanding the aggregation piece...and warehouse people understanding delivery issues” (S5) to improve the efficiency of moving goods from the farm through delivery.

Thus, based upon information from the website and employee reflections, the mission of the Western Montana Growers Cooperative is to:

- Build a stronger regional food system by connecting growers with individuals, the community, and larger wholesale markets through aggregated sales;
- Provide a cost-based service;
- Mindfully handle products to ensure quality and freshness;
- Ensure farmers receive a fair price for their products, allowing them to sustain and grow their businesses.

Thoughts on Cooperative Structure

When asked if they thought the WMGC was best operated as a cooperative business, four staff members were unanimous in their agreement that a cooperative structure is the best fit. Reasons given for the importance of remaining a cooperative include: ensuring the farmers “have some control and are being fairly treated” (S4); that being a cooperative “legitimizes” (S1) the work that they do; that customers might feel like they are “more directly supporting their local food scene” (S5); and that it helps in “relationships with other businesses” (S3). Of the two who did not completely agree, one said, “that is what it is, for better or for worse” (S3), while the other noted that what is most important is, “the relationships and how the business is run and how people are treated” (S2).

Despite the overwhelmingly positive response to the question of whether or not the WMGC is best served under a cooperative model, it was also noted that other business models such as LLC’s or corporations do provide some other benefits. Most of these benefits were related to differences in decision-making and leadership. One staff member said, “It would give us a little more flexibility in doing certain things and not have to be so democratic about everything. We could just operate as a business and make decisions that were based around the business itself” (S3). Another noted that the major issue they saw with the cooperative model is that “there is no clear leader or decision-maker” (S6), which means that it is more difficult to make decisions “towards the whole organization making money and profit sharing within that” (S6).

In order to remain successful as a cooperatively run business, staff members feel like farmers need a better understanding of what being part of a co-op means. One staff member noted, “I think [a greater understanding] is going to be critical to the continued success by actually having everybody buy into the...idea that it is a co-op” (S3). This sentiment leads directly into

the following section, which discusses how the level of producer buy-in to the WMGC may affect future success.

Thoughts on the Relationship Between Members and the Cooperative

Several staff members expressed that growers are “really into working together” (S2) and that “they really want the Co-op to succeed” (S5). Staff gave examples of members that take the time to serve on the Board of Directors, how some members “whole-heartedly” (S5) agree with what the WMGC is trying to do in the food system, and that some members are “actively involved” (S4) in the success of the Co-op and the farmer-members. These sentiments directly relate to the understood mission of the WMGC, in that the Co-op is helping individual farmers become more successful by offering larger markets. Additionally, another employee noted that, “I’ve heard from farmers their gratitude at what a great job the Co-op does at representing their products when they [the staff of the WMGC] are selling them” (S4). The pride the employees take in representing the Co-op and individual farmers is noticeable to the members and appreciated because it puts a good face on the WMGC, the farmers who are a part of it, and the products that are sold.

When the WMGC was founded a decade ago, many of the current member-growers were already successful farmers in Western Montana. These growers had operated for years on their own, marketing their goods to area stores, restaurants, and direct to consumers at farmers markets. Most of these farms are widely recognized in the region and have made a name for themselves through their hard work and dedication. When the WMGC was formed, many of the businesses targeted as Co-op markets were already purchasing from individual farmers. Most of these farmers later became members of the Co-op while retaining many or most of their individual sales accounts. Thus, many of the members sell some items through the Co-op and other items individually to the same establishments, essentially competing with the Co-op for sales. Oftentimes, these farmers are selling the exact same product through the Co-op and via direct sales to the same buyer.

A non-compete policy that all members agreed to has existed since the early years of the Co-op, but it was not clear, fully understood or enforced. At the time of this study, the WMGC was going through a deliberative process to help address the issue of competition between members’ direct sales and the Co-op’s sales.¹³ As mentioned briefly in earlier sections, selling outside of the WMGC can be detrimental to the Cooperative financially and for staff morale. This section explores staff thoughts on member-Co-op competition.

¹³ Soon after completion of this research, the Co-op formally adopted a new non-compete policy at their February 2013 Annual Meeting. See Appendix D.

Perhaps because the issue of competition between the WMGC and some of the members was being discussed at the time of this study, the area most in need of improvement from the staff's perspective is that growers need to understand that selling outside of the Co-op hurts the Co-op's success, thus hurting all of the member-growers. One employee said that the issue with grower competition is a "big deal" (S3) and is something that needs to be worked out. Four staff members mentioned that they feel as though some growers view the WMGC as a "Co-op of convenience," where farmers can sell their extra produce or they can sell more items, but they view the WMGC as essentially another customer.

The attitude that the WMGC is just another customer for a farmer is an interesting one, and was often mentioned by staff members. Staff members feel like growers do not understand that when they sell outside of the Co-op they are essentially competing against themselves. One employee explained that, "they also have to recognize that they are a part of something and that's a problem. Some [members] don't understand this...They understand their business, and they think of the Co-op outside of their own business" (S1). Half of the employees expressed the view that members need to more fully integrate the success of the Co-op with their own farm's success, instead of seeing the two as independent from each other. However, no employees explicitly said that individual farmers should give up their existing accounts, underscoring the importance of having these established, larger growers as part of the WMGC. The economic choices that farmers must make, particularly those who joined the Co-op with existing accounts, is highlighted by one staff member: "I don't think anybody is saying, 'oh, I want to go out and hurt this person in order to better myself,' but I think people are understandably really concerned about their own economic situation because farming is such a hard business...I think people should do things for their self-interest – it's part of doing business. You run a business to be successful" (S2). Although not directly stated, the overarching feeling of the staff seems to be that members need to have a better understanding of their role as owners of the WMGC, and what that ownership entails. The success of each member of the Co-op is based on the success of the Co-op as a whole, and this is directly linked to the ways in which individual farmers navigate the sales of their own products in relation to the sales of their products through the WMGC.

Because of the obvious pride and effort staff members put into their work, some staff members talked about the competition issue as being hurtful to themselves as employees of the Co-op. One staff member stated, "I feel like some of that success of the growers, of the individual members, has been at the expense of the staff and the infrastructure of the Co-op itself" (S2). Another staff member related that members, "need to know that the people that are there are working hard to get you [growers] the best price for your product and your hard work" (S5). Another employee, clearly passionate about his/her job and upset about the competition issue,

explained that, “we obviously have something more invested in this and...part of it is pride, at least from where I come from and from what I see in [other employees],” and later said, “everyone takes it [their job and the work they do] personally” (S1).

The issue of competition and the level of grower commitment to the WMGC is a sensitive and charged topic from the perspective of the employees. The staff members are overwhelmingly positive about the work they do and how the Co-op helps the success of individual growers while creating a stronger, more vibrant food system.

Partnerships

Over the course of its first decade, the WMGC has developed three partnerships that have been important for its growth and success. This section describes the Co-op’s partnerships with Lake County Community Development Corporation (LCCDC), Common Ground Farm, and Charlie’s Distribution to better understand the role of partnership in the western Montana food system. The role of partnership is integral in creating values-based supply chains, or here called, value chains. According to Larry Lev and W. Stevenson (2011), these value chains have the potential to connect midsize farms and ranches to processing, distribution, and retail businesses. Partners along value chains can work collectively to build an alternative agri-food system¹⁴.

Lake County Community Development Corporation

History of Partnership. One of the Co-op’s most deep-rooted partnerships is with Lake County Community Development Corporation in Ronan, Montana. LCCDC is made up of several centers, many of which contribute to its mission of community economic development. The first relevant to the Co-op’s history is the Mission Mountain Cooperative Development Center (MMCDC). Prior to the Co-op’s founding, in the late 1990s, a loose-knit group of growers in Western Montana was interested in marketing their produce together in order to reach larger markets. This group called themselves the Mission Valley Organic Growers Cooperative. While this early incarnation of the Co-op was not successful, it planted the seed that would later sprout into the WMGC. The MMCDC backed a study that evaluated what would be needed to build the local food system in Western Montana. The study identified a missing link in distribution along the supply chain. The MMFEC helped write the USDA Community Food Project grant that provided funds to start the WMGC in 2003. “The real focus of that grant was to organize a cooperative, to start bringing producers together to market whatever that cooperative decided to pursue,” said one founding member (P2). The MMCDC has continued to

¹⁴ Lev, L., & Stevenson, G. W. (2011). Acting collectively to develop midscale food value chains. *Journal of Agriculture, Food Systems, and Community Development*, 1(4), 119–128.

aid in development projects, including the Farmers Market Promotion Program grant the two organizations were awarded by the USDA in 2012.

The Mission Mountain Food Enterprise Center (MMFEC) is another arm of LCCDC and houses a food processing facility, which is available to community members who want to develop value-added processing. The processing facility had begun with a focus on manufacturing specialty food products that were not necessarily locally sourced. After the processing facility went through numerous financial dives, the MMFEC began to shift its focus. “With various funding streams like specialty block grants, the Montana Department of Agriculture’s Growth Through Agriculture program, and the High Stakes Foundation, [MMFEC] really had some seed capital to invest in some equipment for processing vegetables and also to experiment, develop markets for those vegetables,” said one partner of the Co-op (P3). With this additional funding, the MMFEC began its processing partnership with the Co-op, taking in raw product from the Co-op and altering it in some way to make it more marketable to certain buyers. According to one employee, MMFEC was shifting back towards its original mission for the processing facility by asking, “How do we work with local producers to help them...process their...seconds into usable products?” (P2).

A market study in Western Montana had identified a processing gap between growers and institutions. “It had...been identified as one of the biggest challenges of getting products to schools, because they don’t want raw products, they want processed,” said one partner of the Co-op (P2). K-12 schools find it much easier to purchase processed food, such as chopped lettuce, cut carrots, and pre-skinned and cut potatoes because “producers typically are not going to come in and do that processing” (P2). In 2011, the MMFEC hired a Montana FoodCorps¹⁵ volunteer whose goal it was to further develop the Farm-to-Institution program to get more local food into nearby K-12 public schools. The Farm-to-Institution program was then better able to network with both the WMGC and institutional buyers.

Processing Arrangement. During the first year of this partnership, the MMFEC purchased raw product from the Co-op, and then re-sold it to institutional buyers. This model of ownership partitioned more risk for MMFEC than for either the Co-op or the buyer. Recently, however, the program has developed new models of ownership that spreads risk more evenly along the supply chain. In addition, the program began to cultivate a larger network of institutional buyers, including Kalispell Public Schools. It also began to develop more processed products. This past year (2012) has been the busiest for the MMFEC processing facility. As one WMGC

¹⁵ Montana FoodCorps is a program run by the National Center for Appropriate Technology and involves a partnership with Americorp’s VISTA. FoodCorps facilitates a statewide team of volunteers whose mission it is to build Montana farm-to-cafeteria programs, especially in schools.

employee observed, “They’ve processed a lot more for us...It’s probably been ten times more than it was last year” (S2).

The current arrangement between the Co-op and MMFEC regarding processing has taken time to develop, and was recently formalized with a Memorandum of Understanding. The partners identified two models of ownership, depending on the type of processed good. The first is for fresh processing. In this scenario, the institution purchases the raw product from the Co-op. The cost of processing is included in this cost, and the Co-op then pays the MMFEC for the processing service. This model is driven by demand; processing is dependent on what institutions are interested in purchasing. The MMFEC facilitates this transaction; they work with the institutional buyer to determine what food product they would like to purchase and in what processed form they would like that product. Fresh processed products include melons, cucumbers, beets, carrots, cabbage, bell peppers, and apples.

For frozen goods, the Co-op and MMFEC created a shared risk model. Because the frozen processing happens in such large volumes, they needed to be able to spread risk more evenly among organizations. So, in this case, the Co-op provides the raw product, MMFEC provides the labor and facility for processing, “and not until a significant percentage of that inventory has been sold will anyone get paid” (P4). The Co-op is the marketer for these types of products. The core products for this model have been Flathead cherries and butternut squash. This model is more supply-driven, because the Co-op members’ excess “seconds” determines what will be processed. “Last year we mastered...the fresh slicing, dicing, packaging, and now we’re working on freezing skills,” explained one MMFEC employee (P4). MMFEC is focusing in terms of product development on frozen products. “We’ve been kind of dabbling in it this year, we blanched and froze green beans, shredded carrots and zucchini and froze that. Last week we did frozen roasted pumpkin. Now we’re diving into butternut squash,” explained one employee (P4). This multi-faceted partnership that includes both business development and supply-chain development through processing is beneficial for both the WMGC and the LCCDC.

Benefits for the Western Montana Growers Cooperative. The Cooperative benefits in numerous ways. The first is financial, both through processing and cooperative development. Many employees noted the gross financial benefit of processing. “For the fresh pack for just the schools, it will be \$20,000 worth of product,” said one employee (S3). The financial benefit goes to both the WMGC as an organization, as well as the farmer members. “I think almost everyone grew squash. They’re all benefitting,” said another employee (S1). In addition to providing income for the Co-op, the frozen processing program also allows for the Co-op to extend their season and cash flow. They continue to sell product through the winter, increasing income flow during a slower time of year. “We have the help of MMFEC and we can get a few more value

added things in there to stabilize us throughout the year as far as cash flow is concerned,” said a WMGC employee (S1).

With processed goods, the Co-op is also able to enter new markets. Although the WMGC has had an important relationship with the University of Montana’s Farm to College program since inception, the partnership with MMFEC has been particularly effective at expanding sales to K-12 schools in the region. One employee of the Co-op explained that another benefit was not having to process the raw product themselves. With MMFEC processing for them, WMGC is able to expand their markets to institutions that would otherwise be less likely to purchase their unprocessed products.

Another benefit is market share. As the only business selling processed, frozen local products, WMGC essentially has the entire market in western Montana. “If their competitor wants the product, they can buy it from the Co-op. So there’s some market control...that they’re getting in these winter products,” explained an employee at MMFEC (P3).

Yet another benefit to the Co-op has to do with technical assistance, which both parties mentioned. Part of that assistance pertains to food safety. “We have really helped the Co-op start looking forward on how they can really be proactive in meeting upcoming food safety regulations,” said a LCCDC employee (P2). The general manager of the WMGC had to get a wholesale food license, which the MMFEC helped him acquire. These advancements in food safety and labeling help the Co-op ensure safety as a reputable business, which makes their products even more attractive to institutional buyers.

Finally, LCCDC has been able to connect the Co-op to a larger, nationwide network of food hubs and cooperative businesses that work in food systems. For instance, they sent the general manager of the WMGC to a food hub conference in Chicago, Illinois. Because of that conference, “the growers Co-op started looking at their CSA program, looking at hospitals, and possibly their human resources [at hospitals], and cost-sharing CSAs. That happened because of conversations at the food hub conference,” explained a LCCDC employee (P3). The MMFEC is able to link the Co-op to other similar businesses, building its capacity for growth and development.

Benefits for Lake County Community Development Center. The Co-op helps fulfill the mission and goals of the MMFEC, which is to process and market local foods to institutional buyers. “The benefit...is really the services that the Co-op provides. I came here with the mission to help local schools get local food. When I try to imagine doing that without the Co-op, oh my god!” said a LCCDC employee (P4). The Co-op provides the services of aggregation and

distribution of local food products that increase capacity for the Farm-to-Institution program. Without this system in place, one MMFEC employee noted that the Farm-to-Institution program would not be able to buy bulk orders of Timeless Seeds Lentils, which are used to make lentil burgers for local public schools.

MMFEC employees also noted that what was previously a financially unstable processing facility is now making a profit. “It’s bringing in a revenue that’s extremely healthy to this organization,” said one LCCDC employee, “We are actually functioning as a processing facility” (P2). In addition to bringing in revenue from the regular processing of both fresh and frozen products, the increase in capacity has led to the creation of three jobs and the retention of one, bringing the total number of current employees to four at the processing facility.

Areas for Improvement. Despite these recent successes in this partnership, the research team identified several areas for improvement. One of the biggest challenges is the steep learning curve in processing. One employee at the Co-op noted that, “They are still learning on their [the MMFEC’s] end... If they were totally set up and ready to go...that would just be one less thing to worry about” (S3). Employees at MMFEC echoed this sentiment. There have been challenges with both the raw product and processing equipment. MMFEC is trying to figure out which varieties of produce are best for processing, some of which may not be the more common fresh market varieties typically raised by growers. For example, one LCCDC employee said, “We had a year where the apples were different, and so we ran into some processing issues, we didn’t process apples last year” (P2). They are also refining processing techniques. For instance, in 2012, MMFEC tried a new method for processing pumpkin, because the method used the previous year had been too time-consuming. As MMFEC continues to process for the Co-op, they will continue to refine processing techniques.

Limited capacity on the part of both organizations constitutes another need of improvement. An increase in farmers growing greater quantities could increase the supply of food being processed. More employees at the Co-op and more employees on the floor of the processing facility could also benefit the partnership. “Last year we ran out of some of our core processing crops like carrots and beets. By February we were pretty much done processing,” noted one LCCDC employee (P4). Because of limited capacity in terms of both supply and infrastructure, processing moves at a much slower pace. “We have to go very slow because you always have to be concerned with your supply side,” said another LCCDC employee (P2).

Yet another challenge is the fluctuating nature of the supply and demand. “We were supposed to do 10,000 pounds of frozen cherries, but we didn’t end up with as much as we had hoped, which is totally stupid in a bumper crop year,” said one WMGC employee (S3). With a new

market avenue for processed goods just emerging, it will take time for the market supply to become more stable. Similarly, a few years ago, farmers brought in apples that were above cider quality. Blemished apples, known as seconds, are typically used for cider, to lower the cost of the value-added product. These farmers wanted to sell their firsts for cider; “They had no market for their number ones. They were dumping...their apples on the market, getting rid of them at a cider price” (P2). This market flooding was apparently due to Chinese apples flooding American markets, according to an employee at MMFEC. Market fluctuation is still unpredictable for regional businesses operating in global markets.

The partnership also faces challenges related to education. More education of growers about Good Agricultural Practices (GAP) would enable their processed goods to enter additional institutional markets, such as Montana State University, which requires GAP certification for local products. There could also be more education for buyer entities: “You get into a whole other component of advocacy of education on nutrition, education on freshness, education on economic return, which is what has to happen to really engage that market,” said a LCCDC employee (P2). Education of buyers as to the advantages of buying processed local foods through MMFEC and the Co-op would help ensure that those producer-consumer relationships will stand regardless of changes in food service directors, which sometimes dictates whether that institution will buy local products or not.

MMFEC noted the frequent communication that takes place, making this partnership work. One MMFEC employee said that the frequency of communication “probably wasn’t the most efficient way to do business” (P4). Developing strategies for efficient communication would help streamline business practices between the two organizations.

Best Practices. Despite challenges, the partnership has proven successful in a variety of ways. While there is a steep learning curve, “we’ve taken what we’ve learned and we have been able to identify a couple key products like the squash and the cherries that we’ll do year to year,” said one LCCDC employee (P4). And MMFEC continues to seek out new processing equipment to improve efficiency and lower cost; “We’re looking at a large truck oven that could very well bring some efficiencies to our baking” (P2). Continuing to develop efficient processing systems and products will allow this partnership to grow.

MMFEC has also established itself as a safe processing facility. “If I’m on the phone with the food service director, I can say with absolute confidence that the process was done under strict HACCP¹⁶ plans,” said an LCCDC employee (P4). Institutional buyers trust the quality and safety

¹⁶ Hazard Analysis and Critical Control Points (HACCP) is a program of the US Food and Drug Administration that addresses food safety through regulations along the supply chain, from production to distribution.

of products processed at MMFEC. Those institutional markets would probably not be as available if they were not able to adhere to such safety standards and instill trust.

Despite the frequent and inefficient communication, the two organizations have been able to work closely to develop a strong business relationship. “We’re very honest about the hard numbers,” said one LCCDC employee (P4). There seems to be a sense of camaraderie between staff members at LCCDC and the Co-op. This was noted during participant observations in the warehouse when an LCCDC employee was picking up produce from the WMGC warehouse.

Future of Partnership. Both the WMGC and LCCDC plan to continue to collaborate, particularly in terms of expanding their processing capacity. MMFEC hopes to continue to develop its product line. “Right now I do feel like sometimes we’re very reactionary in our processing, so by really developing some more specific product lines I think we’ll create some stability to all this,” said one partner (P4). There are also opportunities for developing new products, based on what crops grow well in Montana. “We’ve done some coleslaw. They did that a little bit this year because the cabbage crop you can grow really well here,” noted a WMGC employee (S2).

MMFEC plans to continue to expand the market that the partnership reaches. “There are new markets out there that we should be discussing. Hospitals have come up,” said one employee (P2). One possibility is through “a grant-funded project to look at pooling together our area schools’ purchasing power. By bringing them together and forming real agreements, what could that mean in terms of efficiency and economies of scale?” (P4). Through market growth and development, MMFEC hopes to create a more sustainable business and fulfill its mission of community development. Expanding the market for processed local foods also contributes to the development of the values-based supply chain in western Montana.

In addition, MMFEC is developing a GAP certification program for Co-op members. This would address issues of limited markets to institutional buyers who require GAP certification. MMFEC is in a good position to develop this program, because of its past experience adhering to safety regulations in its processing facility. This kind of program could continue to expand the market for processed local foods.

Common Ground Farm

History of Partnership. As with the LCCDC, the Co-op’s relationship with Common Ground Farm goes back to its inception. When the WMGC was first forming, they began the hunt for an appropriate location. One of their members, Mary Stranahan, had land with two large warehouses and an office. This infrastructure was left over from the land’s previous use as a cigarette production facility. A tenant farmer on Stranahan’s land had also built a refrigerated

unit in one of the warehouses. While the Co-op was forming, she was trying to find a use for this infrastructure. “The key to how to distribute was to have a storage place, a central storage unit. So my farm was used as a centralized storage place,” said Stranahan. At that point it made sense to put the Co-op on the farm in Arlee, a central location for farmers to the north but less so for those coming from the south.

The Co-op is still located on Common Ground Farm in Arlee. They use the warehouse with the refrigerated unit and the office, and pay a small amount for rent each month. “I think we charge them rent, but it isn’t very much...I think it’s pretty cheap,” said Stranahan.

Benefits of Partnership. The benefits to the Co-op come in the form of storage space and affordable rent. A philanthropist, Stranahan has also helped the Co-op purchase their two refrigerated trucks. The benefit to Common Ground Farm is that the land can be used successfully. “I just like that I’m a part of a successful enterprise. That’s my biggest pleasure,” said Stranahan.

Future of Partnership. According to Stranahan, “I think ultimately they’ll move out of there, cause they’re gonna need more than I can provide...That’s a natural evolution.” During our interviews, Co-op management agreed that they are outgrowing the warehouse space at Common Ground Farm. “We never really planned on staying here for very long,” said one employee (S5). However, the WMGC is still considering some way that they could continue to use the space at Common Ground Farm. “Maybe we could keep the trailer up there for fruit which would be a good thing because all of our fruit comes from the north, most of it,” said one WMGC employee (S1). If the Co-op continues to grow, they will have to address the issue of whether the Common Ground Farm location is best.

Charlie’s Produce

History of Partnership. The most recent partnership, Charlie’s Produce and the WMGC began working together in 2011. Charlie’s Produce is a regional food distributor in the Pacific Northwest, with its main offices in Seattle, and its nearest regional office in Spokane. Charlie’s Produce has worked with small cooperative businesses throughout its 30-year history. For example, several years ago, Charlie’s was marketing and distributing for a growers cooperative based out of Seattle, Farmer’s Own. The cooperative failed in its first few years, and Charlie’s purchased the business, retaining its management and its brand identity. So, support of small cooperative businesses is not unprecedented for Charlie’s.

Jon Clarenbach started working at Charlie’s three years ago as the Missoula sales representative. His boss, Larry Gilbert, Sales Representative at Charlie’s, met Karl Sutton of

LCCDC at a local food conference in Moscow, Idaho. Jon followed up with Karl after the conference and the two discussed how both businesses could work together. They had a meeting at LCCDC in the winter of 2011 and subsequent meetings over the next six months to solidify the partnership between the Co-op and Charlie's.

Distribution Arrangement. Charlie's has distributed WMGC produce to Helena, Bozeman, Butte, Livingston, Kalispell, and Whitefish. They charge a shipping fee per box, or by the pallet, if orders are big enough. Charlie's also charges an additional fee to pick up produce in Arlee. Otherwise, the Co-op drops off produce at the Charlie's warehouse in Missoula. The Co-op owns the product and pays Charlie's for a freight service. Charlie's distributes for the Co-op twice weekly. This logistical relationship is beneficial for both the Co-op and Charlie's Produce.

Benefits for the Western Montana Growers Cooperative. Partnering with Charlie's benefits the WMGC in many ways. The most obvious benefit is the wider distribution access that a regional food distributor can provide. The Co-op doesn't have the infrastructure or freight quantity to move their produce those distances, so working with Charlie's helps them move into markets that would otherwise be inaccessible. According to one partner, "They've expanded their territory by using existing distributing companies, which is smart" (P1). Co-op employees expressed some of the same sentiment: "I drove the route to Helena a couple times this year, which was the first time we had actually driven to Helena, as opposed to having Charlie's...take it. It feels pretty silly to be driving this pretty empty truck from Arlee to Helena" (S4). Another benefit to the Co-op is that Charlie's charges by the box for freight, which lowers what the Co-op has to pay. "They give us a better deal than most people who charge by the pallet," said one employee (S3).

Both partners discussed another latent benefit, which is the mentoring relationship between Charlie's and the WMGC. In working with a multi-state distribution entity such as Charlie's, the Co-op is able to observe the standards and best practices of a 30-year old, established distribution company. Clarenbach said that they have been able to share things, such as how to build a pallet, but that there could be more communication about best practices. A WMGC employee echoed that thought, "They know a lot. It's nice to be able to pick their brains as far as trucking goes... We are still pretty amateur" (S3).

Benefits to Charlie's Produce. In distribution, there will always be a fixed cost for delivery. No matter how full or empty the truck may be, the cost for fuel, and for the driver will remain the same. Because of this fact, it is beneficial for Charlie's to carry WMGC produce. The fee that the Co-op pays for freight decreases the cost to Charlie's for distribution of its own produce. Another benefit for Charlie's Produce is being able to provide a desired product for their

customers. According to Clarenbach, customers want to buy local produce, not just organic produce. Charlie's doesn't sell a lot of local food products, so they can provide that to their customers by distributing WMGC produce.

Areas for Improvement. Despite this advantageous partnership, there are still areas for improvement for both Charlie's and the Co-op. One challenge is logistical. If a truck is sent to Arlee too early before the produce is packed and ready, then the driver wastes time. From Charlie's perspective, the Co-op's location in Arlee is a disadvantage because it is located away from their distribution center in Missoula and Interstate 90.

Another challenge is the amount of time spent coordinating sales and distribution. Clarenbach mentioned that both the Co-op and Charlie's make sales calls to the same buyer entities, which is very time-consuming. Both partners also spend time on the phone a few times a week coordinating with each other. Clarenbach mentioned that a more streamlined arrangement could be more beneficial for both partners; for example, if Charlie's buys produce from the Co-op and becomes a middleman to some buyers. Another suggestion was to create a closer relationship with Charlie's and the WMGC by sharing a warehouse space. Sharing space would allow for more efficient distribution, and would also facilitate more communication and sharing of best practices.

Additionally, there is a discrepancy in distribution practices between Charlie's and the Co-op. The WMGC's reused boxes are not legal in the produce industry and, according to Clarenbach, can be challenging for both Charlie's and the buyer to handle. The WMGC labels are also below distribution standards and can be challenging to work with. Better boxes and labels would streamline this partnership and create more transparency in distribution.

A final area for improvement is the volatility of this newer partnership. "My biggest fear is that they will just get tired of us one day and leave...They are a different company and they have their own needs and they have to look out for themselves first," said one WMGC employee (S3). In 2012, Charlie's stopped distributing to Helena for the summer, which meant that WMGC had to start sending their trucks there if they wanted to continue to sell to those buyers. More long-term commitments between Charlie's Produce and the WMGC would help solidify the partnership.

Future of Partnership. At the time of the interviews, both Charlie's and the Co-op see this partnership continuing and developing. About selling produce to Charlie's as a middleman, one Co-op employee said, "Ultimately we might be able to do a little more with that, especially sending stuff back over west into Idaho and Washington" (S3). Another employee said about

the Co-op's relationship with Charlie's, "We're gonna try and make it more streamlined" (S1). Both parties stated that they want to continue working in partnership; however, even during the course of this project, the partnership has experienced some strains.

Role of Partnership in the Western Montana Food System

Throughout the interviews with WMGC staff and partners, the research team found a common theme of shared values. In trying to establish a new model for food production and distribution, different organizations and individuals found that cooperation, rather than competition, has been the most fruitful course of action in establishing an alternative food system in Western Montana. These cooperative business partnerships are built upon the foundation of real relationships. What strengthens those relationships and partnerships are shared values. "It's developing this food system, so creating or expanding markets for growers and increasing access to local foods for our people. By sharing those goals...we have a very unique relationship," said one partner (P4).

Although turning a profit is important to economic sustainability, the motive behind all of this collaboration and effort is not solely economic, even the logistical partnership between Charlie's and the Co-op. One employee mentioned that the two organizations share similar philosophies about organic food and food access. It is upon these shared values that the local foods supply chain is being built in Western Montana. "If you look at the growth of the Growers Co-op, the growth of this organization (MMFEC), and of the (University of Montana) Farm-to-College program, they all started about the same time," said one partner (P3). The coalition of individuals has been working together for over ten years, and has built the different components of the food system, from processing to distribution.

Over fifteen years ago, several community members who have been involved in the partnerships discussed in this research created a food vision as part of a Food Systems Initiative, coordinated by AERO. The image they drew to represent a food systems vision for Western Montana is useful in this context of values-based partnerships along the supply chain. The elements of the food system are coming together. It has taken time to form these strong values-based partnerships along the supply chain, but it is these partnerships that have created this interconnected web. One partner noted that, "There was turf at the beginning, but there isn't a lot of turf anymore" (P1). Rather, "there is just a core respect and trust amongst all of us...and I think that's made this [work]. It just seems to be a natural evolution of moving together in new directions," another partner observed (P2).

These organizations have been able to support one another while meeting both individual and shared goals. Strategic partnering of different types of organizations has also been beneficial.

“For-profit and non-profit partnerships are really critical as we start developing new inroads into local foods markets,” said one partner (P2). For example, MMCDC has been helpful in assisting the Co-op to secure grants that help fund new initiatives, such as the CSA. In helping the Co-op secure funding, the MMCDC fulfills its mission of cooperative, community development. “It’s about these whole value chains, where everybody along the value chain has to benefit. It has to be partnerships with people instead of always butting heads,” said a WMGC employee (S2).

Particularly when working to create an alternative to the industrial food system, these partnerships are important; “Without that [partnership] you’re always gonna be at a combative position, what’s best for me, and that isn’t conducive to creative maneuvering. And that’s exactly what we’re doing, creative maneuvering in a business world,” said an LCCDC employee (P2). One Co-op partner has great hopes for what these values-based partnerships have the potential to do for the Western Montana food system. “I put a lot of hope in this coalition of people, way beyond the Co-op. How do we solve these barriers to local production?” (P1).

Role of the WMGC and Future Prospects

Thoughts on Growth

A majority of the staff agreed that some further growth of the WMGC would be positive for both the business and the local food system. Financial stability that might come along with more sales was a frequently cited reason for growth. With financial stability, the ability to move into or upgrade to more appropriate facilities would be possible, and as one staff member put it, “and not feel like we are working on a shoestring all of the time.” More growth would also allow the WMGC to take on additional growers and give them the ability to absorb the loss of producers or product because when a business is bigger “you can make those harder decisions.” Two staff members felt like the Co-op should only grow if members wanted it to, but that growth would provide the opportunity for increased sales and for staff to be more fairly compensated. One staff member did think the Co-op could grow, but that it should happen naturally. They must first solve issues of “fairness and...efficiency” in “serving the members we have right now” (S2).

The staff offered up avenues for the WMGC to consider as strategies for growth. Some staff suggested that the Co-op needs to market itself more and find ways to increase existing customer purchases. One employee wanted to “just to be a recognizable brand as it were, so when people buy something they can say, ‘oh this is from such and such farm from the Growers Co-op.’” Others suggested that growers need to understand their own costs when selling

outside of the Co-op and how allowing the Co-op to market for them could increase their overall productivity. One person proposed, “making the case that it is a smarter business idea to sell only through the co-op. It might not look like it at first because you are getting less price for your produce, but you don’t have all these other expenses anymore.” Some employees suggested expanding the sales into more institutions, either through the CSA program or with a greater variety of processed items. An employee illustrated this idea: “we can get a few more value-added things in (to institutions) to stabilize us throughout the year as far as cash flow is concerned.” Another staff member thought the multi-farm CSA model provides “stability and security,” while another employee noted that the CSA sales to institutions are a “big part” of expected growth. Others suggested that the WMGC just needed to sell more overall or get more growers to produce items that are in short supply.

What WMGC Could Offer Their Growers and Employees

Staff members were asked for thoughts on what the Co-op could potentially offer its members in the future. Staff had a variety of ideas on this topic.

Sense of Community. One issue that was brought up often during our interviews is that the ‘cooperative’ aspect of the Co-op seems to get lost sometimes. Most staff members do not think that the growers feel like they are owners of the Co-op. “A lot of growers view the Co-op as not their business, they view it as something different. They view it as we are a customer of theirs essentially,” said S3. Because of this, some staff offered suggestions for ways in which the Co-op could help build a sense of community while also helping to keep costs down for growers. Some of the farmers don’t know each other very well. Farm tours could be a useful experience for growers. This would allow farmers to meet one another, see how other farms operate, and feel more included in the Co-op community.

Work Requirement. One employee suggested mandatory warehouse work as a way for growers to understand how the Cooperative operates and to feel more like they are a part of it. The work requirement suggested could be just a one-time thing, and it could promote understanding between the growers and the staff and create a feeling of community and common purpose.

Boxes. Issues surrounding the quality of boxes used for packing produce demand their own section because of the frequency with which they were mentioned during the interviews. Growers often use the wrong boxes for produce, which can lead to damage if the boxes break. Additionally, the boxes often have to be unpacked and repacked which takes time away from those who work in the warehouse. Most of the interviewees suggested that the Co-op begin supplying boxes to growers so that greater quality control and marketing could be guaranteed.

On this topic, one staff member (S5) noted the benefit of providing, “A packaging system that’s more uniform across the board so people aren’t scrounging for crappy boxes. And they’re not buying crappy boxes.” This would hopefully save employee time as well as the cost of produce that otherwise might spill from lower quality packaging.

Training and Certification. Staff mentioned that more training is needed. “It would be great for the Co-op to offer producers a manual or even some training in some of the production and packing guidelines. You know, these are the standards. This is what we mean when we say ‘Number 2.’ This is what we mean by sizes. This is the proper way to pack something. This is the proper type of box to use. This is how it should be packed,” said one staff person (S4). Another noted, “We have got these new food safety regulations coming up and we are going to have to do a lot of that to get people up to snuff. And then, just with beginning growers and some existing growers, working on quality standards, packing, things like that” (S3).

An additional recurring suggestion among staff was to assist growers seeking organic certification. Organic produce commands higher prices, but the certification process is extensive and costly. For the Co-op, it would be easier if everyone were certified organic so that all produce could be sold at premium prices and marketed uniformly. It would be beneficial to both producer members and the larger Co-op if the Co-op were able to help growers transition and/or navigate organic rules.

Equipment Sharing. Since some member farms are relatively close together, a few staff suggested that the growers could collaborate and buy or lease larger farm equipment. Equipment sharing would serve the dual purpose of lowering equipment costs on each farm while also creating an opportunity for farmer networking.

Health Insurance. A benefit not currently being offered by the Co-op but mentioned by several staff and a few growers is health insurance for producer members. Interviewees noted that the Co-op, because of the size of its membership, could potentially offer health insurance at costs lower than those paid by farmers individually. One staff member (S1) said, “Health insurance is something that I know a lot of farmers do not have...I mean, we have all these people, 30+ farms, we should be able to do something collectively to make things like insurance cheaper for everyone.”

Vision for the Future

Staff members were asked to envision the future of the Co-op and to describe what it might look like in a few years. Employees offered numerous suggestions for what they would like to see happen. Regarding operations, five of the six staff members hoped to see improved

infrastructure that would lead to better efficiency, particularly in the warehouse. One staff member listed off the things s/he would like to see: “Maybe some additional trucks, additional infrastructure, another forklift, multiple coolers, just little knick-knacks you need” (S3). In conjunction with improved infrastructure, several staff mentioned moving to a new location with facilities better suited to the workload and needs of WMGC. One staff member explained that, “with a place that is easy to unload and load, you don’t need as much equipment. It can basically be just a pallet jack and people can just be loading and taking things off more easily” (S5). Another interviewee noted that the WMGC would improve existing partnerships and build new ones to increase efficiency in distribution and to reach a more distant market. On this note, one employee said, “I am also interested in some of these frozen things, being able to ship them further afield and working off other distributors. Things like frozen Flathead cherries could be marketed far and wide and that would be an easy one to do” (S3). Increasing sales was another thought, particularly to institutions and through the CSA.

A couple staff members thought the WMGC would be run more like a business that was fair to employees and growers. One (S2) said, “It should be a real job...that has a job description and a beginning and end to the pay scale.” Another envisioned that “a more business-minded model with the goal...at the end of each year [to give] the growers a percentage dividend of what the Co-op has made” (S6). Two staff members really emphasized that they would want the WMGC brand to be recognizable and in every store “from here (Missoula) to Whitefish” (S1) by really “inundating our customers...to where they don’t have an excuse to not market their stuff as locally grown from us” (S3).

Conclusions

Throughout Part One a common and over-arching theme has emerged: the necessity and critical importance of communication and partnerships in the development of a strong regional food system. From the formation of the Western Montana Growers Cooperative to more recent developments, such as the partnership with Charlie’s Produce and delivering CSA shares to a local hospital, working together towards a common goal has been critical. Clear communication is key as the Co-op seeks to address issues that arise among members and between members and Co-op leadership. If there is a single take-away message, it is that growing a localized food system that benefits everyone from the farmer to the consumer takes hard work, dedication, and may not always be easy, but the results can have tremendous and far-reaching impacts.

PART II: EXPERIENCES AND PERSPECTIVES OF WMGC GROWER-MEMBERS

Ellie Costello, Kim Degner, Quentin Means, Eva Rocke, Seth Swanson, and Dave Wise

Characteristics of Members and their Farms

The Western Montana Growers Cooperative (WMGC) is a member-owned marketing and distribution cooperative comprised of a relatively diverse group of producers. The WMGC has grown from humble beginnings of nine members during its first year as an incorporated cooperative business in 2003 to 36 members in 2011. Its members are situated primarily across Western Montana (that is, west of the Continental Divide) and produce a variety of products ranging from fruits and vegetables to meat and dairy. Most of the members' farms are either certified organic, branded with a local eco-label (Homegrown), or both. A geographically and materially diverse group results in both intrinsic difficulties and unique complements for the WMGC.

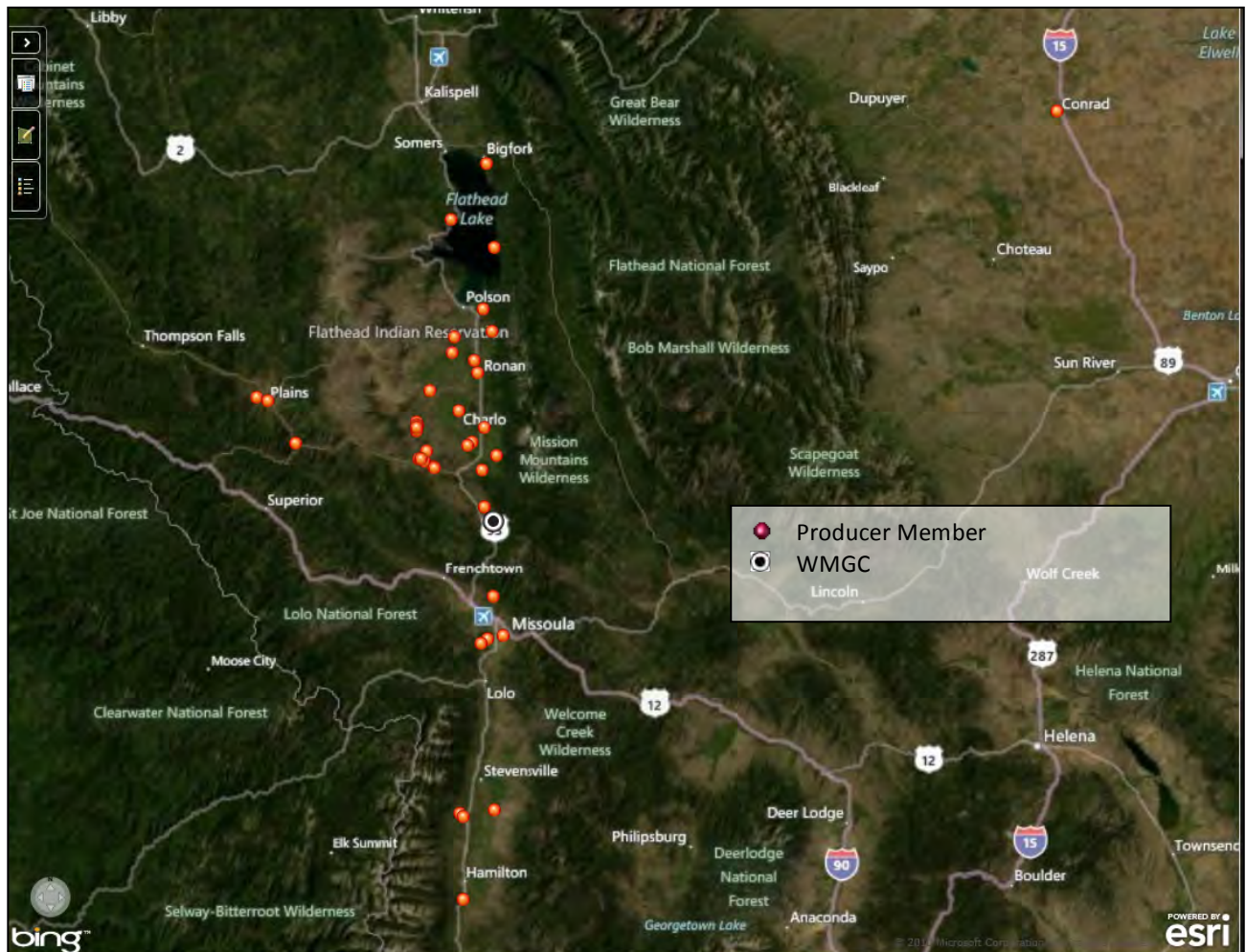
Location of members

The members of the Co-op range in location from the eastern shore of Flathead Lake to the rich soils of the Bitterroot Valley, and from the so-called "banana belt" of Sanders County to the open plains of Conrad, MT. The member locales encompass a large area of a large state, which encompasses over 147 thousand square miles. The members of the WMGC are spread over 6% of that area or nearly 9,000 square miles. Much of this area is limited to small valleys throughout this mountainous region.

The Co-op headquarters on the Common Ground Farm in Arlee is near the center of this large area. The members of the Co-op are located anywhere from 0 to 227 miles from the headquarters with an average distance to headquarters of over 37 miles. Clusters of producers are found in various agriculturally productive regions throughout Western Montana, but primarily situated along the MT Highway 93 corridor. Map 1 illustrates the location of all grower members, with Highway 93 being the vertical line most growers are organized around.

The diverse climate, topography, and soil types of Western Montana allow members to produce an array of agricultural products. Unique, regionally-specific products are grown, such as Flathead Lake cherries from Big Fork and lentils from the Golden Triangle in North Central Montana. Farmer ingenuity and season extension techniques also play a role in the ability of warm season crops, such as peppers and tomatoes, to thrive in a region otherwise limited by a short season.

Map 1. Location of Producer-Members in Relation to WMGC Headquarters in Arlee



Currently, the WMGC sells products based upon the members' agricultural system; see Chart 1. Members are classified as Certified Organic (COG), a local eco-label called Homegrown, or conventional (other). Those producers who are COG must adhere to regulatory guidelines provided by the United States Department of Agriculture (USDA) and the National Organic Program, including input restrictions, detailed record keeping, inspections, and associated fees. The COG label ensures the consumer that the product purchased was produced with minimal inputs and an environmentally responsible fashion.

Many producers have found that obtaining and maintaining COG status is not always practical. Accordingly, the Montana Sustainable Growers Union developed the Homegrown label as a result of their concerns about the National Organic Program. A small group of farmers in Western Montana formed MSGU in 2005. The group's members pledge to abide by certain

practices (many of which are consistent with organic certification) and to review among the peer-producers. Participating members of the MSGU are able to use the Homegrown label for their products as an alternative to the COG label; however, some WMGC members have both.

The last category of producers is simply not classified with the COG or Homegrown labels. The lack of label is not necessarily an indication of agricultural practices. These producers too may utilize low-input, sustainable agricultural practices, but do not carry a label. About half of the Co-op members are classified as either Homegrown or COG, and some members carry both a COG label and a Homegrown label.

Chart 1. Grower Classification: Total Membership and Sales, 2011

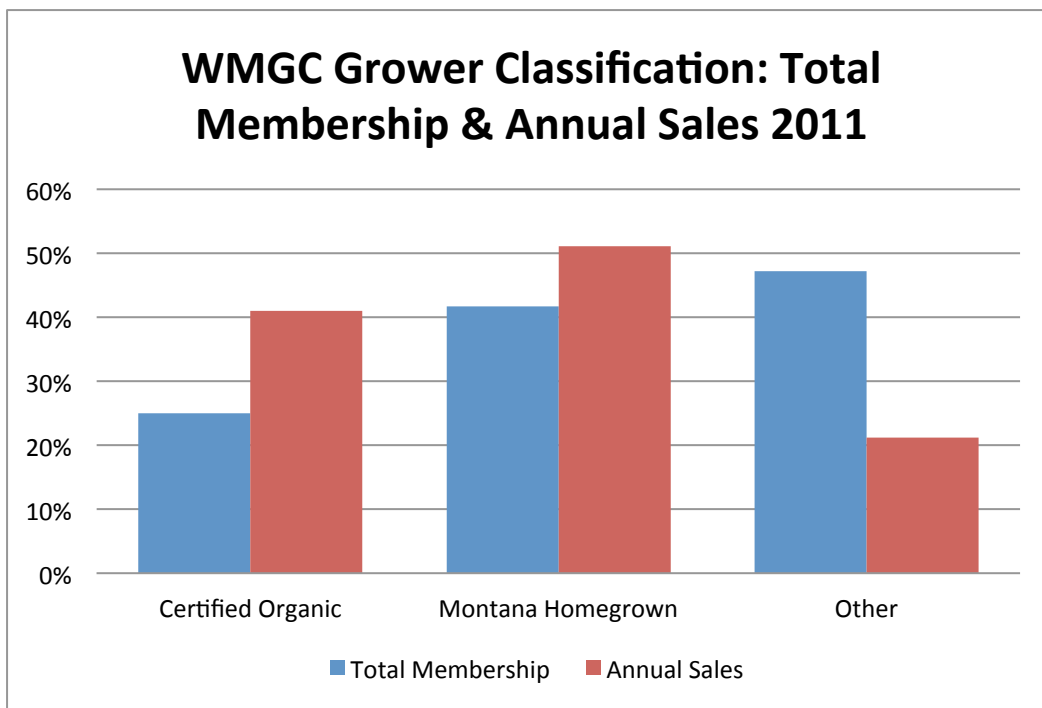


Chart 1 illustrates that the total annual sales by classification type was weighted more heavily on the COG and Homegrown labels than on conventional products. It should be noted that because producers can be both COG and Homegrown, there may be duplicate representation in Chart 1 for total membership in each label type. The difference in annual sales may be the result of specific products or volumes contributed by members, or could be the result of premiums given to COG products, or consumer demand.

Methods

The perspectives of individual members are vital dimension to a case study of the WMGC. According to the 2011 purchases by vendor, 36 members of the Co-op sold product through it in that year. The research team determined that the most effective means to understand the perceptions of the members was to conduct individual face-to-face interviews. A limited time frame meant that only a sample of the overall membership could be effectively interviewed.

Table 1. Producer Classification, Number of Members, and Sales, 2011

Producer Classification (total 2011 membership)		Number of members	Share of total member annual sales of WMGC
Annual Sales through the Co-op	>\$40,000	3	37.4%
	\$30,000-\$40,000	4	26.5%
	\$10,000-\$29,999	8	24.8%
	<\$10,000	21	11.3%
Production classification	Certified Organic	9	41.0%
	Homegrown	15	51.1%
	Conventional/other	17	21.1%
WMGC governing board	Current board member	7	35.6%
	General membership	29	64.4%
Membership Term	1-2 Years	10	21.8%
	3-6 Years	16	39.1%
	7-9 Years	9	24.0%

As previously discussed, the members of the Co-op are a diverse group according to their geographic location, product specialty, production practices, and annual sales through the Co-op. As Table 1 illustrates, members can be categorized based on their total annual sales through the Co-op, production classification (certification type), and current board affiliation. The research team decided to purposively sample by selecting the members in the top three sales categories. That is, we selected those who sold more than \$10,000 worth of product through the Co-op in 2011. The fifteen members comprising these three sales categories make

up over 88% of the total annual sales of the WMGC. The research team assumed that these members would have greater involvement and, therefore, greater familiarity with the Co-op because of the volume and value of the products they move each year. Ideally, all members would be interviewed, but time was a limiting factor.¹

Ultimately, fifteen interviews were completed for a total response rate of 83%. To recruit participants, each member invited through a personal letter explaining the project goals. A phone call followed to determine whether they were willing to participate and to coordinate an interview time. Of the fifteen originally contacted, two were unable to be reached after multiple attempts, and a third member declined the interview, stating personal reasons. The team then moved down the list of members (ranked according to sales) and contacted three more for a total of fifteen.

About the Study Participants

The fifteen members who were interviewed included a diverse group of producers. Their products ranged from vegetable produce to fruit and from eggs to meat. The members were also diversified in regards to their certification, board standing, and annual sales, seen in Table 2. The members interviewed provided a fairly balanced representation of production classification with five COG producers, six Homegrown producers (two classified as both COG and Homegrown), and six conventional/non-classified growers. Over half of the board members were among the interviewees. Though we were not able to interview all members, those we did speak with appear to be fairly representative of various characteristics in Table 2.

Each member participating in the interview was asked 14 questions (both open-ended and closed-form), with supporting queries and comments unique to each conversation (see Appendix E for interview guide). All interviews were recorded, with the consent of the participant, transcribed, and coded to identify themes.

Though the interviews were primarily focused on member interaction and perception of the Co-op, additional member characteristics were discovered. Every member interviewed indicated that they have alternative sales outlets for their products. For a majority of these members, less than 50% of their total annual sales go through the Co-op. According to the member responses, many utilize a variety of alternative sales outlets including farmers markets, direct to grocery stores, other direct sales (individual CSA's, individual sales, etc.), and restaurants.

¹ During spring 2013, David Wise carried out a follow up study and interviewed many of the members who sold less through the Co-op in terms of sales. The report is available from the Mission Mountain Food Enterprise Center.

Table 2. Classification and Sales of Grower-Members Participating in Study

Producer Classification (15 member sample)		Number of members	Share of total annual sales of WMGC
Annual Sales through the Co-op	>\$40,000	2	20.6%
	\$30,000-\$40,000	4	26.5%
	\$10,000-\$29,999	6	16.5%
	<\$10,000	3	4.6%
Production classification	Certified Organic	5	41%
	Homegrown	6	30.6%
	Conventional/other	6	16.6%
WMGC governing board	Current board member	4	18.9%
	General membership	11	49.7%

Member Sales Analysis

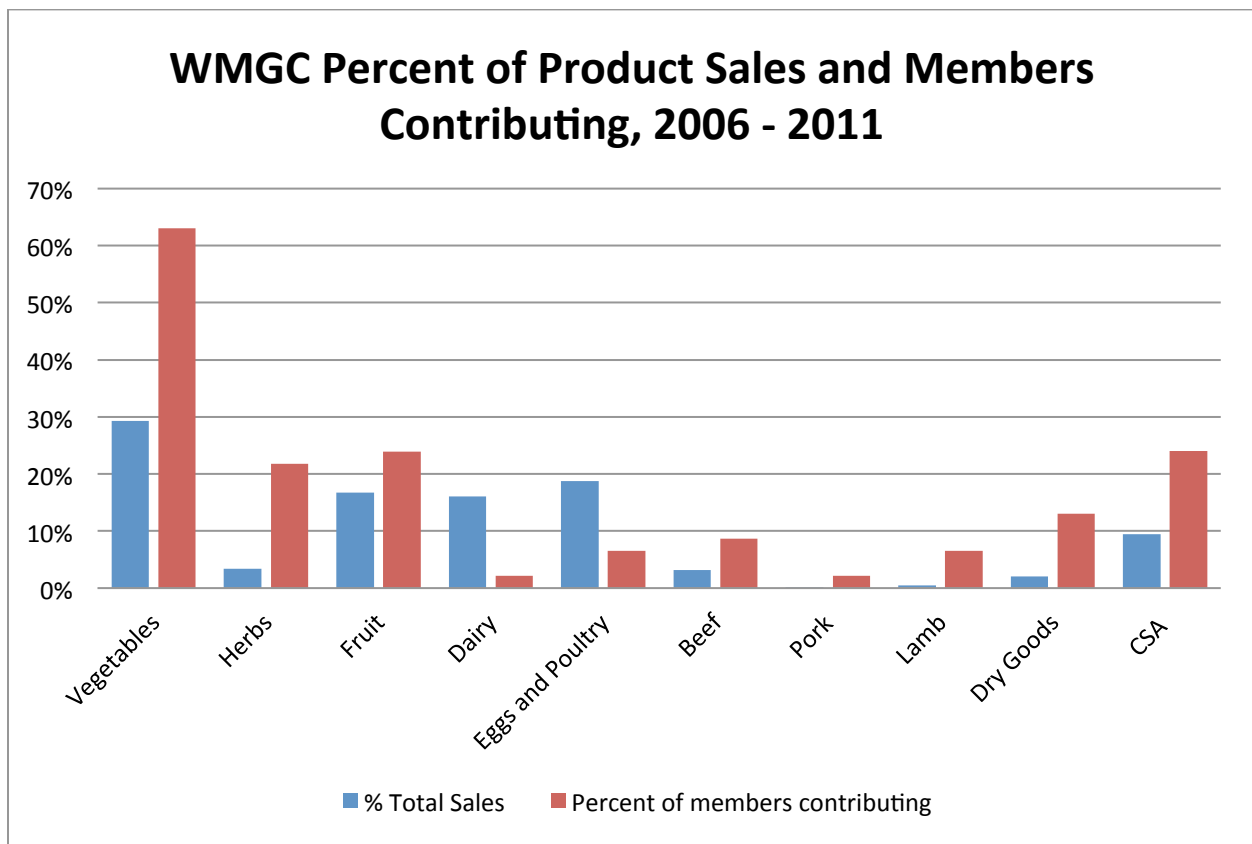
The research team conducted an analysis of past sales documents and categories to understand the broader picture of member contributions to the WMGC. Based upon 2011 member contributions, most Co-op members produced vegetables, whether conventional, COG, or Homegrown for the Co-op. The next major group of products were fruit and herbs. The relative homogeneity of the crops produced can be associated with some similarities in production areas. Hyper-specialty crops or products, those fulfilling specific market niches, seem to fall into unique environmental regions such as Flathead Lake, or unique member identities such as the only dairy producing member.

Although Co-op members heavily contributed to the vegetable category (62% of the members sold vegetables through the Co-op), these sales accounted for less than 30% of the total annual sales in 2011, as shown in Chart 2. In contrast, product categories such as fruit, dairy, and eggs and poultry account for 55% of the Co-op's total annual sales when combined, while only 38% of members contribute to these categories. Without direct feedback from members, this seems like an area of potential conflict and competition between members. These product categories

with relatively few contributing members compared to the weight in annual sales may be potential areas for niche production.

Low annual sales derived from the meat categories (beef, pork, and lamb) do not necessarily indicate that these products have low sales potential, but are just an indication of low annual sales through the Co-op compared to its other products. These items could be addressed as potential areas of growth. These assumptions do not take into account the market potential, per unit price value, or the volume sold of any of the products, but may highlight opportunities for member diversification.

Chart 2. Percent of Product Sales by Category and Members Contributing, 2011



Benefits of membership

As a member-owned cooperative, an awareness of personal member gains is critical if the Co-op is to continue serving its members effectively. What benefits are producers receiving through their Co-op membership? The ability to recognize and articulate benefits may solidify for members the shared interests of their cooperative values.

Interviewers asked questions to help identify benefits of Co-op membership (Appendix E). In addition to asking specifically about the financial benefits of Co-op membership, we also posed the open-ended question, “What benefits have you experienced as a member of the WMGC?” Interviewees noted a range of benefits of Co-op membership throughout their interviews when discussing the WMGC in our local food economy, the effectiveness of Cooperative governance, the communication among members and staff of the WMGC, services that members would like that the Co-op is currently not providing, overall commitment to the WMGC, and plans for the future of the Co-op. Our analysis strives to synthesize all of these reflections.

In general, benefits mentioned by producer-members fell into two broad categories, financial benefits of membership and those associated with being part of a local producer community, which are discussed below. Members less frequently mentioned benefits related to seasonal planning or to the convenience of working with the WMGC. In descending order, the following are the general benefits mentioned by five or more producers:

- Distribution of goods;
- Empathetic relationships with other farmers;
- Aggregation of goods;
- Committed staff;
- Overall financial gain; and
- Belief in local products and altruism.

Financial Benefits of Co-op Membership

Importance to Members’ Operation: Farmers emphasized to varying degrees the importance of the financial benefits of Co-op membership in relation to their farming businesses. Many WMGC members have seen the financial success of their farm businesses improve with Co-op membership. When asked to rank the Co-op’s importance to the financial success of their business, responses ranged from “critically important” to “not very important.” Eight farmers reported that the Co-op was either “critically” or “very” important to the financial success of their business, while 4 members classified the Co-op as “somewhat” important. Three members did not specify the level of the Co-op’s importance, though these members did specifically mention other benefits of WMGC membership. Although the degree of importance varies, 87%

of the participants did report some aspect of financial gains as a main factor in their continued WMGC involvement. The financial benefits members mentioned generally coincided with the functions of distribution, aggregation, and marketing that are provided by the Cooperative.

Financial Benefits

Related to Distribution, Transportation, & Freight Services. Farmers had a lot to say about Co-op benefits related to production transportation, distribution, and the basic freight service it sometimes provides. Fourteen out of fifteen members identified factors related to distribution as benefits of membership, with 8 of the 15 farmers interviewed mentioning specifically that “distribution” is a benefit. One farmer explained, “Distribution in Montana is...a really weak link to creating a sustainable food system in the state, and for us, WMGC is an important distributor” (PM15). Another member noted: “The vast majority of our business is through the Co-op...If the Co-op didn’t exist, we wouldn’t be able to deliver to all the markets that the Co-op delivers to” (PM5).

In addition to supporting producers through improved distribution, two growers noted that the Co-op has taken over the transportation of their farm products to some businesses with which these farmers were already conducting business. These growers described efficiencies created by having the WMGC transport their products given low volume or limited infrastructure. For instance, one said: “Well, all the driving...for relatively small amounts of produce” (PM12). Another grower (PM13) also noted that the Cooperative was replacing his need to travel as far by distributing his products for him. By providing distribution, marketing, and transportation for local producers, the Co-op saves producer members’ time as well as money.

Six of the 15 farmers interviewed noted saving time through Co-op membership. One farmer explained that marketing and distribution, “requires so much of my time, and I’d prefer to be growing and putting the distribution and marketing to the Co-op so, I guess to me, the margin that the Co-op requires in order to function is worth it” (PM16). The “margin” refers to the sales margin on goods sold through the WMGC, which differs depending on the product being marketed.

In addition to offering transportation and distribution of products sold through the Co-op, the WMGC also offers basic freight services to some members who choose to pursue direct sales. One member uses this freight service and describes the benefit of it this way: “It takes time to run here, there, and everywhere to deliver [my goods]. Letting the Co-op do some distribution makes good sense from my end and it also helps the Co-op’s bottom line” (PM8). Another member also described using the WMGC for this freight service: “We do all the sales and the order...directly with the Good Food Store, and then the Co-op just charges us freight to deliver

them, which is a lot lower of a margin and makes sense financially for us” (PM5). This benefit of freight transport through the Co-op illustrates how, for some growers, their relationship with the Co-op is fairly utilitarian and business-oriented. One grower expressed this clearly: “In a sense, they’re just another customer for us” (PM15). However, one grower who uses the Co-op as simply freight service noted that this relationship “also helps the Co-op’s bottom line” (PM8). Use of the Co-op as a freight service can thus be interpreted in a couple of ways. First, some members appear to be more interested in direct sales outside of the Co-op and perceive the WMGC primarily as a distribution company. Secondly, those members shipping freight want to support the Co-op financially, even though they are choosing to sell some of their products directly to buyers.

Benefits of Aggregation. Aggregation of goods was another frequently cited benefit of Co-op membership, noted explicitly by 40% of farmers interviewed. The WMGC’s ability to aggregate members’ produce and sell a larger quantity of various items allows small farmers access to larger markets. Members who addressed this benefit noted the difficulty of being a small farmer and trying to market to stores and institutions that are used to buying from large distributors. For example, one interviewee stated that buyers “wouldn’t want to come and buy from you when they can buy it from Sysco or from other people that are a lot bigger” (PM13). Another member described several benefits of WMGC’s aggregation, explaining, “I think Western Montana Growers serves that purpose...of aggregating a lot of agricultural products and distributing them to restaurants, to stores, to buying clubs, because it’s just either financially feasible or kind of physically feasible, logistically feasible” (PM15).

Financial Benefits of Expanded Markets. The most frequently mentioned benefit was the Co-op’s ability to provide access to new markets that had previously been unavailable to members, a benefit also related to the Co-op’s distribution services. Eleven of the 15 farmers expressed that they have accessed new markets since becoming a WMGC member. One grower explained that, “It is because of [the Co-op]...that many restaurants, small grocery stores, places like that get our [product] that never got them before, because we don’t have the man power” (PM4). This same farmer later added, “They have gotten us into stores that wouldn’t accept us before, so I give them credit for that.” Another member agreed with this sentiment: “They go all over Western Montana, you know all the way over to Billings and up to Whitefish and down in the Bitterroot. And some stuff you can get back hauled through Charlie’s like over into Spokane” (PM5). The importance and necessity of these new markets to the producer members was summed up well by one interviewee, who said, “I know that if small farmers want to survive economically...we have to go outside of our local region...for that, I depend on the Co-op” (PM16).

Financial Benefits of Resource Sharing. A benefit noted by two interviewees is that the Co-op is more efficient in terms of overall resource use. Specifically, growers noted that the aggregation of many farmers' goods onto one truck reduces fuel usage, which is a positive outcome. One farmer reflected that the WMGC distribution system makes the shipment of their products more economically viable than other shipment methods. He described how the WMGC is saving thousands of miles in food transportation:

It would be less expensive for the Good Food Store to buy from UNFI [United Natural Foods Inc.] than it would be to buy from us directly and have us ship it over by UPS or FedEx ground, a 100 pounds once a week...Western Montana Growers Co-op...fills that niche and having the opportunity and ability to actually supply Montana grown [products], in our case, to a store in Missoula...They're [the Co-op] gonna be able to do that with 2300 miles less diesel fuel than it would by using a national distributor (PM15).

A Sense of Community

Along with noting the financial benefits of membership, several producers described experiencing empathic relationships with other farmers and a sense of community that comes with being a WMGC member. For participants, this sense of community revolved around shared values, personal interactions, staff appreciation, and opportunities for knowledge-sharing.

Connection and Shared Values among Members. Nine of the 15 members interviewed described the member community as a key benefit of the WMGC. One farmer described the value of connections, "I like it because I like being part of a group of farmers. I feel like the community of farmers is small and there are not very many other people that understand what you do with your day and I like that" (PM15). Another member observed, "Our main personal interest in it [the WMGC] is not our direct income, but it's our participation in a network of farmers" (PM12). One interviewee described the WMGC as a sort of "family" stating,

The Co-op, that's our brothers and sisters, that's who we really need to support. And the more we can push through there...the better for everybody...I really feel like we need to make that thing work (PM17B).

The sense of community that the WMGC inspires is, in part, rooted in the shared values held by Co-op producer members. Four interviewees mentioned that the Co-op fits with their values of supporting a local food system, indicating that a benefit of membership for them is not only financial, but also values-based. One interviewee stated that, "Being local, we want to sell as much of our product locally and that's what we're trying to do together" (PM11). Another

grower explained, “Our mission is to participate and help support a more sustainable food system and Western Montana Growers is a model for how that can be done” (PM15). These sentiments of selling local and supporting a sustainable food system illustrate that the participation of farmers in the Co-op is values-based as well as motivated by financial benefits of membership.

Personal Interactions among Farmers. An additional benefit of membership noted by several interviewees was that of having personal interactions with other farmers through WMGC-facilitated gatherings. Face-to-face meetings among members contribute to the sense of community; yet, not all members who expressed that the WMGC provides a stronger farmer community regularly attend the WMGC annual meetings, typically held in January. Attendance at these meetings is not mandatory, but was described as a benefit by 3 members interviewed. Similarly, monthly board meetings were mentioned as a beneficial part of the WMGC community. One member who has been in a governance position connected this with her sense of Co-op involvement, stating, “I feel much more connected to...our greater picture of what’s going on with sustainable farming in Western Montana...I think I wouldn’t have if I weren’t a Co-op member and on the board” (PM5). These in-person meetings seem to benefit members because they add to the sense of cooperation and community. Since the members work together to determine commitments for what each will produce for the upcoming season, this benefit also reflects the importance of having Co-op members actively participate in information sharing and decision-making.

Appreciation of Staff Time and Dedication. A recurring theme in producer member interviews was growers appreciation for the WMGC staff’s dedication and work ethic. This appreciation was mentioned among other “benefits of membership,” indicating that growers understand the importance of staff in overall Co-op success and functioning. As one member put it:

Awesome to work with. Really good...I know Dave and Jim work so hard. And they work at night sorting produce and putting it together for people and of course they accept our product the way we sell it...which means that they have to do the work...So they’ve been awesome (PM4).

Six members specifically mentioned the staff as one of the biggest benefits of WMGC membership. In several interviews, members also noted that the staff is underpaid and at risk of “burning out.” One grower explained: “I also don’t think the staff is paid enough for all the work they do” (PM2). Producer members simultaneously recognize the value of the Co-op’s dedicated staff as well as the unsustainability of their current operating situation. One farmer described the stress on the Co-op and the staff: “The [staff] don’t have benefits. They don’t get

paid much. They don't have health insurance. They work long hard hours" (PM6). Thus, members seem aware that the current situation for staff is unsustainable and that losing WMGC employees would have a major impact on membership benefits.

Knowledge Sharing among Members. Another community-related benefit described by members is the opportunity for knowledge sharing among farmers that Co-op membership provides. This benefit was mentioned by two members, both of whom spoke of the Co-op's role in supporting new farmers through planning and crop information and with emotional support. One interviewee described a somewhat formal process of knowledge sharing that has taken place between WMGC staff and producers:

Dave or Jim, or maybe another grower, would work with the person to help that process, see where the barriers to having the quality that's needed, see where the barriers lie, and have some established person who's familiar with that help them through the hoops (PM12).

In this way, more experienced farmers are able to encourage young farmers and also ensure the product quality that they expect all WMGC members to meet. Aside from knowledge sharing, three farmers mentioned other ways the WMGC's support of new farmers is a benefit of membership. One member explained, "Our main personal interest in it is...encouragement for new farmers to get started...because I think it is a major help for people who are new to doing this and who don't have long established contacts with outlets" (PM12). In addition to new growers receiving the benefit of education and informational support, more experienced growers expressed that seeing new growers receive the support they need is an additional benefit of membership. The ideal of creating a supportive farming community and a "noncompetitive" attitude within the WMGC is one that members seem to support. Their emphasis on empathic relationships and an appreciation for a community of farmers suggests that financial gains are not the only thing of value to WMGC producer members.

Convenience and Efficiency of WMGC Membership

Less frequently mentioned than the financial or community-related benefits were comments related to the convenience and efficiency of working with the WMGC. The convenience of drop-off sites for produce was noted by two members, with one farmer describing how his membership in the WMGC makes what would otherwise be a prohibitive part of farming instead quite easy: "The fact that there's this drop point, and it's only five miles away, that part

is not onerous” (PM12). A second convenience noted by two members is the online ordering system the WMGC uses to receive and fill orders. One producer stated:

[Online ordering] is easier for us to make offers, just that it enhances communication both ways cause we can put in offers more easily. It doesn't involve the time and complexity of individually contacting by phone, which can be awkward. This way, if 10 people want at the same time to put in their offers, or check on what the sales were, there's no limitation...If you eliminated the internet...from this, it would be much harder to see it working on this scale (PM12).

WMGC Benefits Related to Production Planning

Lastly, production planning was mentioned by a small number of members as being beneficial to their farm operations. Two members noted that WMGC membership enhances the crop variety on their farm and that they see this as a benefit of membership accomplished through production planning for Co-op sales. One farmer described how the WMGC “allows me to grow some crops that I can't sell as much as I'd like through other means” (PM2).

Only one member mentioned the CSA as a benefit of the WMGC, which was unexpected as it is about 10% of the Co-op's annual sales and appears to be a significant part of guaranteed sales. This member felt that the benefit of the CSA is that it facilitates “the direct involvement of the consumer.” Other benefits mentioned by only one member and have not yet been discussed in this section include: the ease of accounting, receiving feedback from consumers, the professionalism of the Co-op's interactions with buyers, reduced competition between farmers, meeting other members monthly for board meetings, providing financial security, and saving some manual labor that the member would otherwise be required to do.

Benefits Summary

Participants in this study clearly articulated benefits of membership associated with the Co-op's ability to effectively aggregate, market, and transport their products. Growers particularly noted the benefit of working with the Co-op in establishing new markets and markets with which they would otherwise have difficulty working due to the volume of produce needed or marketing effort required. Our interviews also revealed the importance of the sense of community and shared values among producers. Growers feel a key benefit of Co-op membership is their feeling of connection to a larger food movement and their ability to participate in a local food system. Overall, benefits of Co-op membership are clearly not just related to increased farm business viability and success, but also relate to the sense of community and participation in a values-based food system important to producer-members.

Members' Perceived Challenges

Introduction

Members' experiences and perceptions of challenges within the Western Montana Growers Co-op are significant because member dissatisfaction, if not addressed, could lead to reduced membership and tension within the organization. In this section, the focus is on the challenges faced by individual members in their experience with the Co-op. To understand what challenges exist for members in working with the Co-op, our research team asked growers, "As a member of the Co-op, what challenges have you experienced?" In response, producers identified challenges faced in their interactions with WMGC, challenges they experience with other producers, and challenges they face as farmers that do not necessarily relate to Co-op membership. Three interviewees did not identify any challenges in their business or personal experiences with the Co-op, though all growers did describe general concerns with the Co-op as a whole. The following challenges, listed in descending order of frequency mentioned, are the general categories that three or more producers discussed:

- Inaccurate sales projections;
- Competition between members within the Co-op for growing commitments;
- Competition between the Co-op and members who sell outside the Co-op to the same markets;
- Sales and pick-up schedule is too short; and
- The 25% sales margin.

Inaccurate Sales Projections

The challenge most frequently mentioned among member producers was inaccurate sales projections by the Co-op that results in food produced but not sold. At the beginning of each year, the Co-op provides sales projections for the upcoming farming season in which crop sales predictions are made. Based on these projections, farmers then make commitments to grow these crops for the Co-op to market and distribute. Of the 15 producers interviewed, seven identified inaccurate projections as a challenge due to their crops/commitments not being sold. In describing this challenge, one producer explained, "We committed to what they wanted us to grow and they didn't buy it" (PM17). A second grower commented, "Everybody is so dang busy. Inevitably what happens is that we don't do our planning right as a group and then somebody grows something, somebody grows too much of one thing, then you basically eat it because you can't get rid of it" (PM3). One interviewee explained that inaccuracies in projections and commitments are hardest on producers who grow exclusively for the WGMC,

as these particular growers have fewer markets to solicit if they are left with food the Co-op cannot sell (PM3).

Competition between Members for Crops and Commitments

Currently, producers with a history of providing specific crops get the priority in the following year's commitments (PM8). Five producers identified competition among members to grow certain crops (seasonal crop commitments) for the Co-op as a challenge. One grower noted, "It's hard to sell what you have now that there's so many people all growing the same thing" (PM2). Another member noted, "Now that we have a priority, or hierarchical system, I guess there are things that I would want to grow but someone else is already growing them" (PM16). One producer expressed frustration with the way crop commitments are assigned and how this may or may not act as an incentive for greater Co-op commitment among members:

I guess another frustration... is the whole commitment thing and these really desirable crops being sucked up... by other farmers and you want them and you feel like you're really good Co-op members and want to grow more of certain crops and sometimes commitments can be held by farms even when their quality sucks. And that's super frustrating (PM19).

According to the producers we interviewed, commitments are distributed among members without considering the extent to which a producer is involved or engaged in the Co-op or the quality of the product that has been produced in the past.

Competition in the Marketplace between Members and the Co-op

Four of fifteen members interviewed identified competition between Co-op members and the Co-op (because of direct sales by producers) as being a challenge. For several producers, the challenge of competition with other members selling outside of the Co-op is very significant. One grower commented that, "It causes bad feelings...I was recently having a conversation with (anonymous) and that person was explaining this to me how the Co-op can't possibly continue the way it's going if the members aren't going to support it by handing over their stuff" (PM6). The Co-op has steadily grown since first starting in 2003, but some members see the competition between the Co-op and some of its members as being a major barrier to further growth. One grower stated, "Or, if they're competing with the Co-op too, if they're competitive with the Co-op and they still hold a commitment on a crop that we would like to grow...That's super annoying" (PM19). This farmer elaborated on this concept, explaining:

So, you know, they take one crop and they sell it direct themselves in Missoula, but then they still get the commitment priority with the Co-op, so they're getting

all the far away markets too and so, not only do we not get the Missoula market, but we don't get any of the markets (PM19).

Some members feel that those producers who sell through the Co-op and who also direct market their produce are acting unfairly towards other producer members.

In contrast, two producers specifically stated direct sales to the same markets as the Co-op was not an issue. One farmer stated:

Well, if we direct market, we get more return. We basically can sell directly, roughly the same price that the Co-op is selling, and so for markets where we have established relations, sometimes we sell to them directly things that we're also selling through the Co-op and we don't see that as conflict (PM12).

Direct marketing brings a producer a premium for their product because they do not have to pay the Co-op the 25% sales margin charged for its services. Further, some members are reluctant to end long-term relationships with some markets and this influences their decision to continue with direct sales. The combination of established relations with buyers along with being able to earn more profit through direct sales are believed to be sufficient reasons to continue direct marketing efforts among growers. One producer member views the Co-op as being in competition with his/her farm in the marketplace, explaining, "I feel that the Co-op has taken away some of my business, so by joining the Co-op I'm trying to make up for that amount of money that I'm not making" (PM2). This reveals how producers may see the Co-op as both supporting and challenging their businesses.

Tight Schedule between Sales and Pick-up

Three of the 15 members interviewed identified the current system that the Co-op uses to facilitate sales and to pick-up goods as a challenge. The WMGC does all sales on Monday morning and makes its offers to farmers so that they can harvest that afternoon and drop the goods off at the drop points in the evening (PM2). On the topic of ordering, scheduling, and delivery, one producer commented, "The Co-op is a pain... we get the order on Monday and have to deliver on Monday" (PM17). In contrast, one producer noted the quick turnaround and accompanying stress of the current ordering and harvesting system (PM12).

25% Sales Margin

The Co-op sells members' products at a 25% margin in order to cover operating costs. Three producers mentioned the margin in their interviews as being a "challenge" of Co-op membership. When commenting on the margin, producers noted that small-scale farming and

production is financially challenging even with the Co-op increasing marketing and making delivery more efficient. The financial challenge of farm operation is what inspires growers to avoid the margin when possible by using direct sales. One producer commented on this, stating, “It’s that time of year, late fall, when things are slow enough around here we can drive down to Missoula a couple times a week and...it’s worth it for us because the difference is such a huge difference at 25% on that. We just flat out need the money” (PM5).

Irregular Quality & Packaging

One challenge identified by two interviewees was the issue of poor packaging quality and sometimes poor product quality by some producers that reflects negatively on the Co-op as a whole. One grower explained, “I kind of hate to see our stuff, that I’m very proud of, lumped together with other stuff that, if I boxed it up, I would be less proud of. That’s always a big issue for me...I still feel like it effects the whole order in a negative sort of way, which includes our stuff sometimes” (PM19). Although the Co-op can reject a farm’s goods due to low quality, it is often impossible for staff to inspect all the goods distributed due to staffing and time limitations (PM19). Products of poor quality can reflect on other producers of the same goods when aggregated for distribution. A second grower identified this same challenge, noting that, “We just re-use wax boxes that we get from the produce venues like Good Food Store...they don’t look good. They’re not uniform... A lot of times they’re kind of junky. They fall apart. They rip and they just don’t look like... you see a pallet of our stuff... it doesn’t look professional” (PM5). Two producer members feel that the Co-op is not presenting itself professionally with poor quality of product and with poor quality of boxes, both of which affect all members.

Other Challenges

Two producer members identified various issues associated with the Community Supported Agriculture (CSA) that the Co-op offers. One member feels that the CSA makes crop planning challenging because, “they only want things once every third week” (PM2). A second member views the CSA as “not of real help to the Co-op because...what the Co-op does really well is wholesaling, and it’s too much individual consumer outreach...I think that’s what a store does very well and a farmers’ market does very well” (PM12). Two interviewees identified challenges with equipment, both of them noting in particular issues with trucks and the cooler as being key challenges the Co-op seems to face (PM 4, 6).

An additional six challenges were identified in interviews with producer members that were unique to individual farms. These challenges include: the expense of packaging, lack of incentive for selling through the Co-op, transportation to pick-up point (producer doesn’t drive), Co-op board not effective in completing duties, punctuality of Co-op drivers during pick-up and delivery, and low beef sales by the Co-op. Although these challenges were unique to a single

producer, that does not mean that they are insignificant or that they may not also be shared by growers who have yet to be interviewed. Interviewees also made general observations about Co-op operations that they see as being potential challenges but that do not necessarily relate to their businesses. These included: lack of communication among growers and between board and producers; poor marketing; lack of member engagement; and staffing issues.

Challenges Summary

Pre-Season Planning. Considering that the two most frequently cited challenges pertain to pre-season planning, this may be an indication that some additional time and energy could be dedicated to this aspect of Co-op operations. As noted earlier, 62% of all Co-op members grow vegetables, while vegetables account for only 32% of annual sales, potentially accounting for the perception of competition for crop commitments among producers. Based on some of the comments made during interviews, we recommend that some additional time be taken to explain how crop commitments are handled and how planning can be done more effectively in order to address these feelings of competition and poor planning.

The Co-op is Divided. Another challenge noted by growers is the issue of competition both among growers within the Co-op for crop commitments and between the Co-op and members who choose to use direct sales while also selling through the Co-op. Out of the 15 farms interviewed, a total of six, or 40%, specifically referenced this topic. Members described feeling affected by this conflict in two ways: First, growers indicated that direct sales prevent Co-op growth and increased sales by occupying some of the markets the Co-op might serve were it not for direct sales by individual growers. Second, some growers are frustrated that other members are simultaneously selling outside the Co-op while simultaneously claiming desirable crop commitments that others feel should be given to more “committed” Co-op producers.

Contrasting these views are two producers who do not see a conflict. Growers who did not share these concerns feel that the premium prices earned through direct sales compensate for any conflict between their business and the Co-op and that maintaining relationships with businesses through direct sales is a priority for them. Clearly, members are divided on the impact and logic behind direct sales, making it a particularly relevant issue for discussion and problem-solving as the Co-op continues to improve its cohesion and operations.

Member Engagement & Commitment

Introduction

Communication among various tiers of management within a business is a challenging endeavor. In a cooperative business, where the members are owners and operators,

communication is a critical function for successful and fair operation. Communication is also a means to establish member involvement and, in turn, commitment. The subject of communication within the Cooperative was specifically raised during our in-depth interviews, though responses described below include other answers that still address the topic of communication. Specific we discuss how the Co-op's Board of Directors communicates with the members; member involvement within the Co-op; and the resulting commitment of the Co-op members to the success of the WMGC.

Board Communication & Member Participation in Governance

According to the 2011 Business Plan, there are currently seven members of the WMGC board, all of whom are producer members. One member who plays a leadership role in the Co-op stated that new board members are elected every three years during an annual member meeting. Each member of the Co-op has a right to vote, the opportunity to serve on the board, and ultimately the ability to influence the decisions and directions of the organization.

General Member Participation at Board Meetings. Open communication between the board and producer members plays a role in determining the success of the participatory ownership model of the Co-op. The board is volunteer-based and members are encouraged to attend the board meetings to discuss operational matters. However, most of the producer members we interviewed, including those who have played a leadership role in the Co-op, expressed difficulties in including producer members in the board meetings. Two of the producer members we interviewed, both of whom have served on the Co-op board, stated that it is difficult to engage members. One explained, "We've got a really good board, and they do a lot of volunteer work. It's all volunteer, but it's really hard to get other members involved that aren't on the board. Anyone who's a member is welcome to come [to the board meetings]" (PM5). Another member, who used to play a leadership role in the Co-op, explained: "It gets a little much when non-board members show up and they don't know the history of the topic...so unless you have a connection with someone on the board, it's a little hard to figure out exactly what's going on and I don't like that part" (PM12).

Members who have not played a leadership role in the Co-op also expressed lack of interest or motivation in attending board meetings. According to Jan Tusick, Center Director for Mission Mountain Food Enterprise Center, cooperatives are, "user-owned, user-controlled, and user-benefitting." The best opportunity for producer members to become involved in the ownership and control of a cooperative is to participate in their shared governance model, most directly by attending board meetings or serving on the Board of Directors. However, at least 6 out of the 15 members we interviewed expressed a lack of interest in or time for attending the board meetings. One farmer stated, "I just grow and sell, and I don't really pay too much attention

about the government” (PM18). Members also expressed the need to spend their free time with family or running their business. When asked how they feel the board communicates with producer members, one farmer stated, “I’m the worst to ask because they have meetings on Saturdays, well, I like to spend time with my kids so I don’t go to the meetings” (PM13). Since board meetings are actually during the week, this answer might suggest that the board does not regularly communicate the dates of their board meetings with the entire membership.

WMGC members can participate as much or as little as they want in the governance of the Co-op. When asked about board communication with members, one producer stated, “Probably good enough. They publish the minutes of their meeting. You can go to a meeting. You can have as much to do with it as you want. There aren’t any secrets” (PM6). Some members mentioned that participation in Co-op governance is unequal among growers, with some producers putting in regular attendance and others participating minimally. As one put it: “There’s a core group of people that go to the meetings or come to the annual meeting, and there’s some people that you never see and you just don’t know how interested they are” (PM3). Another member discussed common interests, saying, “I know most of the Co-op members that are running the Co-op work as farmers, are farmers. I think that’s good. I think that the board should be farmers. The people running the Co-op should understand what farming is all about. If they don’t, they should come out and work with us one day and understand the issues” (PM11).

Communication between the Board and the Membership. Examples of the difficulties communicating with the board did come through in the interviews. When asked how they think the board communicates with members, 4 out of the 15 farmers we interviewed expressed overall disappointment in communication between the board and Co-op members. One farmer responded, “Actually, terribly. It’s really something that I would like to see changed. I mean, unless you’re on the board, you really have no idea what’s going on” (PM12). Similarly, another producer stated, “I don’t think they do communicate to us anymore. We used to get a letter every few months, but I haven’t received one recently. I don’t even know rightly who’s on the board these days. So there’s not a lot of communication.... Maybe the board doesn’t do a lot, I don’t know” (PM8). One farmer responded bluntly, “Poorly. The only time that I hear from them is when they’re having their annual meeting, or maybe it’s a semi-annual meeting, I don’t know. And again we’re geographically... we’re distanced to the point that it’s not a convenience for me to get to the meetings” (PM15).

Besides geographical distance, board members noted that not all members have email access, making communication even more challenging. One farmer who has played a leadership role in the Co-op stated, “Yeah, I’d say we could definitely communicate better with the membership.

We can send out, you know, kind of blanket emails to our membership. But not all of our members are even on-line. We do send out letters occasionally if there's really important things we need to get across" (PM5).

The lack of participation in the governance of the Co-op was frustrating to a few of the interviewees. One farmer who has played a leadership role in the Co-op said, "A lot of our members kind of just see us as a distribution service and don't want to put in any extra time or energy into making it work. Even though it's their business, I think a lot of people don't understand...they kind of view it as a separate entity, when really if you're a member, then you're an owner" (PM5). On the other hand, a few members expressed that they hadn't heard anything from the board for a while. One member stated, "I don't even know when the annual meeting is. There's supposed to be one in November, maybe they haven't set it up yet. And then after the meeting they take all the information and write a letter for the minutes and I don't get [anything] from the board anymore" (PM13).

Member Communication with Staff. Many members shared that their frequent communication with the staff, rather than the board, keeps them informed of Co-op business. Because of apparent communication challenges, members often contact the Co-op staff for information rather than board members. One member stated, "I don't know what's going on, because I don't get anything. And maybe I need to make a call and find out. I talked to Dave about it and it's going smooth" (PM13). Another producer member who has played a leadership role in the Co-op stated, "We've tried at different times, but then the board changes and the people who are doing it aren't there, and maybe, I know one board member said that they thought Jim and Dave were doing such a good job that there's not even really any need for a board. But, of course, there is structurally" (PM16). Another producer stated, "What communication we get usually comes through Dave Prather. He'll shoot us an email if there's something that is a major importance I guess, but we don't get a lot of communication" (PM8).

Member engagement

Trainings and Work Parties. Throughout the years of operation, the Co-op's Board of Directors has made attempts to organize trainings and work parties with producer members in order to communicate standards and engage new members of the Co-op. Three of the producer members we interviewed discussed these trainings and the work parties in their interviews. In the past, these trainings aimed to build community and cohesiveness within the Co-op, and were viewed by members as a communication tool. The trainings were started with the inception of the Co-op. One producer member explained,

There was a protocol for whenever a new member wanted to come in. Basically, we needed to have quality produce and consistency...people would join, and they wanted us to sell their product, so we would see if they were a good fit. If they were real gung ho young people that didn't know much about it, we would try to assign a local grower that would try to do that. That was important, because it gave a morale boost to the new grower (PM3).

The trainings were not required or very formal, according to one producer: "Sometimes, it's been direct visiting from an established producer to a, say a new producer. Sometimes it's more informal, just communication between the growers" (PM16).

A fourth farmer suggested that a training might be useful in helping members understand the Co-op's structure and role, stating, "I think for new members and beginning folks there needs to be some 'welcome to Wholesale 101,' 'this is what we expect of you'...members could teach the class" (PM19). This farmer continued by saying that members could teach these trainings, and the training time could count as volunteer hours. Trainings such as these for all members could help Co-op members understand the role of the Co-op in creating a farmer-owned distribution service, as well as the bylaws and overall operations and structure. Many of the new producers to the Co-op used to be supported by the more experienced growers of the Co-op. One producer mentioned, "When we were recruiting all of these new growers, they weren't used to what the market [requires], as far as handling and boxes and grading your vegetables. So we used to put out a packet with that, and that kind of came and went depending on how much time the marketer had.... And then there was also basically an informal crop improvement association within the Co-op for new growers where several members would go out to a new member and try to help them" (PM3).

In the past, the Co-op also organized occasional work parties. These provided another opportunity for producer members to become engaged in the Co-op. As one member explained, "We haven't so much in the last couple years, but in the beginning for sure, we were having a lot, needing to have a lot of work parties" (PM12). However, this same member emphasized the lack of participation in these activities, saying, "The only people who volunteer are the people on the board because they're the only ones who know about it; they're sort of the ones that feel more responsible" (PM12). According to this producer member, these work parties included things like infrastructure upgrades for the Co-op such as installing coolers in the storage space.

Newsletter Communication. Nearly half (7 out of 15) of the producer members we interviewed also mentioned the fact that the Western Montana Growers Co-op used to put out a newsletter

to communicate with the Co-op members. However, 5 out of the 15 interviewees also noted that the lapse in newsletters was likely due to staff and board being overwhelmed and too busy. Among the interviewees, there was confusion about the current status of the newsletter; however, they mentioned that they enjoyed the newsletter and saw it as a communication tool to stay in touch with the Co-op. According to one producer member, "They [newsletters] were just kind of keeping you up to date on what's going on and the board members and who they are, and just how things were going to operate" (PM13).

Some members have helped out in the past, but there are challenges in keeping a newsletter going, especially when there are one or two new board members elected every year. Producer members understood the complications of keeping a newsletter going. While discussing the upkeep of the Co-op newsletter, one producer member mentioned, "It's really hard for the management, because they are kind of over worked and under paid" (PM3). One farmer who has played a leadership role in the Co-op also mentioned, "There's not usually a ton of news. Once a month would be too much. Maybe a quarterly newsletter would be good" (PM5). Two members mentioned that a former board member used to put together the newsletters, which answered many of the questions members had regarding the status of the Co-op. According to these interviewees they view the board as being responsible for the production of the newsletter. Since 7 out of 15 of the interviewees mentioned the newsletter when communication within the Co-op was brought up, this is apparently an important communication piece between producer members and the Co-op board and staff.

Annual Meeting. The Co-op's Annual Meeting is another opportunity for the staff to share an overview of how the year went, discuss finances with members, and address any issues within the Co-op. However, member participation has often been low or infrequent. At the annual meeting, general membership is welcome to bring up any topics they would like to discuss. Members are also asked to vote on any policy changes, changes in the by-laws, and new board members are voted in. The Co-op's annual meeting serves as a platform for member involvement and participation, but, in many cases, participation in the annual meeting is relatively low. According to one farmer who has played a leadership role in the Co-op, "I'd say maybe a quarter or a third of members show up every year" (PM5). Reasons for not attending and a lack of interest in the annual meetings were prevalent in our interviews, especially when compared to just a few benefits related to attending the annual meeting.

Producer members had many reasons for not attending the annual meeting. Some were just too busy, while others were frustrated by the structure of the meetings. However, 3 out of the 15 farmers interviewed mentioned the benefits and importance of the annual meetings. The number of members who do not regularly attend the annual meeting was surprising. Only 5 out

of the 15 producers interviewed said that they regularly attend the annual meetings. Out of the 15 member interviews, even those who rely on the Co-op for a majority of their sales have only been to the Co-op annual meeting one time.

Investment in the Success of the Co-op

The WMGC, because it is a cooperative, is intended to work as a participatory organization. Commitment to the cooperative model serves as a model for success. We have discussed the involvement of producer members in the Co-op board and annual meetings, as well as communication between the board, staff, and producer members. During the interviews, we also asked to what extent producer members feel invested in the Co-op's success. Not surprisingly, a majority (10 out of 15) of the farmers interviewed expressed that they were definitely invested in the success of the Co-op. One member stated that, "We'd do anything to help them out" (PM4). Another farmer answered, "Yeah, [we are] super invested. It would be super challenging for us to, basically, redefine our business if the Co-op wasn't here" (PM19). Farmers also really appreciate the community that comes with the Co-op. One producer mentioned, "I feel totally committed to the Co-op and really invested.... I guess it comes back to being able to grow food and get it into lots of different local markets, and being a part of something a little bit larger than what our farm is. That part is important to me and having something that is owned by the growers is really important to me and not selling to a distributor" (PM16).

A few (3 out of 15) members said that they were just "fairly" invested in the success of the Co-op. One farmer stated, "I'm fairly committed. I believe in their mission...if one of the small accounts the Co-op has a problem, it's not a major problem for either the Co-op or myself. You know, you can always go find somebody that can take a couple [product]" (PM8). Another 2 out of the 15 farmers we interviewed admitted to being unsure of their commitment to the Co-op model. One of these producers admitted to using the Co-op strictly as a distribution service (PM6). The other producer mentioned, "I don't know that the Co-op is such a good fit for me. But then, it feels weird for me to think that oh, I would need to sell harder to these places where the Co-op is selling. I don't want to hurt the Co-op. But, I also feel like, I don't know, I had these accounts before there was a Co-op" (PM2).

Throughout the interviews, we found that loyalty, commitment to the cooperative model, and a sense of ownership all factored into how invested a member was to the success of the Co-op.

A Sense of Loyalty. A couple of the producer members interviewed have been with the Co-op since its inception and therefore expressed a sense of loyalty to seeing the Co-op succeed. A tenured member of the WMGC stated, "Over the years, you kind of come to feel like you

belong” (PM18). One producer member had even been approached by other distributors but stated that they decided to stick with the WMGC out of a sense of loyalty. This producer appreciates the longevity of their relationship with the Co-op and values the staff and other growers enough to continue working with the Co-op (PM14). Other producer members expressed a sort of nostalgia for and ownership of the Co-op. One long-time producer member stated, “We've watched them grow! You know, we've been a member right from the very beginning and we've watched them grow and get more organized” (PM4).

Being involved with the governance of the Co-op has also played a role in the loyalty producer members feel for the WMGC. One farmer who has played a leadership role in the Co-op explained that:

Being on the board really sort of enhanced that commitment. Just getting to know the inner workings of it as a business and understanding the struggles that we face feels like, in that way, I want to see it succeed. And now that it has grown so big, it seems to be such an important part of our community that I wouldn't want to do anything to jeopardize that so, that's why I want to put all effort into it (PM12).

Commitment to the Cooperative Model. Besides being loyal to the Co-op, several members also expressed commitment to the Cooperative model. The Cooperative model involves producers, the distribution business, and retail outlets. Since one of the challenges of farming in Western Montana is the geographic distance between markets and growers, a few farmers recognized the importance of the WMGC in this region of the state. Many (6 out of 15) of the producer members mentioned their commitment to the mission of the WMGC model. One member stated, “I am very supportive of the model, of the Cooperative model. I just think that makes a lot of sense” (PM15). Another producer explained, “That part is important to me and having something that's owned by the growers is really important to me and not selling to a distributor” (PM12). Another farmer also recognized the role the Cooperative model plays in Western Montana's food system. She stated, “By being a member of the Co-op I'm helping to supply local food to Western Montana in a way that wouldn't be possible without the Co-op” (PM5). By being supportive of the Cooperative model, these members are helping to supply local food through a distribution service that is owned and operated by those producing the products.

A Sense of Ownership. Members' degree of commitment to the Cooperative was also illustrated by the personal pronouns that our interviewees used when discussing the Co-op (“they” versus “we”). By definition, a cooperative business is an organization owned and operated by a group of users for their own benefit. Each member is inherently an owner of the

Cooperative, but feelings of ownership are not necessarily shared by all members. Members referenced the Co-op using both first person and third person possessive pronouns. For example, during the interview process, nearly all of the producer members would talk about the WMGC by referring to the staff that does the distribution and business side of the operations (“they”). By contrast, producer members who either had been on or were connected to the board used the word “we” when discussing the decisions and governance of the Co-op. One of the farmers even alluded to this tendency stating,

I think that most of the members look at the Co-op as passive customers to the Co-op as opposed to members...you just look at it as the language; they call the Co-op something other, it’s not like *our* business or anything like that. It’s ‘they’ want it, ‘they’ want it. You always refer to the Co-op as ‘they’ or ‘them,’ and even in a weird kind of way, we all compete a little with the Co-op...because none of us sell everything to the Co-op (PM17).

Another mentioned, “I think sometimes people confuse that role [of the Co-op], and get the inverse, like, not ‘what can I do for the Co-op,’ but ‘what can the Co-op do for me?’” (PM19).

Producer members who seemed to have no interest in the board meetings or annual meetings mostly used “they” when referring to the Co-op. Those producer members consistently talked about the staff of the Co-op and never about the Co-op membership as a whole. That many members look at the Co-op as if it is a customer, rather than as a business of which they are an owner, emerged in a number of the interviews. For example, one member stated, “They don’t ask much of us and we don’t ask much of them. In a sense, they’re just another customer for us.... Except for basically the philosophical commitment to changing a food system in Montana, they don’t offer any additional benefits to us that a non-Co-op distribution [company] would or another customer that was out of state. Their relationship is really pretty straight forward” (PM15). The disconnect between a successful farm business and the success of the cooperative model also sheds light on the lack of participation and investment in the success of the Co-op that was mentioned earlier. Although not intentional, a general lack of engagement and participation comes through in these statements.

Interestingly, some members who do not seem to want to play a governance role in the Co-op referenced the Co-op in a first person possessive form, “we,” when discussing the overall success of the Co-op. For instance, one member expressed a sense of ownership by saying, “We don’t even pay our way; I think somebody gives us office space. And somebody gave us start-up money...” (PM6). Occasionally, interviewees would switch between referring to the staff (“they”) or the Co-op (“we”) in their statements. One farmer stated, “Every winter they have to borrow

money from members to get through the winter, so it's not like there's a lot of cash floating around. I do think it's something we should work towards soon or we don't deserve to have these really loyal guys selling our stuff" (PM2). The way this particular farmer seems to conceptualize the relationship between the Co-op membership and staff illustrates the complicated nature of Co-op ownership and the sense of commitment held by members.

Discussion

Engaged members will ultimately determine the success of the "user-owned, user-controlled, and user-benefitting" cooperative model. A few themes stood out while studying the commitment producer members have to the WMGC. While the majority of producer members we interviewed (10 out of 15) expressed investment in the success of the Co-op, few were actually engaged with the Co-op meetings and decisions. Focusing on trying to engage producer members in the operations of the WMGC on a regular basis will help to accomplish the mission of making the WMGC a farmer-owned and operated local food distribution service for Western Montana.

Regular Communication between the Board and Members. Board members should set up regular communication with the Co-op. There are many ways to communicate with the producer members of the Co-op. And while a few of the interviewees suggested that the board was doing a good job overall, others were concerned that the board was either over-worked or clueless as to what the board was currently up to. Regular communication through mail or e-mail to all members is recommended. Nearly half of the members we interviewed also brought up the fact that the Co-op used to put out a newsletter. This does not have to be every month, but creating a newsletter committee could also help with the communication between the board and general members. If the board feels that they already have too much on their plate, the close vicinity of the Co-op operations to the University of Montana also makes hiring an intern to put together a newsletter a possibility. The UM Environmental Studies Program is filled with students eager to learn more about Western Montana's local food system. Regular communication from the board to the members would also make the board more accessible and open to hearing suggestions from farmers. Keeping farmers up-to-date with current decisions will also make them more likely to attend the board meetings and annual meetings.

Monthly Work Commitments. Board members should set up some sort of commitment for producers to work for the Co-op on a monthly basis. While most farmers have very busy schedules, if they are going to benefit from the Co-op as a distribution service, the farmers should also contribute to the success of the Co-op with occasional volunteer time. One interviewee mentioned that teaching trainings could count towards volunteer hours. Requiring all members to volunteer as little as five hours per month could help out the over-worked,

under-paid staff tremendously. This could include anything from calling members, putting together e-mails, updating the sales sheets, coming in to help pack boxes, or even just attending a board meeting or two. Volunteer hours will not only help out the staff and board, but will also help provide transparency and understanding to the work that goes into the operations of the Co-op for the producer members.

The Future of the WMGC & Member Thoughts on Co-op Growth

In order to get a sense of member perceptions of Co-op growth, we asked interviewees if they believe that the Co-op needs to grow or expand. In addition, the research team also asked members about opportunities or services the Co-op could offer, about important steps for growth, about willingness to increase production, and what they want the Co-op to look like in five years. In response to these questions, and during responses to other questions, members discussed growth and areas for change at the broad Co-op level and at the individual farm level. When discussing Co-op growth, members brought up the following issues: increasing the number of buyers, more thoroughly saturating current markets, diversifying the kinds of products sold by the Co-op, necessary steps for growth, and increasing the number of producer members. When discussing individual growth, members shared their willingness to increase or change personal production to meet changing demands of the Co-op. The responses to these questions give insight into members' perceptions about growth and can help the Co-op grow in the ways that may be most beneficial to its members.

Growth at the Co-op Level

Despite having some reservations, the majority of producers feel some kind of growth is beneficial. Of the ten members that generally felt growth would be beneficial, one producer discussed the need to grow in terms of the ability to find an ideal financial balance: "I think that at some point we are going to find a sweet spot where we sell more and our expenses can stay relatively the same" (PM5). Even though most producers were in favor of growth, some discussed ambivalence, which seemed to be related to skepticism about the idea of growth in any context, not just with the Co-op. One producer who held this view stated, "Could grow, yes. Needs to grow, I don't know. It seems like we [society] get caught in that cycle" (PM16). Another producer agreed and also mentioned, "You don't want to be too big so that you lose the sense of community" (PM18). Another grower who felt ambivalent about growth did acknowledge, however, that the Co-op's growth up to this point has gone smoothly: "I feel like they've been really doing a good job and are probably growing at an adequate pace" (PM2). Members feel there is an opportunity for the Co-op to expand slowly and responsibly as they have been doing, but they believe growth should not trump other Co-op values.

As noted in earlier sections, members feel the Co-op offers an opportunity to get their products to buyers who are less likely to work with individual growers. Half of the producer members we interviewed felt the Co-op should play a role in pursuing these markets which make less economic sense for individual producers to access because of small returns in comparison to the effort required to reach and satisfy those markets individually. As discussed earlier, the Co-op functions as an aggregator, marketer, and distributor. Producers feel this advantage enables the Co-op to reach marginal markets that would be otherwise unattainable for smaller growers. One producer commented that, “If a store or an institution has an interest...in emphasizing local...food, they would really have problems if there weren’t a Co-op...making personal contact with the number of different farmers that are involved would be prohibitive” (PM16.) The Co-op’s three main roles provide an opportunity for growth in selling to buyers that seek local food but cannot logistically work with so many producers to acquire the volumes they need.

Apart from one producer who pursued buyers individually, the majority of members who said new markets were needed felt it was the role of the Co-op to identify and cultivate these new buyers, but members also recognized the difficult nature of this task and are empathetic to the Co-op obstacles. One producer stated, “I think there’s an opportunity for the Co-op to pursue more markets than they do. But that may be again one of those critical mass things where you can only go so many directions at once. For them to pursue more markets, it might be a major jump” (PM8). Members understand the difficulties associated with acquiring new buyers but feel confident that the Co-op can access new buyers for them due to the advantages of Co-op aggregation, distribution, and marketing.

New members could facilitate growth by producing greater volumes for the Co-op, and some current producers feel there is a need to train new members in order to standardize Co-op product quality. Several members pointed out the importance of the Co-op as a facilitator and educator for new producers during the process of growth: “I know there as an attempt to do at least some of that [education] for new growers, or people who were growing new crops that they hadn’t grown before” (PM12). In order to reduce uncertainty about the quality and quantity of crops producers deliver and ultimately to maintain the reliability of the Co-op for new buyers, education is necessary to ensure all producers meet commitments and deliver acceptable products.

In addition to feeling that there is a need for new buyers, members also discussed the need to fully utilize existing, easily accessible markets in Missoula. Some participants feel there is competition between Co-op members because the Co-op attempts to access the same markets that members also market to directly. In contrast, other participants felt like the sales potential

for these markets has not been met and that the Co-op could work to facilitate increased sales in these areas.

Accessing Premium Markets

The Co-op sells many products with local, Homegrown, or Organic certifications, which allow the items to be sold to consumers at higher prices. Some producers feel there is no more room for additional sales in these markets. Stores, restaurants, and institutions around Missoula that are willing to pay premium prices for certified Organic, Homegrown, and local products are limited, thus making them somewhat competitive among growers. One producer acknowledged the small size of markets willing to pay higher prices in Montana saying, “What’s the percentage of people that eat organic? Is it 5, maybe 7%? So out of a million people, how many people is that? That’s not a huge number of people, so that market is not a huge market” (PM17). Another producer illustrated this using a specific buyer as an example, because the store “can only sell so much winter squash or so much garlic or basil...So it can get kind of tense I guess would be the best word” (PM5), referring to relationships between growers. In general, these producers feel there is no more room for increasing sales in Missoula markets.

Two producers who sold directly to Missoula markets before the Co-op, and also feel like Missoula markets are currently filling up, expressed that they plan to continue selling products directly to buyers even if these direct sales compete with the Co-op. One member noted explicitly that direct sales by members is common and that this prohibits the Co-op from taking full advantage of premium markets in Missoula: “They [Co-op] can’t take advantage of the big market right at their feet” (PM6). These competition issues are discussed in more depth in the challenges section, but they should also be taken into consideration when thinking about organizational growth. Such issues can be divisive and potentially detrimental to the long-term success of the Co-op because growth in a values-based supply chain requires more than just the ability to outcompete others in the marketplace.

Some newer growers who sell a large percentage of their produce through the Co-op also feel Missoula markets are small and competitive. One producer believes the Co-op should give priority to new members who contribute a higher percent of their crops to the Co-op when deciding which producers get sales priorities for high-paying Missoula markets: “It would be a good business move for the Co-op to try to pick up a commitment [promise to grow] from a grower who’s more committed [invested] to the Co-op...with this current setup, the local markets are all snagged up” (PM19). Some of the newer producers who believe higher paying markets are being filled are frustrated by other members’ decisions not to give up direct marketing when those sales compete with the Co-op.

Filling in the Gaps Existing in Readily Available Local Markets

While some members believe Missoula markets are saturated, other members feel there is still room for expansion. One producer felt Missoula markets want products that the Co-op could provide:

They [store] have Mexican conventional...I'm just saying that if the Co-op was able to organize growers, like let's make sure that among us there is hot peppers for [store name]...all summer they [store] had no local peppers at all...[store] is a huge untapped resource and can be difficult to work with. I've asked before, what do you not get locally? [Store staff] didn't answer that question (PM17).

Another producer also sees opportunities to grow within Missoula markets: "I feel like there's definitely more of a demand that we could fill" (PM12). Another producer indicated an interest in seeing more Co-op products in institutions, implying that these markets have yet to be filled by local produce which the Co-op could offer: "I'd like to have a greater role in providing food to institutions in five years...more to the University, and more to public schools" (PM5). In contrast with members who feel Missoula markets are full, a few members feel certain areas in these markets could be better utilized which would reduce challenges arising from competition between the Co-op and Co-op members who choose to conduct direct sales.

Market Feedback

One barrier to producer growth noted by a few interviewees is the need for feedback about crop planning and consumer preferences. Such feedback is crucial to improving product quantity and quality in order to increase sales through the Co-op. One interviewee noted specifically that feedback related to quantities determined during crop planning in January has been a challenge to growth: "We have to commit to certain crops and how much, and we'll get feedback...but the feedback is not all that good" (PM2). Another grower felt that the Co-op could play a vital role in sharing customer feedback about product quality, noting, "Cause they [Co-op] are in the markets every day, which is wonderful cause that means I don't have to be there...but the downside is that it's important to know the market trends, the feedback from buyers, consumers, at the ground level cause I'm kind of one step removed from that" (PM15). When a producer sells directly, they have the ability to respond to customers' feedback. This opportunity seems less available for some producers working with the Co-op, creating a potential barrier to increasing sales, both for individual growers and the Co-op as a whole.

Diversifying Types of Products Sold

In addition to increasing the overall number of markets accessed and saturating markets in Missoula, several members feel the Co-op could increase sales by increasing product diversity

and enhancing its infrastructure. Four producers specifically mentioned the benefit of being able to sell meat: “It would be nice if somehow we can figure a way to really incorporate meat...some way to have a steady, solid, bigger supply of meat” (PM17). Another producer agreed and also suggested meat could be sold as a value added product: “Some people wanted to get...a Co-op burger going...[beef] is a trickier thing to sell, but [PM7] thinks it is a problem that can be overcome” (PM3). Among producers who discussed the possibility of increasing meat sales through the Co-op, most felt that the challenges to meat distribution could be overcome such that the Co-op would benefit from increased meat sales.

Aside from suggesting increased meat sales, a few members suggested increasing the number and variety of products the Co-op is able to sell specifically during winter months. One producer commented, “They should focus their energy on expanding their products, the diversity of what they carry so that they can carry more products in the winter and early spring” (PM14). Another producer agreed and noted that storage crops are a potential area for growth, saying, “We’ve talked about trying to put in a Co-op storage facility to have that available for all growers, but so far we haven’t figured out a way to do that, so growers are responsible for their own storage crops” (PM12). Currently, producers bear the weight of keeping storage crops until their sale, but if the Co-op were able to provide storage, some producers feel it would encourage more production of these crops and increase year-round sales for the Co-op.

In addition to meat and long season crops, two producers also discussed processing as a means to diversifying Co-op products. One producer seemed to think the Co-op could be directly responsible for processing items: “I talked to them about it [coleslaw]. That’s something you could do for several more months through the winter. Lake County Community Development has the processing facility, but they want too much money for the use of it” (PM8). Another producer felt that the Co-op should operate as a facilitator for processing but should not be involved directly. They also felt strongly about producers being responsible for seeking out opportunities to process their products, although they did feel that the Co-op should actively encourage this behavior. From the producers’ perspectives, the potential role of the Co-op in the production of value-added products lies in the Co-op’s ability to aggregate and transport products and to actively coordinate production for processing.

Secure, Responsible, Low-Risk Growth

At least eleven of the producers sampled discussed the desire for the Co-op to grow responsibly, securely, and with minimal risk because of the close ties between the success of an individual’s operation and the success of the Co-op. Issues mentioned by these producers included economic viability, infrastructure, and efficiency.

Growing in an Economically Secure Way. Interviewees expressed confidence in the ability of the Co-op to grow responsibly, based on growth and improvement over the last several years, though many still expressed a desire for cautious, slow growth. About half of the producers expressed a need for careful economic consideration when considering the Co-op's potential for growth. One producer discussed this, citing a board decision to raise his membership fee: "Responsible growth has to be economically viable...they raised my dues this last year, but they have a legitimate reason to" (PM8). Another producer addressed the importance of careful economic decisions because of the Co-op's limited financial resources and assets, saying, "We don't have any cushion. We don't have any assets or anything like that. We're always going to have to be sort of a...balancing act" (PM17). While expressing concerns, several producers recognized that the Co-op has improved their financial viability: "I think they've got a better handle on those things, making numbers work, than they did two years ago" (PM 8). Because of tight margins, producers feel the need to grow in a way that will not jeopardize the Co-op and are simultaneously willing to make necessary, personal contributions because of their confidence in the Co-op.

Infrastructure, Logistics and Efficiency. A number of producers mentioned possible efficiency and infrastructure improvements that they believe are necessary for Co-op growth. At least five producers addressed physical infrastructure, referring to the need for warehouse space and functioning trucks: "It seems like...security of our distribution is probably our most important, so making sure that our trucks are reliable" (PM12). In addition to physical infrastructure, producers also stressed the need to improve the pay and time requirements of Co-op staff. One producer explained, "My biggest fear is losing managers, they're really talented. And drivers, we kind of burn through the drivers, because we used to have 16 hour days, which is not the best thing" (PM3). While several producers expressed the desire for improved infrastructure, many observed that it has already improved notably over the last few years. As one producer put it, "we need the infrastructure to be efficient. And I think we're doing a lot better on acquiring that infrastructure" (PM19). Several producers mentioned the challenge of balancing infrastructure improvements with the need to keep costs low. As one producer stated, "the more we sell, the more our expenses go up too, because we have more labor costs and more fuel costs...so far it hasn't happened where we've got that extra capital to invest" (PM5). For members, the viability of growth, especially secure growth, seems to be associated with steady, cost-effective improvements to infrastructure, and with good working conditions for the staff.

Aside from increasing the efficiency of Co-op operations, some producers noted the importance of economies of scale and partnerships for growth. One producer said the following about economies of scale: "[It] is not just an abstract concept, it's a reality. Especially when you're travelling distances and especially when you're dealing with relatively low value products per

pound, that economy of scale comes into play in a very positive way” (PM15). This producer suggests that one of the simplest ways to decrease the cost paid by the Co-op for each item they sell is to sell more items at a time with existing infrastructure. Along these same lines, one producer felt there was an opportunity for the Co-op to partner further with a processing facility and noted, “It might be nice to have a processing center that would buy stuff and process it. We don’t really have something like that around here. There’s Mission Mountain, but you have to process it yourself” (PM19). Another producer believes there are additional partnership opportunities between the Co-op and other organizations in Western Montana and offered transportation as an example: “there’s two ways to grow; you have your own trucks...and you grow that way, or you partner with another distributor in Billings to carry...the Co-op products” (PM11). Producers believe economics of scale and partnerships similar to the current partnership with Charlie’s would enhance Co-op distribution without necessarily additional infrastructure investments.

Increasing the Number of Producer Members

When making decisions about taking on new members, it is necessary to determine gaps in Co-op products that could be filled by new farmers. In general, four members felt there should be additional growers. One described their vision for the Co-op in five years saying, “Have lots of growers. I think there are a lot of growers that want to grow, they don’t” (PM4). Other members expressed ambivalence about additional producers who would potentially increase competition among growers in and outside of the Co-op: “New farmers...I don’t know. Sometimes I think that if too many people are growing the same thing, there’s going to be too much” (PM18). One producer suggested the need for additional producers depended upon the crop, saying, “With herbs, no problem, it depends on the crop, but some crops we [producer] are maxed, tomatoes, we’re maxed out” (PM16). For crops that have a large market, it may be prudent to incorporate additional producers when current producers cannot or will not increase their production of that crop. This kind of close, crop-by-crop consideration is necessary when making decisions about growth.

Growth at the Individual Level: Willingness to Increase or Change Production

In addition to sharing their thoughts on overall Co-op growth, producers also discussed their willingness and ability to increase production on their farms. Five producers (8, 11, 13, 4, and 5) all discussed their plans to increase production under the assumption that the Co-op would be able to sell their additional products. For these producers, sales through the Co-op have either steadily increased to the point where the member feels comfortable increasing production, or the member assumes they can increase production because they offer a product that does not currently seem to have limited markets. Although some producers mentioned future projections in planning with the Co-op, most did not seem to include projections in their

decision making process. Instead, decisions to expand production seemed to be based on the producers' understanding of past years' sales with the Co-op or decisions were based on member's dedication to the Co-op regardless of sales.

For many producers, willingness to change their production depends on the crop. According to one grower, if they knew the Co-op "wanted something that really sells well, I would be willing to increase production" (PM18). Another grower also mentioned they might change their production to crops that the Co-op has in lower quantities: "last year I switched to crops they didn't have, broccoli and cauliflower, and they sold everything I had. I didn't increase production on a producer scale, but I changed my production for the Co-op" (PM17). Guaranteed supply and sales are not the norm in agriculture, but careful evaluation of potential sales on a crop-by-crop basis makes decisions easier for producers who are willing to expand or change their production.

Other members would not be willing or would be unable to increase production for various reasons. Several producers are limited by regulations outside of the Co-op. For one producer, USDA poultry certifications restrict the size of their operation (PM14). Another meat producer felt they could not increase production because their farm is not certified: "They [Co-op] told me that if I did certify, I would have more likelihood of selling...from my point of view, I usually don't blame the Co-op because I'm the one that's not certified organic" (PM3). This producer finds the organic certification difficult to obtain, which makes it difficult to increase sales through the Co-op. One fruit producer stated explicitly that they would not be willing to change their production practices based on the Co-op's needs even if this decision increased competition between their operation and the Co-op's: "Missoula is an easily accessible market right now, the Co-op hardly sells anything in Missoula...all of the members, including myself, we sell directly in Missoula because we can get more money that way by bypassing the market of the Co-op" (PM 6). Members who have established markets in Missoula and other locations that are easily accessible are less willing to change their practices to benefit the Co-op.

Recommendations:

- To grow securely, the Co-op should increase sales volume (market demand can be increased by raising the number of markets accessed or more effectively saturating markets, and by providing more desirable products to those markets by providing market feedback to producers) while refraining from increasing investment in added staff members or physical infrastructure.
- When producers do not obtain certifications, which could help increase their sales through the Co-op, the following solutions are available:
 - The Co-op could facilitate producers' adaptation to the regulations.

- Emphasis could be placed on marketing in order to promote members' products as they are
- With regard to incorporating new producers, the Co-op should decide the extent of its role as a facilitator for new producers: Does the Co-op primarily see its role as a distributor of local food and thus a service for all producers of local food, or does the Co-op see its primary role as a service to current producers?

The Co-op should take on new producers if the producers can function easily within the current infrastructure (ex. can they deliver their own produce to drop points). Taking on these new members is a way to increase volume in order to create better economies of scale, which will provide more revenue without increasing costs.

The Role of the WMGC in the Regional Food System

This report has included producer reflections on benefits of Co-op membership, challenges associated with membership, and member engagement and commitment. Gaining a better understanding of what growers understand the Co-op's function in the regional food economy to be provides insight into grower perceptions of what the Co-op is currently doing well and what they *should* be doing well. The WMGC was initially begun as part of a network of community organizations and partners dedicated to local food system vitality. In order to identify whether the WMGC is meeting its mission and organizational goals, it can be useful to hear from members and partners what their understanding of the role of the WMGC is in our regional food system.

Each of the Co-op's producer members interviewed for this study described what they understand the role of the Western Montana Growers Cooperative (WMGC) to be in the regional food economy. Posing this question to them got at a central aim of our research, providing the interviewees with an opportunity to reflect upon the mission of the Co-op after they had already shared with us the services and benefits their own operations receive from Co-op membership. Overall, participants' understanding of the role of the WMGC aligned closely with their description of Co-op benefits, including the Co-op's function as a key aggregating, marketing, and distribution agent in our food system. Many participants also reflected on how the Co-op's role includes supporting the popularity of local food, supporting small-scale farmers, and, more generally, to support a changing food system by offering critical improvements to transportation and access. This suggests that, in addition to performing these three central functions in the regional food system, the WMGC has had a broader impact, leading members to see the Co-op's "role" as including more than just marketing, aggregation, and distribution.

Aggregator, Distributor, Marketer

With the exception of only two interviewees, all participants clearly identified the WMGC's role in the regional food system as including three functional dimensions: local food aggregator, distributor, and marketer. Each member highlighted one of these three roles as important to their relationship with the Co-op depending in part upon the size and geographic location of their operation. For example, producers located in more geographically remote locations emphasized the importance of the WMGC as the *transporter* of quality local products. One producer for whom this was of particular importance noted that the WMGC goes:

all over western Montana, you know, all the way over to Billings and up to Whitefish and down in the Bitterroot...Because of the remoteness of our farm, there's just no way we could do that. And there's really no local restaurants or grocery stores around us that we could make a living supplying anyway...Our business totally relies on the success of the Co-op (PM 5).

By contrast, growers who operate smaller farms or who prefer to grow a greater variety of items in smaller quantities tended to focus on the role of the WMGC's role as *aggregator* of products such that these products can then be marketed to businesses and institutions that would otherwise be uninterested in purchasing produce in smaller quantities. One producer who described this relationship reflected that:

The Co-op is good in a way because it can get you out to the stores where we wouldn't be able to get into the stores. They wouldn't want to buy from you when they can buy it from Sysco or from other people that are a lot bigger. For the little grower it's a good thing (PM13).

Finally, some members who have particularly benefitted from the WMGC's outreach to new stores, institutions, and other markets (PM 4 and 8) emphasized the importance of the WMGC's role in marketing quality local products to diverse markets in western Montana. One producer commented that the WMGC has established relationships with small rural stores in parts of the region that had previously not been accessible to his farm or that had not been interested in purchasing local produce. Our data clearly indicates that grower members understand the central role of the WMGC to be that of aggregator, marketer, and distributor of local produce, but their focus on one particular function seems to depend on the type and size of the operation and the geographical location of the farm. This suggests that when the Co-op wants to convey the benefits of membership to existing and potential members, they may want to emphasize the functions that are most relevant to the audience in question.

Improving the Viability of Small and New Growers

By successfully filling the role of aggregator, marketer, and distributor of local, and often organic or “sustainably-produced” products, the WMGC has also helped small and/or beginning farms across western Montana grow. In order to build and maintain the financial viability of their farms, small and beginning farms require market access and opportunities to establish new market relationships as their businesses grow. Five growers noted that this has been a major part of the work of the WMGC in the regional food system. One farmer couple explained:

I just know that, for us, we’re pretty new farmers and...our sales to the Co-op are the place where we can continue to grow...the bulk of our income and our increase in income come from increased sales through the Co-op...It has pushed us or allowed us to become producers of larger quantities of fewer items, which I think is more efficient and I think it’s easier to do and I think it will allow us to keep doing this longer. I think it’s a more sustainable approach (PM19).

For these farmers, the WMGC has not only increased the market for their produce, it has also influenced their production planning. Another farmer explained that the Co-op provides “encouragement for new farmers to get started because...it’s a major help for people who are new to doing this and who don’t have long-established contacts with outlets.” This grower also felt that Co-op membership provides additional “clarity and direction” for new growers and could even help them establish “higher standards of crop production” (PM16). In addition to offering outreach to and new markets for *beginning* farmers, participants reflected that the WMGC is also critical for existing small farms because of the services they provide. One farmer noted that, prior to the WMGC, “the distribution and the marketing were lacking, and the production, the farmers were here, but there was no established market, no kind of guarantee, semi-guaranteed market for when you were planting” (PM16). In this way, the WMGC’s role has been to support small farmers in western Montana who might otherwise be unable to sell and distribute their produce as effectively as they can with the Co-op’s assistance. These responses suggest that through their role as distributor and marketer of local produce, the WMGC has supported new *and* existing farmers in their efforts to establish viable farm businesses, thereby increasing the number of farms in western Montana and, in turn, the quantity of local produce.

Increasing Access to Local Food

Looking at the role of the WMGC from a broader perspective, several interviewees commented that the Co-op has played a crucial role in increasing access to local food in rural communities and, to some extent, lower income groups. In other words, by virtue of their role as distributor

of local goods, the WMGC is playing a role in the expansion of an alternative food economy. One producer noted that this has seemed particularly important for the communities in the central part of the state that are served by the WMGC (PM6). Another grower expressed appreciation that communities north of Missoula have increased access to healthy, fresh foods because of the Co-op, while other members noted the importance of aggregation (and thus of the WMGC) in getting local food to geographically more remote locations for efficiency reasons (PM17, 13). In addition to their ability to reach more remote areas, the WMGC is also supporting an alternative food system through its work with institutional buyers, including hospitals, universities, and schools. Their role in building farm-to-institution programs is a critical step in expanding the breadth of a local foods movement and an alternative food system, but also has meaning for producer members, who recognize that they may not otherwise be participants in such programs without the involvement of the WMGC. One grower noted that:

We used to try selling, for instance, to St. Patrick's and...the guy after a few deliveries showed me this list that he gets from Food Service of America and he says, 'we want this, we make an 'x,' we want this quantity, we make an 'x' here, and we put this together, we fax it in, and we get it next week'...It was clear enough, I take up his time, I deliver twenty pounds of onions, and in that span of time, he could have made his whole food order for St. Pat's (PM16).

Because of their involvement in these programs, the WMGC is both an active participant in our local foods movement as well as the "glue" that connects individual farms and farmers to broader community efforts to build a new system. Specifically, the WMGC plays a key role in accessing wholesale markets that want and need to work with one marketing and distribution entity rather than with multiple small producers.

Transparency and Accountability

A key impact of the WMGC appears to be the increasing transparency and accountability present in our regional food system. Specifically, one of the producers interviewed felt that this was a particularly important role being filled by the Co-op because our dominant food system seems to discourage consumer awareness of food origins and production practices (PM14). Another producer offered similar thoughts and feels that the WMGC is (and will continue to become):

the premier distributor of local, quality product...That they can explain to the consumer that they are friends with the consumer, that they are not the enemy, that they are not trying to sell them a product that isn't a quality product, that they are protecting the consumer by doing nothing but selling and servicing

them with quality farmers that care about what they grow...and a healthier product (PM11).

The perception that the Co-op is enhancing transparency and accountability within our regional food system stems from the connections between producers and staff, as well as from the perception that staff communicate frequently and thoroughly with buyers.

The “Face” of Local Food

Many participants expressed the belief that the WMGC plays a critical role in the rebuilding of a more viable, sustainable food system. One producer commented that “...our mission is to participate in and help support a more sustainable food system and WMGC is a model for how that can be done” (PM15). Another member explained his thoughts on the WMGC’s role being:

critically important if we’re looking at establishing a viable and sustainable food system within the state or within the Co-op’s particular piece of the state, because in addition to providing food, they’re also providing the advocacy for a sustainable food system. I would say it’s critically important (PM16).

Besides aggregating products which are then marketed and distributed, a couple of producer members feel the WMGC plays a central role in the “bigger picture,” meaning that their work is about more than simply improving the viability of small farms in western Montana. For instance, one farmer noted that the Co-op “aggregates us,” meaning the producers, and connects them to each other and to the broader scope of the alternative food system work being done in our region of Montana (PM19). By bringing together like-minded farmers and identifying buyers who value quality local produce, the WMGC is acting as a key structure within the alternative food system they are hoping to build.

Because the Co-op has been effective at marketing and distributing local products around western Montana, a number of growers reflected that an additional function of the WMGC is to “represent” local food and agriculture through its business operations. One grower explained that, “part of the reason the Co-op exists is to promote local agriculture” (PM6). Another grower expressed his belief that stores and institutions around Montana “look to the Co-op for quality local produce” as the demand for “local” increases in popularity (PM14). In other words, producers recognize that the WMGC serves to promote and advocate for local agriculture by focusing its marketing and aggregation services on specifically local, and oftentimes organic or “sustainably-grown,” products. By serving as an advocate for local products and agriculture and by supporting the viability of small and/or new farms around Montana, the WMGC fills a vital niche in our regional, values-based food economy. In his interview, one grower noted the

unique role WMGC plays in the food system and that they take a different approach than other businesses with similar functions:

Their basic role is to provide that distribution that otherwise would not exist and sort of beyond that, provide it as a kind of a mission and service-driven enterprise versus a profit-driven enterprise (PM15).

Their use of the cooperative business model, combined with their focus on supporting small, local farms and working with institutions to increase the volume of local purchasing, means that the WMGC embodies a set of values that is shared by its membership. These values are expressed by its membership as being focused on a healthier, more sustainable agriculture, a more transparent food system, and smaller farm operations.

Conclusions

- Products sold by multiple members while representing a small portion of sales (such as vegetables) may indicate potential areas of conflict for grower commitments. Low sales item may indicate areas for growth and increased member participation (such as beef and pork).
- Primary member benefits are: the distribution and aggregation of goods; empathetic relationships with other members; working with committed staff; financial return; and belief in local products.
- Primary member challenges are: inaccurate sales projections; competition between growers over commitments; competition between members and the Co-op for the same market; short turnaround from sales to pick-up; and the sales margin.
- Overall member participation in the Co-op is divided – some members are deeply involved and invested while others remain on the fringes.
- Members think the Co-op is fulfilling its role in the local food system by being an aggregation and distribution hub, increasing access to local foods, improving the viability of small and beginning farmers, and being “the face” of local food in the region.

PART III: MARKETS OF THE WMGC

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Overview

This part of the report explores the market outlook for the Co-op, including customer and staff perspectives and market considerations. We targeted three specific areas that the staff and Board of Directors of the WMGC desired to have more information about– the growing Community Supported Agriculture (CSA) program, the strong health food store customer base, and the potential growth opportunity of institutional buyers. We first review our research methods, followed by a discussion of perspectives from each of the above-mentioned target areas. Each market section explores customer satisfaction with ordering and delivery, perceptions of product quality and variety, marketing, benefits, challenges, and market considerations for the Co-op. We conclude with an overview of the role of the WMGC in our regional food system from a customer perspective and conclusions from this part of the report.

A 2007 case study of the WMGC interviewed wholesale buyers, and in this study, Neeley (2007)¹ concluded:

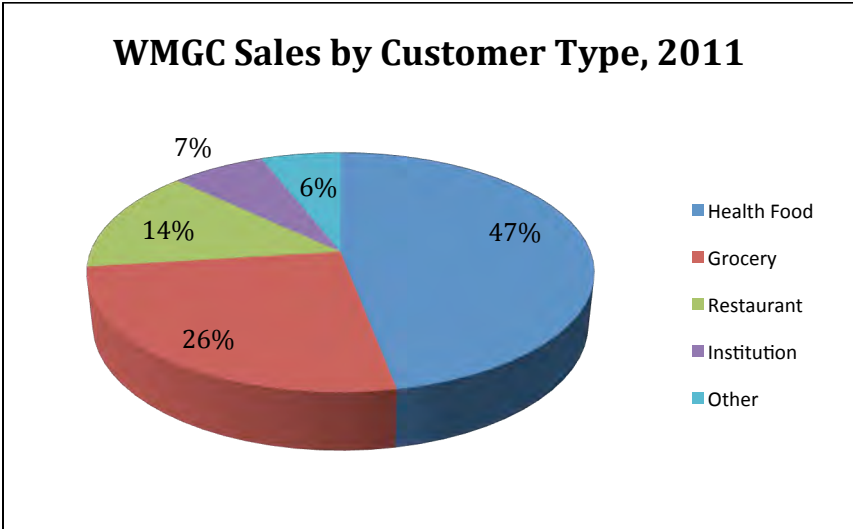
The Western Montana Growers Cooperative helps its wholesale customers overcome many challenges of purchasing local food by providing: high quality products; access to a wide variety of items from many growers; a convenient process of ordering, delivery, and payment; a professional business strategy in-line with industry standards; and somewhat reasonable prices. Despite many positive aspects of buying from the Co-op, however, participants also suggested several areas in which the Co-op could better meet their needs, including: increasing supply; promoting stronger connections between Co-op members, wholesale customers, and end consumers; doing more planning in the off-season; delivering directly to all customers; doing more promotion; and, in some cases, the high prices of Co-op products.

Since that study, the WMGC has experienced a substantial increase in sales across all product sectors, with total sales increasing 254% over the past six years. This growth reflects expanded inventory categories as well as a broadening of the types of customers served by the WMGC.

¹ Neeley, B.A. (2007). *Building a Better Local Food System: A Case Study of the Western Montana Growers Cooperative*. (Graduate Thesis). University of Montana, Missoula, Montana.

The distribution of sales by wholesale customer type in 2011 can be seen in Chart 1 (data does not include CSA sales).

Chart 1. WMGC Sales by Customer Type, 2011.



Health food stores generate a significant majority of WMGC sales, compared to a minor percentage of sales generated from institutional customers. With the Co-op being so disproportionately represented in different markets it's a strategic time to study their current standing in the marketplace.

Methods

To conduct our study of the WMGC markets, we used two primary data collection methods: mail-in surveys and phone interviews. We also interviewed staff and partners for their views on the CSA program (see Appendices F & G for survey tool, tabulations, and interview guide).

CSA Survey

The WMGC CSA program has experienced a lot of growth since its inception, and more expansion is planned for the coming seasons that will require increasing commitment from WMGC staff. In interviews of staff and Co-op partners we asked questions about the CSA to gain an insider perspective of the program. All opinions discussed in the Perspectives on CSA section are based on in-depth interviews with staff and key partners.

Mail-in surveys were used to gather information and opinions of individual CSA members which aimed to understand demographic characteristics of the members, important factors in choosing to be a member, and overall member experiences.

Data Collection and Analysis. Demographic questions asked about pickup location, length of CSA membership, age, gender, and education level. To gauge important factors of choosing to be a CSA member a series of statements were written in which the respondent may choose varying levels of importance, including “Very Important”, “Somewhat Important”, “Not Important”, or “Don’t Know.” To evaluate member experiences with the CSA a series of statements were written in which the respondent may choose how true they feel the variable statement is, including, “Very True”, “Somewhat True”, “Not True”, or “Don’t Know.” These survey questions and their corresponding responses are shown in Appendix F.

To reach a deeper level of understanding from the CSA members, the final portion of the survey asked open-ended questions. This was to get a range of items the members would like to see more or less of in terms of produce; whether the CSA share met their weekly produce needs; and an explanation of why they do or do not intend to continue being a CSA member.

The aim of the research team was to get as many of the 151 current CSA members as possible to respond to the survey. Team members were stationed at the four largest pick-up locations in the Missoula area to distribute surveys and collect them once completed. A postage-paid, self-addressed envelope was given to respondents who were unable to complete the survey on-site. These locations included: St. Patrick Hospital, the Trailhead, and two areas near the University of Montana. For all other pick-up locations surveys were distributed into each member’s share box on the last delivery date of the 2012 season with a postage-paid, self-addressed envelope attached for return. Of the 151 CSA members, 112 members responded to the distributed surveys, a 74% response rate.

The survey collected data from summer CSA program participants only. Using statistical software (SPSS) for analysis, cross tabulations were analyzed to determine significance at the .05 level according to Chi-Square tests.

Limitations of the CSA Study. Our strong response rate made the surveys an integral tool in the collection of information about the CSA members. There were, however, errors in the survey design. One question used to determine the characteristics of the sample, in this case family size, asked participants to check a box with a range of household sizes in increments of two, i.e. the CSA fed 1-2 people, 3-4 people, etc. There was a repeated number in the range 5-6 people

and 6-7 people, which may have distorted the demographic characteristics of the sample. One question appeared twice on the survey, but many respondents caught this error and did not answer the question. Another question assumed that all respondents had children: “The vegetables I feed my children are healthy,” which led some respondents to write in “N/A” or “Does not have children” beside the question. There was also a double-barreled question that asked: “Did the quantity of the produce meet your weekly produce needs? Or did you need to visit a grocery store for supplemental items?” Lastly, a set of questions asked members if they wanted more information on the following topics: 1) The farmers who grow for the CSA 2) The Western Montana Growers Cooperative or 3) Other local food issues, such as (with a blank for respondents to fill in particular food issues). Each question had a box to check if they wanted more information. We could not assume an unchecked box equated to a respondent not wanting to know about a certain topic. Therefore, these questions were not used in analysis.

Wholesale Buyer Methods

To study the WMGC’s wholesale buyers, we conducted phone interviews with a selection of current WMGC customers. To determine the potential participants, we identified a purposive sample, focusing on two types of buyers: health food stores and institutions. We focused solely on these two types (and thus left out grocers, restaurants and others) because they currently represent the Co-op’s largest market and an area for potential growth, respectively.

Health Food Store Sample. Health food stores comprise the largest sales category for the WMGC (47% of total sales) and represent the Co-op’s largest market. In general, individual health food stores also buy more WMGC products than individual restaurants or grocery stores, and therefore seem to have a more established relationship with the Co-op. Looking to draw on the knowledge these particular customers have about the Co-op, we interviewed those stores that purchased at least \$4000 worth of goods from the WMGC so far this year (as of September 2012). Because these stores regularly conduct business with the Co-op, we anticipated they were most likely to provide us with the best opportunity to gain insight into the WMGC’s role in our local food system.

Our proposed interview sample consisted of 10 different health food stores (out of a total of 24 current health food store customers of the Co-op) with a total of 12 different interviewees. We chose to interview two people in some stores because of their size and the fact that different departments work with the WMGC (e.g., some stores have separate produce, deli, and dairy departments which order products independently). Two people did not respond to our request for interviews, so our sample consisted of 9 different health food stores, with 11 total interviews, a response rate of 92%.

Institution Sample. Institutions are an emerging customer base that presents a lot of growth potential for the WMGC. As this is an opportunity the Co-op is interested in pursuing, our research team felt it was important to learn from these customers as well. WMGC had six institutional customers in 2012, however one of those customers was new. From the 2012 customers, we chose to interview the five institutions that were also customers in 2011 and therefore had at least a one-year relationship with the Co-op. We were unable to schedule an interview with one of these institutions, so our institution sample consists of four interviews, a response rate of 80%.

Data Collection and Analysis. We conducted individual phone interviews with our two institution types and on average these lasted about 30 minutes. Each interviewee was asked the same questions; some were closed-form and others were open-ended questions. We analyzed the close-formed questions for high frequencies to determine themes or trends. We then analyzed the open-ended questions by reviewing transcripts of each phone interview and identifying recurring themes regarding topics of particular interest.

Strengths and Limitations of Methods. We chose to conduct phone interviews rather than face-to-face interviews so we had the opportunity to talk with customers from all of the areas of Montana. Otherwise, we would have been limited by time and funding in traveling considerable distances to areas such as Billings and Bozeman. As a result of the phone interviews, we were able to capture the perspectives of a broader range of customers, giving us a more holistic view of how the Co-op functions as a food distributor in our region. Our phone interviews were also more in-depth than a self-administered survey would have been because we were able to probe during interviews to gain the level of detail needed to conduct a thorough analysis.

Furthermore, conducting phone interviews gave us the ability to reach a larger portion of the WMGC customer base. We were also able to interview buyers from different sales tiers, so we heard the viewpoints of large, mid-level, and smaller buyers. By interviewing institutional buyers, including some with smaller sales, we were also able to gain perspective in this area of potential growth for the Co-op. Again, speaking with a broader range of buyers gives us a better picture of their perspectives on working with the WMGC.

Our study is not without its limitations. Although we were able to get more in-depth in our phone interview than with a self-administered survey, we were not able to get the level of depth that would come from a face-to-face interview. We interviewed people far away who have busy schedules, so participation in our study could not take up too much of their time. As a result, there will likely be some details missing that we were unable to explore in more depth

(as one would in a face-to-face interview). Also, we had five different students conducting the interviews, so the level of depth may be greater from some interviews than others.

As previously mentioned, we chose to interview more than one person from a few stores. Although we feel this ultimately gives us a clearer picture of that store's relationship with the WMGC, it does mean that the perspective of some customers may be over-represented in the findings. In addition, once one interview in particular was underway it became apparent that many of our interview questions were not applicable due to the type of relationship this customer has with the Co-op; however, this customer has a deep knowledge of the WMGC and is an important customer so we still decided to include this information in our data.

Perspectives on Community Supported Agriculture (CSA)

A CSA is a means for consumers to buy local, fresh food direct from farmers. It has grown in popularity since it began in the Northeastern US during the 1980s. The way a basic CSA works is that the consumers, or shareholders, make a down payment at the beginning of the growing season and in exchange get a box of produce, sometimes including dairy or meat products as well, usually once a week. The items in this box are chosen by the farmer and the amount may fluctuate week to week depending on what they are able to harvest. The farmer gets advanced capital and the shareholder is able to invest in a farm and access fresh and local produce.

Background of the WMGC CSA

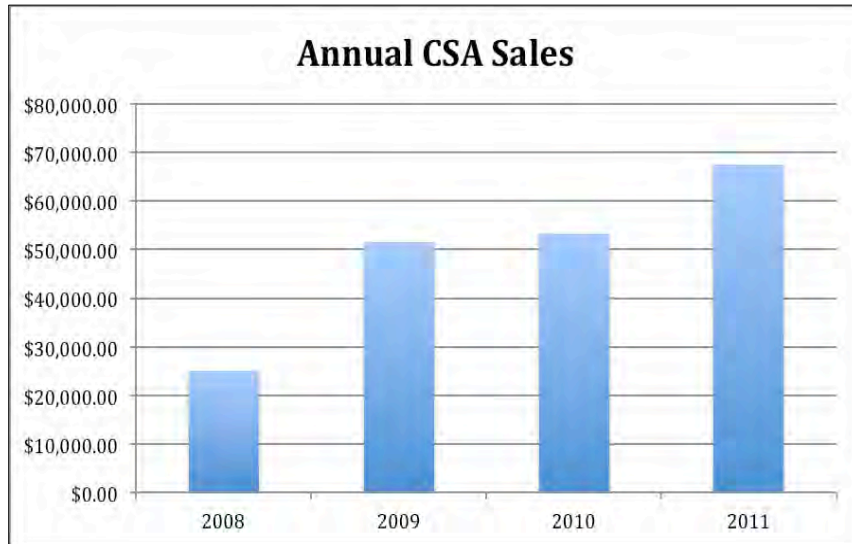
Although the WMGC was founded in 2003, it was not until 2008 that the Co-op established a CSA. WMGC's CSA is a little different than a typical single farm program, in that it is an aggregated CSA. Instead of CSA members buying shares in one farm, they buy shares in the WMGC CSA, which sources from eight to ten grower members.

CSA members may choose between two share sizes, a large share, which costs \$550, or a small share, which is approximately two-thirds the size of a full share and costs \$365. Members are not required to pay for the entire share upon signing up for the program. There is a deposit required, but there are payment plans for those who do not want to pay for the entire share all at once. Supplemental Nutrition Assistance Program (SNAP) benefits are also accepted as a form of payment.

The summer CSA runs from June through October and has nine drop-off points once a week in Missoula, Arlee, Dixon and Helena among other places. The fall CSA has three deliveries with storage crops and costs \$230 total.

WMGC CSA Sales and Shareholders. The WMGC CSA program started with fewer than 30 shareholders and sales of roughly \$25,000. In its second year, both its membership and sales nearly doubled. By 2011, CSA sales accounted for roughly 9% of the WMGC’s total sales and membership grew to 151 shareholders in 2012. Annual sales of the CSA are shown in Chart 2.

Chart 2. Change in Annual CSA Sales, 2008 – 2011.



The WMGC secured a Farmers Market Promotion grant this year that was based on a plan for growth, so the staff and partners are looking forward to a future with a larger CSA program. The grant proposal stipulated “that we wanted to double our membership within two years, so be at 300 people within two years for the summer share,” said S6. P3 believed that CSA growth is a no-brainer. “And then targeting like the CSA which is barely tapped. I mean one producer can do 150 CSA shares. One producer up in Eureka does. They should be at 1000. So how do they get there?”

Staff and partner perspectives on the CSA program

The following section discusses the opinions of WMGC staff and partners about the CSA. All the benefits and areas for improvement highlighted here are based on interviews with staff and partners and do not take into account the opinions of the growers or CSA members. The next section will discuss member opinions of the CSA based on surveys.

Benefits for the WMGC and Growers. The growers of the WMGC benefit from the CSA program in a number of ways. Prices for certain items sold through the CSA, like herbs and green beans,

are higher than the items they sell retail. In addition, growers do not have to worry as much about excess produce during the CSA season because they can fill the boxes with whatever produce they have. This serves to both reduce food waste and help the growers bottom line. There are no requirements to have a certain number of any one thing in each box, although consumers do have preferences.

The CSA also provides cash flow for the growing season. It requires payment early in the year so the growers receive an investment for necessities like seeds and equipment. “And the CSA, like other CSAs, gives them a down payment at the beginning of the year for their operational costs,” said Co-op partner P3.

The CSA also markets and sells for the growers, taking that labor and time commitment away. “So there is a huge cost-benefit because we do all the marketing for the growers, so that it kind of takes away a lot of extra work they would have to do. It just kind of adds another market for them,” said S6. It is also a powerful marketing tool for the WMGC. While a shopper at the Good Food Store, for example, may not realize where their produce comes from, CSA consumers are much closer to the producers of their food and communicate directly with the Cooperative itself.

Benefits for Consumers. One of the primary benefits that Co-op staff saw for consumers was freshness. ““They are getting fresher produce than they would normally get at market or the stores because we pack on Wednesday and everything is delivered on Thursday,” said S6. The produce being packed on Wednesday is usually picked Tuesday or even Wednesday morning.

The drop-offs are also meant to be convenient for consumers. For example, employees at St. Patrick’s Hospital can pick up their CSA boxes anytime between 2:00pm until 6:00pm at the hospital cafeteria. This offers them the convenience of picking up produce where they work. In addition, the employees are able to have the cost of the CSA split up and deducted from their paychecks during the season instead of paying at once.

Additionally in a time where much of our food is shipped to us from across the country and around the world, WMGC’s CSA allows buyers to know where their food comes from. Even though the members do not know exactly which farmer grew their produce, they still know about the WMGC and what it stands for and therefore know that they are getting a fresh and local product that supports Montana growers.

The CSA also offers competitive prices for produce and offers the convenience of additional online ordering for items like meat, cheese and eggs. These goods typically cost about 25% less

through the CSA than they do through retail channels. S6 elaborated, “it is not just vegetables they are getting, they can kind of custom order what they want and I don’t know of any other CSA that does that...If you are buying that stuff every week anyways, why wouldn’t you just buy through the CSA, it is cheaper for you.”

Areas for Improvement for WMGC and Growers. The Co-op staff also highlighted some areas where they believe that the CSA could improve. One was that the CSA boxes often take a lot of work to pack and organize. Additionally, while some growers make the CSA their first priority for their best produce, others use it as an outlet for their excess. “What I would like to change, I would like the growers who grow for the CSA to grow first for the CSA and then their other commitments are second to that. That is how the CSA was originally started, the growers who did it, that was their primary market and whatever they didn’t sell to the CSA they sold wholesale or they had market commitments or whatever,” said S6.

There is also some competition over who grows for the Co-op and what they grow. Not everyone can grow whatever they want and certain growers, usually the ones who have been there longer, get first choice. This issue isn’t just specific to the CSA. Competition over commitments is also discussed in other sections of this report as an issue at the WMGC.

Another challenge is consumer perception. While the CSA is always looking for more members, it can be challenging to have shareholders who do not understand the how a CSA works. Some people like the idea of eating seasonally from a CSA but do not recognize the limitations that it can bring. “That has been a dilemma because last season we tried to really market on saying that we are selling produce that is cheaper and fresher than what you would buy at the market, and that was our marketing push. But I think when we did that we got some customers who were just looking for cheaper produce and didn’t understand the CSA model,” said S6. Additionally, according to S6, the boxes at the beginning of this past season were practically empty due to weather, and confused customers thought that they were supposed to be getting roughly \$17.00 of produce per week. Additionally, when they went to the farmers market, they saw produce, sometimes from WMGC farmers, that was readily available to be purchased but had not yet appeared in their boxes. “Because when we have 153 members, like for a grower to sell the first week of market and they have 3-5 heads of bok choy...that is not enough to source our CSA but they can still sell it to market. So our members will go to market, see our growers with things that we don’t have in the boxes yet and want to know why they are not getting it in their box yet. So...how do we sort of bridge that to make sure our growers are contributing to the CSA the same things that the public is seeing?” Bridging the gap between public expectation and the reality of what a CSA is without dissuading potential customers is a challenge that Co-op staff is working to overcome.

CSA Member Perspectives on the CSA Program

The survey used in this study collected data from summer CSA program participants only and aimed to determine demographic information of the CSA members, discover the most important factors to members for choosing to be part of a CSA, and to evaluate member experiences with the WMGC CSA. Below we provide an overview of findings from the survey; complete survey responses can be found in Appendix F.

Demographics. Demographic information helps the WMGC understand who their current CSA membership is and also target markets for future years. Respondents came from nine drop points ranging in location from the Bitterroot Valley up north to Polson and east to Helena. Women were the majority of respondents (83%, n=88) and ranged in age from 20 years old to 79 years old, with 41% (n=43) falling between ages 30-39. The respondent population was also highly educated, with 48% (n=52) having a college degree and 42% (n=46) having attained at least a graduate degree. The majority of respondents (67%, n=73) have only been CSA members for one year and fed either 1-2 or 3-4 people with their share

Most Important Factors for Choosing a CSA. Several questions were designed to determine factors and benefits CSA members found to be important when choosing to become shareholders. The most important factors for CSA members fall into several categories: taste, freshness, local and sustainable agriculture, and health. Table 1 shows the statements that CSA members found to be most true and their corresponding percentages:

Table 1. Statements CSA Members Described as “Most True” Regarding Decision to Become or Remain a Shareholder. (n=112)

Category	Statement	Percent of Respondents
<i>Freshness</i>	The vegetables are extremely fresh	93.7%
<i>Local Agriculture</i>	I am supporting local farming	91.9%
<i>Taste</i>	The vegetables taste so good.	89.2%
<i>Health</i>	I am doing something that is good for my health.	88.3%
<i>Sustainable Agriculture</i>	I am contributing to environmentally friendly agriculture	86.5%

Shareholders’ Experiences with the WMGC CSA. The survey gauged CSA member experiences through general questions about the CSA, about drop point convenience, and about the

respondent’s likelihood of joining the following year. Respondents cited customer service, convenience and value, and trust as the most important experiences as CSA members. Table 2 shows the statements that CSA members found to be most true and their corresponding percentages:

Table 2: Statements CSA Members Described as “Most True” Regarding Member Experience as a Shareholder. (n=112)

Category	Statement	Percent of Respondents
<i>Value</i>	Season length is appropriate.	91.9%
<i>Customer Service</i>	CSA Coordinator responsive to concerns and questions.	87.7%
<i>Convenience</i>	The drop point was convenient for me.	82.7%
<i>Trust</i>	I feel a sense of trust in the Co-op and the food I get from it.	82.7%

Drop Point Convenience. The WMGC aims to make drop points convenient for its CSA members. The survey asked respondents to determine the statement, “My drop point is convenient,” as “very true,” “somewhat true,” or “not true.” The majority of respondents (82.7%) answered that this statement was very true. In statistical analysis, a strong significance (Chi square test – R = .000) was found between a specific drop point and drop point convenience. Of the 19 respondents that determined the drop point convenience statement to be somewhat or not true, 10 of those respondents came from a single drop point (Helena).

Future Plans. A strong statistical significance (.000) was also found between responses as to whether or not the CSA program was a good value and whether or not the respondent will be a CSA member next year. Respondents choosing “somewhat true” or “very true” when asked if the CSA program is a good value also frequently responded that they would be CSA members next year. Additionally, statistical frequency output was used to determine the reasons for or against continued CSA membership. 93.6% of respondents said they would like to be CSA members next year compared to 6.4% of those who would decline membership. Respondents had the option to say why they would or would not choose to be a CSA member next year and 42% chose to respond.

The reasons for continued CSA membership with the greatest frequency were:

- 1) Supporting local food and/or the local economy
- 2) Good value
- 3) Quality and/or freshness of the food

4) Overall good experience

Those who have decided against CSA membership next year, listed the following as a reason for not doing so:

- 1) Preference for farmer's market
- 2) Presence of a personal garden
- 3) The drop point was inconvenient

There were more respondents that were unsure as to whether or not they would continue to be members next year compared to those who decided against continued membership. Some of these undecided respondents noted that their membership might be contingent on the following factors:

- 1) Decrease in membership price
- 2) Establishment of personal garden
- 3) Difference in quantity and variety of produce

Market Considerations

Staff perceptions of the consumer benefits of the CSA were right in line with what survey respondents said. Freshness, convenience, and the locality of produce are important factors for CSA members both in choosing to participate in the program and in valuing their membership. 93.6% of respondents reported that they would like to be CSA members next year, clearly indicating that respondents were overall very satisfied with the program. This high customer satisfaction coupled with the awarded grant money present many opportunities for growth for the WMGC CSA program.

In order for the growing CSA to be a continued success additional infrastructure and commitments will be necessary to accommodate the increasing demand. Staff cited concerns about member commitment to growing for the CSA, staff preparation time, and consumer misperception. The WMGC may consider increasing the amount of delivery days per week to spread out the packing time and recruiting more farmers to participate in the CSA. These are all areas that will need extra thought and planning to accommodate a larger CSA.

Although staff felt an obstacle for the CSA might be that the consumers do not get to know a specific farmer's produce, survey results did not support this. It was a top priority for the respondents to feel they were contributing to a local and sustainable food system, but they were less passionate about knowing the farmers themselves. Over 85% of respondents said supporting local farming and contributing to environmentally friendly agriculture were very

important to them, compared to 43% who said that knowing the people who grow the vegetables they eat is very important. Although improving farmer identity may not be a high priority improvement for the CSA, it still presents opportunities. Farmers that wish to have more of a presence and brand with CSA members can host farm tours or farmer meet-and-greets. These opportunities may help build loyalty from those members who do wish to know individual farmers.

Some other things to consider as the CSA gets ready for future seasons may be:

- Advertise the options of using alternative payment plans or SNAP benefits to pay for CSA shares. One of the reasons some respondents cited against continued membership is the cost of membership and more knowledge of different payment methods may encourage continued or new membership for those who feel they cannot afford to participate in a CSA.
- Provide an opportunity for prospective members to taste produce since freshness and taste are some of the highest rated qualities of the CSA.
- Although it is difficult to cater to individual palates, sending a survey out to enrolled members before the CSA season begins to determine what they would or would not like to receive in their weekly share may help retain CSA members and help growers meet the needs of CSA members.
- Explore opportunities to provide CSA shares to other institution employees, as has been successful with St. Patrick Hospital, paying particular attention to opportunities with other cooperatives, such as the Missoula Federal Credit Union.
- Most importantly, continue the high quality customer service the WMGC is already providing. Responsiveness to customers and quality customer service is important to CSA members.

Health Food Store Perspectives

We examined the overall satisfaction of health food store customers with the WMGC by having the customers evaluate the ordering and delivery processes and product quality of the Co-op, in addition to marketing by the Co-op and the benefits and challenges of being a customer. At each store we interviewed the person responsible for making purchasing decisions. Each participant was given a code; health food store participants are noted with a “HFS” and a number. If more than one person was interviewed from a particular store the code also has a letter “A” or “B” to differentiate the different people.

Ordering

Health food store purchasers have a positive view of the Co-op's ordering process. Seven out of ten buyers rated the ordering process as very convenient, and three rated it as somewhat convenient. No interview participants felt the process was inconvenient.

Of the seven who rated the process as very convenient, three mentioned consistency as a primary reason. For example, HFS-4 appreciates the "consistent order times." Three of these health food buyers also mention that the process makes purchasing local food much more convenient for them. HFS-3A said that it is nice "Not having to do all of these orders separately. It's nice being able to group all of these orders into one order instead of having to order from one farm then call another farm and so on." HFS-2B said the convenience of ordering local food through the Co-op allows them to spend their time to "just work the customers." In addition, four health food stores like that the WMGC manager, Dave, calls them every week. HFS-1 likes it that the "Co-op always calls his cell phone." HFS-6 said that "Dave is good at calling and going down the list of what they have available."

The three health food stores that rated the ordering process as somewhat convenient would prefer to order more than once a week. HFS-3B said that "Once a week is not nearly enough. It makes me cram all my ordering into one shipment." HFS-5 also struggles ordering everything that they need in a weekly order and that they prefer to not order in bulk; but, the only way to ensure that they will get the product that they want in a once-a-week ordering system is to order in bulk.

Delivery

Health food store purchasers tend to have a positive view of the ordering process as well. Seven of the buyers rated the process as very convenient, two rated it as somewhat convenient and one rated it as not convenient.

Of those stores that rated the Co-op's delivery process as very convenient, five mentioned the consistency and promptness of the deliveries as a reason why they are very convenient. "They arrive on time from week to week," said HFS-3B. Three of these buyers also commented that they appreciate the courtesy of the WMGC's drivers.

The two buyers who rated the delivery process as somewhat convenient said the following: HFS-2B noted that the process is "not super convenient, but better than others. With the Co-op, often times, someone needs to pick-up the shipment with a forklift, then go and sort it together. The packages are reused and recycled, which are hard to differentiate. They're sorted almost randomly." HFS-4 said that the delivery occurs too long after they have ordered.

The buyer who rated the delivery process as not convenient also said that their store has to wait too long for the delivery.

Quality of Product

First, we determined what types of products these health food stores purchase, with the most frequently purchased products being produce and dairy products. In addition, our interviews with health food store purchasers explored what these buyers think about the products that they buy from the Co-op. We asked these buyers to compare the freshness, packaging, appearance, availability, quantity and prices of WMGC products to other distributors. We also asked if they were satisfied with WMGC prices given the quality of their product. Lastly, we asked if the buyers process any Co-op products and if they would be interested in purchasing more processed goods if the Co-op offered them.

When asking buyers to compare Co-op products to other distributor products, we did not specify which products they were comparing, and if they were comparing to a conventional distributor or another local distributor. These comparisons are meant to provide a general indication of the buyer’s perception of the Co-op’s products. Overall, the Co-op’s products fared well in these comparisons. Freshness was the biggest standout factor, being rated better than that of other distributors by a large majority. Appearance of the product was also rated better by a majority of participants.

Packaging seems to be the area in need of most improvement, as almost half of the participants rated this factor as worse than other distributors. Other factors of mixed opinions were availability of product and quantity of product. Full results of these comparisons can be seen in Table 3.

Table 3. Health Food Store Comparison of WMGC Product Quality to Other Distributors. (n=10)

Product Characteristic	Better	Same	Worse	Don’t Know
Freshness	9	1	0	0
Packaging	1	4	4	1
Appearance	6	4	0	0
Availability	4	3	3	0
Quantity	1	5	3	1
Price	3	5	1	1

Price. Three health food store purchasers rated price as better, five as the same, and one rated the price as worse compared to other distributors (one buyer did not respond).

As a follow-up, we asked if they are satisfied with the WMGC's prices given the quality of their product, to which all 10 respondents responded that they are satisfied with the Co-op's prices given the quality of the product.

Processed Products. Four buyers process goods that they buy from the Co-op while six do not. When asked if they would buy more processed goods from the Co-op if they were available, four health food store buyers said they would, while six said that they would not. It is important to note that many buyers indicated that it depends exactly what the Co-op offered and at what price before these buyers responded with a yes or no.

Marketing to Health Food Stores

We asked the health food store customers about two different marketing strategies: (1) How effective the Co-op is at marketing to the particular store, (2) How Co-op products are marketed to the end consumer. We also inquired about the meaning of the Organic and Homegrown certification labels to the particular store's customers.

Marketing to Stores. When asked whether the Co-op is adequate in marketing to health food stores all 10 respondents said "yes." Aspects of the Co-op's marketing that health food stores found particularly helpful were the weekly availability bulletins and the Co-op's website. Another buyer spoke on the communication aspect of marketing the store has with the Co-op. "Personal communication with Jim and Dave and Steffen has been good – we've been communicating with them on a really regular basis, which is fundamental to cooperatives."

Point of Sale Marketing. Farm information cards were also discussed favorably during a number of interviews. Although the cards did not arrive at the store consistently, six stores mentioned their effectiveness at the point of sale. One buyer said, "The cards that show what farm the food comes from and describes the farm are great. The customers seeing these visual aids really helped. Customers are more likely to buy the produce affiliated with the farms that have these cards- many [customers] are usually only willing to buy certified organic, but they are willing to buy the produce that have these cards about the farms even if it's not certified organic."

Montana Homegrown and Certified Organic. A series of questions asked how meaningful the terms organic and Homegrown are to the store's customers. All 10 participants stated the organic designation is "very meaningful" to their customers. When asked how meaningful

Homegrown products were to their customers, only one replied “very meaningful.” Three participants believed Homegrown was not meaningful to their customers and two respondents did not even know what Homegrown meant. We then asked if the buyer would like to see a larger presence of Homegrown goods in their store. Six respondents replied no. One respondent explained, “Customers want “Organic” or “Local”. [The store] understands “Homegrown”, but customers don’t.” Another respondent said, “It’s not a well-known term. I think customers think of Homegrown as a literal term, not a certification. If people knew the certification, that would be helpful. It may be better, but we don’t know that.”

Several stores expressed openness to educating their customers about what Homegrown is and helping however they could in this education process. “People like local! Education on where their food comes from is necessary and very good for everyone. People really enjoy finding out where their food comes from!” Another buyer said, “People don’t know what it is, so it doesn’t help me sell anything. It creates a new opportunity for educating customers.” Finally, six of the stores mention that they would be willing to buy more Homegrown product if the proper educational tools were used. “The [Co-op] can either sell more certified organic, or conduct a very well executed plan to educate them (consumers) about what Homegrown is.”

Benefits of purchasing from the WMGC

Buyers were asked to list their top three benefits of working with the Co-op. Of the varied answers we received, several themes emerged, including personal relationships, ease of local purchasing, and quality.

Personal Relationships. The personal relationships the stores are able to have with the Co-op was a benefit expressed by nine of the buyers interviewed. This was expressed through the face-to-face interactions as HFS-9 explained, “You get to know the people that deliver to you. You get to know their faces.” The importance of the personal relationship was also expressed through the responsiveness, effectiveness and pride the Co-op staff has in their jobs. “They stand by and back up their product. If I don’t like the product when it’s delivered, [they] work with me by either giving me credit, a discount, or replaced what I don’t like with a different product so I’m not affected by not having the product I originally wanted.”

Ease of Local Purchasing. The majority of buyers listed the ease of local purchasing as a benefit of buying from the Co-op. This sentiment was expressed several ways: as expanding access to local food, simplifying local purchasing, and consolidating local sourcing. The Co-op’s ability to aggregate the product, rather than having the store work with many farmers directly, gives more stores the ability to purchase locally. Many buyers expressed an appreciation for simply buying local as a benefit of the WMGC. HFS-8 said, “Availability is being addressed by multiple

growers and small growers can focus on farming rather than burning up a lot of gas running around everywhere.” A couple of buyers also expressed appreciation at how well run and organized the Co-op is. This attribute only makes it easier for customers to use the WMGC as a distributor.

Quality. The quality of product was another important benefit expressed by the buyers. As a benefit of buying from the Co-op, HFS-3B describes, “Being able to offer a local product to our customer base comes down to quality and freshness that’s not traveling thousands of miles to get here.”

Challenges of Purchasing from the WMGC

Alongside the many benefits of working with the Co-op, the stores were asked to describe areas of improvement the Co-op may want to address. As indicated in previous sections, the themes to emerge here involved packaging and labeling and quantity of produce, and Homegrown education.

Packaging and Labeling. One of the more prominent themes to arise was the need for a more consistent packaging and labeling system. One buyer said, “Consistent packaging – standardized boxes like, broccoli in broccoli boxes, that sort of thing. That would improve quality of boxes and labels.” Another buyer stated, “It would be great if they could have a more professional production system in packaging.”

Homegrown Education. A few buyers also expressed a need for better education about the Homegrown label. HFS-5 explains as a suggestion, “either more certification for organic, or a very well executed plan to educate about what Homegrown is.” Another health food store purchaser stated, “If they’re going to do Homegrown, they need more education, awareness and marketing for it.”

Quantity. More consistent quantity of produce was also requested. One buyer stated that when they order twice a week, several of the items they needed have already been sold. This forces the buyer to order one item in bulk per week to ensure the stores gets what they ordered.

Miscellaneous. Finally, information about the Co-op at point of sale was requested by a buyer, and that the delivery time, from when the store ordered the product to when it is actually delivered, is shortened, along with more deliveries. Another suggestion was to expand the Co-op into other regions around Montana.

Market Considerations

Health food stores continue to be a viable, high-value market for Co-op products. Success in this market has already been proven for the WMGC and it is evident that customers are generally happy with the service and products they receive. Additionally, farmers are able to get better prices for their products in this higher-end market. However, new, efficient opportunities may be harder to come by since the WMGC already has a strong presence in the health food store market.

The Co-op has the opportunity to make a strategic decision about which markets may be most beneficial and efficient to pursue. Some considerations we recommend thinking about in regards to the health food store market include:

- How can marketing be improved, especially in preserving farmer identity and Homegrown education?
- Are there other health food stores outside of the Missoula area that may also help with delivery efficiency and make sense to pursue?
- Is there a particular niche or further health market opportunities within Missoula?

Institutional Perspectives

We examined the overall satisfaction of institutional customers with the WMGC by having the customers evaluate the ordering and delivery processes and product of the Co-op. We also asked interviewees to respond to questions regarding WMGC marketing and the benefits and challenges of working with the Co-op. At each institution we interviewed the person responsible for making purchasing decisions. Each participant was given a code; institutional buyer participants are noted with an “INST” and a number.

Ordering

When asked to rate the ordering process with the Co-op as “very convenient, somewhat convenient, not convenient, or don’t know”, two institutions said the process was “very convenient”. The other two described their experience with the ordering process as “somewhat convenient.” Those who found the process to be very convenient mentioned helpfulness and availability of WMGC staff when ordering as factors contributing to convenience. The two institutional buyers who rated the ordering process as only somewhat convenient both commented that an online ordering system would offer more convenience. INST-1 recalled having to wait to receive the list of available items from the Co-op, then discuss with staff which orders to purchase, then call back to place an order. INST-1 said, “It’s not as convenient as online ordering from other distributors, but is more personable, which is a plus.”

Delivery

Three of four institutions rated the delivery process as “very convenient”, while only one said it was “somewhat convenient”. The three institutions that viewed the process as very convenient mentioned the consistency of deliveries both in regard to punctuality and accuracy in supplying the correct product order. One institution said that when orders were not accurate, they were corrected “on the spot”. Another institution appreciated the “good communication” with the driver at the delivery site. The institution that rated the delivery process as “somewhat convenient” did so because they found it more convenient when their orders could be delivered twice per week. However, the buyer at that institution said that they understood the Co-op couldn’t be as convenient as a larger distributor.

Quality of Product

First, we determined what types of products the institutions purchase. Three institutions purchase produce, and one purchases dairy. In addition, our interviews with institutional purchasers explored what these buyers think about the products that they buy from the Co-op. We asked these buyers to compare the freshness, packaging, appearance, availability, quantity and prices of WMGC products to other distributors. We also asked if they were satisfied with WMGC prices given the quality of their product. Lastly, the interview asked if the buyers process any Co-op products and if they would be interested in purchasing more processed goods if they were offered by the Co-op.

When asking buyers to compare Co-op products to other distributor products, we did not specify which products they were comparing, and if they were comparing to a conventional distributor or another local distributor. These comparisons are meant to provide a general indication of the buyer’s perception of the Co-op’s products.

All four institutions stated that the quality of the Co-op’s products were better than that of other distributors. Three buyers indicated that the appearance is also better than other distributors’ products, and one institutional buyer found it to be the same. Three indicated that price of the Co-op’s products is “worse” than other distributors, however all agreed that given the quality of the products they are satisfied with the prices they pay.

Packaging, availability, and quantity all received mixed reviews; responses are shown in Table 4.

Table 4. Institutional Buyer Comparison of WMGC Product Quality to Other Distributors. (n=4)

Product Characteristic	Better	Same	Worse	Don't Know
Freshness	4	0	0	0
Packaging	1	2	1	0
Appearance	3	1	0	0
Availability	2	0	2	0
Quantity	1	2	1	0
Price	0	1	3	0

Processed Products. Two institutions process products once they are received from the Co-op, and three institutions indicated they would be interested in buying more processed products if they were available, assuming the price and quality met their standards. When asked which products respondents would like to buy that were not currently offered, institutions mentioned a desire for chopped lettuce and frozen fruits and vegetables.

Marketing to Institutions

We asked institutional customers about two different marketing strategies: (1) How effective the Co-op is at marketing to the particular institution, (2) How Co-op products are marketed to the end consumer. We also inquired about the meaning of the Organic and Homegrown certification labels to the particular store’s customers.

Marketing to Institutions. Two of their buyers felt the Co-op does an adequate job of marketing itself to them. One noted liking the weekly availability email and the face-to-face communication, another said that the Co-op did not even have to market to them because the institution had sought them out. A third institution stated they wished the Co-op would be more persistent with them as a reminder that the Co-op’s products are available. This question was non-applicable to the fourth institution.

During our interviews we also inquired as to how the institutions’ relationships began with the Co-op. We found that the stories with all four institutions were consistent with the above comment about the institution seeking out the WMGC. In each case, a third party suggested the institution start purchasing local food and the Co-op was recommended as a possible avenue for doing so. We believe the Co-op has an opportunity to begin marketing directly to institutions, as was proven successful with many health food stores.

One institution was able to start purchasing WMGC products using federal dollars from the Fresh Fruits and Vegetables Program. After the first year of this relationship, the institution was then able to prove that it was feasible to add WMGC products to the regular budget. This opportunity may be relevant to other institutions and help the Co-op get their foot in the door with them.

Another avenue to pursue is offering CSA shares as a benefit to institution employees. This process was a great success for one institution and could be a viable model for others as well.

Point-of-Sale Marketing. We found that all institutions used their own marketing materials for their food service. In addition, organic and homegrown labels were either somewhat or not meaningful to all institutional customers. In fact, one institution specifically noted that they would not want to advertise organic or homegrown as they felt it might be perceived as wasteful spending on the institution's part. Also, the Co-op's products may simply be labeled as "local" or "Montana" food instead of a WMGC or specific farmer product. These results indicate that although an institution may buy local food products, specific labels or the origin of the food may not fully trickle down to the end consumer.

For these reasons, if the Co-op decides to pursue greater institutional sales, direct marketing to potential institutional customers will be more effective than concentrating on point-of-sale marketing materials. Co-op branded marketing materials for institutions may be an area for potential growth in the future, once the WMGC has more experience in this market and can make more informed strategic marketing decisions.

Benefits of Buying from the WMGC

Throughout our interviews with institutional buyers a few main themes emerged as benefits these customers receive when working with the Co-op. The benefits mentioned most were: the high quality of produce received, the great relationship they have with the Co-op, and the ability to access local products.

High Quality Products. Institutional buyers unanimously felt the Co-op consistently provided them with high quality produce. Three institutions specifically stated the quality of product as being the best benefit of buying from the WMGC. As previously noted, when the institutions were asked to compare the Co-op's products to products from other distributors, Co-op products were consistently ranked better than the others -- so much so that institutions were comfortable paying a higher price for this level of quality.

It is important that these institutions explicitly listed the high quality as a benefit of buying from the WMGC. Historically, institutions such as hospitals and schools were not known for the quality and taste of the cuisine in their foodservice. However, food service is becoming more of a priority as consumers are starting to care more about their food. Serving high quality food allows institutions to stand out in the marketplace and can bring them more notoriety.

Strong Relationships. When specifically asked what the institutions felt the top three benefits were of buying from the Co-op, one institution mentioned their “special relationship” with the Co-op, while another noted the ability to talk and plan with the Co-op face to face as a benefit. Throughout the interviews three institutions spoke about the great communication between them and the Co-op, which we consider a key aspect in fostering these positive relationships. Some examples of statements that showed an appreciation for this line of communication are references to the helpfulness of coordinators of the WMGC when ordering products or signing employees up for CSA shares, the willingness of the Co-op to accommodate the institution’s needs, the personable ordering process requiring verbal communication (even though online ordering would be more convenient), and the great communication and service when deliveries are made.

Other recurring themes amongst institution interviews were the high quality of produce from the WMGC, and timely, convenient deliveries. These accounts signify a confidence in the Co-op, which fosters a sense of trust between the Co-op and the institutions and further builds upon these positive work relationships.

Consistent, honest, and helpful communication helps the Co-op to build a strong relationship with their institutional customers. We also see this as a strong benefit from the health food store respondents. We believe this is a core strength of the Co-op and note that this should be an area of high importance to continue this level of personable, high-level customer service. This relational aspect of working with the Co-op is clearly valued by many of its customers and is something that may be lacking in the working relationships these stores and institutions have with other distributors. By continuing to promote personal relationships built on quality and trust, the Co-op allows itself to stand out from other distributors that may be competitors.

Providing Local Food. All institutions noted as a benefit that buying from the Co-op allows them to serve local food. This benefit was viewed differently between institutions. One institution noted that buying from the WMGC allows them to serve products from a larger mix of farmers than they would otherwise be able to. Another institution liked buying local food to have that money benefit area farmers. Two other institutions stated that buying from the Co-op makes it easier and more convenient to buy local. As one institution noted, “We really like farmers, but

we don't like talking to them." Another expressed appreciation at the efficiency of not having to order from 40 different farmers by stating, "They [the WMGC] make it possible for institutions and restaurants to get in on the local food action too."

This ability to make purchasing local food convenient for institutions is very important. Whatever the ideals or values behind an institution's desire to serve local food, the fact is that they are busy and work with high volumes, and therefore need an efficient, convenient avenue for purchasing local product. The WMGC may serve as the impetus for an institution to actually move forward with local purchasing, instead of being discouraged by time and efficiency constraints.

Challenges of Purchasing from the WMGC

In addition to benefits, we asked about possible suggestions institutional buyers may have for the Co-op. Two respondents mentioned expanding or focusing the Co-op's ability on processed and value-added goods. Other suggestions included: expanding the Co-op itself (either by adding more members or starting a new one in a different area), further extending the growing season, work on providing higher quantities of some products to be more in line with demand, and deciding on a particular markets to focus the Co-op's energy on.

Market Considerations

Institutions provide a new market opportunity for the Co-op, an opportunity that may act as an incentive for WMGC members to work more closely with the Co-op in order to gain access to this market. Serving institutions could also help local food become more mainstream because the food ends up being consumed by people who might not otherwise choose to eat locally (i.e. hospital patients and school children). However, as discussed in the marketing section the Co-op brand, farmer identities, and product labels (Organic and Homegrown) may be diluted once the food gets to the end consumer.

The Co-op has the opportunity to make a strategic decision about which markets may be most beneficial and efficient to pursue. Some considerations we recommend thinking about in regards to the institutional market include:

- How may serving more institutional markets affect product demand, and can the Co-op sustain a possible shift to higher quantities?
- Are there more opportunities to process value-added products that make sense both for the Co-op and institutions?
- What institutions make sense to pursue as new customers and how can the Co-op effectively market themselves to these potential customers?

Role of the WMGC from Customers' Perspectives

From the perspective of its institutional buyers, health food store buyers and CSA members, the Co-op plays a critical role in the regional food system of Western and Central Montana. As previously mentioned, the number one reason for current CSA members wanting to continue their membership is to support the local food system and economy. In fact, 91.9% of the CSA members who filled out the survey say that supporting local farming is very important to them.

Institutions and health food stores value being a part of the regional food system as well. HFS-3A proclaimed, "We're glad to be a part of the local Montana food system with WMGC!" Specifically, institutional and health purchasers value the aggregation and distribution of locally produced food from a variety of local growers. Nine of the institutional and health food store buyers mention the aggregation and distribution as a critical function of the WMGC in the regional food system. These buyers view this consolidation of local food as a great convenience that allows them to more easily purchase local food. HFS-2B lists, "simplified local purchasing" as a top benefit of buying from the Co-op and INST-1 says that the "ease of local purchasing" is also a top benefit for them. More than just the increased convenience of buying local, three buyers commented that the WMGC expands access to local food. Institutions such as public school districts now have a means to access local food that they otherwise might not have. INST-1 said, "[The] Co-op plays a crucial role in organizing and aggregating to serve their markets. [The] Co-op is almost an entire supply chain up to the consumer."

Several buyers also appreciate that the Co-op gives more local farmers access to markets that the farmers otherwise could not access. HFS-3A said the following about the role of the WMGC in the local food system: "It's huge. It gives growers the opportunity to distribute food that they wouldn't otherwise be able to. Getting products to market is hard, so WMGC allows them to do that which is huge." INST-4 reiterated this sentiment when they assert that the "WMGC gives a way for smaller farmers to get goods into the market in a sustainable way." Several buyers appreciate the fact the WMGC provides a reliable framework and distribution system that allows purchasers to support a larger number of local farmers.

The WMGC's consistent, consolidated supply of quality and fresh food expands regular access to healthy, local food for its CSA members, customers of health food stores, and for those who eat at institutions. As access increases to local food, so does the amount of money that goes back to local farmers and re-circulates into the Montana economy.

Conclusions on Markets of the WMGC

Results from our study indicate that the WMGC is a highly valued local distributor to its customers that provides high quality products, convenient and accessible local food, reliable delivery, and excellent working relationships. In fact, appreciation for the relationship between the buyers we spoke with and the WMGC came up throughout our interviews. This personal touch is an important aspect of the WMGC's business and is one that may differentiate the Co-op as a distributor in our regional marketplace.

Providing adequate quantities, delivery days, pricing, availability, and education about certification labels are all areas in which the Co-op might better improve itself, but the pillars for continued success are all there. The Co-op is poised for future growth, and now is the time to think strategically about what markets most complement the Co-op's abilities. It is essential to ensure that the grower membership and Co-op infrastructure are all on-board with the organization's growth trajectory. Once all these pieces are fit into place word can really spread about how delicious local truly is.

APPENDICES

A – Interview Guide with WMGC Staff

B – Cooperative Principles

C – WMGC Bylaws

D – Membership Agreements including: (1) Prospective Member Letter; (2) Member Application; (3) Member Commitment Agreement; and (4) Statement of Cooperation

E – Interview Guide with Producer-Members

F – Community Supported Agriculture (CSA) Survey Instrument and Tabulations

G – Interview Guide for Wholesale and Institutional Buyers

H – Co-op Curtsey – A song composed by Taylor Lyon

Appendix A

Interview Guide with WMGC Staff

WMGC BASE INTERVIEW GUIDE

Introduction. Thanks for taking the time to participate in this interview. As you know, our class is doing this research with the Western Montana Growers Cooperative.

Before we start, I'd like to let you know that we will not attribute any direct quotes to you in our writing. Since it could be obvious who we spoke with at the Growers Cooperative, if there is any sensitive material, we will contact you first before we include it in our report and we encourage you to speak freely about your experiences and ideas.

We'll be presenting our research to the WMGC in December and we hope you will come listen. We will let you know when that will be happening.

With your permission, I'd like to record this interview. This ensures that your views are most accurately recorded. Is that ok?

If yes, turn on recorder.

Current Operations:

To start off I would like to ask you some questions about your history working at the WMGC.

Role

1. What is your role at the Western Montana Growers Cooperative?
2. How long have you been employed in your current position?
3. As an employee, what is the most rewarding thing about your work with the co-op?
4. As an employee, if there was one thing that you could change about your job, what would it be?

Vision for the Cooperative

For these last questions I would like to speak with you about the mission of the WMGC and your vision for the future of the cooperative.

8. What is the mission of the growers cooperative?

Probe: In what ways do you think WMGC is fulfilling this?

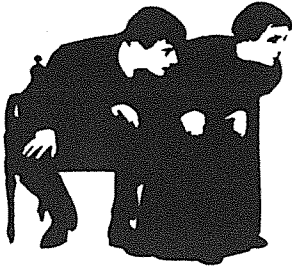
Probe: What areas are most in need of improvement?

9. In what ways do you think the members buy into the mission of the cooperative?
10. Are there opportunities or services you wish the co-op would offer its producer members that it does not currently offer?
11. Do you think the co-op should expand? If so, how?
Probe: Why do you think expansion is important?
12. Stepping back now from your own experience with the co-op, what do you think the role of the WMGC is in our local and regional food system?
Probe: Is it important that it is a cooperatively run business and if so, why?
13. Try to think about the future and imagine the co-op in 5 years. What would you like it to look like?

Thank you again for taking the time to speak to us. We really appreciate and value your input. Is there anything else we haven't yet covered that you'd like to discuss?

Appendix B

Cooperative Principles



WHAT IS A COOPERATIVE?

A cooperative is an organization that is owned and controlled by the people who use its products, supplies, or services. Although cooperatives vary in purpose, they share in common the fact that they are formed to meet the specific objectives of members, and are structured to adapt to members' changing needs. Self-reliance and self-help are the hallmarks of cooperatives.

Although cooperation, that is, people working together for their mutual benefit, has been practiced throughout human history, the cooperative as a form of business organization began during the Industrial Revolution. Cooperatives were useful for promoting the interests of the less powerful members of society. Farmers, producers, workers, and consumers found that they could accomplish more collectively than they could individually.

Cooperatives can be used to address a multitude of shared needs:

Producers like farmers, artisans, or industrialists use cooperatives to market or process their goods jointly.

Workers in areas as diverse as bicycle sales, baked goods production, and catalog sales use cooperatives to create employment that offers many of the benefits of ownership—more control over their work, and wages or income that directly correspond to the economic results of the business.

Consumers use cooperatives to gain better prices, acquire unique goods and services, or to meet social or cultural desires.

Private business or public entities can use cooperatives to gain purchasing power through bulk buying, acquire products or services that are difficult to obtain individually, or share administration of certain projects to reduce overhead costs.

The International Cooperative Alliance (ICA), composed of cooperative leaders from around the world, has established seven fundamental principles that guide cooperatives:

1. **Voluntary and open membership.** Cooperatives are voluntary and non-discriminatory organizations. Membership is open without regard to gender, social class, race, political affiliation, or religious beliefs.
2. **Democratic member control.** Cooperatives are democratic organizations controlled by their members, who actively participate in setting policies and decision making.
3. **Member economic participation.** Members contribute equitably to, and democratically control, the capital of their cooperative.
4. **Autonomy and independence.** Cooperatives are autonomous, self-help organizations controlled by their members.
5. **Education, training, and information.** Cooperatives provide education and training for their members, elected representatives, managers, and employees so they can contribute effectively to the development of their cooperatives.
6. **Cooperation among cooperatives.** Cooperatives serve their members most effectively and strengthen the cooperative movement by working together.
7. **Concern for community.** While focusing on members' needs, cooperatives work for the sustainable development of their communities through policies accepted by their members.

Appendix C

WMGC Bylaws

**BYLAWS
OF
WESTERN MONTANA GROWERS COOPERATIVE**

**BYLAW 1
MEMBERSHIP**

Section 1.1 Eligibility for Membership. Producers of agricultural products who reside in the territory served by the Cooperative shall become members of the cooperative by:

- (1) Applying for membership;
- (2) Being approved for membership by the Cooperative's Board of Directors;
- (3) Becoming the holder of one (1) membership certificate, value of which will be determined by the Board of Directors; and
- (4) Entering into an annual Producer Commitment Agreement with the Cooperative.

Section 1.2 Termination of Membership. Membership in this Cooperative may be terminated by the Board of Directors if any of the following events occur:

- (1) A member ceases to be an agricultural producer or has become ineligible for membership for any reason;
- (2) A member has failed to patronize this Cooperative for a period of one year or more;
- (3) A member that is an individual dies, or a member that is not an individual ceases to exist as a legal entity and leaves no successor; or
- (4) The Board of Directors by resolution finds that a member has:
 - (i) intentionally or repeatedly violated any provision of the Cooperative's Articles of Incorporation, its Bylaws, or its rules and regulations;
 - (ii) breached any contract with or obligation to the Cooperative or any of its members including, but not limited to, the Producer Commitment Agreement; or
 - (iii) willfully obstructed any lawful purpose or activity of the Cooperative.

Section 1.3 Consequences of Membership Termination. Upon termination of membership, voting rights and other rights of membership shall cease. Termination of membership alone shall not affect the rights or liabilities of either the member or the Cooperative under any individual contract.

Section 1.4 Evidence of Membership. Membership in the Cooperative shall be evidenced by the records of the Cooperative. Membership certificates will be issued by the Board of Directors as evidence of membership.

Section 1.5 Nonliability of Members. Members and patrons of the Cooperative are neither obligated to pay nor liable upon any Cooperative obligations.

BYLAW 2 MEETINGS OF MEMBERS

Section 2.1 Annual Meetings. The Annual Meeting of the members of this Cooperative shall be held annually at the principal place of business of the Cooperative, or at any other place conveniently located within the area served by it, as may be determined by the Board of Directors. The Annual Meeting shall be held on such date, place and hour as determined by the Board of Directors. The notice of the meeting shall state the date, place and hour of the meeting. At the Annual Meeting, the members shall transact business as may properly come before the meeting.

The officers of the Cooperative must submit reports to the members at the Annual Meeting which cover the business of the Cooperative for the previous fiscal year, and which show the condition of the Cooperative at the close of the fiscal year.

Section 2.2 Special Meetings. The Chairperson shall cause notice of a Special Meeting of members to be given upon a written petition by at least twenty percent (20%) of the members, or upon a majority vote of the Board of Directors. The notice shall state the time, place and purpose of the Special Meeting. If a Special Meeting is called by virtue of a member petition, the notice of such meeting shall be issued with ten (10) days of presentation of such petition and the Special Meeting shall be held within thirty (30) days from the date of presentation of such petition. No business shall be transacted at a Special Meeting except that stated in the notice of the meeting.

Section 2.3 Notice. Notice shall be given by the Secretary of all Annual Meetings and Special Meetings of the members by mailing a notice of the meeting to each member at the member's last known address not less than ten (10) nor more than thirty (30) days prior to the date of the meeting. The failure of any member to receive the notice shall not invalidate any action which may be taken by the members at the meeting.

Section 2.4 Quorum. Five (5) members or fifty percent (50%) of the membership, whichever is a larger number, shall constitute a quorum at any properly called annual or special membership meeting. Members represented by signed votes may be counted in computing a quorum only on those questions as to which a signed vote is taken. If less than a quorum is present at any meeting, a majority of votes present in person may adjourn the meeting from time to time without further notice.

The attendance of a sufficient number of members to constitute a quorum shall be established by a registration of members of the Cooperative who are present at the meeting, which registration shall be verified by the Chairperson and Secretary, and shall be reported in the minutes of the meeting.

Section 2.5 Voting.

- a) Each member shall be entitled to one vote and no more upon each matter submitted to a vote at a meeting of the members.
- b) All questions shall be decided by a vote of a majority of the members voting thereon in person, except as otherwise provided by law, the Articles of Incorporation, or these Bylaws.
- c) Voting by proxy and cumulative voting shall not be allowed, but signed votes may be used when specifically authorized by resolution of the Board of Directors. When so authorized, signed votes shall be valid and entitled to the same force and effect as a vote in person if the member has been previously notified in writing of the exact motion or resolution upon which the vote is taken.
- d) A member that is not a natural person must designate and authorize a representative to cast its vote in the affairs of the Cooperative. The designation must be in writing, must be properly authorized by the member, and must be provided to the Secretary of the Cooperative. Such a written designation will remain effective until it is superseded by a more recent written designation meeting the same criteria. In the absence of written notice that some person has been designated to represent a member who is other than a natural person, such member may be represented by any of its principal officers. No individual may be authorized to cast more than two votes for a nonperson member entity in addition to his or her own membership vote at a membership meeting.

Section 2.6 Order of Business. Insofar as practical, the order of business at the Annual Meeting and, where applicable, at all other meetings of the members shall be:

1. Registration of Members;
2. Call of Meeting to Order;
3. Proof of Notice of Meeting and the Report as to the Members Present in Order to Determine the Existence of a Quorum;
4. Reading of Minutes of Prior Meeting;
5. Reports of Officers and Committees;
6. Election of Directors;
7. Unfinished Business;
8. New Business; and
9. Adjournment.

Section 2.7 Action Without a Meeting. Any action which may be taken at a member meeting may be taken without a meeting if a writing setting forth and approving the action shall be signed by a majority of the members entitled to vote on such action.

Section 2.8 Procedure. The rules of parliamentary practice comprised in Robert's Rules of Order, most recent edition, shall govern this Cooperative in all situations in which they are applicable and are not inconsistent with the Articles of Association of this Cooperative or these Bylaws.

BYLAW 3 Directors

Section 3.1 General Powers. The Board of Directors shall govern the business and affairs of the Cooperative and shall be empowered to adopt all necessary rules and regulations not inconsistent with the Articles of Association or Bylaws. The rules and regulations may be established for the operation of the business, the guidance of the officers and other employees, and the management of the Cooperative. The Board of Directors of the officer or officers to whom the power is delegated, shall hire and fire employees of the Cooperative, and determine duties, salaries, and other conditions of employment.

Section 3.2 Number, Qualifications and Terms of Office. The government of this cooperative and the management of its affairs shall be vested in a Board of Directors composed of a minimum of five (5) members elected from the Cooperative's membership. The terms of office shall be for three (3) years except for the initial staggered terms under Section 3.3. All directors shall hold office until their successors are elected and qualified. Any vacancy in the Board, other than by expiration of a term of office, shall be filled by a majority vote of the remaining directors. If a vacancy in the Board of Directors extends beyond the next annual meeting, such vacancy shall be filled until such meeting at which meeting a director shall be chosen by the members for the unexpired term of such vacancy; otherwise the vacancy shall be filled by the directors for the unexpired term.

Section 3.3 Director Elections. At the first meeting following the adoption of these Bylaws, two (2) directors shall be elected/appointed to serve for a term of one (1) year, two (2) directors shall be elected/appointed to serve for a term of two (2) years, and one (1) director shall be elected/appointed to serve for a term of three (3) years. Annually thereafter as many directors shall be elected/appointed to serve for a three (3) year term as there are regular vacancies in the number of directors. The Board of Directors may establish a Nominating Committee, which shall be responsible for placing into nominating the names of qualified candidates. Moreover each member present at the Annual Meeting and eligible to votes may place into nomination at the meeting the names of eligible candidates. Voting shall be by ballot and each member may vote for one (1) candidate for each vacant director position. The candidates receiving the highest numbers of votes for the vacant positions shall be elected to the Board.

Section 3.4 Annual Meeting. Within thirty (30) days after each Annual Meeting of members, the Board of Directors shall meet for the purpose of electing officers of the Cooperative and for the transaction of such other business as shall come before the

meeting. The Annual Meeting of the Board of Directors shall be held at such time and place as may be fixed by resolution adopted by a majority of the whole Board of Directors.

Section 3.5 Regular Meeting. Regular Meetings of the Board of Directors shall be held from time to time at such time and place as may be fixed by resolution by a majority of the whole Board of Directors.

Section 3.6 Special Meeting. Special Meetings of the Board of Directors may be called by the Chairperson, the Secretary or by any three (3) of the Directors and shall be held from time to time at a time and place as may be designated in the notice of the meeting.

Section 3.7 Notice of Meetings. Notice of each annual regular or special meeting of the Board of Directors shall be given by the Chairperson or Secretary who shall give at least seven (7) days prior notice of the meeting to each director by mail, telephone, telephonic facsimile transmission, telegram, or in person. Notice shall be deemed given upon mailing, if notice is given by mail.

Section 3.8 Waiver of Notice. Notice of any meeting of the Board of Directors may be waived either before, at or after the meeting, in writing signed by each director. A director, by attendance and participation in the action taken at any meeting of the Board of Directors, shall be deemed to have waived notice of such meeting.

Section 3.9 Quorum. A majority of the whole Board of Directors shall constitute a quorum for the transaction of business except that, when a vacancy or vacancies exist, a majority of the remaining directors shall constitute a quorum. All questions shall be decided by a vote of a majority of the directors present at a meeting. Any one or more members of the Board of Directors or any committee thereof may participate in a meeting of the Board of Directors or any such committee by means of a conference telephone or similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

Section 3.10 Removal. Any director may be removed from office, for cause, by a majority vote of the members at an Annual Meeting or a Special Meeting called for that purpose. In case of the removal of a director, the members may elect another director to fill the vacancy for the unexpired term at the same meeting.

Section 3.11 Executive Committee. The Board of Directors may appoint an Executive Committee of not less than three directors. The Executive Committee shall have authority to exercise all powers of the full Board of Directors between the meeting of the Board except,

1. Powers reserved by the board itself.
2. Apportionment or distribution of proceeds.
3. Election of officers.

4. Filling of vacancies in the board.
5. Amendments to the bylaws.

Section 3.12 Committees. The Board of Directors may establish committees from time to time making such regulations, as it deems advisable, with respect to the membership, authority and procedures of such committees.

Section 3.13. Compensation. Directors who are not salaried officers of this Cooperative may receive such fixed sum per meeting attended or such fixed annual sum as shall be determined, from time to time, by resolution of the Board of Directors. All directors may receive their expenses, if any, of attendance at meetings of the Board of Directors or any committee thereof. Nothing in these Bylaws shall be construed to preclude any director from serving the Cooperative in any other capacity and receiving proper compensation for the service.

BYLAW 4

Officers and Employees

Section 4.1 Officers. The officers of this Cooperative shall be a Chairperson, a Vice-Chairperson, a Secretary, and a Treasurer, who shall be elected in the manner as provided in Section 4.7 of these Bylaws. The offices of the Secretary and Treasurer may be combined and when so combined shall be termed "Secretary-Treasurer". The clerical work of the secretary and treasurer may be delegated by the Board of Directors. The Chairperson, the Vice-Chairperson, the Secretary, and the Treasurer shall be members of the Board of Directors.

Section 4.2 Chairperson:

- (a) Shall preside at all meetings of the members and the Board of Directors;
- (b) May sign any deeds, mortgages, deeds of trust, notes, bonds, contracts, or other instruments executed on behalf of this Cooperative, except in cases in which the signing and execution thereof shall be expressly delegated by the Board of Directors or by these Bylaws to some other officer or agent of the Cooperative, or shall be required by law to be otherwise signed or executed; and,
- (c) In general, shall perform all duties incident to the office of the Chairperson and such other duties as may be prescribed by the Board of Directors from time to time.

Section 4.3 Vice-Chairperson: In the absence of the Chairperson, or in the event of the inability or refusal to act, the Vice-Chairperson shall perform the duties of the Chairperson, and when so acting, shall have all the powers of and be subject to all of the restrictions upon the Chairperson; provided, however, that in the case of death or resignation of the Chairperson, the Board of Directors may declare the office vacant and elect a successor. The Vice-Chairperson shall also perform such other duties as from time to time may be assigned by the Board of Directors.

Section 4.4 Secretary:

- (a) Shall cause minutes of the meetings of the members, of the Board of Directors, and of any executive committee to be kept;
- (b) See that all notices are duly given in accordance with these Bylaws, or as required by law;
- (c) Supervise custody of the records of the Cooperative;
- (d) Cause a register of the names and post office addresses of all members to be kept; and
- (e) In general, perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned by the Board of Directors.

Section 4.5 Treasurer: The Treasurer shall supervise the custody of all funds, securities and property of the Cooperative. The Treasurer shall cause deposit of all funds in the name of the Cooperative and cause disbursement of the same upon the authority of the Board of Directors. The Treasurer shall perform such other duties as may be prescribed by the Board of Directors.

Section 4.6 Delegation of Responsibilities: Other Officers: Notwithstanding the duties, responsibilities and authorities of the directors and officers provided for in these Bylaws, the Board of Directors by resolution may, except as otherwise limited by law, delegate, wholly or in part, the responsibility and authority for, and the regular and routine administration of, one or more of such officer's duties to one or more agents or other officers of the Cooperative who are not directors.

The Board of Directors shall appoint a general manager who shall manage the affairs of the Cooperative, under the supervision of, and in accordance with the policies of, the Board of Directors. The Board of Directors may elect such other officers from time to time, and in such event shall establish appropriate duties and responsibilities for any such officers.

Section 4.7 Compensation. The officers of the Cooperative shall receive compensation for their services as may be determined, from time to time, by resolution of the Board of Directors.

Section 4.8 Election of Officers: Vacancies. At its Annual Meeting, the Board of Directors shall elect from its number, a Chairperson, a Vice-Chairperson, a Secretary, and a Treasurer. The offices of the Secretary and Treasurer may be held by one person and when so combined, shall be termed, "Secretary-Treasurer". Election for persons to fill any other offices established by the Board of Directors pursuant to Section 4.1 of these Bylaws shall be held at the Annual Meeting of the Board of Directors or at any other meeting of the Board of Directors, provided that notice of such election has been given in the notice of such meeting. The officers shall hold their offices until their successors have been elected and have qualified, except as provided in Section 4.8. Any vacancy in

an office shall be filled by a majority vote of the Board of Directors for the un-expired term of such office.

Section 4.8 Removal of Officers. Any officer may be removed by the Board of Directors, with or without cause, at any meeting called for that purpose. The removal, however, shall be without prejudice to the contract rights of the person to be so removed.

BYLAW 5 Indemnification and Insurance

Section 5.1 Liability of Directors, Officers, and Manager. Directors, officers and the manager (who is the person most responsible for carrying out the policies and directives of the officers or Board of Directors) are immune from civil liability for any act or omission relating to their service or function as a director, officer, or manager, except as otherwise provided in the Cooperative's Articles of Incorporation or required by law.

Section 5.2 Indemnification. This Cooperative shall indemnify each director, officer, manager, or employee of this Cooperative, and any person serving at the request of this Cooperative as a director, officer or manager of another corporation, partnership, joint venture, trust or other enterprise, against expenses, including attorney's fees, judgments, fines and amounts paid in settlements actually and reasonably incurred to the extent to which such officers, directors or managers of the Cooperative may be indemnified under the law of this state.

Section 5.3 Insurance. This Cooperative shall have the power to purchase and maintain insurance on behalf of any person who is or was a director, officer, manager, employee, or agent of this Cooperative, or is or was serving at the request of this Cooperative as a director, officer, manager or agent of another corporation, partnership, joint venture, trust or other enterprise against any liability asserted and incurred in any capacity.

Section 5.4 Bonds of Employees. The Board of Directors may require all officers, agents and employees charged by the Cooperative with the custody of any of its funds or property to be adequately bonded. Such bonds shall be furnished by a bonding company, and the cost thereof shall be paid by the Cooperative.

BYLAW 6 Operations on a Cooperative Basis

This Cooperative shall be operated on a cooperative basis. Each transaction between this Cooperative and each member and patron shall be subject to and shall include as part of its terms and provisions the Articles of Association and the Bylaws of this Cooperative. Upon contracting to market commodities to this Cooperative, each member shall be entitled to the patronage refunds, as described in these Bylaws, that arise out of the patronage transactions with the Cooperative.

BYLAW 7

Calculation on Annual Savings and Distribution of Annual Savings Based on Patronage

Section 7.1 Gross Receipts. All proceeds received by this Cooperative from any source shall be deemed to be “Gross Receipts”. This Cooperative shall account separately for gross receipts from business with or for members and patrons, and for gross receipts from sources other than business with or for members and patrons.

Section 7.2 Deductions from Gross Receipts. For purposes of making the calculations described in this Bylaw 7, this Cooperative shall account separately for deductions from gross receipts from business with or for members and patrons, and for deductions from gross receipts from sources other than business with or for members and patrons. This Cooperative shall deduct the following costs and expenses from its gross receipts from business with or for members and patrons, and from its gross receipts from sources other than business with or for member and patrons, respectively:

- (1) all operating expenses and costs;
- (2) the cost of goods sold;
- (3) the cost of services performed;
- (4) all taxes and all other necessary expenses;
- (5) reasonable and necessary reserves for depreciation, depletion, and obsolescence of physical property, and other valuation reserves, all of which shall be established in accordance with usual and customary accounting practices; and
- (6) all accounts deemed worthless by this Cooperative and actually charged off on the books of the Cooperative.

Section 7.3 Annual Savings. The remaining gross receipts after all deductions, calculated on a fiscal year basis, shall be called “annual savings”, and shall be distributed and paid as provided in these Bylaws. This Cooperative shall account separately for annual savings from business with or for members and patrons, and for annual savings from sources other than business with or for members and patrons. In determining the amount of annual savings, the amounts of gross receipts as defined in Section 7.1 above, and deductions from gross receipts as defined in Section 7.2 above, shall be adjusted so as to include only such amounts as are includable or deductible for federal income tax purposes.

Section 7.4 Allocation of Annual Savings Between Departments and Divisions.

Annual savings from business with or for members and patrons shall be distributed to the members and patrons of this Cooperative on the basis of their patronage with the various departments, divisions of operation, or functions of this Cooperative.

Section 7.5 Capital Reserve. The Board of Directors may annually set aside as a capital reserve a reasonable reserve for any necessary purpose.

Section 7.6 Manner of Distribution of Patronage Refunds. The remaining annual savings, excluding amounts allocated to capital reserves, shall be distributed to members and patrons annually as patronage refunds in cash, stock, or in the form of written notices of allocation (sometimes referred to as “equity credits”), or in any combination thereof on a patronage basis. The written notices of allocation may be qualified or nonqualified, as determined by the Board of Directors, and may be issued in non-certified form. A notice shall be sent to each member and patron showing the amount distributed to the member or patron, including the amount distributed in cash and the amount distributed in capital credits or patronage equities. The notice shall be sent not later than eight and one-half (8 ½) months after the close of the fiscal year.

BYLAW 8 Unit Retentions

Section 8.1 Unit Retain. The Cooperative may require investment in its capital in addition to the investments from retained patronage. These investments shall be direct capital investments from a retain on a per unit basis of the products purchased from its members. The unit retention, if required, shall be made on all products delivered, in the same amount per unit and shall at no time become a part of net annual savings available for patronage. Each member, by continuing to be such, agrees to invest in the capital of this Cooperative as prescribed in this Bylaw 8. Such investments shall be accounted for separately in a unit retention account set up on the books of the Cooperative. Any unit retain, prior to implementation, shall first be approved by the membership.

Section 8.2 Income Tax Treatment and Consent to Take Qualified Per Unit Retains Into Income. The Board of Directors shall have the power to determine whether any unit retain shall be a “qualified per unit retain” or a “non-qualified per unit retain” within the meaning of the Internal Revenue Code. Each person or organization that hereafter applies for and is accepted for membership in this Cooperative and each member of this Cooperative on the effective date of this Bylaw who continues as a member after such date shall, by these acts alone, consent that upon a determination of the Board of Directors that a unit retain authorized by this Bylaw 8 is to constitute a “qualified per unit retain”, the member will take the per unit retain certificate issued to the member in connection therewith into account at its stated dollar amount in the manner provided in 26 U.S.C. 1388(h) and will report such amount in the member’s income tax returns for the taxable year in which the per unit retain certificate is received.

BYLAW 9 Consent

Section 9.1 Consent to Take Patronage Distribution Into Income. Each person or organization that hereafter applies for and is accepted for membership in this Cooperative and each member of this Cooperative on the effective date of this Bylaw who continues as a member after the effective date shall, by these acts alone, consent that the amount of any distributions with respect to patronage which are made in written notices of allocation (as defined in 26 U.S.C. s 1388), and which are received by the member from

this Cooperative, will be taken into account by the member at their stated dollar amounts in the manner provided in 26 U.S.C. s 1385 (a) in the taxable year in which the written notices of allocation are received.

Section 9.2 Consent Notification to Members and Prospective Members. A copy of this Consent Bylaw, and a statement of its significance shall be given to each member, and to prospective members before they become members of this Cooperative.

BYLAW 10

Losses

Section 10.1 Netting of Losses. In the event of a loss in one or more departments or divisions of operation of this Cooperative, but not of such magnitude as to cause an overall loss for the fiscal year of the Cooperative, such loss or losses may be prorated against each of the remaining profitable departments on the basis of their respective percentage of the total net proceeds during such fiscal year.

Section 10.2 Allocation of Net Loss. In the event this Cooperative shall incur a net loss in any fiscal year, the Board of Directors, in its sole discretion, may (a) charge such net loss against any earned surplus or paid-in surplus which is unallocated, or against any unallocated reserve other than valuation reserves; or (b) may recover the amount of such loss from prior or subsequent years' net margins or savings. If such loss exceeds the total of said unallocated earned surplus and unallocated reserves, or in any event, if the Board of Directors so elects, the amount of such loss may be recovered from prior or subsequent years' net margins or savings. In no event shall the Board of Directors have the authority to make any assessment against members or patrons. This selection shall not be construed or administered in such a way as to deprive the Cooperative of the right to carry back or carry forward net operating losses to past or future years, in accordance with the applicable provisions of the Internal Revenue Code or state taxing statutes.

BYLAW 11

Fiscal Year

The fiscal year of this Cooperative shall be determined by the Board of Directors.

BYLAW 12

Amendments

These Bylaws may be amended by the members at the Annual Meeting, or at any Special Meeting for that purpose, if approved by a majority of the votes cast, provided that the notice of any such meeting contains a summary statement of the proposed amendment.

Appendix D

**Membership Agreements –including (1) Prospective Member Letter; (2) Member Application;
(3) Member Commitment Agreement; and (4) Statement of Cooperation**

MEMBERSHIP APPLICATION

Applicant's Statement. I hereby apply for membership in WESTERN MONTANA GROWERS COOPERATIVE and agree to abide by the articles of incorporation and bylaws of the association, now and hereafter in effect, copies of which have been presented to me for inspection. I certify that I am a producer of _____ (product), agree to purchase one annual membership certificate, agree to sign an annual producer commitment agreement, and have met such other qualifications for membership as have been explained to me.

After my membership shall have been in effect for one year from the date of its acceptance by the association, either party may terminate it by notifying the other party in writing of this intention. If neither of the parties to this agreement so notifies the other, annual renewal of membership certificate and producer commitment agreement will not require resubmitting this application form.

Date _____, 20 ____.

Applicant's: Name: _____

Address _____

Telephone Number _____

Social Security or EIN Number _____

Applicant's Signature _____

Acceptance. This certifies that _____ is a member of *Western Montana Growers Cooperative* and is entitled to all of the rights, benefits, and privileges of membership in the association.

Date _____, 20 ____.

Chairperson: _____

Secretary: _____



Western Montana Growers Cooperative

P.O. Box 292

Arlee, MT 59821

Phone: (406) 726-4769

grower@wmgcoop.com

Dear Prospective Member:

Thank you for your interest in healthy food, local economies, and the Western Montana Grower's Co-op. This packet contains our by-laws, Articles of Incorporation, membership application, and commitment form.

Participation in the co-op can be a real benefit to any farmer whose ability to raise food is greater than their ability to sell it. For farmers who already sell all they raise at a farmer's market, or CSA- congratulations, you are already reaching your customers in the most direct way. If you raise or would like to raise, more than your present outlets can use, the co-op offers important possibilities.

Started 10 years ago, our Co-op has grown from a grouping of 5 farmers and sales of \$10,000 to our present membership of 35 and sales of \$715,000. Our distribution network reaches from Missoula to Whitefish, Helena, Butte, Bozeman, Billings, Great Falls, and is centered in Arlee, at the Common Ground farm. We are reaching retail stores, institutions, restaurants, and individuals who come together at central drop points in their communities. It is by joining together that we can provide enough volume and variety of food to enter these many markets.

Members have both rights and responsibilities. A person becomes a member after completing the membership application, an interview, and submitting a payment of \$150 for your first year. Membership dues are adjusted annually based on the farms sales through the Coop. Each member is an owner of the business, with a right to vote, to serve on the board, and to determine the Co-op's future directions. An annual meeting is held each winter, when new board members are elected, the year is reviewed, and general interests are shared.

In addition to the membership fee, the Co-op sells the member's product at a 25% margin. That 25% margin provides the operating funds for the business. We have five employees, and own a refrigerated truck for deliveries, a forklift and cooler space for storage.

The marketing and distribution that the Co-op performs is a cost based service, and any revenue that is generated beyond the operating needs will be returned to you as a member-owner, or put toward infrastructure needs, as members decide by voting.

We go through an extensive planning process each winter through which the needs of our market are identified and the growers decide what they can produce to meet those market needs.

We welcome your interest and participation. This is a business, but it is also an effort to form an effective community of people.

With Best Wishes,

Dave Prather
General Manager

WESTERN MONTANA GROWERS COOPERATIVE
PRODUCER COMMITMENT AGREEMENT

THIS AGREEMENT, made as of this _____ day of _____, 20 ____, by and between _____, herein referred to as “Producer,” and *Western Montana Growers Cooperative*, an agricultural cooperative having an office at Arlee, MT, herein referred to as “Association.”

RECITALS

- A. Association is an agricultural cooperative organized under the laws of the State of Montana.
- B. Producer is a member of the Association who produces
_____.
- C. Producer has purchased one membership certificate and paid to the Association the sum of one hundred fifty dollars (\$150.00) or the amount required based on the previous year’s patronage with the Association. This entitles Producer to all the benefits of membership in the Association for one year as long as Producer complies with the articles of incorporation and bylaws of the Association and the provisions of this agreement.

In consideration of the mutual covenants and obligations contained herein, the parties agree as follows:

Section 1. Sale of Products. Association agrees to sell and distribute and Producer agrees to produce for Association as defined by USDA standards and grown by Producer all products agreed upon from Member Product Commitment Summary Sheet or otherwise confirmed between producer and association.

This agreement is not intended by the parties to pass an absolute title to above units of product grown by Producer between dates specified, and such product shall be at the risk of Producer until delivery to and acceptance by the client.

Section 2. Payment to Producer

Association shall market Producer’s product and Producer shall accept as payment for Producer’s product a set price based on a predetermined averaged price or the current fair market price in the area for the specific product of like grade and quality. The payment option will be agreed upon at the beginning of the marketing season between the Association and the Producer.

Association shall pay the amount due Producer, less deductions authorized in Section 5 of this agreement, not more than 30 days after delivery of the product to Association or Association's prescribed location.

Section 3. Delivery. All product shall be delivered by Producer at Producer's expense at the earliest reasonable time after harvesting, or at such time as called for by Association, to Association's principal place of business or to one of Association's authorized locations as prescribed by Association. The Association will use its best efforts to locate locations within a reasonable distance from Producer's farm.

Section 4. Inspection and Grading. All marketing of products received by Association from Producer shall be based upon USDA Grade 1 or better, and Producer agrees to accept the grading established by USDA. Furthermore, all marketing of products received by Association from Producer shall be based on quality standards established with clients that may have more requirements than the USDA grading standards, and Producer agrees to accept the requirements established by the clients. Association reserves the right to not accept any products that do not meet the standards established by USDA and/or the clients.

Prior to acceptance by Association, all products that require it shall be inspected and graded by the USDA in accordance with USDA standard rules and regulations.

Section 5. Deductions. Association agrees to market for Producer the product set forth in Section 1 and to pay to Producer for said product the price set forth in Section 2, less an amount to be determined annually by the board of directors, in the sole discretion of the board, to meet the general contingencies of the business of the Association including operating and transportation expenses.

Section 6. Liens. Producer shall notify the Association of any lien on any product covered by this agreement. Producer shall obtain permission from the lien holder for Association to market such product and to retain any deductions from the payments to Producer authorized hereunder and under the articles of incorporation and bylaws of the Association. After any such deductions, Producer authorized the Association to apply the balance of the sale proceeds, or so much thereof as necessary, for payment of the lien.

Section 7. Liquidated Damages. The remedy at law would be inadequate and it would be impracticable and difficult to determine the actual damages to the Association should Producer fail to deliver the product covered by this agreement. Therefore, Producer agrees to pay to the Association for all such product delivered or disposed of by Producer, other than in accordance with the terms of this agreement, a sum equal to 100%

of the agreed purchase price of the product that should have been delivered to the Association, as liquidated damages for the breach of this agreement.

Failure to deliver the product committed herein due to ACTS OF GOD shall not constitute a breach of this agreement.

Section 8. Specific Performance. Producer agrees that in the event of a breach or threatened breach by Producer of any provisions of this marketing agreement regarding delivery of product, the Association shall be entitled to a preliminary restraining order and an injunction to prevent breach or further breach hereof and to a decree of specific performance hereof. The parties agree that this is a contract for the sale of personal property under special circumstances and conditions and that the Association may, but shall not be obligated to, go into the open markets and buy product to replace any that Producer may fail to deliver.

Section 9. Legal Costs and Expenses. If the Association brings any action whatsoever by reason of a breach or threatened breach of this agreement, Producer shall pay to the Association all court costs, costs for bonds, travel expenses and all other expenses arising out of or caused by the litigation, including reasonable attorney's fees expended or incurred by Association in such proceedings, and all such costs and expenses shall be included in the judgment.

Section 10. Termination and Renewal. This Agreement shall remain in effect so long as Recitals A, B, and C are met and a Member Product Commitment Summary Sheet or other product agreement is submitted annually. After this agreement has been in effect for one year from the date of execution, either party may choose to terminate the agreement for any reason.

Section 11. Nonconforming Agreements. Association may enter into agreements with other growers differing in terms from those contained herein, consistent with the bylaws of the Association, without invalidating this agreement, provided that Producer at Producer's request may sign a similar agreement as a substitute for this agreement.

Section 12. No Contrary Agreements. Producer warrants that Producer has not contracted to sell, market, consign, or deliver and will not contract to sell, market, consign, or deliver any product during the term of this agreement to any person, firm or corporation, contrary to this agreement.

Section 13. Forfeiture of Membership. Violation of this agreement in any material respect by Producer shall be grounds for the board of directors to terminate Producer's membership in the Association.

Section 14. Articles and Bylaws. Producer agrees to conform to and observe the articles of incorporation and bylaws of the Association now in force and as they may be amended hereafter.

Section 15. Entire Agreement. It is agreed that the articles of incorporation and the bylaws of the Association, now or hereafter in effect, and this marketing agreement constitute the entire agreement between the Association and Producer, and that there are no oral or other conditions, promises, covenants, representations, or inducements in addition to, or at variance with, any terms of this agreement.

Section 16. Governing Law. This agreement shall be governed by the laws of the State of Montana.

IN WITNESS WHEREOF, these parties have executed this agreement as of the day, month and year first above written:

Producer _____

Cooperative Chairperson _____

ATTEST:

Cooperative Secretary _____

Western Montana Growers Cooperative Statement of Cooperation

The Western Montana Growers Cooperative (WMGC) is a union of growers and producers that choose to work together to market their products in western Montana. Together, our growers are better able to increase distribution efficiency, scalability, and marketing power. The goals of WMGC are: to provide fresh, sustainably-produced farm products to our region; to access new and diverse marketing outlets for our members; and to receive a fair price for our products.

1. Members of WMGC agree not to market or sell their products either directly to Co-op customers or indirectly to distributors who compete with the Co-op by selling to Co-op customers. WMGC members agree not to sell to other producer co-ops. WMGC members who sell through the Co-op CSA agree not to operate private CSA's.

Exceptions to this agreement:

a). Members may maintain direct accounts with Co-op customers provided said accounts were established prior to their becoming Co-op members. These accounts need to be documented and submitted to the board of directors prior to being approved for membership to WMGC. An established account is defined as having sold a specific product to a customer multiple times per season on a regular basis.

b). Members may conduct direct business with Co-op customers by special arrangement with the Co-op manager or assistant manager provided it is approved of by the board of directors.

2. Members of WMGC may sell directly to businesses with which the Co-op does not currently have accounts. Members agree to disclose those business relationships on a separate disclosure form at the time they submit their commitment forms. The disclosure form will document farmers' markets attended, current CSA business, and other direct accounts including specific crops or products sold. This information will be used to better coordinate crop commitments and potential business collaboration between individual members and the Co-op, and will be made available solely to Co-op staff, unless the staff should deem it necessary to bring a potential conflict of interest to the attention of the board.
3. If there is a question of non-compliance with this agreement, a Co-op staff member or member of the board of directors will meet with the individual member to discuss the issue. The member will be informed of the manner in which they are non-compliant, and the staff or board member will work with them to define what needs to be corrected and a timeframe in which this needs to be accomplished. If an agreement cannot be reached the matter will be referred to the board. This process will be documented in a written correction agreement which is signed by both the staff or board member and the Co-op member. If the non-compliance issue is jeopardizing the Co-op, or a correction agreement is not executed, the board will issue a Disciplinary Letter, or a Discharge Letter.

A Disciplinary Letter will:

Clearly state how the member is in non-compliance, how the non-compliance can be corrected, a timeframe in which the non-compliance items must be corrected, and the consequences for not correcting the non-compliance items within the timeframe stated. These consequences will be determined by the staff and board and may include loss of crop commitments, or a higher margin charged for using Co-op services while operating in direct competition with the Co-op.

A Discharge Letter will:

Clearly state the reasons that the member is being discharged from the Co-op, reference the relevant policy, and provide a detailed description of the member's appeal rights.

The purpose of this policy is to help our membership more efficiently meet our common goals. It is intended solely for the future good of our Co-op, to ensure that we work together in cooperation to help WMGC become a thriving, dependable, sustainable business for all of its members.

I _____ (name) and all representatives of our business,
_____ (business name), agree to abide by the Western
Montana Growers Cooperative Statement of Cooperation Policy. I understand that the purpose of
this policy is to create an agreed-upon expectation for doing business as a member of the Western
Montana Growers Cooperative. I understand that a breach of this policy is grounds for dismissal
as a member of the Western Montana Growers Cooperative.

Appendix E

Interview Guide with Producer-Members

Producer Interview Guide

Before Interview

Check Tape

Name:

Farm Name:

Date:

Name of Interviewee:

Introduction: Thank you for agreeing to participate in this interview. As I think you know, I am working with a team of researchers from the University of Montana to learn how the Western Montana Growers' Co-op is functioning within our regional food economy. We are especially interested in learning more about the perspectives of co-op members. So, we have some questions for you about your experiences as a member of the co-op, what it involves for you, and other things like that.

Before we get started, I want to let you know that your identity as a participant in this study will remain confidential. Your name will not be specifically associated with any data in any presentations or written reports. In other words, I want you to feel free to share your opinions with us.

Once we have finished interviewing and have compiled all of our research, we will present the research at a time that is best for those involved in the Co-Op. So, if you're interested, we hope you'll watch for announcements.

If it is OK with you, I would like to record the interview. Taping ensures that your views are accurately recorded and allows me to really listen to you instead of scribbling notes the whole time.

Is that OK with you? **IF YES, TURN ON RECORDER.**

To start us off, I'd just like to get a better sense of your operation.

1. First, please tell me a little about your farm and what you produce.
2. Approximately what percent of your annual sales go to the Co-op?
3. How else do you market what you produce?

Now let's talk about what being a member of the co-op means to you.

4. When you think about the financial success of your farming business, overall, which of the following best describes how important being part of the co-op is to you:
Critically important, very important, somewhat important, not very important, not at all.
Please explain why you chose the answer you did (**PROBE for depth**).

5. We've talked a little about the financial aspects of being a co-op member. Are there other benefits of membership?

PROBE: Are there any other benefits of being a member that you haven't already mentioned?

6. As a member of the Co-op, what challenges have you experienced?

PROBE: Have there been any other challenges?

Now, let's talk a little about the governance of the co-op.

7. How well do you feel the board communicates w/ co-op members?

8. Do you regularly participate in the co-op annual meeting?

9. Do you think that the co-op needs to grow or expand? Why or Why Not?

PROBE: What do you think are the most important steps in helping the co-op grow?

10. Would you be willing to increase production to accommodate greater demand as a result of the co-op continuing to grow? Why or why not?

11. Are there opportunities or services you wish the co-op would offer its producer members that it does not currently offer?

PROBE: Any other ideas?

12. To what extent do you feel invested in the co-op's success as a cooperative business and committed to supporting it into the future?

PROBE: Could you say more about that?

13. Stepping back now from your own experience with the co-op, what do you think the role of the WMGC is in our local and regional food system?

PROBE: Would you say that its role is critically important, very important, somewhat important, or not very important?

14. Try to think about the future and imagine the co-op in 5 years. What would you like it to look like?

Thank you for all of your thoughtful responses. Is there anything else you think we should know or that we haven't already discussed?

Thank you again so much for your time and willingness to talk with us. We will keep you posted as we move forward with our research and determine when and where we end up sharing our findings.

Appendix F

Community Supported Agriculture (CSA) Survey Instrument and Tabulations

Western Montana Growers Cooperative CSA Survey 2012

The Western Montana Growers Cooperative appreciates your participation in the CSA this summer. To serve our CSA customers better, researchers at the University of Montana are conducting a study to learn more about your perspective. **We would appreciate you taking a few minutes to complete this brief questionnaire.**

Responses will also contribute to a University of Montana study of the role of this cooperative in the local food system. If you cannot complete this survey at this drop point, please return it in the postage-paid envelope we gave you by **November 5th** so we can still hear your feedback. Thank you for your time!

- 1. Where do you pick up your share?** St. Ignatius St. Pat's (Missoula) Polson
 Trailhead (Missoula) University area Ronan Arlee Charlo Bitterroot Valley

- 2. How many years have you belonged to the Western Montana Growers Co-op CSA?**
 1 2 3 4 5

- 3. Please indicate how important the following are to you as a CSA member.**

	Very Important	Somewhat Important	Not Important	Don't know
a. I know the people who grow the vegetables I eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The vegetables I feed my children are healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The vegetables are extremely fresh.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am supporting local farming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The vegetables taste so good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am doing something that is good for my own health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am contributing to environmentally friendly agriculture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am able to order extra items online (eggs, meat, cheese).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Please be sure to fill out the back side****

4. Think about your experience of belonging to the Western Montana Growers Coop CSA. Please indicate the degree to which each of the following is true for you.

	Very True	Somewhat True	Not True	Don't know
a. The CSA shares were a good value for my money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have learned how to prepare and eat new vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am happy with the variety of produce provided throughout the season.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The length of the season was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The CSA coordinator was responsive to my concerns and questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The drop point was convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have learned how to prepare and eat new vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I have learned that more vegetables can be grown in our area than I have realized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I enjoy eating vegetables more than I used to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My desire for high quality vegetables has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My awareness of and attention to the larger food system has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I feel a sense of trust in the co-op and the food I get from it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I feel that I am supporting my local economy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a short response to the following questions:

5. My CSA share fed: 1-2 3-4 5-6 6-7 7+ people.

6. Did the quantity of the produce meet your weekly produce needs? Or did you need to visit a grocery store for supplemental items?

7. What items would you like to see more of?

A. _____ B. _____ C. _____

8. What items would you like to see less of?

A. _____ B. _____ C. _____

9. Are you interested in being a customer next year?

Yes No Why or why not? _____

10. Your age: _____

11. Are you: Female Male

12. What level of schooling have you completed?

Less than high school High school College Graduate degree

13. Would you like more information available on:

- The farmers who grow for the CSA
- the Western Montana Growers Cooperative
- other local food issues, such as:

Thank you for filling out this survey!

If mailing the survey, please return it by November 5 to:

**Kim Gilchrist
Environmental Studies Department
University of Montana
Ranking Hall
Missoula, MT 59812**

For any questions, call Neva Hassanein at 243-6271.

Western Montana Growers Cooperative CSA Survey 2012

Kim Gilchrist, Arza Hammond, Morgen Hartford, Katie LeBlanc, Rachel Mockler
University of Montana

The survey was administered at the end of the 2012 CSA season. The following presents simple tabulations of the results. These tabulations are based on 112 completed surveys (overall response rate was 74%). The **N** column indicates the number of people who gave each response to a given item, and the **%** column indicates the corresponding percentage of people who gave that response (based on the total number of people giving valid responses to the item, and thus omitting people who skipped the item or answered 'don't know' or 'not applicable'.)

	<u>N</u>	<u>%</u>
1. Pickup location:		
St. Ignatius	3	2.9 %
St. Patrick's Hospital	40	38.1%
Polson	14	13.3%
Missoula – Trailhead	13	12.4
Missoula – Univ. Area	13	12.4%
Ronan	4	3.8%
Charlo	3	2.9%
Bitterroot Valley	3	2.9%
Helena	12	11.4%
2. Number of people fed with CSA share:		
1-2	50	46.3%
3-4	44	40.7%
5-6	12	11.1%
6-7	2	1.9%
3. Years have belonged to CSA:		
1	73	67.0%
2	19	17.4%
3	12	11.0%
4	2	1.8%
5	3	2.8%
4. Age of member:		
20-29	8	7.8%
30-39	43	41.2%
40-49	18	17.2%
50-59	15	14.5%
60-69	18	17.5%

5. Gender:

Female	88	83.0%
Male	18	17.0%

6. Highest Level of Education:

High school	10	9.3%
College	52	48.1%
Graduate	46	42.6%

7. HOW IMPORTANT IS EACH OF THE FOLLOWING TO YOU? (Response options were: Not important Somewhat important Very important)

	# of Respondents			% of Respondents		
	Not	Some- What	Very	Not	Some- what	Very
The vegetables are extremely fresh.	0	7	104	0	6.3	93.7
I am supporting local farming.	0	9	102	0	8.1	91.9
The vegetables taste so good.	0	12	99	0	10.8	89.2
I am doing something that is good for my own health.	0	13	98	0	11.7	88.3
The vegetables I feed my children are organic	3	8	90	2.9	7.7	86.5
I am contributing to environmentally friendly agriculture.	1	13	96	0.9	11.7	86.5
The CSA shares were a good value for my money.	1	57	47	0.9	52.8	43.5
I know the people who grow the vegetables I eat.	20	46	43	18.0	41.4	37.8
I am able to order extra items online (eggs, meat, cheese).	37	42	26	33.3	37.8	23.4

8. HOW TRUE IS EACH OF THE FOLLOWING FOR YOU: (Response options were: Not true Somewhat true Very true and Don't Know [DK])

	<u>N</u>				<u>%</u>		
	Not	Some -what	Very		Not	Some- what	Very
The CSA coordinator was responsive to my concerns and questions	0	5	93		0	4.7	87.7
The length of the season was appropriate.	0	19	91		0	17.3	82.7
The drop point was convenient for me.	7	12	91		6.4	10.9	82.7
I feel a sense of trust in the co-op and the food I get from it.	0	29	80		0	26.6	73.4
I am happy with the variety of produce provided throughout the season.	4	41	61		3.8	38.7	57.5
I have learned how to prepare and eat new vegetables.	9	38	63		8.2	34.5	57.3
My desire for high quality vegetables has increased.	12	35	62		11.0	32.1	56.9
I have learned that more vegetables can be grown in our area than I have realized.	16	40	50		15.1	37.7	47.2
My awareness of and attention to the larger food system has increased.	15	45	49		13.8	41.3	45.0
I enjoy eating more vegetables more than I used to.	31	34	45		28.2	30.9	40.9

9. Interested in purchasing a share next year?

	<u># Respondents</u>	<u>% Respondents</u>
Yes	88	93.6%
No	6	6.4%

Appendix G

Interview Guide for Wholesale and Institutional Buyers

Buyers Interview Guide

Rachel, Kim, Arza, Katie, Morgen

Instructions to interviewer:

Introduction. Thank you for agreeing to participate in this interview. I'm part of a research team studying the Western Montana Growers Cooperative.

We will present our research to the Grower's Cooperative this winter and we will provide a copy of our report to all of our participants as well.

If it is OK with you, I would like to record this interview. This assures that your views are accurately recorded.

Is that OK with you? IF YES, BEGIN RECORDING.

Relationships. I would like to begin by talking about your relationship with the cooperative.

1) How long have you been buying product from the co-op?

Probe: How did this relationship begin?

Who contacted who?

Tell me more, how did that first interaction go?

2) What factors influence your purchasing decisions regarding buying?

Probe: Do you think that providing local food from the grower's co-op attracts more customers to your store? Why or why not?

Buyer Experiences Now I would like to discuss your experiences buying from the co-op.

3) Walk me through the ordering and delivery process for your store.

Probe: How does this process work for you?

4) Do you consistently have access to the quantity of product that you want?

Follow-up: How does it affect your business when you can't order what you want?

5) How does the quality of the co-op's products compare to products from your other distributors?

Follow-up: Given the quality, are you satisfied with the prices you pay for these products?

6) Do you process any of the products that you purchase from the co-op?

Probe: Would you buy (more) processed goods from them if they were available?

7) Are there any products you'd like to purchase from the co-op but are unable to?

Follow-up: Would would need to happen for you to start purchasing these from WMGC?

8) I understand that WMGC meets with their customers during the winter. How helpful are these meetings from your perspective?

Probe: Are there ways these meetings could be more helpful?

Marketing. Now let's discuss marketing strategies for the Co-op products.

9) What is your perspective on how the co-op markets itself?

Follow-up: What suggestions do you have for the co-op when it comes to marketing?

10) What kinds of display materials does the co-op provide you with for use at point-of-purchase in the store, if any?

Probe: Are these materials adequate?

Follow-up: Do you use any of your own materials to advertise the co-op?

11) We understand that the co-op typically provides products that are either certified organic, carry the Homegrown (local) label, or both. Please tell us a little how this affects you as a customer.

Follow-up: Do you think organic has meaning in your marketplace?

Follow-up: Similarly, do you think Homegrown has meaning to your customers and in your market?

Probe: Would you like to see more of a Homegrown presence?

Benefits and challenges. I would like to finish by discussing some of the benefits and challenges you see in working with the co-op.

12) Are there any challenges you have experienced that we haven't talked about already?

Probe: What could they do better?

13) What are the benefits you have experienced from buying from the co-op?

Probe: Are there any unexpected benefits? What are they?

14) What do you like most about working with them?

Thank you for your time today. I will be in touch to let you know when to expect the final results of our report.

Appendix H

Co-op Curtsey

Based on his observations, student researcher, Taylor Lyon, composed this song. He played guitar and sang it for our research team at our final group gathering.

Co-op Curtsey

Composed by Taylor Lyon December 2012

1st verse:

G C G
Well it's 6 am and I'm gone again off to make my pay

D
Got a boss to please and a load to haul got me some bills to pay

G C
And I got some pride that I just caint hide that I wear all over my face

G D G
And I do what I do because I want to thats the WMGC way

2nd verse:

We're a little renegade a little out of the way a little scrappy but that's just fine
Cause we pick it fresh and we pick the best and get it to you on time
Well our labels suck and fork lift too and our boxes just get in the way
Oh but we don't mind cause our golden goose is that good ole CSA

Chorus

3rd verse:

Well we got a friend who lends a helping hand to help us down the road
On an east bound truck with some empty space he helps us carry our load
And a philanthropist who shacks us up and gives us pretty cheap rent
So the money comin in is money in the bank instead of money spent

Chorus/4th verse

Chorus:

D C G D C G

Hats off to you for all that you do

D C

Well yer food taste great and your service is fine

D C

When you gonna start selling whiskey and wine?

D C G

Hats off to you!



**Joint Written Testimony of El Pasoans Fighting Hunger Food Bank and DoorDash
Before the Committee on Rules, U.S. House of Representatives
Ending Hunger in America: Food Insecurity in Rural America**

Dear Chairman McGovern, Ranking Member Cole, and Members of the House Rules Committee:

Thank you for the opportunity to submit testimony on the critical issue of ending hunger in America. Our testimony details the innovative partnership between El Pasoans Fighting Hunger and DoorDash that is powering home food delivery for those in need in the Texas borderland and the important role that local delivery can play in ensuring that no one in our country goes hungry.

El Pasoans Fighting Hunger (EPFH) is El Paso's only food bank and a member of Feeding America, the nation's largest hunger relief network. EPFH's mission is to combat the hunger crisis in our region by strategically procuring and distributing nutritious food through community partners. The food bank is the distribution center for over 132 partner pantries across the borderland region and collaborative hub for hunger initiatives that assists in SNAP applications and nutrition education. EPFH also distributes healthy and nutritious food to 543 client choice mobile pantries, which provide food to underserved/unserved communities.

EPFH currently serves an estimated 200,000 food insecure people. And, in 2020, the food bank distributed 139.7 million pounds of food -- which represents a 400% increase in food distributed from the previous year and makes EPFH the third-largest food bank in the nation in terms of distribution despite being the youngest food bank in the country.

DoorDash is a technology company that connects consumers with their favorite local and national businesses in more than 7,000 cities across the United States, Canada, Australia and Japan. Launched by DoorDash in 2018, Project DASH uses the DoorDash local delivery platform to tackle issues like food access and food waste. Project DASH enables government and nonprofit partners to request pickup and delivery fulfilled by Dashers -- the couriers who use the platform -- to food insecure families and other clients in the community. To date, Project DASH has fulfilled more than one million deliveries in over 900 localities across the U.S. and Canada, with approximately 85% of deliveries being made in communities of color. We estimate that these deliveries equate to more than 21 million individual meals for those in need.

Project DASH is DoorDash's signature social impact program. The company has dedicated a team of five full-time operators to manage and expand the program, who partner closely with cross-functional teams focused on external partnerships, product, delivery quality and communications. DoorDash is proud to have contributed more than \$4 million in in-kind deliveries through Project DASH to date.

Our Partnership to Serve Neighbors in Need Throughout the Borderland

The COVID-19 pandemic drastically increased the need for food assistance in the Texas borderland and across the country. In addition to the growing need, the unique challenges of the pandemic required El Pasoans Fighting Hunger and other food banks to find ways to safely get meals and other essentials to clients who are highly-vulnerable, ill, or in quarantine due to a COVID-19 exposure. The partnership between EPFH and Project DASH -- which began piloting deliveries in March 2021 as part of the food bank's home delivery program -- was the innovative solution that met these challenges.

Since launching, Dashers have fulfilled over 50,000 deliveries, providing approximately 750,000 meals to vulnerable community members, including seniors, individuals with disabilities, and veterans. The partnership has served up to 2,100 food bank households during some weeks.

Our Vision: Local Delivery As A Tool To End Hunger

While the partnership between El Pasoans Fighting Hunger and Project DASH has allowed the food bank to respond to the immediate needs of the COVID-19 pandemic, it has also demonstrated that local delivery is a transformational tool in the fight to end hunger. Delivery can address many of the barriers to access faced by vulnerable families -- including barriers that were present before the pandemic and will persist after the pandemic recedes -- while simultaneously enhancing client convenience and food bank operations.

Breaking Down Barriers to Access

In absence of local delivery, those in need are often required to travel to a food bank or food pantry to obtain food assistance. This means that lack of reliable transportation, a disability, or scheduling challenges created by work or childcare commitments can become insurmountable barriers to access for many families. Local delivery takes these barriers out of the equation by ensuring that food travels to families in need -- not the other way around.

As an example of the impact that this partnership has had for EPFH clients, we would like to tell you a little about Martina: Martina is in her late sixties and lives in a rural town located on the U.S.-Mexico border. When she reached out to EPFH, she shared that she had recently lost her husband, which significantly impacted her financially. She was also recovering from a set of knee surgeries. Martina didn't know how she would be able to get food because of the financial hardship she was experiencing coupled with her age and lack of mobility. She worried she might go hungry. Martina asked food bank staff if there was any service that could help her get food without requiring her to leave home. EPFH signed her up in the food bank's home delivery program powered by the partnership with Project DASH. She now receives food assistance in a way that accommodates her circumstance, including her limited mobility.

Even after the pandemic is over, the barriers that clients like Martina face will remain and, as a result, the need for local delivery services will continue.

Enhancing Client Convenience and Dignity

Local delivery facilitated by the partnership not only addresses barriers but also improves the client experience. Many Americans now order groceries or food for home delivery. A struggling family should not be precluded from having that convenience merely because of where the food is coming from -- in fact, families facing the challenges of economic hardship and hunger need the convenience more than anyone else. By better aligning the client experience with how other families receive their food, home delivery also reduces the likelihood that clients will endure the unfortunate stigma that many feel when accessing food assistance and other social programs.

Driving Efficiencies in Operations and Service

The partnership between EPFH and Project DASH has made facilitating home delivery to clients simple. Once EPFH identifies a client in need, the food bank can use DoorDash's existing local delivery network to easily schedule delivery of food to the client's home the same way that many restaurants or other merchants use the platform to connect with their customers. Deliveries are then fulfilled by DoorDash's community of Dashers, who are compensated for each delivery they make. Because of this partnership, there is no need for EPFH to have its own delivery vehicles or dedicate staff time to delivery services -- this drives operational efficiencies and allows EPFH to focus more resources on client assistance, food procurement, and other important services that advance its core mission.

A Policy Landscape to Support Local Delivery

Local delivery is an innovative solution to end hunger, but one that needs to be accompanied by the right public policies. We hope that any legislative or regulatory package following the work of this Committee or the proposed White House Conference on Hunger, Food, and Nutrition will acknowledge the power of local delivery and provide a policy landscape that empowers food banks to scale home delivery service to meet the needs in their community.

Ensuring That Our Nation's Food Banks Have Adequate Resources

Local delivery, like any other service, requires food banks and food pantries to be sufficiently resourced. Recognizing the sudden, heightened need during the pandemic, increased government aid was made available to ensure that food banks could continue to serve their clients. Food banks were able to expand their capacity through robust funding for services, hiring additional staff, and the surge in volunteerism. Now, EPFH and food banks across the country face substantial decreases in both funding and personnel. For EPFH, declining resources has meant evaluating whether to close as many as three of its five primary food pantries, end its homeless feeding program, and reduce its home delivery program by 50%.

In order to do their part in closing the meal gap and ending hunger, food banks need robust resources from the public and private sector. Increased aid during the pandemic demonstrated what was possible: standing up innovative models to reach vulnerable families -- like the partnership between EPFH and Project DASH -- and meeting unprecedented levels of need. Continued, increased funding will help food banks hire or retain essential staff, make infrastructure investments, conduct client outreach, and establish and enhance programs like local delivery that can ensure that every family has access to the food they need. Robust resources are particularly important in order to expand services to meet the food and nutrition needs of those in rural, hard-to-reach communities.

Further Assess the Power of Local Delivery Through Demonstration Pilots

Local delivery should be considered as Congress weighs authorizing and funding demonstration pilots to evaluate the potential of alternative approaches to food assistance. Doing so would provide opportunities for new food banks to initiate local delivery for their clients and for food banks to expand the scope of existing delivery programs to new populations or new communities. Demonstration pilots would also allow the federal government to better evaluate the positive impact of local delivery on food insecure families and how delivery could be implemented as part of a national anti-hunger strategy.

* * *

We can end hunger in America, but it will require innovative solutions in order to ensure that food reaches those most in need. The partnership between El Pasoans Fighting Hunger and Project DASH to serve struggling families in the Texas borderland has demonstrated the power of local delivery in overcoming some of the steepest barriers to food access. As Congress and the Administration look for solutions to this critical issue, we encourage consideration of the role local delivery can play.

Thank you for the opportunity to submit this written testimony. El Pasoans Fighting Hunger and DoorDash stand ready to work with the Committee, find solutions, and push for action during this truly all-hands-on-deck moment to end hunger.

December 8, 2022

The Honorable James McGovern
Chairman
House Committee on Rules
H-312 The Capitol
Washington, D.C. 20515

The Honorable Tom Cole
Ranking Member
House Committee on Rules
H-152 The Capitol
Washington, D.C. 20515

RE: National Grocers Association Statement for the Record
Ending Hunger in America: Food Insecurity in Rural America

The National Grocers Association (NGA) is the voice in Washington, D.C. for America's 21,500 independent community grocers and the wholesalers that service them. Independent grocers account for 33 percent of all grocery sales and more than 1 million American jobs. Our members are at the heart of local communities throughout the country and play an important role in feeding our nation. NGA thanks Chairman McGovern, Ranking Member Cole, and Members of the House Committee on Rules for giving much needed attention to the issue of food insecurity in America.

From the customers they see each day to the local producers who fill their shelves, the country's independent grocers offer insights into Main Streets and towns that are truly unique. Independents play an outsized role in food access for rural communities across the country; our member retailers serve as one of the few options for families to access fresh fruits and vegetables and other grocery staples. According to the USDA Economic Research Service, rural areas – including areas with a higher share of low-income households – tend to have more independent food retailers and fewer chain stores.¹ The same study found that stores with a higher share of Supplement Nutrition Assistance Program (SNAP) redemptions are more likely to be independently owned.² Furthermore, rural Americans are disproportionately represented in nationwide food insecurity statistics. According to Feeding America, sixty-three percent of counties in the United States are composed of rural communities, and yet these communities represent nearly eighty-seven percent of the counties with the highest rates of overall food

¹ <https://www.ers.usda.gov/webdocs/publications/85783/err-240.pdf>

² Id.

insecurity.³ Taken together, the data illustrates the crucial role independent grocers play in providing food access to rural populations who face some of the greatest challenges to addressing food insecurity nationwide.

The Covid-19 pandemic and the current supply chain crisis has brought into focus the tenuous situation that many community grocers face in today's climate. Our members who serve rural communities are not only having difficulties keeping their shelves stocked but are struggling to stay open in the face of ever-growing pressures from national big-box and dollar store chains who use anticompetitive practices to drive local grocers out of business.

While shortages and limited availability of critical inputs and food supplies affects everyone, the impact of these shortages are felt disproportionately by independent grocers and the rural communities they serve. Inconsistent distribution and apparent shortages of consumer goods has made it more difficult for customers of independent grocery stores to obtain high-demand products because our members compete against dominant players with immense economic power that can wield tremendous influence over their suppliers.

In addition to supply inequities, independent grocers are experiencing unprecedented levels of price discrimination. Our largest competitors use their influence to maintain favorable wholesale pricing as independents experience a retreat of promotional trade spending, a critical marketing tool that allows independent grocers to compete on price.

The effect of these supply and pricing issues is that independents simply cannot compete on a level playing field. If independent grocers are unable to stock necessary food staples, or cannot remain competitive on price, the rural communities they once served will take their business to a dollar store or big-box chain. Unfortunately, however, these national retailers are either farther away from the communities who need them most, or simply do not offer the level of produce and other fresh food items that are necessary to maintain a nutritious diet. Rural and low-income consumers are already forced to travel longer distances to find the products they need, but if their community grocer goes out of business, that 10-to-20-mile trip to the grocery store now becomes a 30-to-50-mile excursion to a big box retailer or dollar store.

Independent grocers and their rural customers are also bearing the greater burden of food price inflation. Historically, dominant chains have been able to resist inflationary cost increases thanks to their uneven bargaining leverage over suppliers. As a result, suppliers are forced to impose higher costs onto their smaller retail customers who have less clout in the market. In turn, independents are forced to raise their prices to stay profitable, hastening the likelihood of their

³ <https://www.feedingamerica.org/hunger-in-america/rural-hunger-facts>

community choosing to travel farther to a national competitor. In severe access-deprived areas, rural consumers who lack grocery alternatives – or means of transportation – are forced to stretch their food budgets even further as inflationary pressures and higher prices mean less food on the table.

There are various factors that are making it difficult for independent grocers to stay in business and continue serving rural communities. As a result, it is these low-income and low-access populations who suffer the most. But the impact of a rural independent grocery store closure is not just felt in terms of food access. In many small towns, the local grocery store supports the community as a major employer and through various other outreach initiatives. Whether serving as a partner to help eligible beneficiaries apply and access information on nutrition programs or donating to local food banks and spearheading food drives, independents serve as a bulwark of community resilience in the best and worst of times. When local grocery stores disappear from Main Streets in rural communities, it affects far more than just the customers who can no longer buy food there.

Antitrust laws that prohibit exclusionary conduct and price discrimination have not been enforced by regulators in a generation. It is nearly impossible for aggrieved private parties to bring cases in court because the burden of proof is all but impossible to overcome. Therefore, dominant firms can use their size and influence to tilt the playing field in their favor without fear of consequence.

Antitrust regulators have the power to deter harmful anticompetitive conduct by enforcing antitrust laws like Section 2 of the Sherman Act and the Robinson-Patman Act. Agencies must be funded by Congress with the resources necessary to police anticompetitive conduct in the grocery sector. Additionally, Congress should consider updating the antitrust laws to reflect the modern competitive landscape in the grocery industry.

As Congress considers antitrust enforcement in Big Tech, Americans' food supply should be part of that conversation. What we cook is at least as important as what we click. The laws written to prevent this conduct can no longer be ignored and must be enforced to protect local stores, consumer access, and Americans' health.

With a level playing field, independent stores can stay open, and customers can choose where to buy their groceries. Families living in rural and urban areas can have the reliable access to staples they need in good times and bad. A vibrant marketplace – where small, medium, and big businesses compete to offer better prices, higher quality, and more locations – benefits all Americans.

Rural Grocery Stores are Key to Supporting Rural Community Health

**Statement of
Rial Carver
Program Leader and Extension Specialist
Rural Grocery Initiative**

December 8, 2021

Rural grocery stores are vital to rural communities

Across the country, rural communities face a multitude of challenges: declining and aging population, school consolidation, poor access to healthcare and broadband, and the list goes on.¹ Among those challenges is the all-too familiar story when a rural, independent grocery store shuts its doors the community loses out on yet another essential resource.²

In 2007, the Center for Engagement and Community Development at Kansas State University was founded to connect Kansas residents with resources generated by the university. A series of listening sessions were conducted to identify the critical needs of Kansans, and one theme that arose was a deep concern for the viability of their community's grocery store. As a result, the Rural Grocery Initiative was founded with the mission of sustaining locally-owned rural grocery stores in order to enhance community vitality and improve access to healthy foods by identifying, developing, and sharing resources that support grocers and rural communities.

Rural grocery stores provide key benefits

The vitality of a rural community is directly linked to the viability of its local grocery store. Rural grocery stores play three key roles in their communities: they boost local economies, they support community health, and they promote community vibrancy.

Economic Development

A survey of rural grocery stores in Kansas communities of 2,500 people and below showed that, on average, the rural grocery store contributes \$644,000 to the local economy annually.³ This stems from the rural grocery store's contribution to the local tax base in sales and property tax dollars.⁴ The average rural grocery store's payroll includes 17 employees, comprised of a mixture of full and part-time positions.⁵ Rural grocers compliment other businesses in the town: they are top customers of the local water and electric utility, and when a grocery store closes, other local businesses are negatively affected.⁶ Additionally, independent businesses, including rural grocery stores, return more than three times as much money per dollar of sales to the community as compared to their chain competitors. The independent retailer's greater impact on the local community can be attributed to local employment, purchasing items locally for sale at the store, contracting services from local companies, and donating to community causes.⁷

¹ Dornauer and Bryce, "Too Many Rural Americans Are Living In the Digital Dark. The Problem Demands A New Deal Solution"; Warshaw, "Health Disparities Affect Millions in Rural U.S. Communities"; Pew Research Center, "Similarities and Differences between Urban, Suburban and Rural Communities in America."

² Keen, "Small Towns Try to Save Vital Grocery Stores"; Noori Farzan, "When a Deep Red Town's Only Grocery Closed, City Hall Opened Its Own Store. Just Don't Call It 'Socialism.'"; Young, "When Grocery Stores Close, Rural Food Deserts Turn To City-Owned Cooperatives."

³ Miller, "The Economic Contribution of Rural Grocery Stores in Kansas."

⁴ National Grocers Association, "Grocers Impact America."

⁵ Clark, Tsoodle, and Kahl, "Rural Grocery Sustainability Project Owner Survey."

⁶ Keen, "Small Towns Try to Save Vital Grocery Stores."

⁷ American Independent Business Alliance, "The Local Multiplier Effect."

Community Health

Rural grocery stores play a critical role in their community's health. Rural communities experience higher rates of obesity and other chronic diseases, and research shows that improving access to retail outlets with healthy food options is an effective strategy for combatting chronic disease.⁸ Rural grocery stores also provide a greater variety of healthy foods at lower cost than their convenience store counterparts.⁹ Additionally, rural grocery stores offer access points for federally funded nutrition programs like the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC) as well as nutrition incentive programs that double SNAP dollars for eligible recipients.¹⁰

Cultural Vibrancy

Rural grocery stores are anchor institutions. They serve as community hubs and places where social capital is built.¹¹ The presence of a rural grocery store can be a critical factor in quality of life for a community and in resident retention and recruitment.¹²

The grocery industry is tough and it's even tougher for independent and rural grocers

Nationally, the grocery industry sees profit margins between 1% and 3%.¹³ For every \$100 in sales, a grocer is lucky to hold on to \$3 after covering inventory and operational costs like utilities and staffing. In addition to low profit margins, the grocery industry has continued to consolidate over the past three decades. The independent grocer has lost more and more of its share in the grocery industry, making it harder to compete. With their purchasing power, big box retailers are able to negotiate huge discounts and favorable terms from suppliers. As a result, customers are drawn to lower prices offered by chain competitors and away from rural and independent grocery stores. Single location stores, a category of store commonly found in rural areas, have lower average sales than chain stores.¹⁴

Operating costs are also difficult to control for rural grocers, as many stores are located in aging buildings. According to the latest Kansas Rural Grocery Survey, conducted by the Rural Grocery Initiative, 78% of rural grocery stores are located in buildings that are more than 30 years old and the majority of equipment and infrastructure in these buildings (refrigeration and HVAC) are over ten years old.¹⁵ Renovating grocery stores to support efficient operations is of great importance for grocery stores to remain viable and is difficult to accommodate without external support due to aforementioned low profit margins.

⁸ Befort, Nazir, and Perri, "Prevalence of Obesity among Adults from Rural and Urban Areas of the United States"; Centers for Disease Control, "Adults Living in Rural Counties More Likely to Be Obese than Adults Living in Urban"; Centers for Disease Control, "Current Practices in Healthy Food Retail: Small Stores"; Procter et al., "The Need for Healthy Food Retail in Kansas."

⁹ Liese et al., "Food Store Types, Availability, and Cost of Foods in a Rural Environment."

¹⁰ Chrisinger, "Reconsidering the Supplemental Nutrition Assistance Program as Community Development."

¹¹ Center for Engagement and Community Development, "Groceries and Gatherings: Leveraging Community Social Capital to Increase Local Grocery Store Patronage."

¹² Janney, "As Population Shrinks, Morland Finds a New Way to Provide Groceries"; Tanner, "Humboldt Rebounded Once. Can the SE Kansas Town's Revival Weather the Pandemic?"

¹³ Johnson, "The Industry Standard for Gross Margin in Groceries."

¹⁴ Alex et al., "The Food Retail Landscape Across Rural America"; Zeballos and Sinclair, "USDA ERS - Retail Trends."

¹⁵ Ramirez et al., "Rural Grocery Survey Preliminary Findings."

Tracking of retailers during the period between 1983 and 2021 shows that more than 4,200 grocery stores are estimated to have closed across the country¹⁶ and many of these closures have affected rural areas. Nationally, the share of grocery stores in rural areas has decreased by 15% between 1990 and 2015.¹⁷ Between 2008 and 2018, the Rural Grocery Initiative found that one in five rural grocery stores in Kansas shut their doors for good.¹⁸

In conjunction with this trend of store closures, an enormous sea change in rural grocery ownership is on the horizon. According to a recent study conducted by the Rural Grocery Initiative, rural grocers in Kansas are aging. Many have worked in the grocery industry for decades, and 40% plan to retire within the next five to ten years. Overwhelmingly, 81% of Kansas rural grocers do not have a plan in place to transition ownership of their grocery store.¹⁹ Rural communities will lose out on the benefits of rural grocery stores if rural grocers cannot find a successor.

Rural grocery stores need local supports and national solutions

Rural grocery stores need help if they are to continue playing the vital role of driving local economics, providing access to nutritious and affordable food, and promoting community vitality. While some solutions are already underway, additional support is needed to level the playing field.

Local Solutions

Fortunately, rural communities are flexing their creative muscles to develop innovative solutions to keep healthy food options in town. Just in Kansas, there are numerous examples of cooperative and non-profit rural grocery stores. As opposed to a single owner, some stores are run by municipalities and schools, while others leverage public-private partnerships to stay in business. These emerging models of shared ownership are reliant on strong partnerships, creative thinking, and community input. None of these models are set in stone, but components of each can be combined to create a new, unique model that fits the needs of individual communities.²⁰

State and National Supports

Many existing federal programs have been utilized to support rural grocery store construction, renovations and owner transitions in Kansas. USDA Rural Development's Rural Economic Loan and Grant (RED-L/G) program has supported several communities that have lost their grocery store and needed to build anew. Perhaps one of the greatest success stories has been the work of the Kansas Energy Program in supporting small business energy assessments and applications to the USDA Rural Energy for America Program (REAP). USDA REAP has funded energy improvements at 30 rural Kansas grocery stores since 2016, equating to \$550,000 in grant

¹⁶ Cox, "By 2021, We'll Have Lost More than 4,000 Grocery Stores."

¹⁷ Alex et al., "The Food Retail Landscape Across Rural America."

¹⁸ Center for Engagement and Community Development, "Kansas Food First."

¹⁹ Ramirez et al., "Rural Grocery Survey Preliminary Findings."

²⁰ Brinkley et al., "'If You Build It with Them, They Will Come'"; Rural Grocery Initiative, "Rural Grocery Ownership Models."

funding that lowers utility costs and allows businesses to invest in other aspects of their business.²¹

Healthy Food Financing Initiatives have also gained traction over the past few years.²² Such initiatives provide financing to support the development and/or long-term sustainability of healthy food retail outlets. They operate at various levels of government in states across the country. In Kansas, the Kansas Healthy Food Initiative is a public-private partnership between the Kansas Health Foundation, the Rural Grocery Initiative, NetWork Kansas, IFF and The Food Trust. An economic impact analysis of the program showed that every \$1 of initial healthy food access investment contributed to another \$1.11 in economic activity across the Kansas economy²³. At the national level, USDA Rural Development operates America's Healthy Food Financing Initiative, which was established in the 2014 Farm Bill. Through its Targeted Small Grants Program, funding is available to support food retail projects located in underserved and low-income communities across the country.²⁴

Conclusion

Home to 60 million Americans, scores of families have, for generations, called rural America home.²⁵ It is a quintessential attribute of American culture and history that has left an indelible mark across the country. Yet, rural communities face a multitude of challenges, one of them being the continued decline of rural grocery stores. As essential infrastructure, rural grocery stores are vital to sustaining the health and well-being of rural America for generations to come.

²¹ Carter, "Engineering Extension Surpasses \$1M in Grant Assistance to Kansas Ag Producers, Rural Small Businesses."

²² "HFFI Impacts: The Nationwide Success of Healthy Food Financing Initiatives, A Proven, Economically Sustainable Solution."

²³ Schwab, Leatherman, and Yao, "Evaluation of the Kansas Healthy Food Initiative (KHFI)."

²⁴ USDA Rural Development, "Healthy Food Financing Initiative." <https://www.rd.usda.gov/about-rd/initiatives/healthy-food-financing-initiative>

²⁵ U.S. Census Bureau, "One in Five Americans Live in Rural Areas."



U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON RULES
EST. 1789 | JAMES P. McGOVERN (MA-2), CHAIRMAN

U.S. HOUSE OF REPRESENTATIVES

Committee on Rules

**ROUNDTABLE: “Ending Hunger in America: Examining Indigenous
Nutrition and Food Systems”**

February 18, 2022

OPENING STATEMENT

Thank you, Chairman McGovern, for hosting this roundtable on *Indigenous Nutrition and Food Systems* as part of your Ending Hunger in America series.

On the House Committee on Natural Resources, we have talked about the impacts of climate change and highlighted traditional ecological knowledge. By listening to Indigenous Peoples, we can begin discussions around climate change and ensuring the protection of the environment.

Similarly, this idea applies to Indigenous nutrition and food systems. Our global society can promote the idea that globalization is the key to creating sustainable agriculture when it's local or Indigenous knowledge that will assist us as the climate changes.

Drastic changes in temperature and water levels have left it difficult for some tribes to continue some agricultural practices.

Food insecurity has been linked to chronic health conditions, including diabetes, kidney disease, cancer, coronary heart disease, stroke, and lung disease. This is especially true with American Indians, Alaska Natives, and Native Hawaiians, who already experience these health conditions disproportionately high.

Let's not forget we are not the first cultivators in this country. Before colonial contact, Indigenous Peoples lived off the land and established their food systems.

Although many foods have been overwhelmed by a global economy, many tribes continue to cultivate the land and grow food for their communities.

As Members of Congress, it's time that we listen to Indigenous peoples – the original cultivators of this land. We must understand that sustainable food creates a strong community.

I look forward to listening to our panelists and hope to work with Members to ensure that Indigenous nutrition and food systems remain top of mind when creating robust legislation to address the problems we may hear today.

Thank you to Chair McGovern for hosting this one of a kind roundtable and addressing this important issue.

Rules Committee and Natural Resources Committee Roundtable:
Ending Hunger in America: Examining Indigenous Nutrition and Food Systems.
February 18, 2022

OPENING STATEMENT

Good afternoon. Thank you to the Rules Committee and Chair McGovern for hosting today's roundtable.

You can't think of a New Mexico traditional meal, without giving thanks to the three sisters of corn, squash and beans -supplemented by the sisters fiery cousin chile, which is also indigenous to the Americas. Our tamales, enchiladas, and calabacitas reflect the gifts we were given by those Indigenous to these beautiful lands we call home.

Yet, in return, the Europeans who made contact caused much harm, from slaughtering the bison so as to starve the plains Indians into submission to taking lands upon which our indigenous peoples depended for hunting, fishing and cultivating.

Now, Native Americans have some of the highest rates of food insecurity, and highest rates of diabetes.

Yet, we see the resurgence of healthy diet as coming directly from our tribal leaders.

I've heard often that there is no word for hunger or poverty in Keres or other indigenous languages, because no one would be left hungry or without what they need to survive.

We need to get back to that view

In my district, the Red Willow Center is working to reclaim the agricultural heritage of Taos Pueblo and restore its traditional food systems.

Led by Tiana Suazo, Red Willow grows organic produce for the community. The farm brings whole, nutritious foods like blue corn, beans, squash, wild asparagus, and carrots to the local farmers market every week where the produce is sold at a discounted price to tribal members. Anything left over is delivered to elders along with pamphlets explaining nutrition content and simple recipes.

Red Willow Center also hosts a youth program for native children to learn about local agriculture and nutrition.

Local physicians have noted improved health ever since Tiana increased programs during the pandemic, especially in the elders receiving food packages.

Additionally, last fall the United States Secretary of Agriculture Tom Vilsack visited my district to tour the food distribution center in Rio Rancho. He also visited the Ohkay Owingeh Pueblo's water treatment facility.

Secretary Vilsack spoke with community members about the importance of targeting our most vulnerable families to make sure they have access to nutrition programs. He highlighted the need for children to be well fed at school so they are ready to learn. I agree.

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Issues like this are why I will soon reintroduce the Tribal Nutrition Improvement Act to bring increased access and tribal sovereignty to school nutrition programs.

To honor the federal trust responsibility, Indigenous communities must have federal resources to promote nutrition and agriculture to their people. And we must always make sure that Tribes themselves lead the efforts to improve tribal nutrition.

I am pleased to see our panelists virtually today. I look forward to listening to your stories so that we may continue to work with the Biden administration to address the problems you face.

Hoopa Valley Tribe Food Security Efforts

Background

Background

The Hoopa Valley Tribe is located in the far Northern portion of California roughly 7 hours North of Sacramento and two hours South of Oregon. The Hoopa Valley is rich in traditional foods and natural resources that have sustained the people of the valley since time immemorial.

Hoopa tribal people have been a secure food nation for thousands of years pre-contact. Since contact and the establishment of the Hoopa Treaty in 1868, the Hoopa people have seen declines in food sovereignty.

The resiliency of the Hoopa people in the past few decades has awoken the need to address food insecurities on the Hoopa Valley Indian Reservation. The Hoopa Valley Tribe's nonprofit organization, the Klamath Trinity Resource Conservation District(KTRCD), has initiated agricultural and food security efforts in Hoopa since its formation in 2007. This organization has worked with the USDA agency to support and provide technical assistance for tribal producers.

The KTRCD has been able to work alongside USDA NRCS California to create a million-dollar set aside for tribes. This set aside has benefitted many tribes throughout California and has initiated Statewide tribal advisory council meetings semi-annually with the NRCS State conservationist. These meetings have created tribal traditional ecological practices that tribes are using to provide resources for managing their natural resources on their tribal lands. Tribes in California have used these practices for tens of thousands of years. These efforts have been a guide for NRCS nationwide, and the KTRCD partnership with NRCS is highlighted as to how to effectively work with tribes throughout USDA.

The KTRCD works with the Hoopa Valley Tribe's education programs to get youth involved in food security projects and the Klamath Trinity Joint Unified School District. These pre-K and K12 projects consist of seeding plants, planting, conservation practices, harvesting, and prepping and preserving the foods grown. The KTRCD has overseen the Hoopa community garden and used it as a demonstration garden.

The KTRCD also works with tribal producers to develop conservation planning on their property and provide resources for purchasing seeds, starts, irrigation supplies, and more. These producers are provided information if they want to seek out USDA programs such as EQIP NRCS and FSA Micro Loan programs. The KTRCD listens to the needs a vision of tribal producers on their lands.

Also, the KTRCD provides nutrition and food preservation classes to the Hoopa community. These classes teach how to use foods grown in Hoopa year-round and preserve these seasonal foods. The KTRCD also provides traditional foods classes that teach community members how to properly and sustainably harvest traditional foods.

Finally, the KTRCD has a local farmers market that provides an avenue for tribal producers and value-added producers to sell their products to the Hoopa community. The market starts beginning of June and ends at the end of October yearly. The KTRCD successfully obtained a USDA RD Community Facilities grant and purchased tables, chairs, and pop-ups. These items help producers and have been of great value to the community. The KTRCD also can accept

EBT benefits. The KTRCD was able to secure this through USDA FNS and provide a market match and a voucher for tribal elders and SSI/SSID recipients.

Empowering Tribes in Technical Assistance, Outreach, and Capacity Building

- Background
 - The census definition of a farm is any place from which \$1,000 or more of agricultural products were produced and sold, or normally would have been sold, during the census year. The definition has changed nine times since it was established in 1850. **This ruling has exited out many tribal producers, tribal traditional food gatherers, and tribal subsistence farmers.**
 - USDA dates back to 1862, a period that includes federal government sanctioned removal and Homestead Acts transferring Tribal lands to white settlers.
 - Although Native people have been farming this land since time immemorial, Tribal governments and producers were never envisioned as stakeholders in the Department.
 - For example, the average Native farm size is 978 acres and more than twice the average size of white farms (431 acres). However, white farms are more than 3 times as profitable as Native farms despite being less than half the size (total value of production for Native farms is \$58,885 compared to \$193,132 for white farms).
 - This can be attributed to the historical and systemic lack of access to capital, lack of access to USDA programs, and lack of access to technical assistance. These concerns also align with what Tribal producers are saying during the pandemic.
- To address these issues, USDA must not only take steps to address barriers within the building but also empower Tribal governments and Tribal organizations.
- Issues with Rural Development
 - USDA RD offers many grant and loan programs to support rural communities, however Indian Country remains underserved.
 - Tribes often lack large scale planning resources but are in critical need of the resources USDA RD offers.
 - Tribal Nations encounter difficulty accessing credit through lending institutions which currently have very little incentive to extend credit and capital services onto tribal lands.
 - Implement the Tribal Technical Assistance Office at Rural Development provisions from the 2018 Farm Bill to support Tribes and Tribal entities have access to the agency Rural Development (RD) programs as well as provide need support and connection with partner organizations on training and guidance within RD on Tribal business structures and entities to clear up any misunderstandings of ineligibility.
 - Rural Development community facilities grants are a benefit to agriculture economic development in tribal communities. The problems faced by tribes is the reimbursement rate. It is a barrier for tribes to purchase all items of the grant upfront and wait for reimbursement. USDA RD could alleviate this barrier, if they would allow for partial reimbursements.
- FSA Credit Access
 - FSA needs to address cultural sensitivities when dealing with tribal members. Often tribal producers enter FSA office only to be told they would not qualify from the start. FSA employees need to be trained to understand that a tribal producer

walking into a federal agency is a cultural barrier and there are cultural traumas tied to these encounters.

- FSA field office are geographically inaccessible to tribal producers. The nearest distances to office are barriers to rural tribal producers. USDA FSA could assist tribal producers remotely.
- NRCS and Conservation
 - To support a focus on healthy and productive agriculture lands, both DOI and USDA-NRCS must update their accepted conservation practices and processes. While most of the currently acceptable practices support the deployment of the conservation practices, many of the enhancements no longer apply, limiting producers ability to adapt and modernize their conservation practices to fit their needs. Standardization of GIS data across the departments is also essential to facilitate the enrollment of Indian Land in programs. In addition, a uniform system of NRCS funding allocation must be adopted that sets aside funding for tribal conservation efforts based on land-base.
 - NRCS funding allocations are nearly as disjointed as the BIA practices. South Dakota as a positive example, allocates NRCS program dollars by the proportion of tribal land within the state. Other states, such as Nevada and Arizona take decidedly different approaches. An analysis of the most effective approach taken by State Conservationists for getting conservation dollars on Indian land is needed, and that approach needs to be adopted across the nation.
 - NRCS payments, and other cost payment schedules for reimbursement, need to be updated to fund projects as many currently do not align with actual costs.
 - Setting standards between BIA and Natural Resources Conservation Service (NRCS) regarding compliance, practices, and length of time for conservation practices, including the respective approval processes for easements.



*Empowering Indian Country
Promoting Health
Strengthening Economies*

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Testimony of Carly Griffith Hotvedt, JD/MPA (Cherokee), Associate Director of the Indigenous Food and Agriculture Initiative before the House Rules and Natural Resources Committee Roundtable on Indigenous Nutrition and Food Systems on February 18, 2022.

Osiyo, Nigada. Good afternoon, Chairman McGovern, Chairman Grijalva, Ranking members Cole and Westerman and members of the Rules Committee and Natural Resources committee. My name is Carly Griffith Hotvedt. I am an attorney and the Associate Director of the Indigenous Food and Agriculture Initiative at the University of Arkansas School of Law or IFAI for short. While I am here in my capacity as the Associate Director of IFAI, my testimony today should not be considered as the endorsed opinion of the University of Arkansas. I also serve on the Oklahoma State FSA Committee assisting in the administration of USDA programs in Oklahoma. I have been engaged in agriculture beginning as a 4-H member in elementary school then FFA in high school and have been working in tribal agriculture for the last 7 years.

Hunger in Indian Country is a multi-faceted challenge. Native Americans are more likely than non-native Americans to experience food insecurities, live in food deserts, be diagnosed with metabolic diseases springing from nutritional challenges and be more reliant on federal nutrition programs. But significant progress has been made through a reinvigoration of self-determination and sovereignty, empowering tribes and indigenous people to get in the driver's seat and power their own path forward. As self-governed nations, we cannot be truly sovereign unless we can feed our own people. That is true for ANY nation. My ag economics professor in college, after witnessing the 1998 riots in Indonesia sparked from rising food costs and shortages, said to us "You will topple a government in order to feed your family."

I'd like to give some historical background and guidance as to the impacts of Federal Indian Policy on tribal agriculture and nutrition to contextualize the current state of hunger in Indian Country. Strong and fair ag and nutrition policies are critical to addressing hunger in indigenous communities. But fair policies have not been the norm for Indian Country. Even the acknowledgment of agricultural practices of indigenous peoples in the Americas has been shaped to fit narratives that were intended to control and exploit indigenous people for natural resources like land, water, minerals, and timber. Either indigenous people were seen as incapable of agriculture, or our agricultural practices were insufficient to meet volume demand with marginal results. We know this is not true. Significant settlements like Cahokia, Spiro Mound, and Chaco Canyon, which supported populations up to 25,000 people at their height, required agricultural production and surpluses to sustain so many people centrally located in one place. Maize cultivation was key. But after contact with European explorers and settlers began, impacts to indigenous peoples resulted in detriment to agricultural production.

From 1500-1600, 60 million indigenous peoples were reduced to 5-6 million in population due to disease, war, and genocide. After contact, resources enjoyed and managed by indigenous peoples in the Americas became subject to competition by settlers and colonizers. As the demand for land by non-natives arriving to the Americas increased, tribes were pushed off their homelands or lived amongst people without shared values of the same kind of respect and responsibility for land, water, and animals. The 1800's brought policies and laws resulting in the creation of reservations which restricted

indigenous people to a condensed land base, often separating us from our traditional food sources like hunting grounds, arable lands, waterways and other ecosystems that supported culturally important and traditional foodways like seasonal harvests, fishing, gathering, and location-specific sourcing.

Some tribes, like my own Cherokee Nation, were completely removed from our traditional homelands pursuant to the Indian Removal Act of 1830, in addition to the Choctaw, Chickasaw, Muscogee, and Seminole Nations. Cherokee Nation resisted removal in every way possible. Our identity as Cherokee people is tied to our relationship with the land. We brought lawsuits all the way to the Supreme Court challenging infringements on our land and our sovereignty. In Worcester v. Georgia, we won. But Andrew Jackson refused to enforce the ruling, becoming the example of practice as controlling policy versus the execution of the actual federal law and treaty language impacting tribal nations. But even treaties have been problematic.

The Treaty of New Echota which served as the justification by the federal government to physically force Cherokees off their lands into Indian Territory via the Trail of Tears, was signed on behalf of the Cherokee Nation by a minority of Cherokees that did not have the authority to represent the entirety of Cherokee Nation. That treaty ceded the homelands in exchange for lands in Indian Territory and \$5,000,000. The US Government frequently engaged individuals lacking authority to represent tribal governments if the legitimate representatives refused to negotiate to terms so desired. Cherokees protested but were ignored by Congress and President Van Buren. Many Cherokees rejected the Treaty. But Cherokees were rounded up and removed from the homelands with often just hours or minutes to organize belongings frequently at gun or bayonet point. While on the Trail of Tears, we lost over a quarter of our total population, mostly the very old, the very young and the sick. Our elders hold our knowledge. By losing so many of our elders on the trail, we lost part of our culture which included traditional ecological knowledge of our foodways. Cherokees were also forced to leave food stores, seed, and crops in the ground when forced to walk to Indian Territory. We were also removed to a place where the climate, soil, flora, and fauna were very different from where we came. But Cherokees, like so many other tribal peoples, are resilient. We rebuilt, re-established our agricultural practices and began to thrive in Indian Territory.

It was also during the era of reservation and removal, that many tribes were forced to become dependent on federal food provisions. Commodities like lard, flour, sugar, salt, coffee, and canned meat were distributed to people that largely ate unprocessed plant and protein-based diets. Commodity distribution are where frybread comes from. While it is popular and common in indigenous communities, it's a neo-cultural development resulting from a need to survive despite being a poor fit for indigenous dietary needs.

After reservation and removal, the assimilation era began. As indigenous land bases were reduced and our access to food sources became challenged, indigenous peoples were encouraged to become yeoman farmers and assimilate by practicing animal husbandry to encourage "civilization." While some tribes were already adept at those practices like Cherokee agriculturalists, like the Florida Seminole cattle ranchers, like many tribes that cultivated corn, beans and squash, many tribes were pushed into practices that were novel and inconsistent with cultural practices, traditional diets, and known food production and harvest techniques. Additionally, Indian Agents were tasked with teaching and facilitating European derived agriculture to tribes. Frequently, reservations were located on poor quality lands and Indian Agents failed to provide adequate equipment, seeds, training, and interest to support transition to yeoman farmer. Indian Agents gained reputations of dishonesty and inefficiency in dealing with tribal matters.

Children were also removed from their homes and sent to Indian boarding schools for the assimilation purpose of "killing the Indian and saving the man." When indigenous children were taken from their

homes, forced to stop speaking their language, cut their hair, wear different clothes, and adopt a non-native religion, the connection to their culture was intentionally and traumatically severed. When our elders cannot speak the same language as our youth, our ways and knowledge over our food and agriculture traditions cannot be shared in a good way, in a way that they will be continued, valued, and respected. Boarding schools also caused significant child death by abuse and neglect, resulting in further losses of continued culture.

Allotment policy was also detrimental to land access. To meet the demand for land, a scheme was developed to open up additional lands in Indian Territory for settlement. 160 to 40 acres of land would be allotted to individual Indians to encourage adoption of agriculture for individual benefit versus the communal system of production. After lands were allotted, the “surplus” lands would be distributed to the highest bidder. The justification for the distribution is jaw-dropping:

In 1885, Senator Henry Dawes said "The head chief told us that there was not a family in that whole nation that had not a home of its own. There was not a pauper in that nation, and the nation did not own a dollar. It built its own capitol, and it built its schools and its hospitals. Yet the defect of the system was apparent. They have got as far as they can go because they own their land in common ... there is no enterprise to make your home any better than that of your neighbour's. There is no selfishness, which is at the bottom of civilisation. Til this people will consent to give up their lands, and divide them among their citizens so that each can own the land he cultivates, they will not make much more progress."

I find the statement unbelievable that a nation that cares for all, can feed all, govern itself, educate children and treat the sick was criticized for not facilitating individualized agriculture competition as a measure of “progress.” That “progress” so facilitated by the Dawes Act resulted in the loss over 2/3rds of the remaining land base held by tribes. Over 90 million acres were lost through allotment and even more later due to fractionization, illicit schemes, murder, grift, and probate. For examples, research the Osage Reign of Terror. Land allotments were also frequently non-contiguous or checkerboarded, so even if a tribal allottee wished to farm his or her land, it was too difficult to occupy and maintain multiple non-adjacent parcels. Families were also allotted lands significant distances away from each other. Children's 40-acre tracts could be an entire town or section away from their parents' allotment lands. Allotted lands were frequently of lower quality compared to surplus set-asides or located in areas that were inconsistent with the promotion of farming and agriculture like on hillsides, flood plains or areas with rocky soil. Allotment policy facially promoted agriculture but in reality, was a convoluted land grab.

But despite allotment challenges, tribal nations and citizens continued to engage in new and traditional food and agriculture practices. As tribes reassert sovereignty and the federal government recognizes the benefits of tribal self-government, Native Americans are enjoying better opportunities for nutritious and culturally relevant foods consistent with the dietary needs of indigenous bodies.

Tribal Sovereignty and Self-determination is the solution for hunger in Indian Country. While prior Farm Bill programs did not adequately serve tribes and tribal communities, the 2018 Farm Bill was the most tribally inclusive Farm Bill to date. Tribes were given parity with states in being able to access and administer many USDA Programs. A 638 pilot was authorized in the Nutrition Title allowing tribes operating the Food Distribution Program on Indian Reservations to source local and tribally produced food products as a component of the foods offered to eligible recipients. This program encourages additional federal dollars to circulate on the reservation, helping develop and support local and regional tribal food economies by creating market opportunities for producers. We need more of that. Federal policy to facilitate not just direct provision of nutrition but also indigenous procurement is critical.

Self-directed governance of tribal land bases is critical as well. Many tribes are subjected to BIA land management policy wherein leasing programs require tribally held trust lands available for lease to be awarded to the highest bidder regardless of whether the bidder is a tribal member or not. Non-native leaseholders do not recirculate dollars produced derived from the production activity on lands leased on the reservation. In fact, most dollars derived from production activity on leased tribal lands are spent or allocated off-reservation. Tribes have frequently pushed back against that BIA policy to promote a tribal preference in leasing tribal lands but are met with significant barriers in seeing that policy adopted and promoted. The American Indian Agriculture Resource Management Act provides a vehicle for tribes to express tribal preference for agricultural land management, called an Agricultural Resource Management Plan or ARMP, that requires the BIA to assist in enforcing the provisions of the plan. ARMPs can also incorporate conservation policy, best management practices, land remediation priorities, production preferences and land tenure guidance. But lack of initiative, institutional knowledge, funding, and consultation by the BIA have resulted in a lack of access for this great tool. Tribes must fight for funding authorization and then receive unclear instruction on how to proceed in the development of ARMPs including how to solicit funding, whether a NEPA or Environmental Review or Assessment is need and at what point in the process, how to implement the plan and how the BIA actually assists with implementation and enforcement. This is one of the most egregious examples of a violation of the fiduciary trust responsibility that the federal government has in administering BIA programs for the benefit of tribes. Fully funding programmatic activity as set out in AIARMA is critical for the self-direction of agricultural resources by tribes.

There are many other policy opportunities that Congress can support to empower tribes to conquer hunger in Indian Country. I would encourage members of the Rules and Natural Resources Committee to secure a copy of a report to come that will be issued by the Native Farm Bill Coalition detailing policy changes within the Farm Bill to better resolve food and agriculture challenges in Indian Country. Parity in access and support for self-determination will go a long way in being able to feed ourselves. Food Sovereignty is Tribal Sovereignty.

I appreciate the opportunity to share with the House Rules and Natural Resources Committee. I hope the information shared better clarified the state of hunger, food and agriculture in Indian Country and highlighted the role Congress can play in addressing these challenges. I look forward to being available as a resource for the committees as well as the role the Indigenous Food and Agriculture Initiative can provide in assisting the committees further upon request.

Wado.



Kamehameha Schools®

Testimony of Kā'eo Duarte Vice President of Community and 'Āina Resiliency

February 18, 2022

RE: U.S. House of Representatives Committee on Rules and Committee on Natural Resources - Joint Roundtable Discussion Examining Indigenous Nutrition and Food Systems

Aloha e Chair McGovern, Chair Grijalva, and honorable members of the Rules and Natural Resources Committees.

Thank you for this opportunity to provide input on Indigenous nutrition and food systems. Kamehameha Schools is a private trust established by Ke Ali'i Bernice Pauahi Bishop, the great granddaughter and last royal descendent of Kamehameha I. Our mission is to create educational opportunities in perpetuity to improve the capability and well-being of people of Hawaiian ancestry.

As a Native Hawaiian educational organization and landowner, we recognize our deep kinship to 'āina (*land, that which feeds*), its native ecosystems, cultural resources, and water resources that continue to shape Native Hawaiian identity. We believe as an Indigenous people, we have inherited the responsibility, through our genealogical connections, to ensure the health and vitality of our lands in perpetuity. We believe that the health and vitality of the 'āina, including the state of our Indigenous food systems, have a direct impact on the educational outcomes of our learners and the health and well-being of all people in Hawai'i.

Summary of Recommendations

For the reasons discussed in more detail below, Kamehameha Schools supports the preservation, expansion, and improvement of Indigenous food systems on our lands and beyond. By supporting Indigenous food systems, we better serve the nutritional needs of Indigenous peoples, resulting in better educational and life outcomes. To actualize the full benefits of thriving Indigenous food systems, we encourage Congress to further explore ways the federal government can assist in the following efforts:

- Reconnecting Indigenous people to their traditional foods and the systems that produce them by:
 - Supporting and expanding farm-to-school programs in Indigenous communities
 - Re-integrating Indigenous crops within the medicinal landscape to address health and wellness within our Indigenous communities
 - Supporting career pathway development within Indigenous food systems
- Increasing access to Indigenous foods within our communities by:

- Improving the availability and affordability of Indigenous foods, particularly for low-income Native families, including through programs such as the Supplemental Nutrition Assistance Program (SNAP)
- Supporting solutions such as food hubs, which can assist farmers growing Indigenous crops to make their produce accessible to Native consumers.
- Improve production of Indigenous crops by:
 - Improving access to capital for mitigation efforts to protect Indigenous crops from biological threats such as diseases, pests, and invasive species
 - Expanding support to food hubs that are the backbone of small farmers - including Indigenous and minority farmers
 - Incentivizing farmers to grow Native crops including kalo (taro), 'ulu (breadfruit), mai'a (native banana), and other Native Hawaiian staples
- Improving the resiliency of Native communities' food systems by:
 - Supporting policy to celebrate and grow each state's unique locally grown crops
 - Supporting policy that protects the authenticity of Hawai'i made products

The following sections describe in more detail these needs and opportunities to improve Indigenous food systems as observed through the work of our organization serving Native Hawaiian communities.

Federal Trust Responsibility to Native Hawaiians

In considering the federal government's role in supporting the nutritional needs and food systems that serve Native Hawaiians, it is important to first recognize that Congress has consistently and expressly acknowledged a special political and trust relationship with Native Hawaiians based on our status as the Indigenous, once-sovereign people of Hawai'i in the enactment of more than 150 legislative measures. This is the same trust responsibility that Congress has recognized is owed to all Native peoples of the United States. Accordingly, Congress has enacted programs and policies to promote education, healthcare, housing, and a variety of other Native Hawaiian community needs. These programs are administered by the Executive Branch, often through Native Hawaiian organizations.

Overview of Indigenous Food Systems

Indigenous food systems are methods of cultivating local ingredients based on Native-born knowledge and innovation developed over many generations. These systems exist as a testament to the endurance of Indigenous peoples throughout the centuries, and some experts argue they are now more important than ever. Not only do Indigenous food systems provide much-needed nutrients and diet diversity to their local population, but they also demonstrate innovation, adaptability, and biodiversity in the face of major challenges, such as climate change. Indigenous food systems are aligned to Native cultural identity and values toward land and perpetuate sustainable practices capable of serving many generations going forward, which is especially important for Native Hawaiians living on an island with limited resources.

Indigenous food systems are also critical to the health and well-being of all Indigenous people, contributing to food security and the eradication of hunger and poverty. These contributions promote better health outcomes, which are critical for Native Hawaiians and other Indigenous peoples who are disproportionately affected by chronic conditions compared with other racial/ethnic groups. These diet-related issues are often connected to a reliance on outside food sources that put the health of Indigenous people at risk.

Reconnecting Indigenous People to Our Foods

Historical injustices and modern society have in many ways forced Native people away from their ancestral lands and, in the process, disconnected us from the Indigenous food systems that have provided physical and social sustenance to our people for generations. In Hawai'i, many do not see farming or other food production as a financially viable career path. Native students, driven by the need to earn degrees or other credentials to find gainful employment, are often restricted to classrooms or digital settings. Most never get the opportunity to experience growing their food, harvesting, and preparing their own meals. As a result, our current educational and societal system has fostered generations of people disconnected from our food and the systems that provide it.

As an educational institution, we are expanding curriculum to reconnect our students to the process of growing and preparing food. Programs like Farm-to-School support curriculum that teaches our children about our Indigenous crops, reconnecting them to their culture and improving their food security. School gardens give students the opportunity to experience growing food, helping them understand the work that goes into the food they consume. Procurement of locally grown and indigenous foods for school meals fosters additional educational opportunities and provides the nutrition students need to pursue academic success. The opportunity to eat locally grown and Indigenous foods at school encourages students and their families to change their eating habits at home and reconnects them to the foods of their ancestors.

For these reasons, we encourage Congress to further support Farm-to-School programs, emphasizing programs in Indigenous communities, including by:

- Incentivizing or providing additional resources for schools to purchase Indigenous foods and diversify menu offerings in school lunches; and
- Supporting school garden programs to refamiliarize our students and families to our indigenous crops.

We also believe that re-integrating Indigenous crops within the medicinal landscape to address health and wellness within Indigenous communities and supporting career pathway development within Indigenous food systems are other key strategies to reconnect Indigenous peoples with our traditional foods.

Increasing Access to Indigenous Foods

Food sovereignty empowers Native households and communities to address issues of hunger and health by cultivating their own healthy, fresh foods. Unfortunately, barriers to accessing healthy and nutritious foods, including Indigenous foods, for our Indigenous people exist. While many of Hawai'i's rural areas have farms, the community often lacks access to the food produced on these farms. Many farms do not have the capability to sell directly to customers and face challenges when selling via a farmer's market or through other forms of retail. It's also difficult for farmers to compete financially with imported foods, resulting in locally produced foods being more expensive.

These challenges make it difficult for Native households and communities to have access to healthy and nutritious foods, leading to a greater dependency on processed and imported foods, resulting in the importation of 85% of the food consumed in Hawai'i.

Native Hawaiians are a large percentage of the workforce that do not make a living wage, and are thus forced to purchase cheaper, and often processed, less healthy foods. Healthy food incentive programs have increased the purchasing power of low-income families to buy fruits and vegetables at grocery stores and farmers' markets, thereby helping reduce hunger, improve nutrition, and support U.S. agriculture and retail.

One example is Hawai'i's DA BUX Double Up Food Bucks program, which increases the purchasing power of SNAP recipients toward locally grown fruits and vegetables. Colorado State University found that each DA BUX incentive dollar matched on a SNAP dollar to purchase local produce has an economic multiplier of 2.3, which means each incentive dollar used by a SNAP recipient to purchase local produce contributes \$2.3 dollars to Hawai'i's economy. If the DA BUX program was further scaled to food retail locations statewide, the potential economic contribution would be \$14M-\$22M in one year. This would help families, ensure that small businesses and local farmers thrive, and provide for a more sustainable local economy in Hawai'i. As of May 2021, 203,885 Hawai'i residents were receiving SNAP benefits in Hawai'i, a 15% increase from the previous year.

For these reasons, we encourage Congress to help improve food access for Indigenous communities by:

- Continuing to support programs like SNAP and DA BUX, which have assisted Native Hawaiians in purchasing of Indigenous healthy food options.
- Supporting food hubs, which can assist farmers growing Indigenous crops to make their produce accessible to Native consumers.

Production of Indigenous Foods

Indigenous crops and the traditional agroecosystems they were grown in, were developed over many generations and work in harmony with the environment, improving and protecting the biodiversity of the land and the well-being of our people. Indigenous food systems often play a wider role in environmental conservation and can also help address climate change. For example, the Cherangani people in Kenya have returned to traditional agroforestry methods,

such as intercropping avocado, bean and coffee crops, to help cut down on soil erosion and reduce water loss.

“Indigenous peoples more than any other peoples in the world are deeply connected with nature and with natural resources, so whatever they do is in relation to the concept of sustainability, of protection and conservations of natural resources,” says Mattia Prayer Galletti, lead technical specialist focusing on Indigenous peoples and tribal issues at International Fund for Agricultural Development (IFAD).

Recently, researchers from the University of Hawai‘i at Mānoa published a study highlighting the role Indigenous agriculture could play in producing food while supporting biodiversity and Indigenous well-being in Hawai‘i. The report’s authors found that in one experimental model, the state could have sustained around 250,000 acres of traditional agroecosystems, which would have boosted its food production to more than one million metric tonnes of food annually.

"Our study really highlights the relevance of restoring Indigenous agricultural systems today," said Dr. Tamara Ticktin, professor of botany at UH Mānoa and co-author on the study, in a press statement. "These systems are flexible and adaptive, and include both traditional and modern crops relevant today."

Challenges to Indigenous Crop Production

While we understand that growing Indigenous crops is good for the environment, produces nutritious food, and improves the well-being of our Native population, there are many challenges that impede efforts to increase production of Indigenous crops.

One of the biggest challenges is that many Indigenous crops are highly susceptible to disease. An example of this is kalo (taro), where Indigenous kalo strains get wiped out by blight but non-Indigenous varieties have shown to be resistant. Similarly, now that ‘ulu (breadfruit) and māmaki (*Pipturus albidus* - a plant made into Hawaiian tea) are becoming commercial crops (especially monocrops), we are starting to see pests and diseases come out that haven’t impacted them before.

Another challenge in increasing production of Indigenous crops is the high cost of land, water, machinery, infrastructure improvements, and labor in Hawai‘i. Due to these high costs, it is difficult for Indigenous crop farmers to be profitable in Hawai‘i, especially when they are competing with imported, non-indigenous food products. Our Native starches, kalo (taro), ‘ulu (breadfruit), and ‘uala all compete against much cheaper imported starches such as rice, potatoes, sweet potatoes, and processed starches like bread and pasta, while other Native crops such as banana and coconut compete with imported versions that are available at much cheaper prices.

Because of the high cost of producing Indigenous crops here in Hawai‘i and the struggle with access and affordability to these crops (as mentioned above), the customer base for farmers is limited. One way to address this issue is to support the development of food hubs, which

aggregate products from multiple farms and sell the products to customers. Aggregation increases the supply for the food hubs' customers, increases the market size and stability for farmers, and allows larger institutions to source products locally. This supports the State of Hawai'i's goals to increase procurement of local food products by departments, such as the Department of Education and others, better enabling programs such as Farm-to-School.

For these reasons, we encourage Congress to help increase the production of indigenous crops by:

- Improving access to capital for mitigation efforts to protect Indigenous crops from biological threats such as diseases, pests, and invasive species.
- Expanding support to food hubs that are the backbone of small farmers - including Indigenous and minority farmers.
- Incentivizing farmers to grow native crops, including kalo (taro), 'ulu (breadfruit), mai'a (native banana), and other Native Hawaiian staples.

Improving the Resiliency of Native Communities' Food Systems

In response to rising levels of insecurity, complexity, and vulnerability in our lives, we focus on growing our resiliency. Resiliency refers to our collective ability to respond and recover from adverse conditions, including natural disasters, public health crises, economic hardship, consolidation of power, and cultural loss. We can become more resilient by preparing for and adapting to shocks in our food system and cultivating diverse, local and regional economies.

One way we can do this is by supporting the locally grown crops unique to specific regions throughout the country, which are major contributors to local and regional economies and food systems. For example, two of our largest producing crops in Hawai'i are macadamia nuts and coffee. In 2021, nearly 7,000 acres of coffee was harvested in Hawai'i, yielding an estimated 23.8m lbs. In 2020, nearly 17,000 acres of macadamia nuts were harvested, yielding 49m lbs. On Kamehameha Schools' land, tenants grew approximately 1,900 acres of coffee and 1,700 acres of macadamia nuts, producing nearly 7 million lbs of coffee and 4 million lbs of macadamia nuts. While these are not Indigenous crops for Native Hawaiians, the production of these crops helps support the collective food system and local economy that includes Indigenous crops.

For these reasons, we encourage Congress to support growing the resiliency of our Native communities' food system by:

- Support policy to celebrate and grow each state's unique locally grown crops; and
- Supporting policy that protects the authenticity of Hawai'i made products.

Conclusion

We are grateful for this roundtable discussion, which we hope will lead to greater ongoing conversations to improve the food systems that serve Native Hawaiians and all Indigenous peoples across the country.

Founded in 1887, Kamehameha Schools is an educational organization striving to restore our people through education and advance a thriving Lāhui where all Native Hawaiians are successful, grounded in traditional values, and leading in the local and global communities. We believe that community success is individual success, Hawaiian culture-based education leads to academic success and local leadership drives global leadership. Hānai i ke keiki, ola ka lāhui; nurture the child, and the people thrive.



Intertribal Agriculture Council
PO Box 958, Billings, MT 59103

Roundtable on Ending Hunger in America: Indigenous Nutrition & Food Systems
Before Members of the House Rules and Natural Resources Committees
February 18, 2022

Introduction

Testimony of Lexie Holden, Associate Director of Policy & Government relations of the at the Intertribal Agriculture Council (IAC), presented before members of the House Rules Committee and House Natural Resources Committee.

Chairman McGovern, Chairman Grijalva, and Members of the House Rules and Natural Resources Committees, thank you for inviting me to provide you all with testimony regarding our efforts to end hunger in Tribal communities. My name is Lexie Holden and I serve as the Associate Director of Policy & Government relations at the Intertribal Agriculture Council. I am a member of the Choctaw Nation of Oklahoma and an alum of the 27th Class of Bill Emerson National Hunger Fellows. Today my testimony will focus on food insecurity during COVID-19 and the resiliency of Tribal communities.

Intertribal Agriculture Council (IAC)

The Intertribal Agriculture Council (IAC) was founded in 1987 to pursue and promote the conservation, development, and use of our agricultural resources for the betterment of our people. Land-based agricultural resources are vital to the economic and social welfare of many Native American and Alaskan Tribes. Prior to 1987, American Indian agriculture was practically unheard of outside reservation boundaries. Today, federal, state, and organizational partners draw upon IAC's expertise to inform programming and policies that impact Indian Country.

The State of Hunger Across Indian Country Pre-COVID

My colleague, Carly Hotvedt from the Indigenous Food and Agriculture Initiative, shared an excellent overview of the policies which have shaped Indian Country. I will now discuss the impact of those policies on present-day levels of food insecurity.



Food insecurity is “a lack of consistent access to enough food for an active, healthy life.”¹ We argue that this food should also be affordable, nutritious, and culturally relevant, as well as located in areas that are accessible to all regardless of one’s ability or zip code.

Prior to the COVID-19 pandemic, rates of food insecurity for American Indian/Alaska Native households were double that of non-AI/AN households. Whereas 1 in 8 Americans faced food insecurity in 2019, 1 in 4 Native Americans were food insecure.²

However, these statistics do not portray the true state of hunger across Indian Country. For some Tribal communities, the rate of food insecurity can be as high as 92%.³ Studies of food insecurity tend to undersample Native populations; they tend to combine Native Americans with other racial/ethnic demographics; and often, they tend to mislabel us as “something else,”⁴ “other,”⁵ or excluded altogether. Data is used to inform federal policies and funding, and we see the effects of our underrepresentation when we look at the overall investment in Tribal citizens by the US government and see that it is only two-thirds of that which is invested in non-Native US citizens.⁶

COVID-19 Pandemic’s Effects on Food Insecurity

¹ “Definitions of Food Security.” *USDA ERS - Definitions of Food Security*, United States Department of Agriculture Economic Research Service, 8 Sept. 2021, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.

² “How Hunger Affects Native American Communities.” *One in 4 Native Americans Is Food Insecure*, Move for Hunger, <https://moveforhunger.org/one-in-4-native-americans-is-food-insecure>.

³ Meredith, Eric. “November Is Native American Heritage Month.” *Hunger and Health*, Feeding America, 10 Nov. 2020, <https://hungerandhealth.feedingamerica.org/2020/11/november-native-american-heritage-month/#:~:text=Native%20American%20Food%20Insecurity%20Statistics&text=A%20study%20published%20in%20the,food%20insecurity%20rate%20of%2025%25>.

⁴ *Indigenous Identity: More Than “Something Else”*, Native Americans in Philanthropy, 24 Nov. 2020, <https://nativephilanthropy.org/2020/11/24/indigenous-identity-more-than-something-else/>.

⁵ Nagle, Rebecca. “Native Americans Being Left out of US Coronavirus Data and Labelled as ‘Other’.” *The Guardian*, Guardian News and Media, 24 Apr. 2020, <https://www.theguardian.com/us-news/2020/apr/24/us-native-americans-left-out-coronavirus-data?ref=hp> per.com.

⁶ Henson, Eric, et al. “Policy Brief No. 7: Assessing the U.S. Treasury Department’s Allocations of Funding for Tribal Governments under the American Rescue Plan Act of 2021.” *Harvard.edu*, Harvard Project on American Indian Economic Development Native Nations Institute, 3 Nov. 2021, https://ash.harvard.edu/files/ash/files/assessing_the_u.s._treasury_departments_allocations_of_funding_for_tribal_governments.pdf?m=1635972521.



Indian reservations tend to be in very rural parts of the country.⁷ Prior to the pandemic, this already left many Tribal communities at the end of the food supply chain, resulting

in higher prices, lower food quality, and limited choices at the grocery store.⁸ Beyond food access, Tribal communities also tend to have elevated rates of unemployment and poverty. Access to healthcare is also limited for Tribal communities, despite higher rates of obesity, diabetes, and smoking.⁹ When we examine the relationship between health, poverty, and food insecurity during COVID-19, it is not surprising that Native Americans were 3.5 times more likely to catch COVID than white individuals, and 2.8 times more likely to die from it.¹⁰ These numbers are in spite of the fact that Native Americans have the highest vaccination rates of any demographic.¹¹

Thanks to the Native American Agriculture Fund (NAAF), the Indigenous Food and Agriculture Initiative (IFAI), and the Food Research and Action Center (FRAC), we now have a study detailing the impacts of COVID-19 on the rate of food insecurity in Native American communities. From over 500 survey responses, we learned that the overall food insecurity rate for Native American households without children was around 42% and for families with children, that number leaped to around 51%.¹²

Resiliency of Native American Producers & Tribal Communities

Despite all of this, Tribal communities have always been, and continue to be, resilient in the face of adversity. I would like to highlight some of the 2021 success stories from the Intertribal Agriculture Council's Technical Assistance (TA) Network. Our TA Specialists were instrumental in helping Native American agriculture producers remain in operation during the pandemic so that they could continue to feed their communities. In 2021, the IAC's Technical Assistance network served over 13,000 individual Tribal

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<https://www.usetinc.org/wp-content/uploads/bvenuti/WWS/2017/May%202017/May%208/ Twice%20Invisible%20-%20Research%20Note.pdf>

⁸ <https://moveforhunger.org/one-in-4-native-americans-is-food-insecure>

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[https://www.cdc.gov/tribal/data-resources/information/chronic-diseases.html#:~:text=American%20Indian%20Alaska%20Native%20\(AI,more%20likely%20to%20be%20smokers.](https://www.cdc.gov/tribal/data-resources/information/chronic-diseases.html#:~:text=American%20Indian%20Alaska%20Native%20(AI,more%20likely%20to%20be%20smokers.)

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<https://www.medrxiv.org/content/10.1101/2021.03.13.21253515v1#:~:text=CONCLUSIONS%20Most%20risk%20factors%20for,risk%20of%20COVID%2D19%20mortality.>

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<https://www.nicoa.org/american-indians-have-highest-covid-vaccine-rate/#:~:text=The%20tracker%2C%20E2%80%9CPercent%20of%20People,and%2039.1%20percent%20fully%20vaccinated.>

¹² <https://frac.org/wp-content/uploads/Reimagining-Hunger-Responses-in-Times-of-Crisis.pdf>



producers, Tribal government contacts, and partners.¹³ A few of the projects our Technical Assistance Specialists led include:¹⁴

- The Tribal Elder Food Box Distribution program, which sourced products from local Tribal producers and fed Tribal elders (*Daniel Cornelius, Great Lakes Region*)
- The Food 4 Families Processing Coupon initiative, which let Tribal youth involved in 4-H process their show animals, feeding their families and communities (*Katherine Minthorn, Northwest- Oregon/Idaho*)
- Disaster assistance program outreach, which kept producers' operations afloat during unprecedented drought conditions resulting in decreased livestock feed availability (*Mike Shellenberger, Northwest- Washington*)
- Soil health workshops to support regenerative agricultural practices among producers, reducing and reversing the effects of climate change in production (*Desbah Padilla, Southwest Region*)

A Path Forward

After speaking with our producers, Tribal leaders, TA Specialists, and other stakeholders, we have collected several suggestions for how to eliminate hunger across Indian Country, during the COVID-19 pandemic and beyond. They include:

- Expanding 638 Tribal Self Governance Authority to allow more Tribes to source products for the Food Distribution Program on Indian Reservations (FDPIR) from local and regional Tribal producers
- Enabling Tribal governments to administer all federal nutrition programs
- Creating set-aside programs at USDA to increase Tribal producers' access to credit, land, equipment, crop insurance, and other resources relevant to agriculture production

¹³ "Success Stories Volume III." *IndianAg*, Intertribal Agriculture Council, 2021, https://www.indianag.org/_files/ugd/53da25_a9317b3a679a41ada11cb77aea6e722d.pdf. (2021 Success Stories)

¹⁴ *Ibid.*



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- Removing the restrictions on concurrent usage of the FDPIR and Supplemental Nutrition Assistance Program (SNAP)
 - Working with Native American data scientists to better count American Indians/Alaska Natives in all federal studies related to nutrition and agriculture
 - Continuing to make investments in Tribal food economies; a \$528 million investment in infrastructure for regional food hubs across Indian Country could create a potential return of over \$9.4 billion¹⁵

Thank you for taking the time to listen to my testimony. I believe that ending hunger in Indian Country is possible, so long as those in power continue to listen to us and make investments in our communities. I look forward to answering your questions.

If you wish to reach me after the conclusion of this roundtable, please feel free to email me at lexie@indianag.org.

¹⁵ Simms Hipp, Janie, and Maria Givens. "Native American Agriculture Fund: Reimagining Native Food Economies." *Issuu*, Native American Agriculture Fund, 27 Oct. 2020, https://issuu.com/nativeagfund/docs/naaf_nativefoodecon_spread.



REGAINING OUR FUTURE

An Assessment of Risks and Opportunities
for Native Communities in the 2018 Farm Bill



Prepared by
**Janie Simms Hipp
and Colby D. Duren**
Indigenous Food and Agriculture Initiative

Commissioned by
Seeds of Native Health
A campaign of the Shakopee
Mdewakanton Sioux Community



REGAINING OUR FUTURE

An Assessment of Risks and Opportunities
for Native Communities in the 2018 Farm Bill



June 2017

Hipp, Janie Simms, and Duren, Colby D. June 2017. *Regaining Our Future: An Assessment of Risks and Opportunities for Native Communities in the 2018 Farm Bill*. Prior Lake, Minnesota: Shakopee Mdewakanton Sioux Community.

Photos provided by Bryan Pollard/Indigenous Food and Agriculture Initiative, Intertribal Agriculture Council, Ryan Red Corn, and Shakopee Mdewakanton Sioux Community.



“Much like the 2014 Farm Bill, which was projected to spend \$956 billion over a 10-year period, the 2018 Farm Bill will be one of the largest non-defense funding authorizations to be considered in the history of this country. Since the Intertribal Agriculture Council’s inception, we have struggled to rally the support of tribes to effectively advocate for greater Native inclusion in previous Farm Bills. This document will serve as a new foundation for our ongoing efforts, working in partnership with the Indigenous Food and Agriculture Initiative, the SMSC’s Seeds of Native Health campaign, the National Congress of American Indians, and the Intertribal Timber Council to ensure well-crafted, effective, and thoughtful agriculture and nutrition policy; and a soapbox from which tribal voices can be heard in creating of that policy.”

ROSS RACINE

Executive Director

Intertribal Agriculture Council



National
Congress of
American
Indians

“For many years NCAI has been involved in Farm Bill discussions and negotiations as our tribal leadership and membership have recognized the important opportunities it provides for Indian Country. With so many tribal governments recognizing the importance of securing self-determination in the development of food systems for tribal citizens, we join the call to ensure that Indian Country’s voice is included in the upcoming Farm Bill discussions. We believe that the next step in strengthening tribal communities will be through diversified economic development, including food and agriculture production and businesses, natural resource development, as well as a more intense focus on infrastructure development. This document will help us examine the breadth of opportunities that are available throughout the Farm Bill to allow Indian Country to achieve its goals through advocacy and engagement.”

JACQUELINE PATA

Executive Director

National Congress of American Indians



“The Farm Bill provides important congressional authorization and direction on the health of forests. Tribal forests and woodlands are critical assets that contribute to the lives, well-being, and economic vitality of tribes across the country. The Intertribal Timber Council supports additional tools in the Farm Bill reauthorization to help tribes manage their forests and woodlands, while protecting them from wildfire, pests and disease.”

PHIL RIGDON

President

Intertribal Timber Council



The grassroots movement to reclaim Indigenous foodways, improve our food security, and assert our food sovereignty is growing throughout Indian Country. But the role and influence of the federal government in Native nutrition, agriculture, ranching, fishing, forestry, and conservation remain enormous.

Just as the change in seasons brings new rhythms to everyday life – sowing, cultivating, growing and harvesting – the change in political seasons brings new tasks in the life of our communities.

As the Trump Administration and the 115th Congress prepare to shape the next Farm Bill, there has never been a better – or more critical – time for Native Americans to unite around this task: to consider our common goals, join together, and advocate for our interests in this mammoth piece of domestic legislation.

Frankly, there is much at risk for us in the next Farm Bill. But, with a spirit of both realism and hope, we also can envision new, positive opportunities for tribal governments, Native producers, environmental stewards, and community members. For that reason, we commissioned one of the great food leaders in Indian Country, Janie Hipp, to analyze these risks and opportunities. Janie and her colleague Colby Duren worked in close consultation with the Intertribal Agriculture Council, the National Congress of American Indians policy staff, and the Intertribal Timber Council to develop this exhaustive report and ensure that it reflects the broadest perspective possible.

This report is not the end – it is the beginning – of what we hope will be a heightened consideration of the importance of our voices in this process.

We hope this report may provide the basis for a new, increased degree of involvement and collaboration by tribal leaders, activists, citizens, and our allies in the debate over the Farm Bill. If we work together, Native Americans on reservations and in urban areas alike can take another important step forward in controlling our own economic, nutritional, cultural and spiritual destinies.

Sincerely,

SMSC Business Council

Chairman Charles R. Vig

Vice-Chairman Keith B. Anderson

Secretary/Treasurer Freedom Brewer





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INTRODUCTION



The long history of federal food and nutrition policy can be traced to our nation's early days. The agriculture committees in Congress are among the oldest: the House of Representatives agriculture committee was established in 1820 and the Senate agriculture committee in 1825. The United States Department of Agriculture is the second oldest federal agency and is the primary federal department charged with overseeing domestic and international policy related to: U.S. food security; domestic food systems; international food policy; trade; nutrition; conservation; rural development; research; and the nation's forest system. As the first farmers, ranchers, irrigators, food producers, and stewards of this land, each of these important policy areas have significant impacts and meanings for Indian Country. We must be engaged in the improvement and development of federal food policy because it directly impacts our lands, our foods, our waters, our natural resources, and our economic development opportunities.

The Farm Bill is the major omnibus piece of federal legislation that addresses all of these policy areas. While U.S. federal laws crafting food and agriculture policy can be traced into the 1800s, and a bit earlier, state and local laws relating to food and agriculture can be traced back even further as agriculture production and trade led to the birth of many states and localities. The more modern provisions of what we now refer to as the federal Farm Bill were first envisioned in the 1930s. Prior to the 1930s, federal law consisted primarily of provisions to provide land to farmers; credit or other financial support to food producers; and research to establish the original land grant institutions. Strikingly, these early pre-1930s provisions which created new farming communities and opportunities for homesteading settlers, represented a great loss by tribes of our communities, many citizens, our foods, and our traditional homelands through hundreds of treaties between the early United States and Tribal Nations. This created a complex and storied history that still impacts tribes and tribal agricultural today.

.. ———— x ^ x ———— ..

*Indian Country's relationship
with farming and ranching
is a tale of two worlds.*

Indian Country's relationship with farming and ranching is a tale of two worlds. On one hand we, as Indigenous peoples, have long been engaged in feeding ourselves. Our significant relationship with this continent's plants, animals, and food systems is well-established in written historical accounts, oral traditions, and archaeological and anthropological evidence. Most of our early and ancient communities on these lands were deeply involved in complex agricultural systems; some were among the first "agricultural researchers," domesticating a wide variety of crops used for feeding our communities and families. The history of the foods commonly eaten in the U.S. today, and around the world, can be traced to original Indigenous peoples.

On the other hand, we, as Indigenous peoples, have been forced for centuries to endure the sidelining of our deep and complex food system knowledge in favor of supporting the food systems of those who claimed this continent as their new home. We were told to be "farmers" in our early treaties, yet forced to ignore the food systems that existed in this country for centuries in favor of establishing farming and ranching practices more familiar to the new settlers. Treaties, federal removal, and reservation policies led not only to the loss of our rights to be at home on our own traditional lands, but to feeding our people in food systems which had supported us for centuries. These new federal policies led to significant disconnections between us and our existing food systems, and the sheer act of feeding ourselves, which was the embodiment of self-determination and self-governance in food we had exercised for so long, was lost.

The treaties between the United States and various Tribal Nations clearly show the intent of those executing the treaties to "assist" Tribal Nations in the pursuit of "farming." While these treaties are the legal embodiment of loss, trauma, pain, anger, and removal from our lands, the language of "farming" remains nonetheless. Many of these early

treaties discuss at length the assignment of tracts of “tillable” or “arable” land in established acreages for “cultivating the soil as farmers.”¹ Such lands were decreed to no longer be held in common, but held “in the exclusive possession of the person selecting it, and of his family, so long as he or they may continue to cultivate it.”² The employment of individuals to “instruct (them) in the mode of agriculture suited to their situation”³ was recognized as a duty of the federal government. When Indians selected lands for cultivation, treaties specified that “the agent shall be satisfied that he intends in good faith to commence cultivating the soil for a living, he shall be entitled to receive seeds and agricultural implements.”⁴ Some treaties described tracts of land “upon which their improvements as an agricultural people are to be made” so that their “wandering habits” could be curtailed and went further to identify the employment of farmers “whose duty it shall be to assist the [Menominee] Indians in the cultivation of their farms, and to instruct their children in the business and occupation of farming.”⁵

What is clear from the language of many treaties is that the United States government explicitly intended for Indigenous peoples to become farmers, but ignored the basic premise: that we as Indigenous peoples had been feeding ourselves within sustainable food systems since time immemorial, and we were not dependent on anyone but ourselves

to do so. When our lands were taken from us in exchange for peace and land for the rapidly escalating number of immigrants to this land, we

were told to be “farmers.” A “farmer” by any standard definition is one who cultivates the land to feed him or herself and others around him or her. Many of our ancestors had been “farming” for centuries. But in ways that were known to us and were in concert

and harmony with the lands, water, plants, and animals. Many tribes had deep trade relationships with other tribes in the currency of food.

While the lengthy history of those treaties and the parallel history of our peoples, their relationship with their lands, and their ability to feed themselves have been fraught with stories, many too terrible to tell, what isn’t well known is that all Indian Country has a stake in a modern Farm Bill. We must amplify this because our health, our well-being, and the building of sustainable economies within our communities requires that we not turn away from this important piece of federal legislation. The Farm Bill focuses on the policies that are important to us all: food security; food production; creating food businesses; conservation of our lands; building trade relationships; continuing to grow our knowledge of foods we rely upon; building strong communities; and ensuring the infrastructure of our communities can be built, repaired, and continually improved.

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Many of our ancestors had been “farming” for centuries. But in ways that were known to us and were in concert and harmony with the lands, water, plants, and animals.



FARM BILL

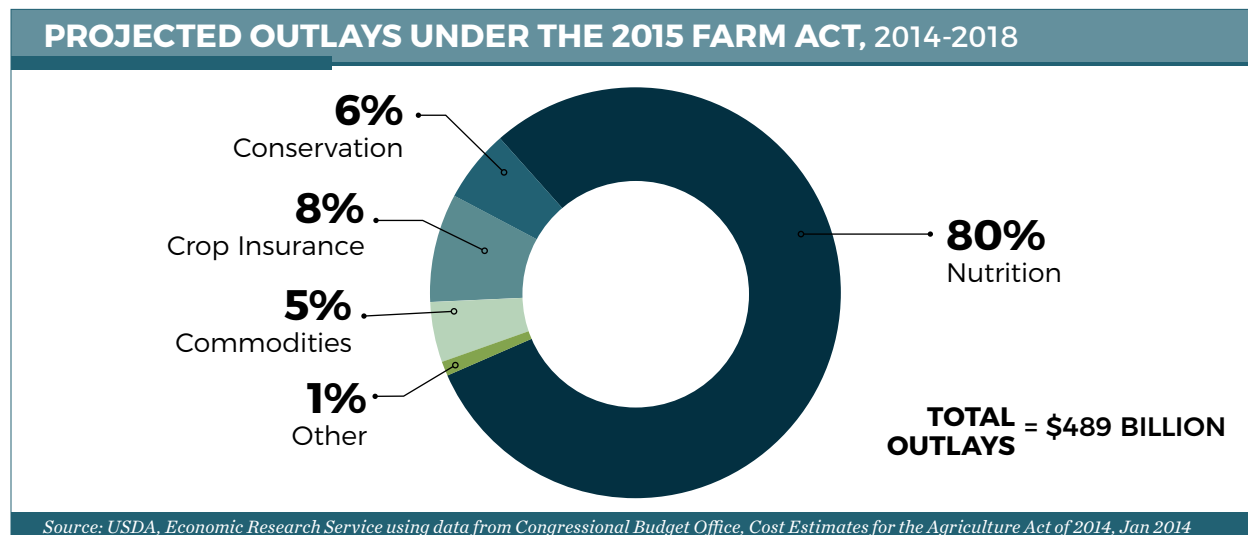


The “Farm Bill” is the major, omnibus legislative act historically considered by Congress every five years that serves as the primary vehicle for developing these federal food and nutrition policies. The most recent version of the Farm Bill was passed in 2014.⁶ When passed, the Congressional Budget Office projected that the 2014 Farm Bill would have \$489 billion in spending over five years, with: 80 percent of the outlays funding nutrition programs; 8 percent funding crop insurance programs; 6 percent for conservation programs; and 5 percent funding commodity programs. The remaining outlays fund all other programs authorized by the act, including: trade, credit, rural development, research, marketing, forestry, energy, agriculture, and an assortment of other miscellaneous programs.

Indian Country, with only a few exceptions, has been primarily absent from Farm Bill discussions that establish national food policy for decades. We have relied upon a few active tribes and policy specialists, who have been dedicated to advocating for and correcting problems with federal food and agriculture policy on behalf of all of us. The importance of honoring those voices now cannot be overstated. But the health of our people and the survival of our communities depends on us now finding a louder voice. The seeds of our health require watering and tending. Whether we like it or not, the health and well-being of our people and our tribes necessitate that we become more engaged. Since it is passed approximately every five years,

Farm Bill policies stretch across administrations, making most of the debates, by their very nature, bipartisan. The voices in the Farm Bill encompass urban and rural views that stretch across the entire country and around the world. They can champion conventional production, organic, local, export, raw commodity products, and value-added products. Some groups advocate exclusively for nutrition and feeding programs. Others work on issues related to the business of farming and food production. Some focus on research and extension of knowledge. Others focus on conservation of private or public lands and our nation’s forest lands. Despite how messy it can be, it is critical to harmonize all these interests.

Indian Country’s relationship with the Farm Bill has clearly been complex. We have sought changes to sections that directly affect us and we have partnered with others, Native and non-Native alike, to have our voices heard. But we have not taken a deeper, more targeted approach to exerting ourselves in large ways across the entire Farm Bill landscape. While some might say that Indian Country is not affected by every section or title of the Farm Bill, that is simply not the case. Nearly 25 percent – and in many communities more than 50 percent – of all our citizens may directly access and participate in the feeding programs that make up almost 80 percent of the Farm Bill outlays of the Nutrition Title.⁷ Tribal lands⁸ are deeply engaged in agriculture. In fact, more than 50 million acres



of our lands are engaged to some extent in food production and agriculture.⁹ Our lands participate in the programs. Our people have farm and ranch loans and guaranteed loans. Our Tribal Colleges and Universities receive funding under the Research Title. Our food products are the subject of trade and are affected by the Trade Title. And on and on.

We are entering a period when Indian Country voices in the Farm Bill debate need to be louder. The full scope of food and agriculture programs must be available to us in order to turn the page on the significant food and health-related impacts within our own Native communities. We have the highest numbers per capita of individuals who are dependent on feeding programs in the United States. Our health disparities are among the worst of any population group in the nation. Our rural, reservation, and isolated communities are in dire need of infrastructure and economic development focus. While we have access to millions and millions of acres of lands that are already engaged in some form of food production, the very foods raised and grown on our lands do not stay within our communities to feed our people and grow our communities and economies.

We can hold on to and encourage the momentum surrounding the “food sovereignty” movement so many of our Indigenous peoples are engaged in; we can encourage and promote the utilization of our lands to enhance our own and others’ food security during a time of a growing world population; and we can seize the opportunity to build food infrastructure in our communities and regions to ensure that the changes we want to make are cemented in place for future generations. To do so, we need to have a bigger voice in the Farm Bill.

The Farm Bill provides resources and programs that will allow us to reach our goals more quickly than in the past. We have access to land and water that we can strategically utilize to improve the health, well-

being and economies of our communities; and we live at a time when people are seeking food that matters. We cannot ignore the singular piece of federal legislation that can either slow down or speed up our journey to health, food security, food sufficiency, food access, and food economic sustainability. As we become more engaged with the Farm Bill, many will welcome our voices and presence in the upcoming food and agriculture policy debates.

This document offers a glimpse of the structure of the Farm Bill and the historical context surrounding key components of the current bill. It also discusses the promises and opportunities as well as the challenges and barriers associated with the Farm Bill. We recognize that this is a complex journey. We hope you will glean from this document a sense of the policy levers that can improve our personal health and economic viability goals; the many reasons to become active and lend our voices to a more significant, unified presence in the upcoming Farm Bill debates; and the immense opportunities to come. Our time is now, so, let’s begin the discussion.

.. ————— x ^ x ————— ..
We are entering a period where Indian Country voices in the Farm Bill debate need to be louder.

THE FARM BILL: SOMETHING FOR EVERYONE

When then President Obama signed the 2014 Farm Bill into law, he referred to the bill as a Swiss Army knife, because of the multiple functions of the Farm Bill: research, jobs, infrastructure, conservation, innovation, safety net, and health and nutrition. The bill itself is currently structured around 12 titles, each with varying sub-sections. Every title of the bill is important to Indian Country. The discussion below will explore the purpose and relevance of each of these titles and the many subsections to tribes. For the most part, we have tended to focus on a few sections for a narrow purpose and have seldom expanded our voices to impact the entirety of the Farm Bill on behalf of the entirety of Indian Country.



Before we delve into these deeper discussions of sections and titles, one overarching comment must be made. For the most part, **USDA programs and authorities strewn throughout the Farm Bill have very few “Indian-only” focused programs, very few “set-asides” for tribes, and USDA does not have “638” self-governance contract and compact authority.**¹⁰

638 authority would give tribes the ability to engage more simply and efficiently with all USDA agencies and assure tribal administration and control of the delivery of the vast array of USDA programs. Many USDA programs and authorities lend themselves well to tribal management under 638 authority.

But this authority must be granted by Congress to USDA in order for USDA to begin negotiations and for tribes to start the implementation processes necessary to manage these programs. It is critical that we advocate for 638 authority for nutrition and forestry programs in the 2018 Farm Bill.

The Farm Bill focuses on the needs of the United States in several key areas, such as feeding programs and nutrition; farming, ranching, and food businesses; rural development; rural infrastructure; research that affects food, agriculture, and related areas; markets and trade due to their importance to agriculture; conservation of lands; and forestry. Most of the programs and services in the Farm Bill

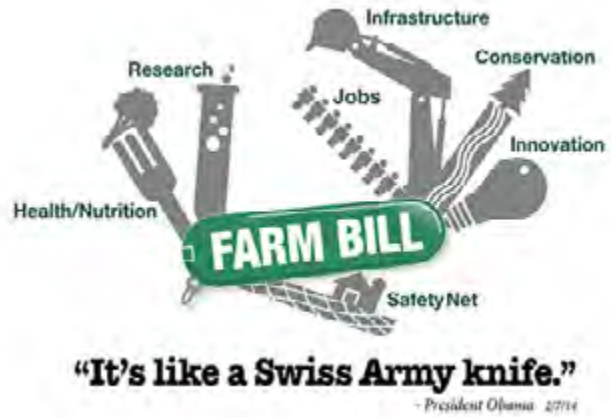
are designed to be broadly accessible. With some notable exceptions which are discussed below, these provisions are not “tailored” to the needs of tribes. The discussion identifies several key policy areas where “set-asides” or “Indian-only” programs would be very appropriate and would build on language that already exists in the Farm Bill.

We also discuss the importance of the simple act of including “tribal governments” in the existing intergovernmental approaches through which many of the USDA programs are delivered. Many tribes are taking steps to create **“Tribal Departments of Food and Agriculture”** within their tribal governments. These departmental offices at the Tribal level must be incorporated into the existing intergovernmental relationships honored for decades by USDA. And finally, most USDA programs haven’t even begun to be seriously utilized by tribes because, for the most part, we are invisible in those relevant Farm Bill sections authorizing the programs. But we need to act now to change that. Creating our own Departments of Food and Agriculture is an important way to place ourselves squarely in an intergovernmental position vis-à-vis the USDA. Another is to become more knowledgeable about and engaged in Farm Bill discussions.

Slight amendments will be necessary to expand the Farm Bill to address the needs of Indian Country. It is equally important to realize that the existing treaty obligations which are still relevant today are necessary to stabilize tribal communities and accelerate the ability of tribes to meet their economic, food, infrastructure, and health needs.

INDIAN COUNTRY'S CONSISTENT VOICES IN THE FARM BILL

The Intertribal Agriculture Council (IAC) and the National Congress of American Indians (NCAI) have been the stalwarts of ensuring that Indian Country has a voice in Congress and with the



administration on Farm Bill related issues. The IAC was born out of the 1980’s farm financial crisis, which had unique and devastating impacts on tribal producers. These organizations’ initial policy statements on the 2018 Farm Bill are included in the appendix.

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Every title of the bill is important to Indian Country.

It is critical that their voices are amplified by a chorus of other tribal leaders, organizations, and communities to achieve our goals.

IAC’s early thoughts on the upcoming Farm Bill discussions start with insight about our past.

Agriculture in Indian Country and in other Socially Disadvantaged communities has made tremendous strides in recent versions of the Farm Bill when you consider their meager representation prior to the 1994 Bill. The number of Native producers is up, production is more diversified, participation rates in some Farm Bill opportunities is improved, and we are poised to take the next step; turning our people into food producers and rebuilding our food systems locally, regionally, nationally and internationally.

When dealing with such long ranging policy, there is always room for adjustment in existing policies, in addition to exploring brand new concepts. Thirty years of tireless advocacy, effort, and conversations with and on behalf of our Native producers informs the following recommendations.

Our initiatives for consideration in this and future Farm Bills are reflective of our formative documents; used to capture the landscape, barriers, and opportunities in Indian Agriculture in the mid 1980s. There were several areas of emphasis covered in that document, but they can be summarized in two general categories: fair access to credit, and improvement of federal services.

First, it must be stated that the IAC is not in favor of an “Indian Title” in the Farm Bill, or in any other legislation that is national in scope and not specifically dealing with Indian Country. We prefer the concept of increased Native American participation intertwined so deeply in every program and service throughout the government that it would not only take a concerted effort to unravel it, it becomes second nature for all service providers to think, “what is the Native American point of view on this?” This also guides our approach to our Farm Bill priorities.

First and foremost, the linkage between farm policy programs to feed the hungry, be they overseas, or United States citizens must be maintained by keeping them

tied together in the Farm Bill. When this discussion is held, too often, we forget that in addition to feeding those in need, SNAP, WIC, FDPIR, and even the overseas hunger efforts, all serve as the price support structure for the American agriculture economy.

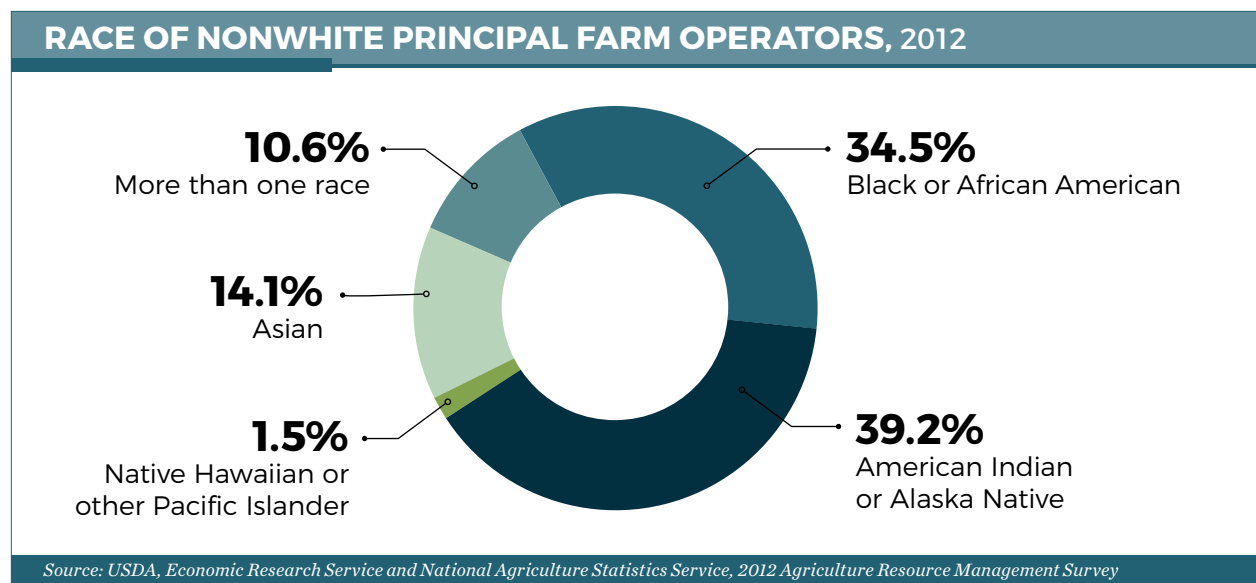
Parity for Livestock Producers. It hasn’t been until recently, that livestock producers have been thoughtfully included in Farm Bill discussions and programs. As a result, there is considerable room for improvement. What makes this especially important is that the very nature of their business not only

results in a lack of income when commodity prices are down, their borrowing power proportionately reduced, as a function of their equity base being erased by forces outside of their control. Where crop producers often own the land and equipment used in production, assets

with a somewhat stable appreciation or depreciation trajectory, that isn’t tied so closely tied to the market; livestock producers not only depend on livestock prices as their main source of income, their ability to borrow operating capital for production expenses or expansion is directly and inextricably linked to these prices.

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Most USDA programs haven’t even begun to be seriously utilized by tribes because, for the most part, we are invisible in those relevant Farm Bill sections authorizing the programs. But we need to act now to change that.





Crop producers have access to ACRE, Counter-Cyclical Payments, and Loan Deficiency Payments, not to mention Federal Crop Insurance, to manage their risk from market fluctuations and production losses. Livestock producers have a very limited set of tools in their risk management toolbox. Most of those tools come at an upfront price. Crop growers have the luxury of being a premium their proper insurance products after the harvest, which enables them to avail themselves of this tool at no actual cost. We seek the same latitude for livestock producers.

It is often challenging to convince underserved, and higher risk, populations to participate; as a result, a “socially disadvantaged” subsidy rate should be established, which would increase the willingness of insurance providers to seek them as customers.

The IAC regularly assists producers with FSA loans for livestock production. Both direct and guaranteed loans force a state-determined planning price to develop cash flows. When this projected price is above what is realized, through no fault of their own the producer’s plan is no longer viable and they become “distressed.” Loan deficiency payments could assist with this and prevent considerable numbers of defaults while saving countless hours of staff time in restructuring.

A pilot project that would develop a congruent set of tools for livestock producers should be a part of this Farm Bill. Existing risk management tools for livestock producers should have premium payments deferred until production is known, as federal crop insurance is. In addition, the subsidy rate should be higher for Socially Disadvantaged Groups to improve their participation in risk management opportunities. Many Native producers are horse owners. For many of these producers, horses are the income source from property under their control. Growing horses is a permitted livestock operation under tribal law in these cases, and should be treated as agriculture by the USDA for the purposes of lending, risk management, value added agriculture, and disaster assistance. We can draw a parallel to floriculture if needed to illustrate how broad the interpretation can be.

According to the National Congress of American Indians (NCAI):

Agriculture is a major economic, employment, and nutrition sector in Indian Country. The 2012 U.S. Department of Agriculture Census of Agriculture counted at least 56,092 American Indian-operated farms and ranches on more than 57 million acres of land. These farms and ranches sold \$3.3 billion of agricultural products, including more than \$1.4 billion

of crops and \$1.8 billion of livestock and poultry.¹¹ **Additionally, the 2007 Census of Agriculture Fact Sheet notes that, “American Indian farm operators are more likely than their counterparts nationwide to report farming as their primary occupation...to derive a larger portion of their overall income from farming...[and] to own all of the land that they operate.”**¹² As a result of the huge agricultural footprint across Indian Country and the fact that more than 35 percent of American Indian and Alaska Native peoples live in rural communities,¹³ tribal governments and farmers look to active partnerships throughout the US Department of Agriculture (USDA) to sustain and advance common interests across the broad array of services that this federal agency provides to tribal governments.

Programs at USDA span a wide range of areas that have an impact on Indian Country, including food safety, housing, business development, telecommunications and broadband, water systems, crop insurance, nutrition, land conservation, forestry, research, and of course the programs designed to assist farmers. In FY 2012, Rural Development and the Rural Utility Service together funded investments totaling more than \$190 million in Indian Country, with approximately half of that in the form of loans and loan guarantees. As such, tribal governments look to the myriad of services, programs, and resources available from the USDA to ensure sustained prosperity and economic security to American Indians and Alaska Natives — not only through its programs to farmers and ranchers, but also through programs that serve tribal governments, natural resource managers, youth, colleges, water infrastructure providers, tribal utilities and housing providers, and tribal communities.¹⁴

In 2013, NCAI also published recommendations for Farm Bill engagement, stating:

The support provided through the Farm Bill has long been recognized as holding many opportunities to create sustainable, resilient, and land-based jobs while providing food and economic resources for our nations and supporting

*our youth and educational opportunities. Important concepts that should control Farm Bill discussions from the Indian Country perspective include **parity, opportunity, and consistency.***

Parity requires that legislation and funding for USDA programs and services include tribal governments at the same level as states and counties in the delivery of meaningful food and agriculture, nutrition, health and education programs. **Opportunity** is what the Farm Bill should provide to Indian Country through tribal support and incentive programs as well as a statutory requirement to the USDA to focus the provision of all USDA services and programs to Substantially Underserved Trust Areas. **Consistency** is needed in programs and funding to ensure tribal governments can establish long-term plans and goals for their communities. Funding for some tribal programs at USDA over the last few years – especially in the economic development programs – has been reduced and then consolidated into broader, non-tribal-specific programs. Given the expense and effort it takes to ensure tribes know about USDA programs and are taking advantage of them, it creates a bad shell game to take away tribal-specific programs or move such funding into a general program where tribes must compete.

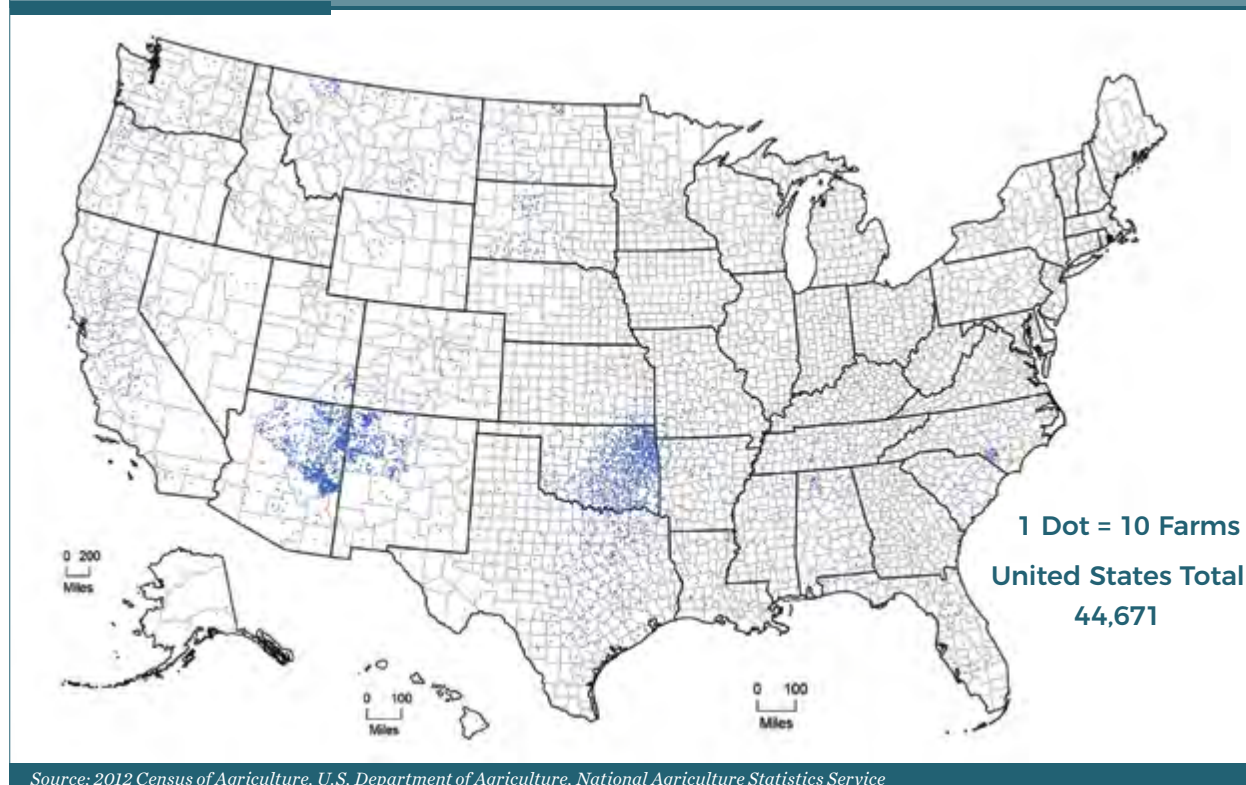
*Agriculture reforms are needed to encourage and support the continued development of Indian Country food and agriculture resources. Reforms in the Farm Bill and in the USDA implementation of farm programs will assure that tribal resources can be optimized in the food and agriculture sector in ways that will support sustainable economic development, which means jobs. Without reforms, Indian agriculture will lack the support necessary to continue its development and the ability of existing tribal food and agriculture businesses to grow and reach new levels of success and prosperity will be affected.*¹⁵

2012 AMERICAN INDIAN AND ALASKA NATIVE FARMS AND RANCHES Total Value of Production

	American Indian or Alaska Native Operators	All Farms
Market value of products sold	\$3.3 billion	\$395 billion
Crop sales	\$1.4 billion	\$212 billion
Livestock sales	\$1.8 billion	\$182 billion
Average per farm	\$59,398	\$187,097

Source: U.S. Department of Agriculture National Agriculture Statistics Service

NUMBER OF FARMS WITH AMERICAN INDIAN OR ALASKA NATIVE OPERATORS: 2012

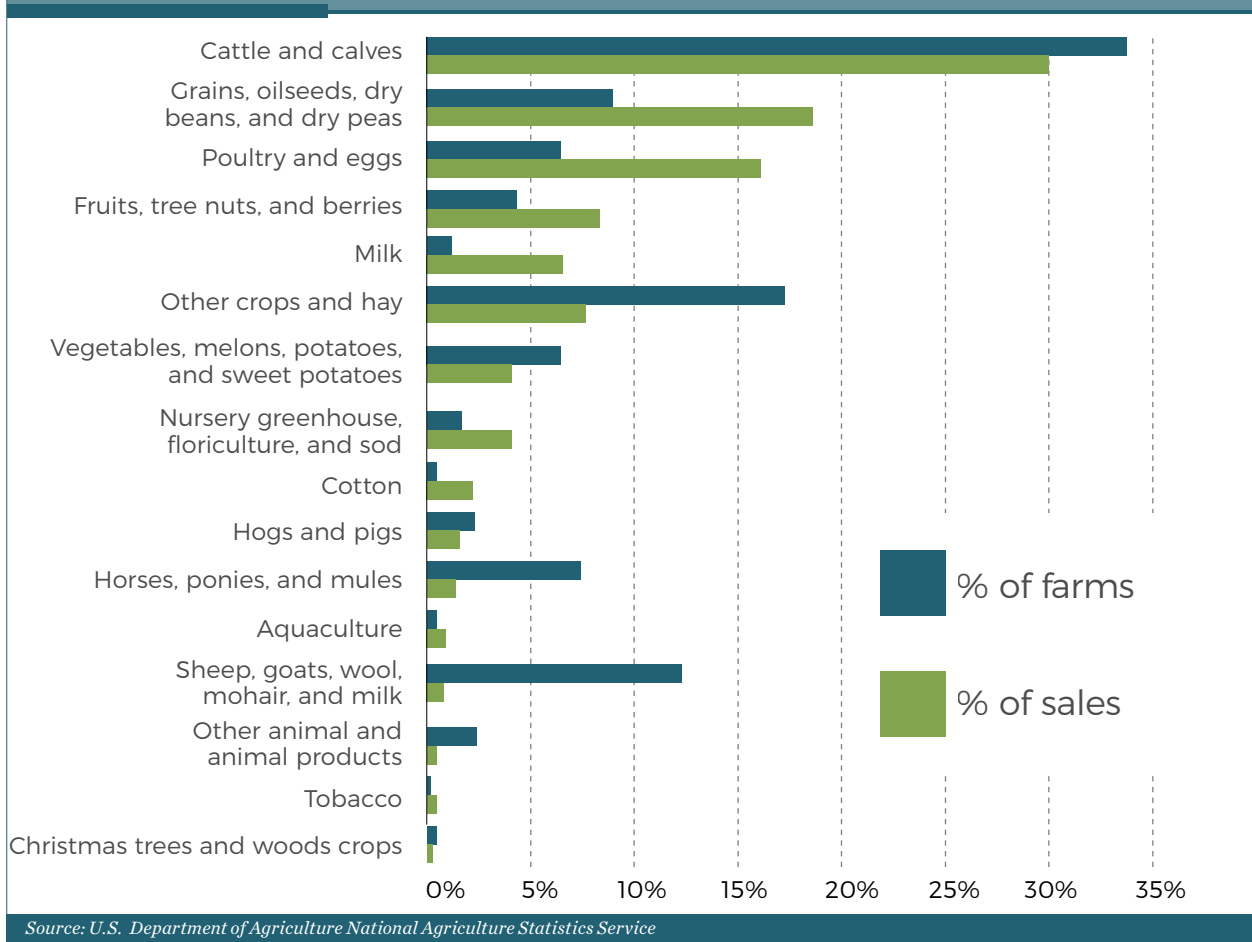


AMERICAN INDIAN FARMS AND RANCHES IN THE U.S.

	2007	2012
Total farms/ranches with Indian operators (farms)	61,472	56,062
Acres operated	58.1 million	57.2 million
Average acres per operation	946	1,020

Source: U.S. Department of Agriculture National Agriculture Statistics Service

SALES OF CROPS AND LIVESTOCK BY COMMODITY GROUP On American Indian Operations, 2012



TITLE I: COMMODITIES



Commodity policy is set in Title I. A commodity is generally defined as “a raw material or primary agricultural product that can be bought and sold.”¹⁶ This title provides programs for farmers who produce corn and other feed grains, wheat, rice, soybeans and other oilseeds, peanuts, and pulses crops (dry peas, lentils, chickpeas), dairy, sugar, and cotton. Historically, these have been known as “staple” crops and were generally considered to be crops whose abundance was important to national and, in some cases, global food security. In the early years of the Farm Bill, most federal farm policy was focused on these important crops. When agriculture became more mechanized and farmers began producing more of these staple crops, the economics (supply and demand) for such crops became volatile for farmers. Market fluctuations, the Great Depression, and the Dust Bowl were among the major factors that led to a shift in federal farm policy and passage of the Agricultural Adjustment Act of 1933, which began modern commodity policy.

Today, Title I focuses on income assistance and market attention and is passed with an eye towards U.S. trade goals and obligations under the World Trade Organization. Agriculture production provides a key trade balancing function for our overall economy. Even in times of great economic volatility, the trade of agriculture commodities in the global marketplace can have a stabilizing effect on the overall U.S. economy. Most countries throughout the world have some policies in place to protect their own farmers and encourage the growth of their own agriculture systems. Most trade deals include some degree of negotiations surrounding agriculture and commodities issues.

Under the most recent 2014 Farm Bill, income assistance to farmers is only provided in cases of significant yield losses in an area or deep price-based losses. Cotton was eliminated as a program crop. Dairy was transitioned to a margin protection program, and livestock producers were given additional protections. Spending on Title I programs is far less in recent years than it has been historically, and for the last decade, spending has

been less than one-quarter of one percent of the federal budget.

In the 2014 Farm Bill, the commodity programs were adjusted in numerous ways. Congress tried to respond to public sentiment to repeal several programs related to farm program payments. Direct payments to farmers were repealed while transition payments to cotton producers remained. Counter-cyclical payments were repealed and average crop revenue programs were as well. Alternative or replacement programs were created in the form of price loss coverage (PLC) and agriculture risk coverage (ARC) programs. Programs in this title provided support for upland cotton producers and created marketing assistance loans for covered commodities and for wool, mohair, and honey producers. Non-recourse loans, marketing allotments and other provisions were provided for sugar producers and the title also covered sections related to dairy. Upland cotton producers became eligible to participate in a new cotton crop insurance program under Title XI (Crop Insurance) which is the Stacked Income Protection Plan (STAX), and cotton producers receive transition payments under the law while the new crop insurance program is created. The payment limitations and the adjusted gross income limitations were amended under this title. Marketing Assistance Loan Programs are kept in place and the sugar program was left unchanged. Program participation in Title I can be very complex.

Title I of the Farm Bill provides very detailed Congressional direction to protect and support many key commodity crops grown in the U.S., and even goes so far as to identify market prices which link to the actual benefits that farmers receive when the market price shifts. In other words, the law specifies the market value at which the protection programs kick in when the market price falls below the congressionally established rate. This title creates the concept of “base acres,” which ties the producer to a set acreage over which program participation extends. Producers may choose individual or county-level farm revenue as the foundation for their participation in the ARC program.

Tribes participating in these programs must do so with a very deep understanding of the market, their costs of production, and the wide variety of risks they face. For tribes and Native producers who regularly produce commodity title covered crops or who participate in the commodities farm programs, a thorough analysis of Title I programs should be conducted every year. That analysis should take place alongside an analysis of crop insurance needs and a further adjustment of business plans and strategic outlooks to properly manage risk and market access.

When tribes are impacted by drought or other weather-related conditions, their knowledge of and participation in both the Title I programs and crop insurance can spell the difference between weathering the storm or failure of the business. All tribes or individual tribal members who suffer livestock and forage losses due to drought or other weather-related circumstances need to act to ensure they attempt to recoup those losses. And equally important, each tribe or individual Native producer who anticipates they will engage in commodity programs must ensure that their land base production is included in the USDA program records, because it provides the basic building for inclusion in the commodity programs. Some tribes have done this effectively and efficiently over the years, while other tribes are just learning the processes. Currently, some tribes are engaging in new relationships with USDA to ensure that all their applicable acreages are included in such programs (as appropriate) and are entering into cooperative agreements that ensure applicable tribal land records are transitioned into the program records as effectively and efficiently as possible.

Payment limitations (i.e., limiting of levels of program funding that can be received by those using the farm programs) are set in the 2014 Farm Bill at

\$125,000 for everyone “actively engaged in farming” but with specific limits for individual program participation. A spouse may receive an additional \$125,000. A separate \$125,000 limit is provided for payments for peanuts under these programs. Cotton transition payments are limited to \$40,000 per year. Benefits under the federal crop insurance program and the new 2014 Farm Bill-created Supplemental Coverage Option (SCO) and the Stacked Income Protection Plan (STAX) program for upland cotton producers have no payment limitations. The limit on eligibility to receive farm program benefits no longer distinguishes between farm and nonfarm income. Under the single adjusted gross income (AGI) limit, any individual with an annual AGI above \$900,000 (including nonfarm income) is ineligible to receive

farm program payments under commodity or conservation programs.¹⁷ Again, tribes and individual tribal producers participating in Title I farm programs must keep an eye on the payment limitation provisions of current and

any future Farm Bills as many voices within farm policy debates have targeted payment limitations for years in efforts to ensure that those engaged in farming with the highest need for such assistance are actually the ones receiving some.

After significant debate on the House floor, the Sugar Program that was passed in the 2008 Farm Bill – including the feedstock flexibility component in the Energy Title – was reauthorized until 2018 without changes.

On dairy, the 2014 Farm Bill continues the move away from subsidy programs and towards risk management programs for dairy producers, such as the margin protection program. Producers must choose margin coverage levels, as well as make premium payments. The Margin Protection Program (MPP) for dairy producers introduces a margin insurance program that provides benefits to

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That analysis should take place alongside an analysis of crop insurance needs and a further adjustment of business plans and strategic outlooks to properly manage risk and market access.

dairy producers when the difference between milk prices and feed costs falls below a target margin. The Dairy Product Donation Program (DPDP) requires the Secretary of Agriculture to purchase dairy products at market prices for donation to nutrition programs whenever the margin between milk prices and feed prices falls below the minimum margin specified under the MPP. The Dairy Product Price Support Program (DPPSP) and Dairy Export Incentive Program (DEIP) were repealed. The Milk Income Loss Contract (MILC) Program was extended retroactively to October 1, 2013, and remains in place until the MPP is operational, but no later than September 1, 2014. By offering an insurance-based program to dairy producers, they were able to choose coverage levels based on their willingness to pay for risk protection.

Although the bill does not reauthorize the Supplemental Revenue Assistance Program (or SURE) present in previous farm bills, it retroactively reauthorizes the disaster assistance programs that were in the 2008 Farm Bill, and makes them permanent. So, the Livestock Indemnity Program (for livestock losses from adverse weather or attacks

by federally reintroduced animals), the Livestock Forage Disaster Program (for losses resulting from drought or fire), ELAP – Emergency Assistance for Livestock, Honey Bees and Farm-Raised Fish (assistance for losses not covered in the two previous programs), and the Tree Assistance Program (protection for orchardists and tree growers against plant diseases, insect infestations and natural disasters) are all now permanent programs.

Livestock Indemnity and the other disaster programs made permanent are very important to Indian Country farms and ranches, since more than half of all income from agriculture in Indian Country comes from livestock production. In addition, retroactive coverage of losses incurred in fiscal years 2012 and 2013 assisted producers affected by both the historic 2012 drought and the October 2013 blizzard in South Dakota. Finally, the issues surrounding Country of Origin Labeling (COOL) regulations remained in place and were extended to include venison (Title XII). COOL labeling issues are extremely important for tribal herds and tribal livestock programs that wish to distinguish their products in the marketplace.



WHY SHOULD INDIAN COUNTRY CARE?

First and foremost, regardless of which side of the debate you are on commodity price and income support programs, COOL, or payment limitations, the reality is that there are many tribal governments and tribal farming, ranching and food businesses that are already engaged in producing covered commodity crops of wheat, corn, soybeans, and are deeply engaged in livestock operations impacted by the livestock provisions of Title I. This means that Indian Country, writ large, cannot turn its back on those among us whose very food and agriculture businesses hinge on the continued presence of these programs. What we can be concerned about is that these programs are equitably accessible by tribal producers and that our voices are heard as the programs are discussed and either amended or reauthorized.

Second and equally important, many of the tribal lands that are leased to non-Native producers or other Native producers are engaged in the production and raising of these crops and livestock. The income derived from such leases is inextricably intertwined with the prices our lessees ultimately receive for these crops and livestock sales.

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The reality is that there are many tribal governments and tribal farming, ranching and food businesses that are already engaged in producing covered commodity crops of wheat, corn, soybeans, and are deeply engaged in livestock operations.

According to NCAI (in a 2013 document discussion of Farm Bill recommendations):

Commodity Programs provide income or other types of support (“safety net”) to farmers that grow the major commodity crops — wheat, corn, soybeans, cotton, and rice. The title includes programs to help farmers manage production risks, including volatile weather and natural disasters, as well as market fluctuations.

With a growing investment in crop insurance that is mandated by lending agents, tribal agriculture relies on the risk-based programs in this title to recover from environmental and climate changes that affect agriculture production. Many tribal governments engage in the food and agriculture sector through the ownership and operation of farms and ranches, either directly as branches of their tribal government or through related business enterprises. Many of these farms and ranches are and have been the recipient of farm program payments, crop insurance subsidies, livestock indemnity payments, disaster payments, conservation cost-share payments and related programs known as “farm subsidies.” Indian Country cares and supports that those programs be maintained, because the most significant and most successful tribal farms and ranches are regular recipients of the benefits of

AMERICAN INDIAN FARMS AND RANCHES Income Statement Sheet		
	2007	2012
Market value of products sold	\$3.2 billion	\$3.2 billion
Government payments received	\$90 million	\$90 million
Total production expenses	\$2.9 billion	\$2.9 billion
Net cash farm income	\$513 million	\$371 million
Average net cash income per farm	\$8,351	\$6,632

Source: U.S. Department of Agriculture National Agriculture Statistics Service

those programs. Through those programs, jobs are created on reservations and Indian land base and the natural resources are maintained, improved, and protected. Many tribes have built strong and resilient agricultural production businesses, but need continued access to farm program payments and other safety net programs to ensure the continued growth and vitality of those businesses in volatile market situations and natural disasters.¹⁸

EXAMPLES OF OPPORTUNITIES IN THE COMMODITY TITLE

Supplemental Agricultural Disaster Assistance Programs – Definitions

An amendment to the definition of “eligible producer on a farm” in Section 1501(a)(1)(B)(iv) should be made to include an individual tribal member, tribal government, or other tribal entity that assumes the production and market risks associated with the agricultural production of crops or livestock and to include in the definition of entities a “corporation, limited liability corporation, or other farm organization structure organized under state or tribal law. This will acknowledge the authority of organizations organized under tribal law.

The list of included “livestock” (Section 1501(a)(3)) already includes many of the livestock raised by tribal producers, like horses, but does not include such species as “reindeer,” “caribou,” “elk,” or other livestock commonly raised in tribal communities.

Livestock Indemnity Payments

Under Section 1501(b)(1), payments may be made from Commodity Credit Corporation (CCC) funds to eligible producers who have incurred livestock death losses above the normal mortality rate if they are caused by attacks from animal reintroduced into the wild by the federal government or protected under federal law or “adverse weather.” The payment rates included under Section 1501(b)(2) are set at a rate of 75 percent of the market value of the applicable livestock on the day before the date of death. This section should be amended to allow for 90 percent loss rate coverage for tribal-owned livestock to address the lack of land equity that exists for tribal producers, with the exception of allotted lands. This heightened rate of loss coverage is also needed due to the unique challenges tribal livestock producers have in obtaining secure markets for their animals, thus causing a generally lower rate of market return for their livestock.

Livestock Forage Disaster Program

Under Section 1501(c), covered livestock includes most circumstances reflecting the ownership or control of livestock by tribal producers. However, the terms under which “eligible livestock producer” are covered under the disaster program may not cover every possible circumstance under which tribal producers engage in either livestock ownership or through which they participate in leases of their lands, as managed or controlled by the Bureau of Indian Affairs. The instances relating to “normal carrying capacity” (also a requisite for participation in the program) may inadvertently

2012 TOP CROP ITEMS, RANKED BY ACRES On American Indian Farms and Ranches		
	FARMS	ACRES
Forage	15,514	1,169,253
Winter wheat for grain	1,141	371,074
Corn for grain	1,968	305,398
Soybeans for beans	1,613	257,909
Spring wheat for grain	206	148,393

Source: U.S. Department of Agriculture National Agriculture Statistics Service

exclude some tribal producers if the Bureau of Indian Affairs does not negotiate or recognize the specific environmental or other variances which impact production. For these reasons, an additional (F) section should be included in the program that ensures that all tribal producers remain or become eligible to participate in the forage disaster loss program. Possible language could include:

“Nothing contained in this section, nor in actions of the Secretary implementing the livestock forage disaster program shall exclude the participation and coverage conditions relating to tribal producers, tribal livestock production, tribal forage lands, and the Secretary of Agriculture and the Secretary of Interior shall ensure that USDA and the Bureau of Indian Affairs (respectively) implement regulations coordinated in such a way that ensures full tribal producer landowner participation in the program. In addition, the Secretary shall ensure that the lack of appropriate drought monitoring or weather monitoring equipment on tribal lands is not an impediment to the participation in the program and shall use such funds as are available under the CCC to provide weather monitoring capabilities on tribal lands throughout the United States.”

Eligibility can be readily determined by Indian tribes.

Finally, due to the unique challenges facing tribal livestock and forage producers, all other provisions of the program shall ensure that payment rates are set at 90 percent levels (as opposed to any lower rates identified in the law for non-tribal producers).

Farm Service Agency County Committee

Farm Service Agency (FSA) County Committee determinations on normal grazing periods and drought monitor intensity should be amended to ensure that separate carrying capacities and normal grazing periods for each type of grazing land or pastureland are set at different rates for tribal lands and are established by the national office of the Farm Service Agency (not at the county committee level).

Further, such determinations must be established at rates that are reasonable and appropriate to tribal lands, not to the county lands that fall under the jurisdiction of the county committees. In addition, changes to normal carrying capacity or normal grazing periods related to tribal lands should be established also by the national Farm Service Agency headquarter offices and not by state or county officials. These rates should be established after tribal consultation and must be established after discussions with the Bureau of Indian Affairs as well. All payments that eligible livestock producers who own or lease lands may be entitled to under the program that are within tribal jurisdiction should be controlled by the national headquarter Farm Service Agency offices and not by the state or local (county) officials.

Additionally, any losses due to fire on “public managed land” while included in the program for coverage are only allowed if the losses are on rangeland that is managed by a federal agency and the producer is prohibited by the federal agency from grazing the normal permitted livestock numbers on the managed rangeland due to fire. Tribal producers should not be interpreted to be affected by this section as their lands are not “public” lands.

The makeup of county committees has been contentious for many decades. Many FSA county committees and the local administration areas around the country do not reflect their membership of the race, national origin, sex, or other characteristics of the producers and landowners eligible for FSA programs within the county. In fact, there are many counties which are predominately made up of Native American citizens that don’t have any Native people voted onto the committee because they are not systematically included in the balloting and nomination process. Because county committees wield so much power over the implementation of commodity and other programs (e.g., credit) relating to production and lands within the county, a new approach is needed to ensure that tribal representation is required on county committees. To do so, FSA should be



required to do an assessment based on Census data and Agricultural Census data to determine the population makeup of the county, and should be required to devise a way, in consultation with tribal governments, to ensure that tribal members are effectively and efficiently notified of the opportunity to be nominated and considered for county committee membership. FSA should require all county committees in predominately tribal population areas and/or tribal land base areas be predominately Native in membership. While this is equally important to many other populations around the country, not enforcing this requirement within the county committee context is a direct violation of the federal trust responsibility. Some FSA county committees have already moved in that direction, but ensuring that all remaining committees accomplish this goal is necessary.

Emergency Assistance for Livestock, Honey Bees, and Farm-Raised Fish

Under Section 1501(d), additional assistance is made available from no more than \$20 million in CCC funds for emergency relief to eligible producers of livestock, bees, and farm-raised fish. These losses can be due to disease, adverse weather, blizzards, wildfires, or other conditions (in addition to drought or fire covered elsewhere). The section should be

amended to require that the Secretary ensure that all tribal land owners or tribal producers are fully eligible to participate in this program.

Trees

Additional assistance is created for tree owners in Section 1501(e). Under this provision, tribal producers should be made eligible for 80-90 percent of the cost of replacement, salvage, pruning, removal, or preparing the land or replanting to ensure that the higher cost of providing these remediation activities on tribal lands is accommodated within the limitations of the program and tribal governments, tribal business entities organized under tribal law and tribal producers should all be recognized as “legal entities” and “persons” allowed to participate in the program.

Rulemaking Related to Significant Contribution for Active Personal Management

Section 1604 concerning the passage of regulations related to “active personal management” or “active engagement in farming/ranching” should be amended to recognize that tribal producers, tribal business entities, and tribal governments should not be excluded from any determination of “active personal management/engagement” simply by the

existence of an active lease relating to their lands. Instead, the Secretary (through Farm Service Agency) should be required to engage in tribal consultation concerning the application of this requirement to tribal producers. Such consultation – as required under Executive Order 13175 and federal law – must also involve the Bureau of Indian Affairs (BIA), and must also include relevant tribal organizations knowledgeable of these issues as well as tribal elected officials from each BIA region. The purpose of this consultation and subsequent unique requirements is to ensure that tribal producers and entities are not adversely affected when passing regulations related to all other producers.

Geographically Disadvantaged Farmers and Ranchers

Section 1606 regarding “Geographically Disadvantaged Farmers and Ranchers” was amended in 2014 by changing the effective dates of the provisions from 2009 through 2012 to 2009 and each succeeding fiscal year. Section 1621 of the 2008 Farm Bill (Food, Conservation, and Energy Act of 2008) created a program through which

geographically disadvantaged farmers or ranchers could receive direct reimbursement payments for transportation of an agricultural commodity, or inputs used to produce an agricultural commodity occurring over a distance of more than 30 miles. Authorization of such payments was not allowed to exceed \$15 million per fiscal year. While “insular areas” were explicitly covered in the program, this section should be further amended to ensure that tribal governments, tribal entities, and tribal producers are explicitly recognized as farmers or ranchers eligible to participate in the program.

Base Acres

Finally, as to the determination and election of “base acres” applicable to all programs under the Commodity Title, a provision requiring that the Secretary ensure, upon consultation with tribal elected officials by the Farm Service Agency, that base acre regulations not adversely affect tribal producers, tribal governments, or tribal entities involved in agricultural operations who elect to participate in programs covered under the Commodity Title.



TITLE II: CONSERVATION



As noted previously, conservation was one of the primary purposes of the original Farm Bill through incentives created to allow farmers to cut back on their acreage during periods of extreme weather conditions. Starting in the Dust Bowl days of the 1930s, the United States Department of Agriculture (USDA) and what was to become the Natural Resource Conservation Service (NRCS) organized and worked with locally led Soil and Water Conservation Districts to help farmers with terraces, shelterbelts, and other conservation techniques. In the 1950s, a “soil bank” was created to put the most highly erodible ground back into grass or other conservation uses. In the 1970s, new authorities were created to help farmers as other laws like the Clean Water, Clean Air, and the Endangered Species Acts came into existence. Spending on conservation programs has grown to roughly \$5 billion per year. These programs are important tools for farmers, because conservation practices often do not translate to profit. From its desperate beginnings in the Dust Bowl, the NRCS has worked with farm families to create the most sustainable and efficient agricultural industry in history.

The 1985 Farm Bill created, for the first time, a Conservation Title with the Conservation Reserve Program (CRP) and the Wetlands Reserve Program (WRP). Since 1996, the Conservation Title has focused more on working lands cost-share assistance through programs such as the Environmental Quality Incentives Program (EQIP), the Wildlife Habitat Incentives Program (WHIP), and the Conservation Security Program (CSP). The Conservation Title did sustain cuts in the 2014 Farm Bill. In every Farm Bill since 1985 – 1990, 1996, 2002, and 2008 – the investment in conservation has increased. The size of the cut in the 2014 bill exceeds the gains from the 2008 bill, but still shows a substantial investment in conservation practices. However, the investment is not likely enough to keep up with the nation’s conservation needs.

In general terms, the 2014 Farm Bill streamlined and merged several of its previous programs, resulting in about \$6 billion in savings over 10 years. The

Congressional Budget Office estimates that between Fiscal Years 2014 and 2018, mandatory spending on USDA conservation programs will decline by \$200 million – less than 1 percent of the \$28 billion that would have been spent if the 2008 Farm Bill programs continued through 2018. All major conservation programs, except for Conservation Technical Assistance, have mandatory funding. The Conservation Reserve Program (CRP) acreage cap was reduced to 24 million by 2017. Current enrollment has fallen to 25.6 million acres, and up to 2 million acres of grassland can be enrolled. Funding for the Environmental Quality Incentives Program (EQIP) and the Conservation Stewardship Program (CSP) is increased. The Wildlife Habitat Incentives Program is repealed, although 5 percent of EQIP funds will be set aside for habitat-related practices.

The new Agricultural Conservation Easement Program (ACEP) consolidates the Wetland Reserve Program, Grassland Reserve Program, and the Farmland Protection Program, and now has just two conservation components: Agricultural Land Easements and Wetland Reserve Easements. However, funding for the program is just over half of what was provided for these three programs in the 2008 Farm Act. The new Regional Conservation Partnership Program (RCPP) is designed to coordinate conservation efforts across states and various programs to solve problems that must be addressed on a broader scale. RCPP consolidates functions of the Agricultural Water Enhancement Program, Chesapeake Bay Watershed Program, Cooperative Conservation Partnership Initiative, and the Great Lakes Basin Program.



The final 2014 Farm Bill retains the existing cost-share differential for beginning, limited resource, and socially disadvantaged producers in the Environmental Quality Incentives Program (EQIP), and increases the amount of an EQIP contract that a farmer can receive in advance from 30 to 50 percent. This advance payment can be used to cover the up-front costs of a project for the purposes of purchasing materials or contracting services, which is crucial for many new farmers with limited cash flow. In addition, the 2014 Farm Bill also maintains a 60 percent allocation for livestock production, retains the existing set-asides of dedicated funding for beginning and socially disadvantaged farmers both within EQIP and the Conservation Stewardship Program, and expands these conservation incentives to include veteran farmers. The conservation loan program is retained and increases the guarantee rate for a conservation loan to 90 percent for beginning and underserved farmers (on par with other federal farm loan programs) and 80 percent for other borrowers. The final bill also increases funding for the Conservation Reserve Program—Transitions Incentives Program (CRP-TIP), which incentivizes retiring landowners to rent or sell their farmland to beginning and socially disadvantaged farmers. This program was established in 2008, and due to high demand, ran out of program funding in 2012. Military veteran farmers will also be newly eligible for this program.

The 2014 Farm Bill included \$10 million for wetland banking so that producers who drain and fill wetlands can buy credits to partially mitigate environmental degradation. Producers whose actions impacted wetlands are able to receive crop insurance subsidies without having to mitigate prior actions taken to drain or fill wetlands, and producers who receive federally subsidized crop insurance are required to self-certify that they comply. Importantly, the 2014 Farm Bill added tribes as eligible entities to cooperate and participate in the Soil and Water Resource Conservation Act, which provides assessments and planning for the conservation and enhancement of soil, water, and natural resources. In the past, USDA has worked

with NCAI to gather input from Tribal Nations on conservation issues, as well as to identify barriers to tribes' participation in conservation programs.

This Conservation Title also aided producers and landowners to adopt conservation activities on agricultural and forest lands designed “to protect and improve water quality and quantity, soil health, wildlife habitat and air quality.” These practices are based on technical standards. The conservation title programs are designed to address working lands, forestlands, grasslands, and wetlands, and to protect natural resources on those lands. Provisions within the title also allow for permanent land retirement. Under previous law there were 23 different programs focused on conservation, and the 2014 Farm Bill lowers that level to 13.

Conservation Reserve Program continues financial assistance to producers who meet stewardship requirements on agricultural and forest lands. The 2014 Farm Act raised the requirements for CSP enrollment to meeting the stewardship threshold for two resource concerns.

Noneasement functions of the **Grassland Reserve Program**, created under previous Farm Bills, is now carried out through the Conservation Reserve Program and grassland enrollment of up to 2 million acres is authorized.

Crop Production on Native Sod Program is for producers who choose to till native sod, and would reduce crop insurance premium subsidies and limit the yield or revenue guarantee available during the first four years of crop production on native sod that had not been previously tilled. The new provision applies only to native sod in Minnesota, Iowa, North Dakota, South Dakota, Montana, and Nebraska.

Environmental Quality Incentives Program continues financial assistance for producers to install and maintain conservation practices on eligible agricultural and forest land. **The Wildlife Habitat Incentive Program**, created under previous Farm Bills, was merged into the Environmental Quality



Incentives Program, with at least 5 percent of funds set aside for wildlife habitat-related practices.

Agricultural Conservation Easement Program is a new program that was created to allow for permanent easements for restoration and protection of on-farm wetlands and to protect eligible agricultural land from conversion to nonagricultural purposes. ACEP consolidates the previous Wetlands Reserve Program, the easement portion of the Grassland Reserve Program, and the Farmland Protection Program. Land enrolled in those programs will roll over to the new ACEP but the funding for the new ACEP is significantly reduced.

Regional Conservation Partnership Program is designed to coordinate conservation program assistance within regions to solve regional-level problems. The RCPP consolidates the previous Agricultural Water Enhancement program, the Chesapeake Bay Watershed Program, the Cooperative Conservation Program, and the Great Lakes Basin Program.

Conservation of Private Grazing Lands Program was extended until 2018.

Comprehensive **Conservation Enhancement Program, Emergency Forestry Conservation Reserve Program, and the Environmental Easement Programs** created under previous Farm Bills were repealed.

Grassroots Source Water Protection Program was extended until 2018.

Voluntary Public Access and Habitat Incentive Program, while extended until 2018, was also required to conduct a study of the effectiveness of the program. However, from the beginning of the program, the bulk of activities were conducted through state agencies and organizations and, as such, the ability of tribal governments to take full advantage of the program to improve the access of the public to their lands was not fully incorporated into the framework of the program. This lessened the program's effectiveness on tribal lands and in some cases, ensured that tribal lands were not incorporated into the original purpose of the program.

Agriculture Conservation Experience Services Program, while mentioned in the 2014 Farm Bill, was clarified in terms of requiring that Conservation Reserve Program funding could not be used for the Agriculture Conservation Experience Services Program.

Small Watershed Rehabilitation Program was extended until 2018.

Terminal Lakes Assistance, a new program included in the 2014 Farm Bill, sought to clarify the use of the funds for waters with no natural outlet that are prone to flooding, requiring federal assistance.

Soil and Water Resource Conservation Act program was amended to include tribes in most aspects.

The 2014 Farm Bill adds crop insurance premium subsidies to the list of benefits that could be withheld for noncompliance with conservation provisions, thus maintaining farmer incentives for environmental stewardship. Producers who fail to apply approved soil conservation plans on highly erodible cropland or who drain wetlands could become ineligible for all or part of several agricultural programs, including commodity programs, conservation programs, disaster assistance, and now crop insurance premium subsidies. In recent years, the value of such subsidies rose sharply along with the premium subsidy rate, crop insurance participation, and commodity prices.

WHY SHOULD INDIAN COUNTRY CARE?

The lands within Indian Country are in significant need of intensified conservation practice implementation. Yet, even with multiple efforts across previous Farm Bill negotiations, the NRCS conservation program portfolio still needs attention so that the programs and authorities can be more effective on tribal lands. It is well known that NRCS programs that are based on the granting of conservation easements will not work on tribal lands, as the Bureau of Indian Affairs will not approve of the granting of easements on these unique lands. That issue was tackled in previous Farm Bills but allowing, instead of an easement, that the landowner could enter into a 30-year agreement to gain access to the conservation-cost share programs available under NRCS authorities granted in the Farm Bill. However, even granting 30-year agreements (for the imposition of approved cost-share practices), significant acres of tribal lands are still in dire need of conservation project

implementation. This is complicated further as some lands which fall under Bureau of Indian Affairs jurisdiction are limited to lease terms of only 25 years. Some of this need arises from the reality that most of the known landowners must sign off on the creation of these conservation projects. Due to the

numbers of highly fractionated interest in the land, and the number of fractionated landowners who live off tribal lands, such requirements can be almost impossible to execute and accomplish.

In 2013, NCAI issued a list of recommendations for future Farm Bills and included key provisions related to conservation:

Conservation legislation provides for environmental stewardship of farmlands and improved management practices through a range of land retirement and/or working lands programs, among other programs geared to farmland conservation, preservation, and resource protection. Working lands programs include: Environmental Quality Incentives Program (EQIP) and Conservation Stewardship Program (CSP). Land retirement programs included: Conservation Reserve Program (CRP) and the Wetlands Reserve Program (WRP), among others.

Tribal governments have proven their efficient administration and use of funds for their natural resource programs. Surrounding economies also benefit from the leadership and commitment of tribes toward stewardship of natural resources. Conservation programs are known to stabilize the agricultural economies of state and local governments, and inclusion of tribes in these programs would leverage tribal expertise and develop rural economies both on and off tribal lands.

However, not all conservation programs or funding is available to tribal governments even though such programs and funding are available to state and local governments.

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The lands within Indian Country are in significant need of intensified conservation practice implementation.

In addition to the suggested language below, the Natural Resources Conservation Service should be encouraged, either through direct legislative language or in manager's report language, to continue its work in ensuring that tribes are involved in developing traditional ecological knowledge-based (TEK-based) technical standards for implementation of conservation programs on tribal lands and that sufficient funds are set aside at each field office in the NRC agency to address conservation needs in Indian Country. Finally, special attention should be paid to ensure that in the efforts to provide protection to endangered or threatened species through utilization of WHIP program funds, that critical funding to improve habitat for subsistence species upon which many rely as their food sources is maintained.

Congress should expand parity and access to federal conservation programs by amending the Soil and Water Resource Conservation Act to include tribal governments in the conservation programs that currently only include state and local governments. By explicitly including tribes in programs that already exist for state and local governments, tribal governments and tribal economies can reach parity and support the surrounding economies.

The result would enhance cooperation among all governments managing rural lands and result in streamlined approaches for better use of federal resources to enhance economic development and create jobs. The recommended provisions provided below allow for the building of tribal technical capacity and include tribes in the Soil and Water Resource Conservation Act programs. State and local governments have historically benefited from this assistance while tribes have been excluded.

Amend the Soil and Water Resource Conservation Act, 16 U.S.C. §2001 et. seq. as follows Subtitle F – Other Conservation Programs Section 2607. Indian tribes should be given access to all programs within the section as on an equal basis as other entities. The effect of this overarching section is shown below with the new language in bold italics.

Amend the Soil and Water Resource Conservation Act, 16 U.S.C. §2001 et. seq. as follows: § 2003 Congressional policy and declaration of purpose...

(b) Full utilization of cooperative arrangements with state and tribal agencies. Recognizing that the arrangements under which the federal government cooperates with state and tribal soil and water conservation agencies and other appropriate state and tribal natural resource agencies such as those concerned with forestry and fish and wildlife and, through conservation districts, with other local units of government and land users, have effectively aided in the protection and improvement of the Nation's basic resources, including the restoration and maintenance of resources damaged by improper use, it is declared to be the policy of the United States that these arrangements and similar cooperative arrangements should be utilized to the fullest extent practicable to achieve the purpose of this chapter consistent with the roles and responsibilities of the non-federal agencies, landowners and land users. (c) Attainment of policies and purposes The Secretary shall promote the attainment of the policies and purposes expressed in this chapter by—.... (2) developing and updating periodically a program for furthering the conservation, protection, and enhancement of the soil, water, and related resources of the Nation consistent with the roles and program responsibilities of other federal agencies and state, tribal and local governments. §2004 Continuing appraisal of soil, water, and related resources (a) Data. In recognition of the importance of and need for obtaining and maintaining information on the status of soil water, and related resources, the Secretary is authorized and directed to carry out a continuing appraisal of the soil, water, and related resources of the Nation. The appraisal shall include, but not be limited to... (4) data on current federal and state, and tribal laws, policies, programs, rights, regulations, ownerships, and their trends and other considerations relating to the use . . . (b) Collection of data. The appraisal shall utilize data collected under this chapter and pertinent data and information collected by the Department of Agriculture and other federal, state, tribal and local agencies and organizations. The Secretary shall establish an integrated system capable of using

combinations of resource data to determine the quality and capabilities for alternative uses of the resource base and to identify areas of tribal, local, state, and national concerns and related roles pertaining to soil and water conservation, resource use and development, and environmental improvement. (c) *Public participation.* The appraisal shall be made in cooperation with conservation districts, state and tribal soil and water conservation agencies, and other appropriate citizen groups, and tribal, local and state agencies under such procedures as the Secretary may prescribe to insure public participation. § 2005. *Soil and water conservation program (a) Program development.* The Secretary is hereby authorized and directed to develop in cooperation with and participation by the public through conservation districts, state, tribal and national organizations and agencies, and other appropriate means, a national soil and water conservation program (hereinafter called the “program”) to be used as a guide in carrying out the activities of the Secretary which assist landowners and land users, at their request, in furthering soil and water conservation on the tribal, private and non-federal lands of the Nation. The program shall set forth direction for future soil and water conservation efforts of the United States Department of Agriculture based on the current soil, water, and related resource appraisal developed in accordance with section 2004 of this title, taking into consideration both the long- and short-term needs of the Nation, the landowners, and the land users, and the roles and responsibilities of federal, state, tribal and local governments in such conservation efforts. The program shall also include but not be limited to — (1) analysis of the Nation’s soil, water, and related resource problems; (2) analysis of existing federal, state, tribal, and local government authorities and adjustments needed; (3) an evaluation of the effectiveness of the soil and water conservation ongoing programs and the overall progress being achieved by federal, state, tribal and local programs and the landowners and land users in meeting the soil and water conservation objectives of this chapter; (4) establishing a Cooperative Working Agreement with Tribal Conservation Districts to staff a District Coordinator position to do outreach and assistance to tribes, and tribal member farmers and ranchers. §

2008. *Utilization of available information and data.* In the implementation of this chapter, the Secretary shall utilize information and data available from other federal, state, tribal and local governments, and private organizations and he shall coordinate his actions with the resource appraisal and planning efforts of other federal agencies and avoid unnecessary duplication and overlap of planning and program efforts.¹⁹

EXAMPLES OF OPPORTUNITIES IN THE CONSERVATION TITLE

Equivalent USDA and BIA Conservation Plan

A new section of the Conservation Title should be created that specifically states that a Conservation Plan prepared under the auspices of the Natural Resources Conservation Service shall be the equivalent of and required to be accepted by the Bureau of Indian Affairs (BIA) as fully accepted for any BIA requirement of an environmental assessment of tribal lands (either owned or under the jurisdiction of a tribal government) for purposes of implementation of an Agricultural Resource Management Plan under the American Indian Agricultural Resources Management Act of 1993 and any regulations implementing such Act or any subsequent amendments to said Act.

Recognition of Traditional Ecological Knowledge-Based Conservation

A new section of the Conservation Title should be created that explicitly allows a tribe or a group of tribes within a state or region to develop traditional ecological knowledge-based technical standards and those standards shall control the implementation of all conservation projects allowed under the Farm Bill. This new section would codify current NRCS practices and would further recognize the fact that tribal jurisdiction and use of traditional practices to improve conservation project implementation are decisions best left to the tribal governments and organizations that live on those lands and are engaged in ongoing activities that are designed to



improve environmental conditions on the ground, improve habitats, and improve their lands for agricultural purposes. These traditional ecological knowledge-based standards already have a solid scientific basis and are acknowledged by various federal research organizations and agencies.

CRP Land Availability for Beginning Tribal Farmers and Ranchers

A new section of the Conservation Title should be created that will allow the use of CRP land or other lands engaged in conservation practices to be used by tribal members who are beginning farmers and ranchers in ways that do not damage the conditions of the land or resources.

Include Tribal Priorities in Definition of Priority Resource Concerns

The definition of “Priority Resource Concerns” in Section 1238D(5) should be amended to include any natural resource as determined by the Secretary that is identified at the national, state, tribal or local level as a priority for a particular area of a state or tribal area.

Allow Lands Held in Common and by Tribal Entities to Access Conservation Programs

A new section of the Conservation Title should be created to ensure that lands held in common, such as those lands on certain reservations that are controlled and farmed/ranched by groups of individuals can participate in all Conservation Title programs and that special provisions are enacted in regulations to ensure that any tribal government-allowed entity is the recognized conservation program participant (as opposed to specific individuals).

Priority for Enrollment of Tribal Lands in the Conservation Reserve Program

Section 2001 of the 2014 Farm Bill establishes priorities for the Secretary to consider when implementing the Conservation Reserve Program and Conservation Priority Areas. Due to the prolonged periods that tribal lands have been under-enrolled in conservation programs and due to the needs of those acres and watersheds to have focused

attention on enrollment in conservation programs and utilization of conservation practices on those lands, all tribal lands falling under the jurisdiction of the Bureau of Indian Affairs, tribal governments, tribal agricultural entities, and individual tribal producers and landowners or land operators, should receive mandatory priority consideration for all conservation programs authorized in the upcoming Farm Bill. Further priority will be given to beginning farmers and ranchers seeking to establish or re-establish working lands activities on tribal lands and commercial activities related to the re-establishment of working lands or the emergence of beginning farmers and ranchers who are tribal members utilizing those working lands.

In any ranking activity conducted by NRCS officials to determine which lands or resources to enroll in a conservation program allowed under this title, the Secretary and/or state conservationists or technical committees (state or tribal) shall give priority to tribal lands for enrollment in relevant programs, provided these lands or resources also meet requirements for inclusion in the programs.

Notice Regarding Conservation Activities

All conservation activities occurring on tribal lands utilizing any of the Conservation Title programs should be required to ensure that knowledge of enrollment and conservation practices has been provided to all parties (Bureau of Indian Affairs, the lessee and lessors of the land, and tribal governments), and that all parties are given an opportunity to concur in the practice. In addition, such conservation activities will be required to be in conformance with the tribal governments' Agricultural Resource Management Plan, if one is in place.

Recognizing Tribal Law Parity

Within the Conservation Title, any reference to "state law" shall be amended to say "state law or tribal law" and any reference to "state technical committee" shall be amended to reflect "state technical committee or tribal technical committee."

Tribal Technical Committee

Each State Conservationist shall be required to establish a separate tribal technical committee should any tribal headquarters exist within their state boundaries or any land under the jurisdiction of tribal governments or the Bureau of Indian Affairs. These tribal technical committees shall be given the same respect and deference that is currently given to the state technical committee and each tribal technical committee shall be able to establish separate technical standards utilizing

traditional ecological knowledge and, to the extent that they do so, such standards shall be the technical standards under which conservation programming can be deployed on tribal lands.

No Additional Compensation for Expired Conservation Measures

When a conservation practice installed on tribal land or lease/permit expires, no individual tribal member or tribal government or tribal entity shall be required to compensate the former lessee of the tribal lands for the installation or maintenance of such practice since those practices have already been the subject of cost share with the federal government. Any further payment to lessees or users of the lands would constitute a windfall or unjust enrichment to such user of the land.

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Each State Conservationist shall be required to establish a separate tribal technical committee should any tribal headquarters exist within their state boundaries or any land under the jurisdiction of tribal governments or the Bureau of Indian Affairs.



NRCS Report on Natural Resource Inventory Investments Needs on Tribal Lands

The USDA-NRCS shall immediately develop a report to be delivered to the Bureau of Indian Affairs and made public to all tribal governments identifying which tribal lands are still in need of a proper Natural Resource Inventory investment of funding support to create a baseline of needs for said lands.

Traditional Ecological Knowledge Consideration for Conservation Compliance

Traditional ecological knowledge shall be considered whenever the Secretary determines the level of compliance of landowners who have lands or resources enrolled in any of the Conservation Title programs, particularly when determining whether a meaningful stewardship threshold has been reached.

BIA Actions Responsible for Non-Compliance

No tribal landowner or operator of lands shall be determined to be in violation of any term of a conservation program enrollment requirement when the Bureau of Indian Affairs can be established as the cause for any alleged non-compliance, whether through delay in action, other non-action in decision-making requirements, or any other reason.

Tribal Priority in EQIP

In addition to the 5 percent tribal set-aside, priority consideration should be given to tribal governments, tribal entities, and tribal landowners and operators to participate in EQIP program activities. This priority shall be widely advertised throughout each state in which the lands are located and each tribal headquarters in the state shall receive notice of all activities related to the EQIP program. Tribal landowners and operators shall be entitled to additional priority for any activities related to organic and organic transition practices on their

farms and ranches. Each tribal government shall be invited to at least two meetings with the state conservationist in a government-to-government conversation concerning the implementation of NRCS conservation programs that could be beneficial to tribal lands. When requested by tribal headquarters, the state conservationist shall enter into cooperative agreements and other activities that will establish a plan by which NRCS programming will be deployed on tribal lands for which the tribal government has an ongoing plan for conserving and protecting habitat, grasslands, rangelands, and other lands and land uses within tribal jurisdiction. The state conservationist shall communicate directly with the relevant regional and national BIA offices in tandem with tribal headquarters to ensure that the maximum efficiency and effectiveness be utilized in the implementation of conservation programs on tribal lands.

Tribal Parity in the Conservation Title

All sections of the Conservation Title should include a provision allowing tribal governments, tribal

producers, and tribal entities or organizations created for conservation and natural resource protection purposes to have full access to every program allowed under the Conservation Title. Wherever reference is made to “state” or “local” or “regional” or agricultural producer, the terms “tribal” shall be inserted into that section to ensure that inadvertent failure to list tribal governments, tribal producers, or tribal organizations does not preclude them from participating or relegate them to a lesser importance or lesser priority or position within the relevant section.

Technical Assistance Funding for Tribal Governments and Organizations

Due to the relatively low use of all conservation programs on tribal lands, the Secretary should be given the authority to create a permanent fund within the available technical assistance funding authorities, appropriations, and programs to ensure that specialized technical assistance is made available on a continual basis to tribal governments, tribal organizations, and tribal landowners and



producers throughout Indian Country, including in all tribal areas of Alaska and Hawaii. These targeted technical assistance funds shall be given priority to tribal organizations that have an established record of providing technical assistance to tribal audiences and shall demonstrate their knowledge of and ability to successfully complete projects involving conservation programming with tribal audiences. The funding shall not be provided to predominately non-Native organizations with little to no experience and knowledge of working with tribal audiences. Multi-year cooperative agreements should be authorized under such technical assistance programs.

Alternative Funding Arrangements – EQIP and CSP

The 2014 Farm Bill allowed for entering alternative funding arrangements with tribal governments to carry out the intention of the EQIP program and the Conservation Stewardship Program. The Secretary had the authority to enter into such alternative arrangements if he determined that the goals and objectives of the law would be met by such arrangements and that statutory limitations on entering arrangements with individual producers would not be exceeded. This provision needs more attention and improved implementation to ensure that each tribal government is offered the opportunity to be provided alternative arrangements. This is necessary to ensure that the decades of lack of conservation programming on Indian lands is ameliorated and improved.

Tribal Conservation Technical Committee

Finally, the Secretary should be authorized to work with Bureau of Indian Affairs and a technical committee made up of tribal government representatives from each of the BIA regions to formulate a set of initiatives and programs that can be carried out under existing laws as well as a set of programs that may be needed under future conservation program authorities to improve the conditions of tribal lands throughout the United States. This interdepartmental entity shall be put in

place no later than 12 months after the passage of the 2018 Farm Bill and shall issue its report no later than 24 months after passage of the 2018 Farm Bill. The interdepartmental efficiencies and improvements shall be undertaken immediately upon the issuance of the interdepartmental report and annual reports of improvements and actions taken under this provision shall be made to Congress.

IAC’s recommended changes in the Conservation Title include:

Conservation Reserve Program: A pilot program to explore the use of livestock to improve soil health in fields set aside by the Conservation Reserve Program, and allowing for a rental rate over and above the CRP payment to be made to the producer is needed. A growing body of science demonstrates the impact that a lack of animal impact can have on the soil. This program would seek to determine the impacts and benefits, for further developing in subsequent iterations of the Farm Bill or conservation legislation. Preference in the use of this land would be afforded to first to SDR producers, Young and Beginning Producers, and then to customary producers. The more need that is met through the rental agreement, the smaller the reduction in CRP Payment.

Beginning producers in Conservation Programs: A beginning producer focus should occur within all conservation programs. All beginning producers should be encouraged and allowed to participate in conservation programs and all conservation programs should be amended to incentivize beginning producers.

Rollback CSP program to 2013 standards: The CSP program 2013 standards are more appropriate for use and should be adopted for use now.

Next Generation Easement: Conservation programs should incorporate a new “next generation easement.” This “easement” should incorporate tax credits for landowners who are mentoring new and beginning producers and should include a death tax “write-off” for farm transfer to the next generation.

According to NCAI, the Conservation Title should also:

- **Fund the Environmental Quality Incentives Program (EQIP) at least \$1.6 billion as required by the 2014 Farm Bill.**
- **Fund the Conservation Stewardship Program (CSP) at a minimum of \$1.449 billion.**

Between FY 2010 and FY 2011, the Natural Resources Conservation Service (NRCS) saw an 85 percent increase in tribal participation in its programs, which could be attributed to USDA's outreach to tribal governments. Specifically, NRCS has assisted with the establishment of more than 30 Tribal Conservation Districts by working with the Intertribal Agricultural Council (IAC) and Indian Nations Conservation Alliance (INCA). In 2016, NRCS's Regional Conservation Partnership Program provided more than \$27 million for conservation programs where tribes were the lead, which have led to dozens of partnerships between tribal, state, local, and private entities in mostly rural areas.

American Indians and Alaska Natives hold their natural resources as sacred and depend heavily upon them for economic, cultural, and spiritual sustenance. Historically, federal natural resources funding for tribes has been limited, as tribes are ineligible for dozens of federal natural resource programs. Other funding for tribal natural resource programs under Bureau of Indian Affairs' appropriations consistently experiences the smallest budget increases of all the Department of the Interior bureaus. While working to sustain essential efforts amidst the harsh budget

climate and potential cuts to funding, tribes should have access to new opportunities afforded by USDA's NRCS programs. The 2008 Farm Bill authorizes the Secretary of Agriculture to provide up to 90 percent of the costs associated with planning and implementing conservation practices for tribes. In addition, up to 30 percent of such payments may be provided in a short-term advance for purchasing materials or contracting. Tribes are also included in the five percent set-aside of Environmental Quality Incentives Program (EQIP) funds and the five percent set-aside of Conservation Stewardship Program acres for socially disadvantaged farmers or ranchers. Since the Wildlife Habitat Incentives Program was rolled into EQIP in the 2014 Farm Bill, NCAI requests that the funding levels continue to steadily increase for EQIP, which provides financial and technical support to tribes and others to install or implement structural and management conservation practices on eligible agricultural land.

The Conservation Stewardship Program (CSP) is another vital program in the NRCS. The CSP provides crucial help in reducing soil erosion, enhancing water supplies, improving water quality, increasing wildlife habitat, and reducing the damage caused by floods and other natural disasters. Funding this program at \$1.466 billion is necessary to cover technical and financial assistance needed for a full enrollment of the acres authorized by Congress. The CSP is an important resource for tribes, as tribal participation has been increasing over the years with a 172 percent increase from FY 2010 through FY 2011, with 246 contracts to tribes totaling \$10.4 million.²⁰



TITLE III: TRADE



Whether it is between countries or between tribes, trade is essential to agriculture. Tribes have a long, well-established practice of trading food, agriculture products, and goods of all kinds. Our intertribal trade routes and traditions are preserved in our oral and written histories predating the creation of the United States. When the United States was created, most of the early commercial activity among the colonies and early states was centered around agriculture and food. That predominance of food and agriculture trade continues to today and many agriculture groups are significantly involved in, supportive of, and concerned about all issues related to trade in food and agriculture products.

Most of the jurisdiction of trade matters for purposes of the Farm Bill and food and agriculture products today lies in other committees of Congress, such as the U.S. House Committee on Ways and Means and the U.S. Senate Committee on Finance, but trade issues are also discussed within Title III of the Farm Bill. In the 1960s, 1970s, and 1980s, a series of programs were developed for humanitarian and trade development purposes, and these have been amended in Title III of recent farm bills. The Food for Peace Program is the primary means by which we ship U.S. staple commodities to those most in need in the world, which serves diplomatic, humanitarian, and market development purposes.

Title III also includes a Market Access Program (MAP) to support and establish U.S. branded goods established in foreign markets, and provides various credit authorities for making sales in certain foreign countries. All Title III programs are discretionary accounts funded by yearly appropriations.

Tribes have participated in MAP for many years. The program is administered by the Intertribal Agriculture Council through the American Indian Foods Program and provides export readiness training and assistance for the export presence of American Indian food products and incorporation of those products into international food trade shows. This highly successful program has ensured that tribal food products are made known to emerging food markets around the world.

Tribes have expressed general support for many of the other programs authorized in the Trade Title, including: the Food for Peace Act & Food for Peace Program; the McGovern-Dole International Food for Education and Child Nutrition Program;

the Local and Regional Procurement Program, the Export Credit Guarantee Program; the Foreign Market Development Program; the Emerging Markets Program; the Technical Assistance for Specialty Crops Program; the Agricultural Trade Act of 1978; the Foreign Market Cooperator Program; and other Agricultural Trade Laws important for the creation and sustaining of markets for American food products. Tribes engaged in the Market Access Program with the Intertribal Agriculture Council see

the benefit to their food systems and agriculture production at food trade shows around the world.

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Whether it is between countries or between tribes, trade is essential to agriculture. Tribes have a long, well-established practice of trading food, agriculture products, and goods of all kinds. Our intertribal trade routes and traditions are preserved in our oral and written histories predating the creation of the United States.

WHY SHOULD INDIAN COUNTRY CARE?

New food products developed by tribes can have tremendous early success by engaging in foreign markets first, particularly those in the Pacific Rim countries and European Union countries. Demand

for tribal agricultural and food products is high in many foreign markets and is likely to continue improving over time as the global desire for unique food products continues. Many tribal food businesses have had or are currently experiencing much success by engaging in trade. However, the hurdles necessary to engage in such markets are very complex. IAC's work in promoting trade by tribes in foreign markets ranges from coordinating export readiness trainings for those wishing to engage in foreign markets to coordinating tribal food business engagement in foreign trade and food shows.

In 2013, NCAI expressed the following recommendations regarding the Trade Title:

The Trade Title provides support for U.S. agricultural export programs and international food assistance programs. Major programs include: The Market Access Program (MAP) and the primary U.S. food aid program, the P.L. 480 program, and other programs. Additionally, Title III addresses program changes related to World Trade Organization (WTO) obligations.

Tribal Perspective: Under the Market Access Program (MAP), Commodity Credit Corporation (CCC) funds are used to support the cost of overseas marketing and promotional activities for non-profits, state, tribal and regional organizations, cooperatives, and small businesses on a cost-share basis. The Food, Conservation, and Energy Act of 2008 set mandatory funding for the MAP at \$200 million annually through Fiscal Year 2012. For FY 2014, it is imperative that the MAP be reauthorized and funding remain level or exceed prior funding to support the Administration's export goals, as well as the export of United States agricultural products. Equally important to Indian Country is continuing the financial support provided by the MAP program to tribal agriculture via the

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New food products developed by tribes can have tremendous early success by engaging in foreign markets first, particularly those in the Pacific Rim countries and European Union countries.

Intertribal Agriculture Council (a participant in the MAP program) to support the increasingly successful Native export activities and ensure continued successes in exporting – and the related growth in jobs for American Indian and Alaska Native agriculture.

Marketing and Promotion; Market Access Program (Foreign Ag Service): Fix for the Market Access Program in Foreign Ag Service to allow IAC to focus on solely American Indian produced food products. The present

MAP agreement between IAC and FAS is authorized through: (Conference Report, Sec. 122. Marketing Assistance Program [MAP], c. Eligible Trade Organizations, page 1014) “The Senate Bill defines eligible trade organizations to include U.S. or regional agricultural trade organizations that promote but do not profit directly from specific sales of agricultural commodities; a private organization that contributes significantly to U.S. export market development; or a tribal or inter-tribal organization that promotes the export and sale of one or more Native American products.” The intent of this language needs to be strengthened by stating in law that “a tribal or intertribal organization that promotes the export and sale of one or more trademark certified Native American products.”²¹

EXAMPLES OF OPPORTUNITIES IN THE TRADE TITLE

Study on Tribal Representation on USDA Advisory Bodies

The Secretary should be required to study all Trade Title programs to ensure that tribal representatives are included on all advisory bodies related to agricultural trade issues and concerns.



Tribal Representatives on U.S. Trade Missions

Tribal governments and tribal food businesses should be included on all trade missions undertaken by the United States to foreign governments to further assist tribal food products' access to such markets.

Expand MAP

Expand MAP by substantially increasing the funding available to the Intertribal Agriculture Council to coordinate and administer the program for tribal audiences so that more tribal food and agriculture businesses can benefit from the program. The impact of such engagement will further solidify local food economies and food businesses and stabilize tribal economies.

Interdepartmental Coordination to Support Tribal Trade

A special interdepartmental coordination group should be seated to include USDA, Department of Commerce, Department of State, and other

applicable agencies to ensure that tribal food production is properly supported and encouraged on tribal lands and is thereafter made a part of the U.S. trade missions and efforts to promote agricultural trade. The responsibility for coordination must extend beyond USDA Foreign Agriculture Service and other USDA programs to other applicable departments and agencies of the federal government.

Supporting Unique Tribal Foods and Fighting Native Food Fraud

Non-tribal organizations should not be allowed to participate in MAP who focus solely on American Indian food readiness. Food fraud is on the rise throughout the world and unscrupulous food business entities are already trying to mimic or replicate unique tribal food products. Those businesses should not be allowed to participate in programs that allow them to access markets with products that perpetrate frauds on tribal food producers or food businesses.

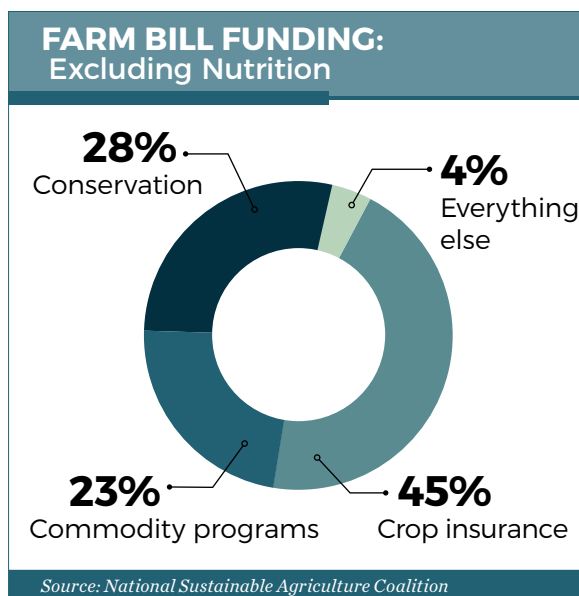
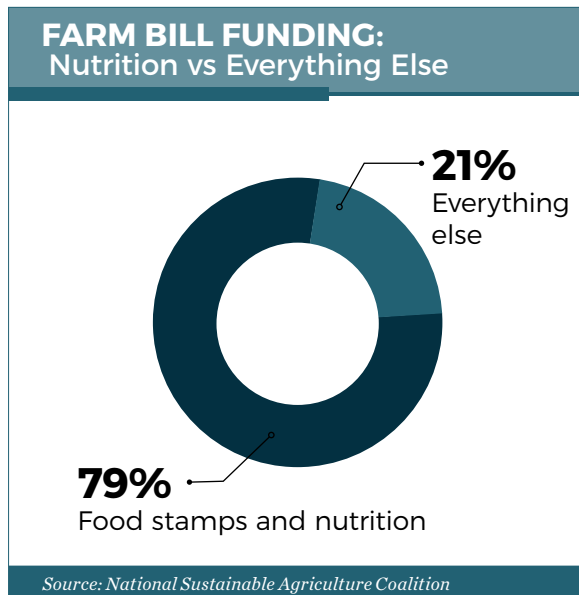
TITLE IV: NUTRITION



The Supplemental Nutrition Assistance Program (SNAP), originally called Food Stamps, was created in the early 1960s and made permanent by Congress in 1964 as part of the Johnson Administration’s War on Hunger and was included in the Farm Bill in 1973. SNAP and other feeding and nutrition programs are, by far, the largest component of the current Farm Bill, and make up almost 80 percent of all mandatory spending. Eligibility for SNAP benefits are generally based on a formula of income and asset qualification tests for either vouchers, cash assistance, or in some cases, packaged food product delivery. Participation in the programs changes annually. In FY 2014, approximately 46.5 million Americans were receiving SNAP benefits, averaging \$125 per person per month.

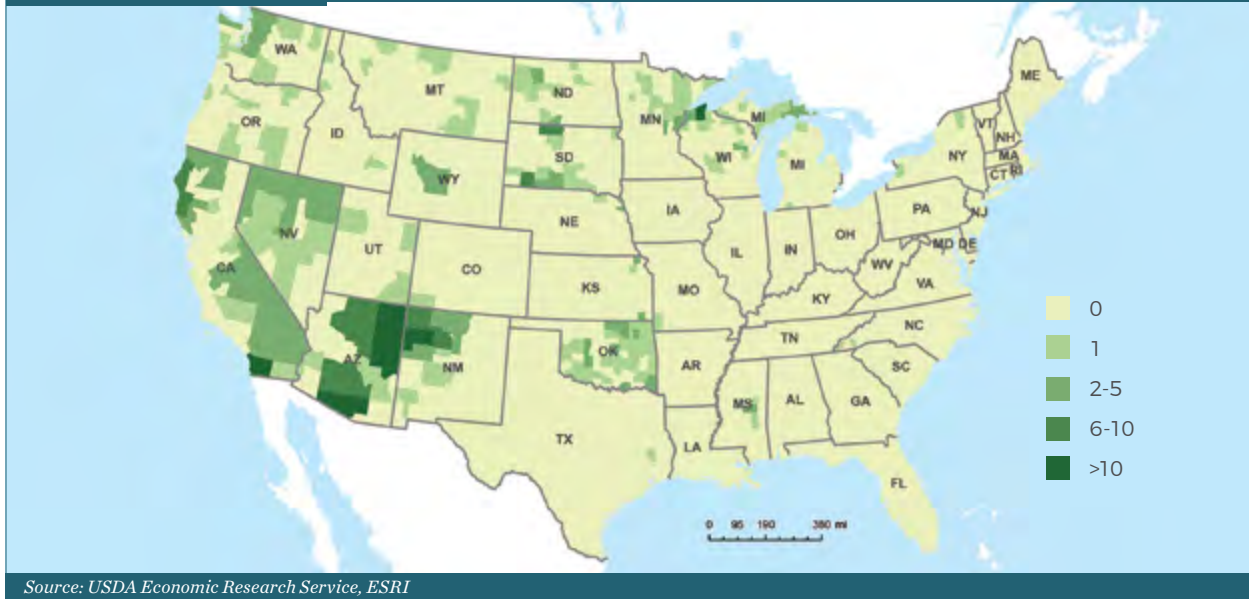
The 2014 Farm Bill reauthorized SNAP, the nation’s largest food and nutrition assistance program, maintaining the program’s basic eligibility guidelines while restricting access to an income deduction that increased benefits for some households. Additional SNAP funding for enhanced employment and training activities, increased healthy food options, and expanded anti-fraud efforts was also provided in the bill.

In addition to SNAP there are several other feeding programs providing key nutrition and food access to citizens across the country. These programs include: the Restaurant Meals Program; Nutrition Education and Obesity Prevention Grant Program; the Food Distribution Program on Indian Reservations (FDPIR); the Emergency Food Assistance Program; the Commodity Supplemental Food Program; the Senior Farmers Market Nutrition Program; the Fresh Fruit and Vegetable Program; the Food Insecurity Nutrition Incentive Program; the Healthy Food Financing Initiative; and the Agriculture Service Learning Program. Within the Commodity Supplemental Food Program portfolio is the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and other programs which rely on commodity food purchases and deliveries.



The 2014 Farm Bill authorized USDA to support **Healthy Food Financing Initiative (HFFI)** projects to provide healthy food retailers with grants and loans to “overcome the higher costs and initial barriers to entry in underserved areas.” Priority is given to an HFFI project that “supports regional food systems and locally grown foods, to the maximum extent practicable.” HFFI was also authorized to receive up to \$125 million in appropriated funds; whether HFFI receives additional funding or not would be a function of future annual agriculture appropriations bills. The former Farm Bill also prioritized healthy food access projects that involve

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS SITES, 2012



direct-to-consumer sales marketing, provide locally or regionally produced fruits or vegetables, and are located in underserved communities.

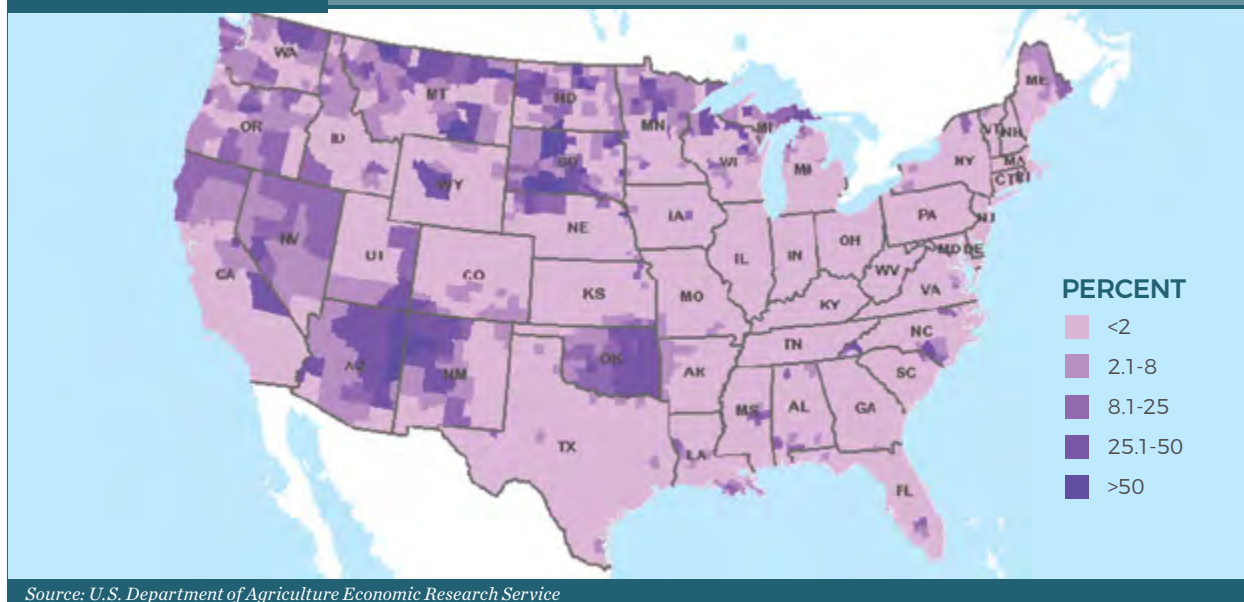
Each Farm Bill has tried to improve feeding programs. These changes can include tightening or loosening eligibility requirements; improving program administration; tackling specific issues embedded within some or all of the programs; or adding new requirements in attempts to either diminish or increase the number of individuals who can utilize the programs. Many of these changes are specifically tied to economic conditions in the country; other changes are undertaken as specific attempts to impose policy changes that would either restrict growth of the programs or tie program usage to social or economic situations that individual participants might face. Often the programs are amended to achieve nutrition goals, and many times the changes are tied to updates to the federal dietary guidelines which drive most, if not all, decisions made by USDA Food and Nutrition Service (FNS) concerning the reach and scope of these programs.

The 2014 Farm Bill included changes to provisions attempting to increase employment requirements of SNAP recipients and tying participation to work requirements or employment training. The bill provided funding to develop and test methods

to increase employment of SNAP recipients and imposed new requirements to evaluate and regularly report on outcomes of State SNAP Employment and Training Programs. Other changes involved increasing healthy food options for SNAP participants by requiring a larger variety of food options at authorized retailers and establishing a grant program to provide incentives to SNAP recipients who purchase fruits and vegetables. The 2014 Farm Bill also sought to enhance the integrity of SNAP by using improved information technologies to expand efforts to combat fraud and verify participant eligibility and income. SNAP Employment and Training Program pilot projects were authorized and provided \$200 million in funding for up to 10 states to focus on increasing the employment and earnings of recipients.



SNAP NATIVE AMERICAN PARTICIPATION, 2010



The Food Insecurity and Nutrition Incentive grant program (FINI) was authorized and funded at \$100 million over five years with an additional \$5 million per year through 2018 and was designed to provide federal matching funds to entities providing food in communities that would encourage SNAP recipients to purchase fruits and vegetables. SNAP's eligibility requirements in the 2014 Farm Bill were left unchanged with states allowed to coordinate (under federal guidelines) SNAP eligibility requirements with other safety net programs.

The 2014 Farm Bill also creates a Multiagency Task Force in Section 4205 whose purpose is to provide coordination and direction for commodity programs. The task force is to be led by FNS, and includes Agriculture Marketing Service, Farm Service Agency, and Food Safety Inspection Service. The task force is required to review and make recommendations regarding procurement specifications of food commodities; the efficient and effective distribution of food commodities; and the degree to which the quantity, quality, and specifications of procured food commodities align with the needs of producers and preferences of recipient agencies.

INDIAN COUNTRY SPECIFIC PROVISIONS

Several key provisions in the 2014 Farm Bill applied specifically to tribal citizens participating in one or more of the federal feeding programs. Tribal citizens appear throughout the participation portfolios of each of the discrete feeding programs, because tribal citizens live throughout the country, not just on tribal lands. It is important to examine: (1) how tribal citizens are affected within each of the feeding programs; (2) how tribal-specific programs or Farm Bill provisions are carried out and what remains to be done; and (3) the effectiveness of the Nutrition Title in serving the needs of tribal citizens located in both urban environments, where approximately 70 percent of all Native people reside, and within rural, reservation, remote, and isolated communities which are normally within the land base of Indian Country.

Tribal Administration of Feeding Programs: Section 4004

Tribal governments have, over many years, passed resolutions supporting the migration of federal feeding programs to tribal management and administration. The 2014 Farm Bill called on the Secretary of Agriculture, after consultation with tribes, to release a report on the potential for tribes

to administer federal food assistance programs that benefit their citizens. A majority of these programs are currently administered by the states. The study was to be finished no later than 18 months after final enactment of the Farm Bill and would include: a list of programs, services, functions and activities which can be administered by tribes and tribal organizations; if a statutory or regulatory change was necessary to allow for tribal administration; and issues raised during tribal consultation. The Secretary was required to make \$1 million available for funding the report.

The study and report was completed and published July 2016.²² Generally speaking, the findings of the study were as follows:

- Nearly all tribes participating and more than 90 percent of all respondents expressed interest in administering federal nutrition assistance programs as an expression of sovereignty and to provide direct service to tribal members in need of assistance and felt the ability to provide flexibility in the management of nutritional quality of the food provided and culturally appropriate programming and services were critical.
- There was interest in managing programs that were larger and more complex by large and medium tribes. Some tribes did not wish to administer all school-related programs while most tribes expressed interest in either some component of school-related programs in addition to programs focused on after-school, fresh fruits and vegetables, and senior farmers' market programs.
- Almost three-quarters of the tribes who responded have experience in program administration of key components such as program outreach, determining participant eligibility, producing reports and delivering services to program participants. Tribes also

reported key experience in developing and using governance policies to guide implementation, experience in financial governance polices, program compliance, integrity and reporting. Most tribes also have key experience in financial, program operation and reporting issues in both electronic and web-based reporting systems.

Key challenges identified in the study include:

- **Lack of financial resources.** Tribes identified the need for specific administrative contract costs to be identified and transferred when the program administration functions were transferred to tribal governments. Likely startup and administration costs will need to be included, but this issue is no different than state costs for administering the same programs.
- **Merit system personnel regulations.** While this is not an issue for most tribes who have long-established merit system personnel regulations that guide their own internal hiring systems, the improvement of such systems will be important for some tribes when taking over the administration of these programs. Current SNAP law requires that entities administering SNAP must ensure that state agency staff conducting certification interviews are employed in accordance with standards determined by the Office of Personnel Management (merit system). The 2018 Farm Bill should address this requirement specifically to ensure this issue does not create an impossibility for tribal management.
- **Infrastructure needs.** Tribes indicated that they had insufficient technological and physical infrastructure to administer additional federal nutrition programs.
- **Need for technical assistance and competitive EBT pricing as well as other program administration needs.** Tribes indicated that they would need specific technical assistance and

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Tribes identified the need for specific administrative contract costs to be identified and transferred when the program administration functions were transferred to tribal governments.

competitive pricing for administration-related products to ensure proper program management.

- **638 authority.** In addition, the report noted that at this point USDA-FNS does not have the requisite 638 authority that explicitly provides Congressional support for executing contracts between federal agencies and tribes to coordinate the management of specific federal programs. Tribes suggested that legislative language should be inserted into the Indian Self-Determination and Education Assistance Act, Pub. L. No. 93-638, as amended, to include FNS nutrition assistance programs. (Programs administered under Pub. L. 93-638 are often referred to as “638 programs.”) Including nutrition assistance programs in the Indian Self Determination Act would enable tribes to manage federal programs and funding resources in accordance to the needs within their communities. The Act has established standards permitting tribal management of federal programs, using federal funds, in accordance with tribal laws, regulations, and procedures. For example, Subpart F contains provisions relating to financial management, procurement management, and property management. Additionally, 638 programs have less prescriptive regulatory requirements. These requirements focus on minimum standards of performance that must be met in each of these management areas.
- **Development of Tribal Regional Offices.** Tribes suggested that FNS consider the development of tribal regional offices analogous to the existing FNS regional offices. Most federally recognized tribes and villages are concentrated in only a few FNS regions. Tribes suggested that tribal administration of nutrition assistance programs could overtax existing regional offices. Adding tribal regional offices could provide better coverage of the Western and rural areas where tribes are concentrated to help cover this gap.

Traditional Foods

- Tribal governments and advocates have a long history of requesting that the USDA purchase and incorporate more traditional foods into the various feeding programs utilized by tribal

citizens. The 2014 Farm Bill provided the latest version of those policy desires. While USDA has been authorized by Congress over a period of several succeeding Farm Bills to purchase traditional foods, the incidence of such purchases has been sparse and inconsistent. The 2014 Farm Bill authorized a new demonstration project, with technical assistance and tribal consultation, to include traditional and locally grown foods from Native farmers, ranchers, and producers in FDPIR food packages.

- This language is not new, but it embodies the 2014 Farm Bill Congressional authorization to continue to take measures to incorporate traditional foods into the feeding programs. This provision specifically focused on the FDPIR feeding program which is the only program that exclusively serves Native people.
- What is needed now is enshrining the authority for USDA FNS to purchase traditional foods as part of the basic food package and not as “bonus buys” or “special appropriations” buys. More discussion is provided below concerning this important step.
- One or more tribal organizations should be eligible for this demonstration project, which would allow for the purchase of nutritious and traditional foods and, when practicable, foods produced locally by Native producers for distribution to recipients of FDPIR.
- The Secretary was required to perform consultation and provide outreach to Native farmers, ranchers, and producers on training and capacity to participate in the project.
- \$2 million was authorized to be appropriated for each fiscal year from 2014 to 2018 for the demonstration project.

Managers’ Report Statement Regarding Section 4004

The Managers’ Report contained the following language regarding Section 4004: “The Managers recognize that federal regulations and certification requirements can often be burdensome for small producers, especially those on reservations. Often located in remote locations, producers on



reservations may not be close to the Agricultural Marketing Service (AMS) inspectors necessary for certification needed to provide fruits, vegetables, and other agricultural commodities to federal nutrition programs. Costs, including payments for inspector travel time, make certification unachievable for many producers on reservations. As a result, federal nutrition program recipients lose access to locally produced, fresh commodities, and producers lose access to a local market that would assist economic development on reservations. *To address this issue, the Managers encourage the Secretary to work with Tribal Organizations to enable the use of accredited third party certifiers; existing infrastructure on reservations, such as extension agents; or properly trained and certified tribal employees or officers to certify producers on reservations.*”

Little if anything has been done to implement either the language of the law or the Manager’s report.

Traditional Foods: Section 4033

Section 4033 of the 2014 Farm Bill allows for the service of donated traditional foods in residential child care facilities, child nutrition programs,

hospitals, clinics, long-term care facilities, and senior meal programs.

Traditional foods were defined in the provision to include: wild game meat; fish; seafood; marine mammals; plants; and berries.

The section also included a waiver of liability protecting tribes or tribal organizations against any civil actions arising from harm caused by the donation of traditional food.

The section also required USDA and FDA to allow service of such foods “if certain food safety measures are met, which will include meeting measures for food safety in the preparation and processing, labeling and storage of these foods.”

Note: The inclusion of this language concerning food safety requirements, while understandable, created an entirely new set of uncertainties as the application of food safety requirements for traditional foods is changing (e.g., FDA FSMA food safety requirements regarding covered produce) or unknown (e.g., FDA FSMA and USDA FSIS

requirements as to certain types of traditional meat/protein foods).

Commodity Supplemental Food Program: Section 4102

The Commodity Supplemental Food Program (CSFP) was converted to “elderly only” and currently only two tribal organizations operate CSFP: Red Lake and Oglala Sioux.

Senior Farmers Market Nutrition Program

While the Senior Farmers Market Nutrition Program was retained during Farm Bill negotiations, the program was threatened with being merged into other programs and its funding cut in half.

Community Food Projects: Section 4026

Many tribes participate in community-supported agriculture or tribal-supported agriculture activities as a means of improving their communities’ access to healthier foods. This section allowed “tribal organizations” to be eligible for Community Food Project funding.

WHY SHOULD INDIAN COUNTRY CARE?

Tribal citizens have high usage rates of all federal feeding and nutrition programs. In some communities, 25 percent of all community citizens are taking part in the feeding programs. In other communities, the numbers can climb to 60-80 percent of all citizenry. These participation rates hinge on the relative unemployment rates of individuals in the communities, the lack of meaningful employment opportunities, poor transportation options to food sources or food retail, the age and population characteristics of the individuals in the communities, and the prevalence of chronic health problems, among other issues. Because the

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A consistent, comprehensive, and tribal-led approach that is tailored to the needs of Indian Country is paramount.

rate of obesity, diabetes, chronic heart diseases, cancer, and rated health problems is so high in so many communities in Indian Country, participation rates in the feeding programs when coupled with the prevalence of persistent poverty create a fragile system of food access across Indian Country. A consistent, comprehensive, and tribal-led approach that is tailored to the needs of Indian Country is paramount.

Linking or “coupling” the feeding programs to the food production that occurs on tribal lands will do two things simultaneously. First, it will ensure that over time (conceivably less than two decades) the use of feeding programs in Indian Country will precipitously decline and in some regions, could disappear altogether. Second, it will ensure that food produced on Indian lands is focused on three simultaneous goals: (1) retaining enough food products that Indian people will be fed by food produced locally or regionally; (2) ensuring that fresher foods are available to tribal citizens needing access to feeding programs; and (3) ensuring the stabilization of food produced on tribal lands occurs because it is being used to feed people who lack food access and, at the same time, offering a consistent, albeit federal, market and anchor contract providing tribal producers the economic stability to confidently access markets off tribal lands.

Considerable attention has been paid to the Nutrition Title by tribal governments, and in some years, Congress responds by passing language that authorizes small interventions to feeding programs that impact tribal participants. Most recently in the 2014 Farm Bill, several key provisions were included that sought to improve the delivery of several feeding programs to tribal citizens. Those provisions were discussed immediately above. However, key and vexing issues remain that are critical to the future of the feeding programs and how those programs are delivered to or serve Indian Country citizens.

EXAMPLES OF OPPORTUNITY IN THE NUTRITION TITLE

In the 2014 Farm Bill, a Multiagency Task Force led by FNS, and includes AMS, FSA, and FSIS, was created to provide coordination and direction for commodity programs. The Task Force is responsible for making recommendations regarding: the specifications used for procurement of food commodities; the efficient and effective distribution of food commodities; and the quantity, quality, and specifications of procured food commodities to align with the needs of producers and preferences of recipient agencies. While the Task Force has already submitted a report to Congress, it should be reconstituted to engage in consultation with tribal governments to hear from tribal producers and organizations on these important issues. With so many Native communities receiving food from commodity programs, their input into the programs is essential. Scientific studies have shown that traditional foods and foods that are healthier, more nutritious and based on traditional diets of Native people will help alleviate the debilitating effects of diabetes, heart disease, stroke, cancer, and other chronic medical conditions. The Multiagency Task Force cannot just review issues relevant to efficiency, distribution, and the needs of producers and preferences of recipient agencies. It also must incorporate the needs of the recipients of the actual commodities.

There is currently a study underway that examines a comparison of distribution costs, efficiency, and effectiveness of food commodity distribution at the national versus the local and regional level with an eye toward including Native producers and traditional foods in the distribution of

commodities for feeding programs. The study seeks to address the question: Are the needs of Native producers being considered? If the federal government only hears from those who grow, produce, or process commodities that do not come from Native producers or from traditional food sources and never hears from the actual recipients of those commodities, then they are not adequately addressing the ultimate impact on the recipient. The needs of the recipients of the commodity foods should drive these studies and decisions. If

the commodities received are not tailored to the dietary and medical needs of the individuals who are receiving them, then the food production, the commodity purchasing, the commodity distribution, and the purpose of feeding programs that rely on commodity food purchases are entirely disconnected. By coupling all these various segments into a system that achieves more goals, commodity food

distribution systems can go beyond their original purposes of either alleviating hunger or distributing surplus commodities; they can enter a new and more modern age, and become more relevant to health and healthy food access.

Many in Indian Country support a system that connects Native producers and tribally owned food businesses with important anchor government contracts of food purchases that can stabilize our growing food systems and food companies while at the same time feed our people (who right now depend so heavily on these feeding programs). Healthier, more locally and regionally produced, and more traditional foods will in turn improve our health outcomes.

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If the commodities received are not tailored to the dietary and medical needs of the individuals who are receiving them, then the food production, the commodity purchasing, the commodity distribution, and the purpose of feeding programs that rely on commodity food purchases are entirely disconnected.

Tribal Administration of SNAP and Other Federal Feeding Programs

To build upon the results and tribal suggestions steaming from FNS's feasibility study on tribal administration of federal feeding programs, the next Farm Bill must take the next steps and provide tribes with the authority to do so by expanding 638 authority to USDA nutrition assistance programs.

NCAI has supported the following changes in the Nutrition Title of the Farm Bill:

The Food Distribution Program on Indian Reservations is currently serving approximately 276 tribes that do not have easy access to Supplemental Nutrition Assistance Program (SNAP) offices or authorized food stores. Through 100 Indian Tribal Organizations (ITOs) and five state agencies FDPIR provides USDA foods to low-income households and the elderly living on Indian reservations and to American Indian and Alaska Native households residing in eligible areas near reservations or in Oklahoma. The ITOs also provide employment to local and tribal personnel who administer the program. As the temporary funding increases for SNAP under the American Recovery and Reinvestment expired in October 2013, the demand on FDPIR is increasing, leaving some programs with food shortages. Since FY 2013, FDPIR participation has risen over 17 percent,

and between FY 2015 and FY 2017, the monthly participants have risen from 88,000 to 100,000. Additional funding is needed to address the new demands on the programs, rising food cost – especially the increasing price of protein, and to improve program operations. Further, Congress authorized the USDA to purchase traditional and locally grown foods, but it has been difficult for tribes to create a sustainable supply of traditional foods due to the lack of infrastructure and local capacity.²³

NCAI, in a 2013 report identified the following recommendations for future Farm Bill Nutrition Titles. While some improvements in tribal-specific provisions noted below were made, there is still room for improvement:

The Nutrition Title provides nutrition assistance for households and individuals through programs such as the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), the Food Distribution Program on Indian Reservations (FDPIR), and The Emergency Food Assistance Program (TEFAP), among other types of supplemental nutrition assistance. It also provides support for programs to bring fresh fruits and vegetables to schools and other types of support for child nutrition programs.



Tribal Perspective:

Many American Indian and Alaska Native families rely heavily on federal food assistance programs. Due to high unemployment rates and rural economies, most tribes have limited access to grocery stores, farmer's markets, and community gardens. Historically, these programs have been readily accessible to state and local governments, but high participation rates indicate that tribes should have a larger role in the local procurement and distribution of foods. By encouraging the purchase of more Native-grown product into the feeding programs serving individuals on reservations, the dual purpose of feeding while also creating market opportunities for Indian producers could occur and if allowed to over time, encourage the development of local food and agriculture economies that will alleviate the numbers of individuals on feeding programs while ensuring that local, regional food economies in Indian Country flourish.

1. Expand parity and access to federal food programs. Provide tribes greater access to and control of federal food programs. Of the 15 federal food assistance programs, currently being funded through the Food and Nutrition Services (FNS), tribes are only eligible to administer the Commodity Supplemental Food Program (CSFP), the Food Distribution Program on Indian Reservations (FDPIR), and the Women, Infants, and Child (WIC) program. Since tribes have a duty to protect the welfare of their citizens, it should only follow that tribal governments should identify

and possess greater control of the programs that will meet their needs.

2. Conduct a feasibility study to identify which federal food tribes have the capacity to administer on their own.

Recommended Provisions

INSERT: "(x) In General. – Section 4 of the Food and Nutrition Act of 2008 (7 U.S.C. 2013) is amended by inserting a new subsection (b) and reordering:

"(b) FEASIBILITY STUDY FOR INDIAN TRIBES. – The Secretary shall conduct a study to determine the feasibility of a tribal demonstration project for tribes to administer all federal food assistance programs, services, functions, and activities (or portions thereof) of the agency.

"(c) CONSIDERATIONS. – In conducting the study, the Secretary shall consider –

- "(1) the probable effects on specific programs and program beneficiaries of such a demonstration project;*
- "(2) statutory, regulatory, or other impediments to implementation of such a demonstration project;*
- "(3) strategies for implementing such a demonstration project;*
- "(4) probable costs or savings associated with such a demonstration project;*
- "(5) methods to assure quality and accountability in such a demonstration project; and*



“(6) such other issues that may be determined by the Secretary or developed through consultation with pursuant to subsection (d).

“(d) REPORT. – Not later than 18 months after the date of the enactment of this section, the Secretary shall submit a report to the Committee on Agriculture, Nutrition and Forestry of the Senate and the Committee on Agriculture of the House of Representatives. The report shall contain –

- “(1) the results of the study under this section;
- “(2) a list of programs, services, functions, and activities (or portions thereof) within each agency with respect to which it would be feasible to include in a tribal demonstration project;
- “(3) a list of programs, services, functions, and activities (or portions thereof) included in the list provided pursuant to paragraph (2) that could be included in a tribal demonstration project without amending statute, or waiving regulations that the Secretary may not waive; and
- “(4) a list of legislative actions required to include those programs, services, function, and activities (or portions thereof) included in the list provided pursuant to paragraph (2) but not included in the list provided pursuant to paragraph (3) in a tribal demonstration project.

“(e) CONSULTATION WITH INDIAN TRIBES. – The Secretary shall consult with Indian tribes to determine a protocol for consultation under subsection (b) prior to consultation under such subsection with the other entities described in such subsection. The protocol shall require, at a minimum, that –

- “(1) the government-to-government relationship with Indian tribes forms the basis for the consultation process;
- “(2) the Indian tribes and the Secretary jointly conduct the consultations required by this section; and
- “(3) the consultation process allows for separate and direct recommendations from the Indian tribes and other entities described in subsection (b).

“(f) AUTHORIZATION OF APPROPRIATIONS. – There are to be appropriated such sums as may be necessary to carry out this section. Such sums shall remain available until expended.”

3. Promote and assist the growth and distribution of traditional foods within tribal communities.

Before processed foods entered the diets of American Indians and Alaska Natives, tribal communities lived with lower rates of disease and practiced healthier, physically challenging lifestyles through traditional hunting, fishing, gathering, and agriculture. Tribal governments consistently work to return communities to these traditional practices and foods that encourage healthy living and cultural sustainability. However, the process to create a sustainable supply of traditional foods has been difficult for tribes due to the lack of infrastructure, administrative hurdles, and insufficient technical assistance to build tribal capacity. To build capacity and restore traditional practices tribal governments recommend that Congress:

- Institute a traditional food market within FDPIR.
- Provide technical assistance to increase capacity of traditional and local farmers to bring produce traditional foods for to tribal school systems and assist them in establishing new farmers’ markets.
- Assist tribes with in securing on-farm processing equipment and establishing aggregation, distribution, and processing facilities.
- Allow tribes administering FDPIR to use 5% of program funding to purchase or grow local and traditional foods for their food package.

Recommended Provisions

INSERT:

“(x) In General. – Section 4 of the Food and Nutrition Act of 2008 (7 U.S.C. 2013) is amended by inserting new subsection (b)(7):

“(A) LOCAL PURCHASE. – A tribe that is authorized to administer the distribution under subparagraph (B), shall have the option to use 5% of its program funding to promote local purchase of traditional and locally-grown food to be used in its food package by –

- (1) purchasing traditional and locally-grown foods from local Native American farmers, ranchers, and producers; or
- (2) creating and maintaining a community garden from which traditional and locally-grown foods are harvested from.”

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4. Congress should authorize the regional procurement and distribution of traditional and locally grown food for recipients of the Food Distribution Program on Indian Reservations (FDPIR) program. The FDPIR program is a low-income food distribution program administered by the U.S. Department of Agriculture (USDA) Food and Nutrition Services. Currently, the USDA purchases and ships FDPIR foods nationwide to tribes or Indian tribal organizations for eligible recipients. This provision would authorize the USDA to purchase traditional and locally-grown food on a regional basis and to make such food available on a regional basis for FDPIR recipients. This provision promotes tribal culture, regional economic development, and encourages the use of traditional, regional and locally grown food.

Recommended Provisions

Section 4003. Food Distribution Program on Indian Reservations.

Section 4 of the Food and Nutrition Act of 2008 (7 U.S.C. 2013) is amended by inserting new subsection (b)(7) - REGIONAL PROCUREMENT AND DISTRIBUTION. The Secretary may purchase on a regional basis traditional or locally-grown food and make such food available on a regional basis for recipients of food distributed under subparagraph (b); provided, there are economic, cultural or health benefits to the tribe or Indian tribal organization harvesting the traditional or locally-grown food for recipients of food distributed under subparagraph (b); provided further, that the Secretary shall enter into cooperative agreements with tribes or Indian tribal organizations to carry out this subsection. In consultation with tribes and Indian tribal organizations, the Federal Acquisition Regulatory Council shall promulgate regulations and procedures to carry out this subsection in accordance with the Buy Indian Act, 25 U.S.C. 47, as amended, to encourage the purchase of traditional, regional and locally-grown food produced, harvested, and marketed by tribes and Indian tribal organizations, and in accordance with the Office of Federal Procurement Policy Act, 41 U.S.C. 401 et seq.

5. *Maintain current funding levels for SNAP.*

Twenty-four percent of American Indians and Alaska Natives are currently served by the SNAP program, compared to only 14 percent of the entire US population. Since most SNAP recipients are children and seniors, any cuts to the SNAP program will deeply affect American Indian and Alaska Native families.

6. *Authorize a Tribal Preference in Food Procurement. Congress should authorize USDA to include a tribal preference in their food procurement authorities. Tribal food and agriculture businesses could continue to scale up to meet this new opportunity or partner inter-tribally or community-wide to play a bigger role in food procurement and distribution for their communities. Increases in this market will provide greater job opportunities and expanded economies in tribal communities.*²⁴

Food Distribution Program on Indian Reservations

Since 2015, several tribal elected officials have engaged in ongoing tribal consultation with USDA FNS over a significant number of improvements needed to the FDPIR program. These officials have made some headway, but significant legislative changes still need to occur within the FDPIR program. Proposed changes include:

- The matching funds requirement of each of the FDPIR program sites should be eliminated, no FDPIR program site should be required to provide matching funds to participate. If funds are required, there should be no more than 5 percent matching funds required of any program site.
- The carryover prohibitions that apply to tribal feeding sites is inequitable. State feeding programs can engage in carryover of unspent funds from year to year. This unequal treatment is problematic to tribal feeding programs whose funding needs, particularly for food distribution infrastructure (e.g., warehouses), could be met by allowing carryover funding.
- No FDPIR program site should be allowed to engage in the regulatory-approved practice of

“tailgating.” It is a demeaning practice to program participants. USDA FNS should engage in tribal consultation concerning reasonable alternatives to this practice and should amend its regulations as soon as a reasonable alternative to delivery is identified.

- A contingency plan should be the subject of tribal consultation and should be reduced to writing so that all tribal program sites are aware of what will happen should any lapses in funding, disasters, government closures, or related incidents cause the stoppage of delivery of food to program sites.
- The USDA FNS should be required to hire at least one national tribal liaison located in its Washington, D.C., offices and one regional tribal liaison located in each regional FNS office. These individuals should be Native or have high levels of experience with tribal communities.
- A significant increase in nutrition education funding — at least \$5 million per year — should occur. An alternative to competitive funding should be sought so that each tribal program receives support for nutrition education program materials and a coordinated approach to nutrition education occurs.
- All FDPIR traditional food purchases (bison, wild rice, salmon, blue corn, and other products) shall be a regular part of the food package purchases and not require supplemental or special appropriations.
- A budget for warehouse and other infrastructure needs for FDPIR program sites shall be compiled after tribal consultation and shall be included in its entirety in each federal budget cycle and request until fully funded.
- All FDPIR purchasing and distribution shall occur on a regional basis and shall include as much locally and regionally tribal-produced food as reasonably possible.
- USDA must remove the “Urban Place” definition and limitation to a population of 10,000 people for FDPIR to allow tribes and the USDA to work collaboratively to serve even more tribal citizens who need nutritious food, regardless of where they live.



TITLE V: CREDIT



Due to the capital-intensive nature of farming and ranching, the Credit Title has long been an important part of the Farm Bill. Farming and ranching is a high-risk enterprise. Exposure to weather, climate and disaster events is always a possibility; and markets for food products and agriculture commodities can be impacted by local, national, and global events and seemingly unrelated policy decisions. Investments in agriculture production must always follow a “long-term” investment scenario. Good times for agriculture can very quickly be followed by bad times. Having access to a lender or an entity willing to understand these financial realities is critical. Over many decades, the federal government has maintained a continuing presence in agricultural lending. However, that hasn’t always gone so well. In the 1980s, a period known as “the farm financial crisis” significantly rattled credit markets and fundamentally changed the USDA lending portfolio. The federal government’s lending practices have been tested in the courts, and Indian Country hasn’t been immune from these situations. Prior to the 1990s and for many decades, USDA offered critical lending through an agency known as the Farmers Home Administration (FmHA). However, after the turbulent 1980s, Congress took action to separate critical functions of FmHA: farm lending was retained in the Farm Service Agency (FSA) and rural home and business lending was held within the Rural Development Agency of USDA.

Many observers believe that due to the inherently risky nature and cyclical business cycles of farming and ranching that the government must always have a presence in the agricultural lending arena. The government’s presence in agricultural lending is normally evident through either the Farm Service Agency (FSA) of USDA or the Farm Credit System. Obviously private

banks and other lending entities can also provide much-needed credit to farmers and ranchers.²⁵

The Farm Credit System (FCS) was created by Congress in 1916 and celebrated its 100th year in the business of agricultural lending in 2016. The FCS and FSA are critical lending partners to many tribes and tribal producers throughout the country. However, they are not the entire picture. Many smaller producers who are not yet ready for FSA or FCS lending relationships utilize the services of smaller retail banking entities at the local level, community development financial institutions (or CDFIs), credit unions, or other means of acquiring needed capital.

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Many observers believe that due to the inherently risky nature and cyclical business cycles of farming and ranching that the government must always have a presence in the agricultural lending arena.

FSA offers direct loans to farmers, ranchers, and tribal governments and guarantees loans with preferred lenders and FCS institutions. While in the past the loan portfolio of the federal government (FSA) was approaching 80 percent direct loans and 20 percent guaranteed loans, that distribution has shifted

over time so that the lending portfolio of the federal government is now predominately offering guaranteed loans — 80 percent guaranteed loans and 20 percent direct loans. Loan programs at FSA are funded through annual appropriations at set lending limit levels, and loan servicing occurs through the federal government agency itself.

The *Keepseagle v. Vilsack* case, a lawsuit about civil rights discrimination in lending and loan servicing lawsuit brought by a group of Native plaintiffs that was later certified as a national class action, lingered in the federal court system since the 1990s. The case was finally settled in 2010 and a claims review process was undertaken. At this writing, the case is still in the courts, but hopefully in the final stages of ruling on all appeals and approving the modified settlement agreement. Regardless of the outcome of that appeals process, the USDA Farm Service

Agency has continued to extend or try to extend credit in Indian Country to support the growth and stability of Native-owned farms and ranches.

The 2014 Farm Bill continued the lending functions for agricultural operations with FSA and implemented improvements in the Down Payment Loan Program which provides capital to new farmers seeking to purchase property by increasing the total value of farmland to be purchased from \$500,000 to \$667,000.

A previously created tribal-specific lending program – the **Highly Fractionated Indian Land Loan Program** – was reauthorized in Section 5402 of the 2014 Farm Bill and amended to enable it to run more effectively. Congress allowed the authorized funds under that program to be delivered in loans through an approved intermediary relending organization and authorized the Secretary to make direct loans. The program expands eligibility of the program to individuals. These new provisions were sought after FSA conducted tribal consultation in efforts to find ways to improve the ability of the program to reach its original purposes. The 2008 Farm Bill authorized this program at \$10 million annually, but those funds were never utilized due to the structure of the program. The 2014 Farm Bill sought and achieved changes to the program delivery which have since gone into effect with the passage of new regulations and the selection of the first annual relending entity. The intent of the program is to be a useful tool to consolidate lands for agricultural purposes within Indian Country.

The 2014 Farm Bill authorized a **Microloan Program**, under which a single borrower may borrow up to \$50,000. In addition, the provision authorizes a cooperative lending pilot project for

the Secretary to identify community development financial institutions to make microloans and provide business, financial, or credit management services to microloan borrowers.

Youth Loans were also the subject of 2014 Farm Bill provisions. While USDA has long had authority to provide youth loans to encourage young people to enter farming, ranching, and agricultural pursuits, the program was plagued with problems related specifically to the burden on young people when situations outside their control (e.g., family dissolution, divorce, death of a parent or mentor) caused them to fall behind in their repayment or default on the loan altogether. The Credit Title in the 2014 Farm Bill contained a youth loan provision addressing the problem, allowing the Secretary to forgive the debt.

In addition, and regardless of the reason for the default, the provision stated that the youth borrower shall not become ineligible for federal education loans due to the default. This amendment is very important to all youth loan borrowers, and was an issue that was raised by the Intertribal Agriculture Council (IAC). This important amendment made sure that young farmers

and ranchers are not adversely impacted by a crop failure or some other reason, such as family problems, that could then follow them throughout adulthood. The Office of Tribal Relations worked closely with FSA and IAC to investigate the issues involved with youth loan defaults and the language that is incorporated into the 2014 Farm Bill will help alleviate the problems IAC raised. Prior to these changes, young people who defaulted on these small loans were put in jeopardy of receiving future student loans for college or other loans for farming and ranching, simply because of the Debt Collection Act that applies to all federal departments.

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The Office of Tribal Relations worked closely with FSA and IAC to investigate the issues involved with youth loan defaults and the language that is incorporated into the 2014 Farm Bill will help alleviate the problems IAC raised.

The 2014 Farm Bill continued to prioritize loans to beginning and socially disadvantaged farmers through programs like the FSA Direct and Guaranteed Farm Ownership and Operating loan programs. USDA was given increased flexibility in determining what types of experiences should count towards the “farm management experience” requirement for direct farm ownership loans. Another change allowed lower interest rate for the Joint Financing (or Participation) loans that bring together farmers, USDA, and a private lender to leverage federal credit-focused appropriations with private lending resources.

FSA also put in place a Farm Loan Program guidance addressing many of the challenges of extending farm lending into Indian Country. This Farm Loan Program guidance (FLP-665) is entitled: “*Using Existing Regulatory Flexibilities to Lend in Credit Deserts and Areas with Unique Circumstances.*” Credit worthiness will still be required, but the potential borrower can work more closely with farm loan officers to address unique circumstances in their areas. Finally, the 2014 Farm Bill extended the life of the State Agricultural Loan Mediation Programs, which were put in place at the state level during the 1980s farm financial crisis.

In addition to other key provisions in the 2014 Farm Bill, in Section 5403, authorization was granted to cease the requirement of obtaining both a USDA appraisal and a Bureau of Indian Affairs appraisal concerning the same property when satisfying lending requirements with FSA. Prior to this change in requirements, tribal borrowers (tribes, individual tribal members or tribal corporations) experienced repetitive appraisal requirements. This provision allowed the FSA to take “notice” of an appraisal secured under an appraisal standard recognized by USDA or the Secretary of the Interior. This provision, if fully implemented, would allow tribal borrowers to save

significant money and time caused by the appraisal process when securing a loan from FSA. Finally, while few provisions in the Credit Title affect the Farm Credit System, there has been no specific statutory acknowledgement of the rights of tribal governments or groups of tribal producers to be recognized as “cooperatives” under enabling laws relating to the authority of FCS institutions to extend credit. Due to the nature of landholding and land ownership in Indian Country, some clarification of this requirement is in order but has not yet occurred.

WHY SHOULD INDIAN COUNTRY CARE?

After a period of very high farm income, there has been a downturn in recent years in farm income, and experts believe that many farm borrowers will default on farm loans in the coming months. If that occurs, the situations in the credit markets that led to the 1980s farm financial crisis and the chaos in agriculture and rural communities that ensued thereafter may be revisited. During that turbulent time, Indian Country was hit as hard or harder than most other areas of the country because of the remote and isolated nature of our farms and

the reality that in most reservation communities a “credit desert” exists alongside food deserts. Close attention must be paid to these situations as they unfold because there are many provisions of the Credit Title that still need to improve for tribal producers, and there are unique situations that apply to tribal producers that should be taken into consideration. The improvements that FSA has made in the extension of credit to farmers and ranchers in Indian

Country in the post-*Keepseagle* era continue and need to continue. Separate programs that allow for unique training and technical assistance concerning financial education and loan servicing for tribal producers must be included in future Farm Bills in

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The improvements that FSA has made in the extension of credit to farmers and ranchers in Indian Country in the post-Keepseagle era continue and need to continue.

order that the ground gained in recent years is built upon and continually improved.

The lingering administrative issues that exist when tribal producers seek loans or loan servicing and must deal with both the BIA and USDA continue to exist. Without significant attention to creating efficiencies and solving problems, the delays in approvals and the related failure to extend deserved credit to producers will continue. USDA and BIA should be required to create an administrative team to review and update all practices and regulations that hinder tribal food production, tribal food system lending, and tribal loan servicing that support and maintain food production systems upon which tribal communities rely.

EXAMPLES OF OPPORTUNITIES IN THE CREDIT TITLE

The IAC recommends the following foundational changes that should occur in the Credit Title:

- **Structuring loans to suit the business:** Several innovative loan structuring measures could be authorized in the coming Farm Bill. Currently FSA will lend 100% the cost of bred livestock. They will then subordinate their lien position to a local commercial lender for annual production costs. Increasing the amount of debt secured by the same amount of assets, sometimes by as much as 25%. If the first year of operating expenses could be included in the original loan, and amortized over the life of the secured asset; producers would end the year with cash in the bank; allowing them to take advantage of pricing opportunities on input materials, replacement stock, or expansion opportunities. Such an approach would incentivize, and build a habit of, and operating from available resources, instead of what could be borrowed on an annual basis.
- **FSA planning prices:** Occasionally commodity price cycles run contrary to the mandated FSA Planning Prices which are set on a state by state

basis. Despite a producer's inclination to plan conservatively, they are often faced with choice of accepting a plan based on those planning prices, or shutting down their operation. In cases where FSA Planning Prices were more than 20% higher than the actual prices, the producer shall receive debt restructuring that will not count towards lifetime limits on loan servicing.

- **Socially disadvantaged interest rate:** An outdated statute maintains the SDR interest rate for FSA loans at 5%. This rate was set years ago when the prevailing interest rate was in the double digits. Rather than set at a static number, it should be indexed to the prevailing rate and set at a commensurate proportion of that rate. 50% of the standard rate.
- **Make food loans at FSA:** Under current program guidelines, there is some latitude for producers whose production will take a period to fully ramp up. Initial payments can be made at the 18-month mark rather than within the first year. This same methodology should be employed for producers wishing to take their raw product to the next step in the value chain.
- **Keepsaigle class forgiveness:** It is evident that during the timeframe relevant to the lawsuit, there was a systemic and deep-rooted discrimination against Native American and other producers. Many Native Americans could avail themselves of the opportunity for debt settlement and a small monetary award to attempt to make them whole. Success in this case also included a "clean slate" when dealing with the FSA in the future. Only 3,000 of an anticipated 12,000 were successful claimants, and only 5,000 applied. Many Native American producers still feeling the disenfranchisement of decades of disparate treatment, didn't take part in the process; and consequently, debt settlement they may have received during very challenging times, and in an often hostile environment **up to 30 years ago** they are forbidden from another chance at capitalizing on the improved services of the FSA. This would be a no-cost change that would improve the opportunity for many.

NCAI, in a 2013 document recommending changes in the Farm Bill, advanced the following Credit Title changes. Any changes made by language in the 2014 Farm Bill are noted:

The Credit Title authorizes new conservation loan program, expands and enhances programs and preferences for beginning and socially disadvantaged farmers and ranchers, increases loan limits for all borrowers, and makes equine farmers eligible for emergency loans. The Title also refines and clarifies rules governing financial obligations among members of Farm Credit System. Rural utility loans become qualifying loans under Federal Agricultural Mortgage Corporation (Farmer Mac) rules.

Tribal perspective is described in each section below:

1. Fractionated Land

Because of the General Allotment Act of 1887 (also called the Dawes Act), reservation land was divided up and allotted to individual tribal members. When an allottee died, ownership of the allotted parcel was divided up among all the heirs, with each Indian heir receiving an undivided interest in the parcel. With the passing of each generation, the number of owners of such a parcel of land has grown exponentially, resulting in hundreds of owners of each parcel. The resulting highly fractionated ownership of much Indian land today reduces the usefulness and value of the land and increases administrative costs to the U.S. government and the tribes. Amendments to current programs could reduce the waste and expense burden on the individual owners, the tribes and the federal government by encouraging individual Indians to purchase and consolidate highly fractionated lands, funding local financing intermediaries and ending duplicative appraisal requirements.

Recommended Provisions

A. Amend and expand the Indian Land Acquisition Program to provide loans for individual Indians to purchase highly fractionated lands. The existing program is open only to the Indian tribes and tribal corporations established pursuant to the Indian Reorganization Act. Expanding the program to

individuals would expand credit availability to qualified producers and reduce federal government expense in administering highly fractionated land.

B. Amend the Loans to Purchasers of Highly Fractionated Land Program.

The 2008 Farm Bill created a program located within the USDA Farm Service Agency (FSA) that was to authorize FSA to make and insure loans to Indian Tribes to facilitate the acquisition of lands or interests within the Tribe's reservation, or within a community in Alaska, to encourage the consolidation of fractionated lands. The language as originally passed required FSA to obtain approval of the Bureau of Indian Affairs' Indian Land Consolidation Program for post-probate applications to purchase fractionated land interests. The need for this program has not diminished, however the program in its original legislative language was unworkable, particularly in the period before Cobell settlement approval. After consultation with Tribal leadership throughout the US, the resounding recommendation was that the program should be amended by Congress to delete the requirement of BIA approval and further to allow the deployment of the program as a revolving loan fund through such organizations as the Indian Land Tenure Foundation which already has a program allowing purchases. By amending the existing language, the program would allow greater flexibility to purchase small interests and avoid lengthy probate processes.

[NOTE: After this publication, the language was approved in the final version of the 2014 Farm Bill and producers now do not have to be burdened with two appraisals on the same property.]

Existing Language (with proposed amendments):

25 U.S.C.A. § 488. Loans to purchasers of highly fractionated land

(a) In general. The Secretary of Agriculture is authorized to make loans from the Farmers Home Administration Direct Loan Account created by section 1988(c) of Title 7, and to make and insure loans as provided in sections 1928 and 1929 of Title 7, to any Indian tribe recognized by the Secretary of the Interior or tribal corporation established pursuant to

the Indian Reorganization Act (25 U.S.C. 477), which does not have adequate uncommitted funds, to acquire lands or interests therein within the tribe's reservation as determined by the Secretary of the Interior, or within a community in Alaska incorporated by the Secretary pursuant to the Indian Reorganization Act [25 U.S.C.A. § 461 et seq.], for use of the tribe or the corporation or the members of either. Such loans shall be limited to such Indian tribes or tribal corporations as have reasonable prospects of success in their proposed operations and as are unable to obtain sufficient credit elsewhere at reasonable rates and terms to finance the purposes authorized in sections 488 to 494 of this title.

(b) Highly fractionated land

(1) In general. Subject to paragraph (2), the Secretary of Agriculture may make and insure loans in accordance with section 1929 of Title 7 to eligible purchasers of highly fractionated land or to intermediaries to establish revolving loan funds for the purchase of fractionated land pursuant to section 2204(c) of this title. (Highlighted language should be removed and the italicized language should be inserted.)

(2) Exclusion

Section 491 of this title shall not apply to trust land, restricted tribal land, or tribal corporation land that is mortgaged in accordance with paragraph (1).

2. Remove the Graduation Requirement for FSA programs.

Due to the general lack of credit availability on Indian reservations, it is difficult to access tenable credit rates for even experienced producers operating farms and ranches on trust lands. Removal of the statutory requirement for graduation from FSA programs for producers on Indian Reservations would allow agriculture operations to be more stable. The deletion of a graduation requirement would assist other producers as well who farm and ranch in areas where credit access is tenuous at best.

3. Remove the Requirement for Private Credit Denial.

Clearly state that three (3) denial letters from private credit sources is not a requirement for Tribal members to participate in an FSA loan program. Currently

the practice is to require three (3) denial letters from private credit sources to be considered for FSA loan programs. On Indian reservations, there is a general lack of private lending at all, which renders the requirement onerous and unduly burdensome. By removing the private credit denial provision other producers who reside in locations where private lending is inaccessible would also be assisted.

4. Amend requirements concerning Rural Youth Loan Debt Collection.

Many Native or rural youth access "youth loans" through FSA to assist them in participation, at a very young age, in such programs as FFA, 4-H or other youth agriculture leadership development programs. Accessing lending to begin building a livestock herd at a very early age can help overcome the challenges of entry into a very capital intensive commercial activity. These loans have high success rates both among Native and non-Native youth. However, if the loan moves into a troubled loan status, these loans are subject to federal Debt Collection Act and as such can seriously impact a young person's ability to access loans for college, a vehicle, or their first job. These loans are generally less than \$5,000 and are used to provide youth the opportunity to gain experience through FFA, 4-H or other beginning farmer experiences. If a youth loan goes into default, the borrower is referred to Treasury for further action, thus making the young person subject to debt collection and negative impact when applying for government-backed student loans, or other federal programs or services when they become an adult. In some situations, the parents are primarily responsible for the loss but the collection activity affects only the youth. Decoupling youth loans from certain federal collection requirements would avoid causing long term harm to student borrowers. This provision would assist native youth as well as all rural youth seeking experience in farming and ranching through the youth lending program. (NOTE: This provision was included in the 2014 Farm Bill in its final version).

5. Changes to Definitions of Land Owned by Indian Tribes

There is no common definition of "land owned by

Indian Tribes” across all USDA programs. As such, inconsistent program access even within programs run by a single agency can occur. An alternative to placing the definition in a section having application broadly across the entire Department, is to place it within the Definitions section of the Conservation Title, where the most common problems associated with lack of common definition are most pronounced (WRP, VPA, CRP, etc.).

A. Add language in a Definition section applying to all USDA administered programs across all relevant titles (as opposed to each individual title/program):

“Land owned by Indian Tribes or Tribal Members” shall mean:

- (1) Land held in trust by the United States for individual Indians or Indian Tribes; or
- (2) Land, the title to which is held by individual Indians or Indian Tribes subject to Federal restrictions against alienation or encumbrance; or

- (3) Land which is subject to rights of use, occupancy, and benefit of certain Indian Tribes; or
- (4) Land held in fee title by an Indian, Indian family, or Indian Tribe; or
- (5) Land owned by a native corporation formed under 25 U.S.C. Section 477, 43 U.S.C. Section 1606 or 43 U.S.C. Section 1607; or
- (6) A combination of one or more of the lands listed above.

6. GAO Study

The Intertribal Agriculture Council, based on its finding of the existence of “Credit Deserts” in Indian Country, asserts the need for an in-depth analysis by the Government Accountability Office into the nature of credit in Indian Country; specifically examining compliance with the Community Reinvestment Act by banks on and near Indian Reservations.²⁶



TITLE VI: RURAL DEVELOPMENT



The Rural Development Title creates programs that support: rural business and community programs; housing; rural infrastructure, including electric and telecommunications services; rural water and sewer infrastructure; and rural hospitals and healthcare, among many other programs. As the only agency within federal government that focuses solely on the needs of rural America, the provisions within the title are extremely important to rural citizens, including those who live within Indian Country.

Many of the programs in the Rural Development Title are based on loan authorities, and some are delivered through grant programs. The USDA services the loan portfolio, and the infrastructure programs specifically are facilitated by a team of technical service providers who help communities and potential borrowers analyze infrastructure needs, develop engineering specifications, and analyze financial feasibility of projects. The needs of infrastructure in rural America have likely never been greater except during the early periods of attention to the needs of rural people and places. Electricity programs contained within the Rural Development Title were preceded by early laws such as the Rural Electrification Act of 1936 which addressed the profound needs of rural communities that were not being serviced because commercial providers had no economic incentive to serve smaller population groups. Rural cooperatives (electric and telephone) were created under laws dating back to the 1940s, and they have been relatively successful in bringing most services to rural areas by funding such activity and making investments where investments might not otherwise happen. However, Indian Country for the most part has not been the beneficiary of such programs. Without critical infrastructure — water, sewer, electrical, telephone, broadband, energy, etc. — rural America and Indian Country will be left further behind than they already are and will be unable to build or sustain thriving economies and businesses. Critical infrastructure in these locations is already in crisis mode, but in many locations throughout Indian Country, that infrastructure was never built in the first place.

The Rural Development Title contains many provisions that are vitally important to tribal governments, communities, and businesses. Among these programs are: Rural Water and Waste Disposal Loan and Grant; Emergency and Imminent Community Water Assistance; Water and Waste Facility Loans and Grants; Water Systems Grants for Rural and Native Villages in Alaska and Hawaii; Solid Waste Management Grants; Rural Water and Waste Water Circuit Rider Program; Household Water Well Systems Program; Community Facilities Loan and Grants; Rural Business Development Grants; Value-Added Producer Grants; Agriculture Innovation Center Demonstrations; Rural Cooperative Development Grants; Intermediary Relending; Rural Microentrepreneur Assistance; Rural Business Investment; and Rural Housing.

The 2014 Farm Bill extended most rural development programs but generally reduced funding authorization levels for some programs while increasing funded for others, and provided limited mandatory funds. Rural electrification and telephone loan programs were extended with minor changes and several programs in rural business development, energy, and broadband were amended, introduced or replaced. There was a new focus on regionally focused economic development strategies and some programs experienced eligibility changes, including amendments to the definition of “rural” in some programs.

The **Value-Added Agricultural Product Market Development Grants Program** was extended with increased mandatory funding from \$15 million to \$63 million per fiscal year. Veteran farmers and ranchers were specifically made eligible for a priority in funding and the Secretary is required to give priority to projects that contribute to creating or increasing marketing opportunities for certain types of operators, farmers, and ranchers.

Rural broadband telecommunication services programs were extended with new eligibility requirements for loans, follow-up on loans granted, data collection metrics, and studies of loan

program effectiveness. Broadband is redefined as transmission capacities of 4-Mbps downstream and 1-Mbps upstream. The new Rural Gigabit Network Pilot Program aims to bring ultra-high-speed Internet service to rural areas.

Integration of **information technologies** funding was authorized for integrating Internet processes into business practices. The Rural Business Development Grants program may be used directly for establishing centers to provide training to rural businesses in interactive technology and to support projects for development of enterprises that facilitate the operation of rural distance learning networks and rural learning programs.

The **Rural Energy Savings Program** was created to help families and small businesses in rural areas achieve cost-effective energy efficiency with annual funding authorized at \$75 million.

The **Rural Business Development Grants Program** was authorized at \$65 million annually and replaces the Rural Business Enterprise Grant Program and Rural Business Opportunity Grant Program. **The Rural Microentrepreneur Assistance Program** was extended with mandatory funding of \$3 million.

The Secretaries of Agriculture and Transportation were mandated to complete an updated study on **rural transportation** issues (freight transportation of agricultural products, renewable fuels, and other issues of importance to rural community economies) within one year. Eligibility for **Rural Housing Service** programs authorized under the 1949 Housing Act was modified so that eligibility is consistent through the 2020 Census. User fees for baseload generation in the Rural Development Electric program allow the program to finance new baseload generation.

The 2014 Farm Bill also reduces authorized funding for many programs, including: Rural Water Circuit Rider Program (reduced from \$25 million to \$20 million annually); Solid Waste Management Grant

program (limited to \$10 million annually from a previous unlimited level); Household Water Well System (reduced from \$10 million to \$5 million annually); Rural Cooperative Development Grant program (\$50 million to \$40 million annually); Rural Business Investment Program (reduced from \$50 million to \$20 million annually); Distance Learning and Telemedicine Program (reduced from \$100 million to \$75 million annually); Agriculture Innovation Center Demonstration Program (reduced from \$6 million to \$1 million annually).

A new **Rural Gigabit Network Pilot Program** provides \$10 million annually for ultra-high-speed Internet service in rural areas which will elicit new data on the need for, and the economic effect of, ultra-high-speed Internet technologies in rural settings. The Rural Utilities Service Broadband Loan program continues, with improved reporting and data collection requirements.

In addition to the sections discussed above, the 2014 Farm Bill included reauthorization of the **Tribal College and University Essential Community Facilities Program** through 2018. This provision is found in Section 6005 and includes tribes in the essential community facilities technical assistance and training program.

The **Water and Wastewater** programs have been extended and \$150 million in mandatory funding for the programs was authorized. Emergency water assistance programs, rural water well programs, solid waste management grants program, and the Alaska Native village rural water programs were all extended.

Rural Business and Industry Loan Program and **Rural Business Development Grants Program** were extended and tribes were specifically identified as eligible. These programs include grant funds for planning, technical assistance and feasibility studies for rural business development projects. Rural cooperative development grants were extended, along with local and regional development food projects were extended. Rural

economic development partnerships program, rural microenterprise development programs, and the intermediary relending program were extended and tribes were included.

Electrification and broadband telecommunications programs were extended and new language was included concerning national rural broadband mapping and attention to the needs of those not covered by broadband. In addition, distance learning and telemedicine programs were extended and a rural gigabit network pilot program was created.

The **Value-Added Agriculture Product Development Program** was amended and extended; ag innovation center programs were extended; regional economic development infrastructure programs were included; and strategic economic and community development programs were included. An administrative notice that released between the 2008 and the 2014 Farm bills clarified that tribal food enterprises of all types were entitled to full participation in the program. The USDA Rural Development (RD) offices had labored for many years under false assumptions about ownership of agricultural products and common ownership patterns, and the administrative notice clarified and provided key examples that offered clarity to RD field offices that began to see more Indian Country value-added projects being funded. In the Value-Added Producer Grant Program, the bill provided \$63 million over five years to assist farmers with the development of high-quality farm-based products differentiated by production processes, physical segregation, or marketing.

The bill also adds veteran farmers and ranchers to the priority eligibility category for the Value-Added Producer Grant Program and makes very important changes to the determination of which projects from groups of producers receive priority consideration. Priority will be given to those projects that “best contribute” to creating or increasing marketing opportunities for small and mid-sized family farms and beginning, socially disadvantaged, and veteran farmers or ranchers.

Rural Business Opportunity Grant and Rural Business Enterprise Grant programs were merged into one program, known as **Rural Business Development Grants**, with authorization for up to \$65 million in discretionary funding per year over five years, but no mandatory funding. The bill limits the use of funds for certain activities previously funded by Rural Business Opportunity Grants, allowing up to 10 percent of total appropriated dollars to be used for planning projects, technical assistance and training to existing or prospective entrepreneurs and managers, localized economic development planning, and certain business training centers.

WHY SHOULD INDIAN COUNTRY CARE?

The 2008 Farm Bill included a provision called the Substantially Underserved Trust Area (SUTA). This provision applied to some, but not all, RD programs and authorities (mainly to basic infrastructure such as water) and allowed those who could demonstrate that they existed in a “substantially underserved trust area” to gain access to important waivers of program requirements, lower interest rates, longer repayment terms, and similar assistance through RD programs. In addition to clearly applying to many areas of Indian Country, the SUTA provision also proved helpful to territories of the U.S. During the 2008 implementation period and the months approaching the negotiation of the next Farm Bill, USDA officials discussed publicly their willingness to apply SUTA throughout the RD programs and authorities. This important provision should resurface in future Farm Bill negotiations. It will go a long way to ensuring more equitable access to RD programs and authorities, and can be used to provide important support to tribal citizens living in remote, rural, isolated communities who are in dire need of the impact of RD programs.

By the end of FY 2016 (September 30, 2016) USDA RD had 28 tribal projects on hand that were not funded. Of those, 15 were complete applications that could have been funded if the agency had access

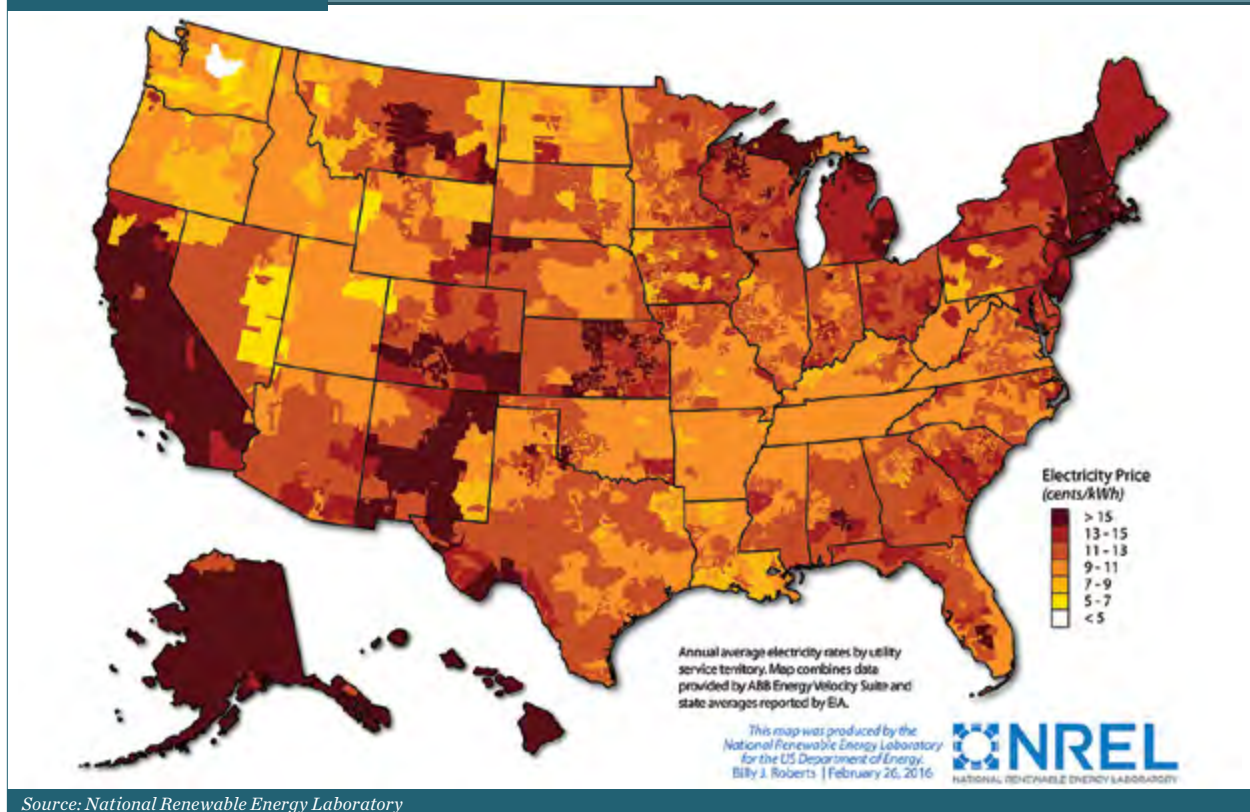
to more funding. The 15 complete applications requested \$18 million (\$16.8 million in grant funding and \$1.2 million in direct loan financing). The 13 incomplete applications requested \$37.1 million (\$18.8 in grant funding and \$18.3 in direct loan financing). The Indian Health Service also reports a gap between available funds and need in Indian Country and Alaska.

As to RD electric programs, in FY 2016 there were loan funds remaining at the end of the year. Almost all funding in the RD electric programs are used by electric utilities. In FY 2016, USDA RD provided Electric Loans to Tohono O’odham Utility Authority and Yakama Power. In that same program area, RD has the High Energy Cost Grants Program that provides grants to help lower the cost of electricity in areas where energy costs are 275 percent of the national average or higher. Most of the communities that receive assistance in the program are off the grid, very remote, and have high variability in temperatures. Consequently, much of the program is focused on Alaska and the Navajo Nation. In that program’s FY 2016 competition, RD

received more than \$48 million in eligible requests with substantial representation from tribal entities and Native Alaskan corporations, yet only \$16.9 million was available. So, the high levels of need in Indian Country go unmet.

The Indian Health Board, in testimony offered to Congress in March 2017,²⁷ cited significant needs in the realm of hospital infrastructure, sanitation needs in communities, housing for medical professionals, and other key deficiencies in funding. The agencies of RD will often partner with other agencies of the federal government, such as Environmental Protection Agency, Indian Health Service (IHS), or others, to provide funding for much needed projects. The project needs in Indian Country include: 6 percent of all tribal houses are in need of adequate sanitation facilities and approximately 47 percent of all American Indian/Alaska Native homes are in need of some form of sanitation facility improvements. Indian Health Service estimates in 2017 that the backlog for sanitation facilities is approximately \$2.5 billion, according to its Sanitation Deficiency System.

ELECTRIC RATES: Residential, 2013



Source: National Renewable Energy Laboratory

Housing for medical professionals needed to staff reservation, rural and remote medical facilities that Indian Health Service is obligated to provide for Native people reflects (as of 2017) 1,550 vacant positions within medical staff due solely to lack of housing. Large numbers of IHS facilities do not currently have sufficient bandwidth to offer telehealth and related services. Approximately 50 percent of the IHS sites still depend on circuit connections based on one or two T1 lines (3Mbits). IHS estimates that a fully operational enterprise telehealth program could be supported at a cost of \$75 million annually. The IHS further estimates that it could cost up to \$3.5 billion, over two to three years to transition the agency from Resource and Patient Management System to a full commercial suite of comparable capability. (The entire annual budget of the IHS is under \$5 billion). Estimates indicate adding supplemental appropriations of \$3.5 billion to purchase or develop a much-needed new Health Information Technology system for the existing system. Significant needs also exist in biomedical equipment for facilities within the Indian Health Service system and for health information systems.

EXAMPLES OF OPPORTUNITIES IN THE RURAL DEVELOPMENT TITLE

First, IAC is correct. The implementation of the SUTA provisions throughout all RD programs and authorities is much needed to improve the economies of tribes in rural areas. **In addition, IAC offers the following foundational recommendations for Rural Development Title needs:**

Uplift America: *The concept of getting all loan guarantee authority batched up and obligated annually is a game changer. The requirements put upon CDFIs to participate in this endeavor are patently prohibitive. Only the largest CDFIs could secure any meaningful funding levels, and some had threatened litigation to do that. A process must be developed to allow small, new, and emerging CDFIs access to this valuable tool.*

Rural Electric Loan and Grant Program: *Rural electric cooperatives are uniquely poised to be economic development drivers in*

their communities. Often, they choose not to avail themselves of this opportunity. In cases where a rural electric cooperative chooses not to participate in this program for a period, this opportunity should be extended to local CDFIs to carry out the function.

Substantially Underserved Trust Area (SUTA): *In addition to preserving the existence of current programming, the further broadening of the “Substantially Underserved Trust Area” (SUTA) provisions is needed. They are currently applied to a small segment of the infrastructure programs, but more explicit guidance must be provided to allow the Secretary to exercise this discretion more broadly.*

In its FY 2017 budget request to Congress, NCAI offered these fundamental recommendations for improving the Rural Development Title:

Rural Development, Rural Housing and Community Facilities Programs: *Authorize a set-aside of \$20 million from the Rural Development 502 Direct Loan Program to establish a demonstration relending program for Indian Country. Rural Development has limited staff resources to provide Single Family Housing direct loans on tribal land.*

.. ——— x ^ x ..

It will go a long way to ensuring more equitable access to RD programs and authorities, and can be used to provide important support to tribal citizens living in remote, rural, isolated communities who are in dire need of the impact of RD programs.

In FY 2014, of the 6,575 direct loans made nationally by Rural Development, only seven of them were to American Indians or Alaska Natives on tribal land. Native community development financial institutions (Native CDFIs) have experience operating on tribal land. In addition, they provide extensive financial and homebuyer education to their clients. The proposed demonstration relending program would make Native CDFIs eligible borrowers under the 502 direct loan program and enable them to relend to eligible families for the construction, acquisition, and rehabilitation of affordable housing.

Rural Development, Rural Utilities Programs, and Rural Housing and Community Facilities Programs: Provide a minimum of \$2.5 billion to USDA Rural Development. *As tribes seek to build sustained prosperity and economic security, it is imperative that tribal citizens and businesses on tribal lands have access to environments that are stable, conducive to economic and community development and supportive of schools, health facilities, first responders and businesses.*

The Department of Agriculture's Rural Development (USDA-RD) programs support a broad array of utility needs and business activities in Indian Country by providing loans, grants, and other assistance for community facilities, housing financing, preservation and repair, electric utilities, high-cost energy, telecom infrastructure and distance learning, broadband infrastructure, water/waste systems and other infrastructure deployment. USDA-RD manages programs across three mission areas – the Rural Business and Cooperative Programs (see Economic Development section above), Rural Housing and Community Facilities Programs, and Rural Utilities Programs. Through its Rural Development mission area, USDA administers and manages housing, business, and community infrastructure and facility programs through a national network of state and local offices. These programs are designed to improve the economic stability of rural communities, businesses, residents, farmers, and ranchers and improve the quality of life in rural America.

Provide \$9 billion to Rural Utility Services: *The FY 2016 budget for Rural Utility Services saw a slight increase, but continues to be below FY 2012 and 2013 levels nearly \$2 billion dollars, and is down almost \$100 million from FY 2014. USDA-RD began implementing changes in 2012 designed to improve access to RUS funding for individuals living in Substantially Underserved Trust Areas (SUTA – including Indian lands and lands owned by Alaska Native Regional Corporations and Village Corporations – to improve basic services, including: water and waste disposal, rural electrification and high-cost energy, telecommunications and broadband infrastructure, and distance learning and telemedicine. The SUTA changes, authorized by the 2008 Farm Bill (but not appropriated), still require additional funding for administration as well as for programs and loan authority within RUS. It is important that more funding is available to provide the infrastructure development and upgrades necessary in Indian Country.*

Of special concern is the need to maintain funding for tribal set-asides for water, wastewater, and solid waste management for Indian Country and Alaska Native villages. USDA's Water and Environmental Program (WEP) provides a combination of loans, grants, and loan guarantees for drinking water, sanitary sewer, solid waste, and storm drainage facilities in tribal and rural areas and cities and towns of 10,000 or less. WEP also makes grants to nonprofit organizations to provide technical assistance and training to assist rural communities with water, wastewater, and solid waste management. Since FY 2013, funding for WEP was substantially cut and only provided tribal-specific grants and loans of \$22 million for tribes in the lower 48 states and \$23 million for Alaska Native villages, equaling cuts of \$26 million and \$61 million respectively. The FY 2016 budget allocation of \$64 million remains static as it must be split amongst tribes in the contiguous United States, Alaska Native tribes, and Native Hawaiians.

More than 12 percent of tribal homes lack access to safe drinking water and basic sanitation, which is a

rate more than 20 times the national average.²⁸ For example, many Alaska Native villages must transport human waste in large containers to open pit sewage lagoons. The federal government's failure to address this situation is unacceptable, especially in light of its trust obligation to tribal nations. The existing federal budget does not make a significant dent in addressing this fundamental deficit in quality of life for Native peoples, and recent cuts to this budget makes it worse, exposing Native peoples and youth to unhealthy water and its subsequent detrimental impacts to human health, economic development, and community morale.

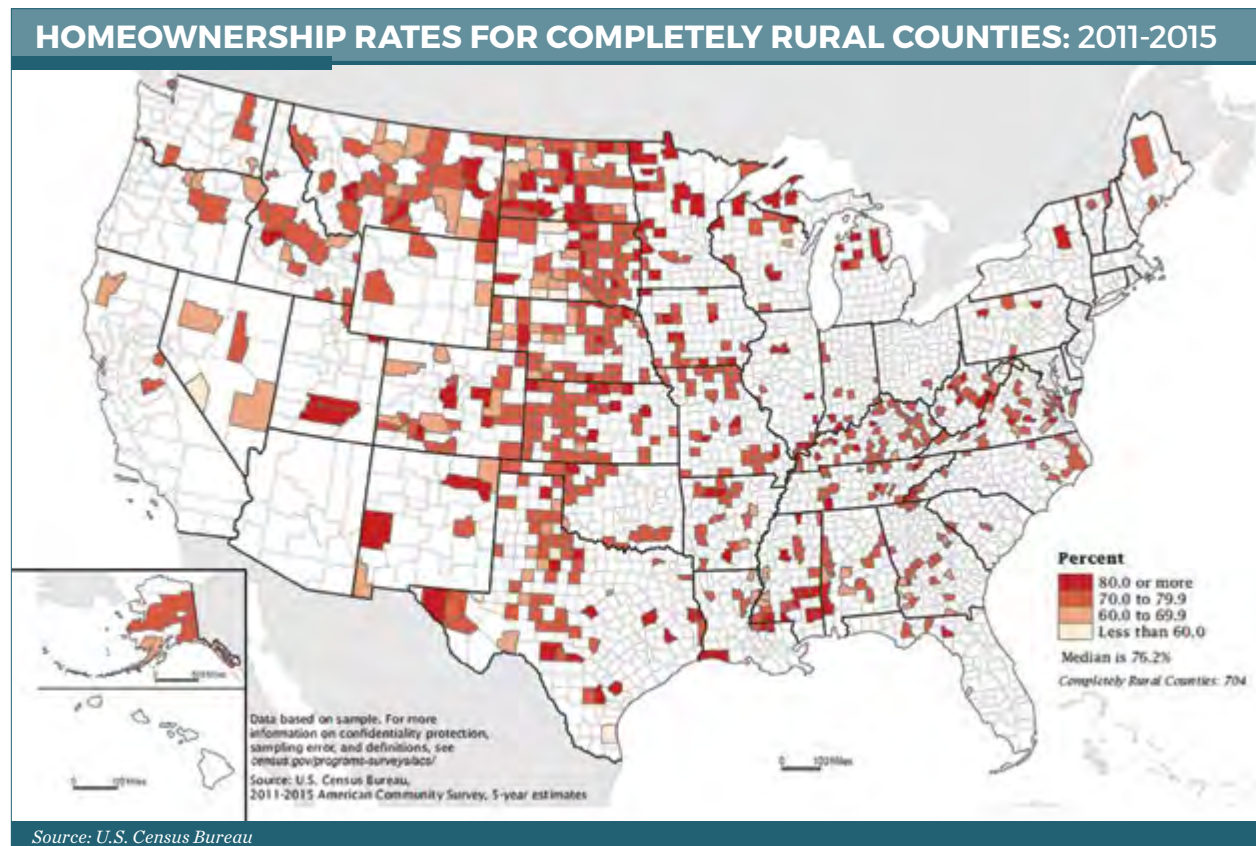
Rural Development, Rural Housing and Community Facilities Programs: Provide a minimum of \$28 billion in loan authority for the Rural Housing and Community Facilities Programs: In FY 2013, the Rural Housing Service (RHS) programs provided \$177 million in economic support to American Indian and Alaska Native enterprises and communities as well as tribal colleges. RD provided 56 Single Family Housing direct loans, equaling \$119 million, and 1,100 Single Family Housing loan guarantees at \$155 million. Tribal

colleges received \$3 million for 24 grants under the Tribal College Community Facilities Initiative, and tribal communities received more than \$114.7 million in loan and grant financing under the Community Facilities Program.

Access to housing, community and home repair financing provides Native individuals, families and communities with security, credit facilities, and repair and weatherization needs. This financing also supports community and educational facilities and provides employment in construction and related industries that flows from access to capital in Indian Country.²⁹

In 2013, NCAI issued the following comments concerning a similar set of recommendations for the Rural Development Title:

The Rural Development Title of the Farm Bill supports business and community programs for planning, feasibility assessments, and coordination activities with other local, state, and federal programs to provide rural economic development opportunities.



Programs include rural development loan and grant programs and authorize several new provisions, rural infrastructure, economic development, and broadband and telecommunications development, among other programs.

Tribal Perspective:

The most critical agency in the federal government to the long term rural economic and infrastructure needs in Indian Country is the Rural Development agencies within USDA. Rural Development has within its general and historic authorities' programs that are comprehensive to the needs of rural people and are critical to the needs of communities. Among these are: water and wastewater, broadband, electrification, housing, business development, and more. Rural Development has full lending authority and is one of two "banks" within the USDA program family. Ensuring greater access to, utilization of, and engagement with Rural Development programs is critical to the success of Indian Country. In addition, the Rural Development agencies are home to most of the USDA work in Energy, making the engagement of the Department with their sister agency the DOE, an important focus in the years to come.

Many of the tribal requests are included under general provisions that are applicable to all, with special emphasis and priorities on underserved communities. Continued funding for infrastructure such as housing, energy, broadband services, and water and waste water systems as well as community development, regional authorities, and other new programs is needed. Tribal lands continue to operate with either outdated systems or a complete absence of vital infrastructure. It is essential that targeted funding be streamlined and made available to tribes to acquire, invest in, and maintain these infrastructures.

1. Broadband

A. Extend the three-year buildout requirement to a five-year period. Tribal lands face numerous barriers to broadband deployment that occasionally make it difficult to complete projects within the three-year broadband service build out requirement, and provide complications for USDA reporting requirements. Extension of the build out requirement will allow

tribes additional time to acquire necessary rights-of-way permits through tribal and allotted lands ('checker board areas' and non-Indian fee lands within reservation boundaries), address issues with environmental impact studies, and provide additional time to address tribal specific cultural needs.

Recommended Provisions

INSERT NEW:

"(a) In General. —Section 601 of the Rural Electrification Act of 1936 (7 U.S.C. 950bb) is amended to read as follows:

"(d) Eligibility. —

"(1) Eligible Entities. —

"(A) In General. —To be eligible to obtain a loan or loan guarantee under this section, an entity shall—

"(iii) agree to complete buildout of the broadband service described in the loan application by not later than 5 years after the initial date on which proceeds from the loan made or guaranteed under this section are made available."

B. Include Community Connect Grant as eligible for SUTA Provisions

The Substantially Underserved Trust Area (SUTA) provisions promulgated by the 2008 Farm Bill (Public Law 110-234, May 22, 2008) allow tribes to participate in loan, loan guarantee, and grant programs available through the Rural Utilities Service. Eligible programs for SUTA:

- Rural Electrification Loans and Guaranteed Loans, including High Cost Energy Grants
- Water and Waste Disposal Loans, Guaranteed Loans and Grants
- Telecommunications Infrastructure Loans and Guaranteed Loans
- Distance Learning and Telemedicine Grants
- Broadband Loans and Guaranteed Loans

Due to high non-connectivity rates of broadband service in Indian Country, and to create a more level playing field for tribal participation in USDA Rural Utilities Service programs, the Community Connect Program should be added to the list of the eligible programs for SUTA. Although the program was just recently announced a budget of \$10,372,000 for Fiscal Year 2012, which is a relatively small number of funds compared to other RUS programs, tribes should be

able to utilize the SUTA provisions to obtain a priority to a certain percentage of funds.

Recommended Provisions

Amend Sect. 306F. Substantially Underserved Trust Areas (7 U.S.C. 936f), (c) Authority of the Secretary by inserting after (c)(4) the following:

“(c)(5) shall give preference to federally-recognized tribes for the all Rural Utilities Service grant programs.”

C. Allow Eligibility for Current RUS Loan Recipients to Refinance at the SUTA 2% Interest Rate One of the Substantially Underserved Trust Areas (SUTA) provisions includes an authorization for the Administrator of RUS to finance loan, grant, and combination loan and grant programs with interest rates as low as two percent and extended repayment terms. Tribes have expressed interest in having the ability to request the Administrator to refinance their existing loans under the SUTA provisions, those loans used for financing telecommunications infrastructure projects on tribal lands. Since the Federal Communications Commission (FCC) have adopted and implemented the USF/ICC Transformation Order, numerous tribal and rural RUS loan recipients have expressed concern over the loss of USF subsidies and how it could affect their RUS loan repayment. Enabling tribes, or those telecommunications providers serving SUTA eligible tribal lands, with the ability to refinance at the ‘as low as’ 2% interest rate would dispel concerns regarding loan repayment terms and telecommunications providers losing subsidies due to ICC/USF reforms being implemented at the FCC.

Recommended Provisions

Amend Sect. 306F. Substantially Underserved Trust Areas (7 U.S.C. 936f), (c) Authority of the Secretary to read as follows:

“(a)(2)(c) Authority of the Secretary

“In carrying out subsection (b), the Secretary---

(1) may make available from loan or loan guarantee programs administered by the Rural Utilities Service to qualified utilities or applicants financing with an interest rate as low as 2 percent, and with extended repayment terms;

(2) may permit refinancing of loans described in

previous paragraph (1) with an interest rate as low as 2 percent, and with extended repayment terms to previously awarded loans;

(3) may waive non-duplication restrictions, matching fund requirements, or credit support requirements from any loan or grant program administered by the Rural Utilities Service to facilitate the construction, acquisition, or improvement of infrastructure;

(4) may give the highest funding priority to designated projects in substantially underserved trust areas; and (5) shall only make loans or loan guarantees that are found to be financially feasible and that provide eligible program benefits to substantially underserved trust areas.”

D. Amend the Definition of Trust Lands to Include Tribal Fee Lands Eligible for SUTA

During the rulemaking process where the USDA was soliciting comments on the implementation of the 2008 SUTA provisions, RUS responded to tribal commenters requesting USDA to extend the SUTA provisions to, “all land (including all ‘fee land’) within tribal reservation boundaries to be qualified as trust lands for the SUTA Provision” (Federal Register/Vol. 77, No. 114/Wednesday, June 13, 2012, pg. 35247). RUS’ response for not including tribal fee lands as eligible for the SUTA provisions stated, “With regard to trust land status, the RUS does not have the authority to adjust the statutory definition of trust lands. RUS understands the unique ‘checker board’ character of trust and non-trust lands in tribal communities. The agency, consistent with its current practice, may consider SUTA related applications that include non-Trust territories when the service to or through those areas are ‘necessary and incidental’ to improving service to the Trust area.” Generally, non-trust lands or tribal fee lands are severely fractionated, which could hamper proposals and completions of SUTA eligible projects.

2. Housing

Ensure tribal governments are eligible for USDA housing programs as direct recipients of funding. Tribal access to a range of USDA housing programs would significantly impact the capacity of tribes to deliver affordable housing services. Specific programs that should include direct tribal access include: the Section 515 Rural Housing Loans; Section 502

Direct Housing Loans; Section 504 Very Low Income Home Repair Grant and Loan Program; Section 533 Housing Preservation Grants; Section 538 Guarantee Program; and USDA Rural Development's Rural Utilities Services.

Recommended Provisions

INSERT NEW provision of S.3240, Title VI Rural Development, Subtitle C Miscellaneous:

"SEC. _____. Housing and Community Development Programs and Activities – Indian Tribes and Low Income Tribal Members.

(a) In general. - The Secretary is authorized to help directly to Indian tribes, their tribally-designated housing entities, and their low-income tribal members in Indian areas for the following housing programs and activities:

- (1) rural housing loans (42 U.S.C. §1471-§1472);*
- (2) direct housing loans (42 U.S.C. §1472(h));*
- (3) very low income home repair grants and loans (42 U.S.C. §1474);*
- (4) housing repair, rehabilitation, and preservation programs (42 U.S.C. §1490); and*
- (5) multifamily housing construction, acquisition, or rehabilitation programs (42 U.S.C. §1490p-2).*

(b) Definitions. – For purposes of this Act, the following definitions shall apply:

- (1) "Indian area" – the term "Indian area" has the same meaning as that term is used in 25 U.S.C. §4103(10);*
- (2) "Indian tribe" – the term "Indian tribe" has the same meaning as that term is used in 25 U.S.C. §4103(12);*
- (3) "Tribally-designated housing entity" – the term "tribally-designated housing entity" has the same meaning as that term is defined in 25 U.S.C. §4103(21).*

(c) Allocation of Funds. For allocation to Indian tribes and tribally-designated entities, the Secretary shall set aside from amounts appropriated for those programs and services enumerated in subsection (a) above, not less than 10 percent of the amounts made available in each fiscal year.

3. Delta Regional Authority

Ensure tribal participation on all boards and authorities that work across tribal lands.

The Delta Regional Authority is the only regional authority with Tribes that lack a Tribal Co-chairperson. Include in any reauthorization language a provision creating a Tribal Co-Chairperson who is "a member of an Indian tribe, who shall be a chairperson of an Indian tribe in the region or a designee of such a chairperson, to be appointed by the President, by and with the advice and consent of the Senate." (Note: the same holds true for membership on the Appalachia Regional Commission).

4. Match Requirements

Waiver of Match Requirements be available and that waived match requirements have no adverse effect on ranking or scoring of application submitted by social disadvantaged farmers and ranchers.

5. Value-Added Producer Grant

1. Explicitly make Tribes eligible for participation in the VAPG program.

2. Authorize the Rural Development State Director to approve applications up to \$100,000.

3. Waive match requirements for socially disadvantaged farmers and ranchers.

6. Rural Energy for America Program

1. Rural Development shall set aside ten percent of authorized and appropriated funds for the Rural Energy for America program to be utilized by Tribal governments, Tribal entities and/or individual Tribal members.

2. Waive match requirements for socially disadvantaged farmers and ranchers.

7. RD Demographics

Break demographics down to School Districts rather than counties to get a more accurate picture of poverty rates and income levels.

8. Maintain all present American Indian Programs and set asides.

Apply Substantially Underserved Trust Areas to all the RD Mission Areas.³⁰

The cumulative list of NCAI recommendations in recent years, along with the recommendations of IAC, provide a key foundation for the full utilization



of RD in Indian Country. The RD family of agencies is the most critical department for building rural and reservation economies. In addition to the important specific recommendations provided above, one additional issue should be considered.

Tribal staff, businesses, companies, or individuals who might otherwise be eligible for RD programs often choose not to apply for these programs. The tribal set-asides that existed in the Rural Business Enterprise Grants and Rural Business Opportunity Grants programs were lost when the two programs were rolled into what is now the Rural Business Development Grant Program. While tribes clearly are eligible for priority points on most applications due to need, remoteness, or other conditions, tribes do not apply with as much frequency as they could. This is largely because no centralized, consistent, and in-depth technical assistance exists to help tribal staff or tribal business entities staff understand the complexities of RD application processes, how the requirements apply to their situations, and how tribal applicants can best position themselves and their ideas for competitive success.

Because of these realities, two additional recommendations are in order: (1) a tribal set-aside in either terms of percentage of the funding portfolio or a specific funding level for tribal applications within each of the RD program authorities; and (2) a permanent office providing technical assistance across all RD funding authorities must be invested in via a cooperative agreement with USDA.

The inadequacy and general lack of rural infrastructure in Indian Country clearly supports

the need for a tribal-specific set-aside in RD programs. The trust responsibility of the federal government to tribes is the broad foundation for such set-aside. Another key reason for the set-aside

is that without dedicated funding for it, the promise of these places will never be realized and Indian Country's infrastructure will continue to decline. In many areas around the country, tribal governments are the strongest remaining rural government entity and in some locations, tribal governments are taking over the management of key infrastructure (such as water systems, electric, and

other utilities) because there is no other sound governmental or non-governmental entity located there that can handle these functions.

As to the need for technical assistance, there are two rationales for establishing such an office or entity. First, the complexities of lending and infrastructure establishment in Indian Country – tied to the nature of the trust land base – call for the establishment of such an office that can prepare and monitor lessons learned, establish simpler-to-use systems for understanding application requirements, and assist staff at the tribal or business level in preparing applications. (This is a function the federal government cannot readily undertake.) Second, the trust responsibility of the federal government to tribes supports the need to establish such assistance interventions. This is not unheard of. The RD family (particularly in the infrastructure arena) has a system of field staff who assist agency staff and the applicant in analyzing financial viability, key engineering specifications, and related technical requirements.

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The trust responsibility of the federal government to tribes is the broad foundation for such set-aside.

TITLE VII: RESEARCH



The Research Title is among the oldest of the Farm Bill, emanating from the Morrill Land Grant Act of 1862. The original purpose of the Morrill Act was to establish and fund research in land grant institutions in every state. Not surprisingly, these initial “land grants” were given to states from the lands acquired through the earliest treaties between the federal government and Indian tribes. The lands that were once the homelands of Native peoples indigenous to North America became the base for what is now the modern land grant research, education, and extension systems.

Land grant universities were expanded by the Hatch Act of 1887, which provided federal funds to establish agricultural experiment stations under the direction of each state’s land-grant college. In 1890, a second Morrill Act provided for historically black colleges and universities. The extension mission of the land grant system was launched by the Smith-Lever Act of 1914, which created cooperative extension system. Early cooperative extension agents were federal employees sent to each county and corner of the country to provide basic services to extend the knowledge and research gains of the land grant institutions to the farmers and communities in rural America. Even today, the original land grant institutions each receive annual federal “formula” appropriations to conduct ongoing research, education and extension; modern funding systems do not rely on federal funds alone but depend on a mix of federal, state and local funding. The Farm Bill authorizes formal funding through the National Institute for Food and Agriculture (NIFA), but also has expansive competitive grants programs and capacity funding as well as intramural funding to USDA research agencies. In 1994, Tribal College and Universities were granted land grant status and subsequent Farm Bills have continued to provide base funding for the research, education and extension functions of these institutions.

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The lands that were once the homelands of Native peoples indigenous to North America became the base for what is now the modern land grant research, education, and extension systems.

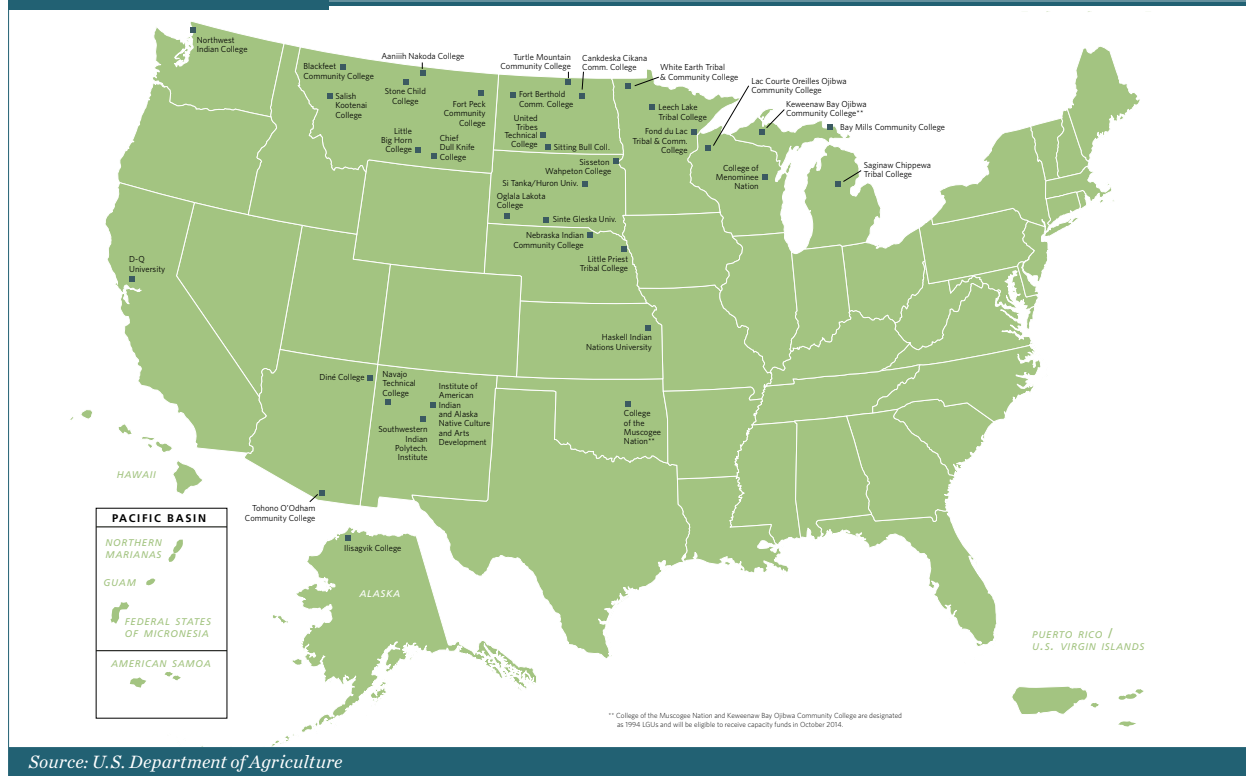
In 2008, USDA research functions were coordinated into NIFA, which funds research and extension among the land grants and other qualifying research institutions. Within the NIFA funding authorities there are more than 100 separate funding opportunities to conduct research, education, and extension throughout the country focusing on key areas of greatest concern. In the 2014 Farm Bill, a program was also created to provide training, education, outreach, and technical assistance to beginning farmers and ranchers. The Title also provides support to the intramural research arm of USDA – the Agricultural Research Service – and the economics research arm of USDA – the Economic Research Service.

In 1994, Congress granted land grant status and funded authority to the first group of Tribal Colleges and Universities (TCUs) in the Research Title, and, in each Farm Bill since 1994, more TCUs have status

as land grant institutions (or 1994s). For example, the 2014 Farm Bill granted status to two additional institutions, and made changes in the name designation to others that had previously been granted land grant status. The 2014 Farm Bill reauthorized sections 533(b), 535(b)(1), 535(c), and 536(c) of the Equity in Educational Land-Grant Status Act of 1994 through 2018 which

reauthorized TCU operating funds, endowments, institutional capacity building, research grants, and the Essential Community Facilities programs – all critical to sustained operation of TCUs. The law also expanded the pool of qualified partners TCUs can join with on research grants to USDA’s Agricultural Research Service, other land-grant colleges or universities, non-land grant Colleges of Agriculture, or cooperating forestry schools. It also extended other research and extension program areas at TCUs; retained the education grants program to institutions serving Alaska Natives and Native Hawaiians; created a new animal health

LAND-GRANT COLLEGES AND UNIVERSITIES: 1994



Source: U.S. Department of Agriculture

research program allowing eligibility to participate in the program for state cooperative institutions and national land grant college of agriculture institutions. The 2014 Farm Bill also created a new competitive grant program for Hispanic workers and youth and included a section of the law that requires matching funds in competitive grant programs but exempts 1994 TCU institutions from those requirements.

In 2014, the Farm Bill created **The Foundation for Food and Agriculture Research**, a nonprofit institution which fosters research and technology transfer through public-private collaborations. It mandated that \$200 million in initial funding for the foundation be matched with outside funds. Additionally, the 2014 Farm Bill broadened support for animal health and disease research and veterinary services and set aside \$5 million per year for capacity and infrastructure grants. Mandatory funding for specialty crops research and extension also increased to \$80 million per year, including at least \$25 million for emergency citrus disease research.

A new pulse crop (legume family) health initiative program that provides grants for youth organizations was created under NIFA authorities. A comprehensive food safety training initiative was created under NIFA's oversight; a pollinator health initiative program was created; and the **Beginning Farmer and Rancher Development Program (BFRDP)** was extended and amended regarding the type of content that could be the subject of training funded by grants. Additional language was included regarding student training programs and set asides for limited resource farmers, socially disadvantaged farmers, and veteran farmers in the beginning farmer and rancher funded programs, all of which could be used to fund tribal programs. The program was increased in funding to \$20 million per year for five years (until 2018). Five percent of the funding was set aside for veteran farmers, and another 5 percent solely for limited resource farmers projects, with new eligibility for competitive funding granted to community and school-based projects. Agricultural and food law research was authorized at the level of \$5 million per year, but it is unknown whether this funding was required to be awarded through a competitive funding process.

The Research title also reauthorizes the **Organic Agriculture Research and Extension Initiative** (OREI) and provides \$100 million over the life of the Farm Bill to support competitive research, extension, and education grants that address key issues facing organic producers. A priority on **farm financial benchmarking**, which will assist producers in analyzing their costs of production at the farm-unit level in relation to others similarly situated was included. Additionally, the **National Sustainable Agriculture Information Service** (more commonly known as ATTRA) and the **Organic Transition Program** were reauthorized. The **Sustainable Agriculture Research and Education Program**'s permanent authorization was removed, and the program is now only authorized through 2018, at which time it will need to be renewed in the next Farm Bill.

There are relatively few Tribal Colleges and Universities, which tend to serve local communities and are predominately two-year institutions. In the early 1990s, the **Federally Recognized Tribal Extension Program** (FRTEP) was created. In 2014, the Manager's Report to the Farm Bill stated as follows: "[D]uring the creation of the Reservation Extension Agent Program, the Congress required the Secretary to consult with Native American farmers and ranchers in establishing Extension programs on Indian reservations and tribal jurisdictions. The Managers understand that changes in the operation of grant programs have impacted this consultation, and expect that the Secretary would find ways to continue the dialogue on the operation of these Extension programs with the populations that they are serving." It is unknown the extent to which this dialogue has been occurring, or what impact it has had on Extension programs in Indian Country.

WHY SHOULD INDIAN COUNTRY CARE?

Agriculture research, education, and extension programs and services throughout the country may seem outdated or irrelevant to many. Food and agriculture research is critical to our food, health,

and self-sufficiency, but the industry only applies to a small segment of society. According to the latest USDA Agriculture Census, there are only 2 million farmers or ranchers in the U.S. Yet agriculture research is important because it monitors and explores old and new knowledge regarding plant and animal health, explores the impact of science to solve food problems, tackles societal issues related to health, and ensures our food supplies are sound and resilient. The reasons for the initial establishment of the land grant research institutions, the original extension services, and research stations are as relevant today as they were many years ago.

But research and extension of knowledge is known throughout the world as playing a "crucial role in agriculture and rural development."

In developing countries, innovation can address most of the challenges facing agriculture and natural resources management. Many developing countries, however, don't have sufficient resources to properly develop their capacity to innovate.³¹

According to the National Sustainable Agriculture Coalition:

Research underpins every aspect of successful and viable farming, whether it's a fifth-generation commodity producer looking to diversify their crop rotation, or a beginning farmer interested in tapping into the huge unmet demand for grass-fed beef.

In comparison to the enormous opportunity that sustainable agriculture represents for farmers and rural communities, federal investment in sustainable agriculture research, education, and extension has been miniscule. Without robust funding for public research that promotes ecologically-based production systems, scientific and technical innovation is stifled, and U.S. farmers and ranchers are unable to fully participate in and benefit from emerging markets for sustainably-produced foods.³²

Indian Country needs to develop its natural resources to build strong and resilient food systems.

Accessing research, building their own research systems within Tribal Colleges and Universities, and supporting educational institutions within communities is critical to stabilizing agriculture production and communities. Being able to continue focusing on the importance of traditional knowledge is best done (and some would argue should only be done) at tribal-owned and managed institutions. Extending knowledge and research outcomes into communities and onto tribal farms, ranches and food businesses is critical to their growth and stabilization. Educating the next generation of producers, scientists, technical specialists, business managers, engineers, lawyers, and the related professionals who advise and support the agriculture and food sectors is critical and making sure that Native youth aspire to those career paths is important to the survival of tribal communities and to creating viable occupations that support food and agriculture sectors in Indian Country. Without the funding in the Research title, this would likely not happen.

EXAMPLES OF OPPORTUNITIES IN THE RESEARCH TITLE


The tragic reality is that the current land grant system, with very few minor exceptions, has never fully engaged with Indian Country. That is not the case for the 1994 Tribal Colleges and Universities who are new members of the land grant family. In the beginning, the land grant system did not engage because its purpose was to support the non-Native communities that settled on Indian lands. More recently, the funding mechanisms that support those research, education, and extension systems have moved from being fully supported by the federal government to being supported by a blend of federal, state, and local funding streams. Because of the unique nature of tribal lands, those institutions

did not feel compelled to serve tribal lands or Native peoples because the systems did not readily see any funding from or on behalf of tribes.

Federal formula funding – which is based on the number of farms and ranches in a state and the number of rural citizens in a state – counts Indian people but does not require the recipients of the federal formula funding to serve Indian people. Enforcing the federal formula funding

and requiring institutions that receive federal formula funds to serve the people who are counted within the formula are important. Placing a simple percentage formula on top of the federal formula funding calculations that is equated to the number of farms in a state that exist on tribal lands and the percentage of Indian people living within the state could be a starting point for applying equity and parity in funding for the benefits of agricultural research, education, and extension. For instance, in a state such as Arizona, where many Native citizens, tribes, and tribal lands are actively involved in agricultural production, farming, and ranching, a significant percentage of agricultural research, education, and extension funding would be spent on tribal-centric projects and efforts.

IAC's main concern within the Research Title has been and remains the equitable funding for extension services and because so many tribes live outside the reach of the extension services provided through the 1862 land grant institutions. To address this, IAC has continually advocated for the proper funding of the **Federally Recognized Tribes Extension Program (FRTEP)**. FRTEP has never received more than \$3 million in annual funding, and FRTEP was inappropriately included in the competitive grant requirement implemented across all federal programs, increasing the difficulty funding for educational programs and capacity building for tribal producers. The original design

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The reasons for the initial establishment of the land grant research institutions, the original extension services, and research stations are as relevant today as they were many years ago.

of FRTEP called for a team of individuals to work with tribes to design and implement an equitable distribution of 1862 funding to ensure that tribal producers living outside the reach of existing extension agents had access to extension programs. However, further restraints have been placed on the small appropriated amounts as the TCUs seek additional funding and the 1862 institutions seek new funding authorities.

A significant increase in the FRTEP funding must be achieved if the reach of these programs/agents is to be realized, regardless of whether TCUs or 1862s living outside tribal areas are allowed access. If they are, the FRTEP funding will likely “topple” the presence of some FRTEP agents in some locations for more than 20 years. This should not be allowed to occur. During the previous administration, efforts to increase funding occurred annually but these provisions never made it into the final farm bill.

IAC has adopted the following position:

FRTEP: *The Federally Recognized Tribes Extension Programs should be funded at no less than \$10,000,000 annually.*

NCAI supports the following changes in the Research Title:

National Institute of Food and Agriculture, Federally Recognized Tribal Extension Program Increase the Federally-Recognized Tribal Extension Program (FRTEP) to \$6 million. Congress mandates research and extension services in every county in the nation. These services support farmers, natural resources managers, youth (via 4-H youth programs), and communities by providing an FRTEP agent to liaise with other USDA programs, provide training in farm and ranch business management, supervise 4-H and youth development activities, and coordinate special training programs, including application of

new agriculture technologies. While there are more than 3,100 extension offices available to farmers nationwide, fewer than 30 extension agents serve Indian reservations, with current funding of only \$3 million available to 1862 and 1890 Land-Grant Institutions and the University of the District of Columbia. An increase to \$6 million would begin to address this persistent inequity by nearly doubling the FRTEP staff and the number of Native youth served by the program.³³

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The tragic reality is that the current land grant system, with very few minor exceptions, has never fully engaged with Indian Country.

NCAI recommendations as of 2013 included the following,

many of which were included in the 2014 Farm Bill but will need to be carefully monitored and included in the subsequent Farm Bill negotiations. Examples of such reappearing sections include reauthorization of Tribal College land grant status and the inclusion of any new institutions in the list of approved land grant institutions. The funding mechanisms (discretionary vs. mandatory) for each of the policy recommendations that follow were included in the 2014 Farm Bill or will be considered in subsequent bills. These funding mechanisms must be addressed and considered and any necessary or recommended increased levels of funding must be included. **NCAI 2013 Farm Bill recommendations for the Research Title:**

The Research Title supports agricultural research education and extension programs that help farmers and ranchers become more efficient, innovative, and productive. Other types of research programs included biosecurity and response, biotechnology, organic production, food safety, nutrition, and health, and a multitude of related programs.

Tribal Perspective:

The Research Title of the Farm Bill is important to tribes in many ways. The title contains funding for the tribal colleges that Congress has provided land grant status. Important agriculture development and youth development programs are funded through the

FEDERALLY RECOGNIZED TRIBES EXTENSION PROGRAM (FRTEP)



Source: U.S. Department of Agriculture

federally recognized tribal extension program, which albeit does not cover the expanding need in those areas, has assisted in these important areas to address needs for ongoing technical assistance and important leadership development in food and agriculture. Research on the impact of climate change, sustainable agriculture, nutrition and health, food safety, and livestock and plant disease and health are some of the authorities provided in research areas. This combination of programs in research, education, and extension of knowledge are foundational to building strong rural, natural resource-based economies.

1. Tribal Colleges and Universities

In 1994, Tribal Colleges and Universities (TCUs) achieved federal land grant status through the passage of the “Equity in Educational Land Grant Status Act.” Almost two decades later, TCUs are still not recognized or funded as full partners in the nation’s land grant system and, as a result, their potential remains unrealized. The following recommendations for the 2013 Farm Bill aim to address the disparities that exist in the land grant system for TCUs.

A. Reauthorize All 1994 Land Grant Programs³⁴

The following reauthorizations include TCU operating funds, endowment, institutional capacity building grants, research grants, and the Essential

Community Facilities Program. These programs are critical to the sustained operation of TCUs.

Recommendation Provisions

(1) EQUITY IN EDUCATIONAL LAND-GRANT STATUS ACT OF 1994. — The Equity in Educational Land-Grant Status of 1994 (Public Law 103-382; 7 U.S.C. 301 Note) is amended in sections 533(b); 535(b) (1) and (c); and 536(c) by striking “2012” and inserting in lieu thereof “2018”.

(2) TRIBAL COLLEGE ESSENTIAL COMMUNITY FACILITIES PROGRAM. — Amend the Consolidated Farm and Rural Development Act (7 U.S.C. 1926 (A) (25) (C)) by striking “2012” and inserting in lieu thereof “2018”.

B. Update the List of 1994 Institutions

Since the last reauthorization, the roster of TCUs has undergone several changes, including the addition of three schools and several name changes. The list of TCUs needs to be updated accordingly.

Recommended Provisions

(1) DEFINITION OF 1994 INSTITUTIONS. — Section 532 of the Equity in Educational Land-Grant Status Act of 1994 (7 U.S.C. 301 note; Public Law 103-382) is amended — (A) in paragraph (5), by striking “Crownpoint

Institute of Technology” and inserting “Navajo Technical College”;

(B) in paragraph (10), by striking “Fort Belknap College” and inserting “Aaniiih Nakoda College”;

(C) in paragraph (26), by striking “Community”;

(D) by striking paragraph (27);

(E) by re-designating paragraphs (28) through (34) as paragraphs (27) through (33), respectively; and

(F) by adding at the end the following:

“(34) Keweenaw Bay Ojibwa Community College.

“(35) College of the Muscogee Nation.

C. Remove the Funding Ceiling on the Tribal Colleges Education Equity Grants (TCEG) Program intended to strengthen institutional capacity to deliver relevant formal education opportunities, the TCEG program provides funding to enhance education for American Indians in the food and agricultural sciences. The program currently has a ceiling of \$100,000 per TCU, which in many cases has been an inadequate amount. We request that this ceiling be removed.

Recommended Provisions

(1) EQUITY GRANTS AUTHORIZATION CAP. — Section 534(a)(1) of the Equity in Educational Land-Grant Status Act of 1994 (7 U.S.C. 301 note; Public Law 103-382) is amended by striking “an amount equal to —” and all that follows through the end of subparagraph (B) and inserting “such sums as are necessary to carry out this section.”

D. Change the Formula for Distributing the Annual Interest Yield of the 1994 Institutions Endowment
Currently, the statutory formula is based on an institution’s Indian student count, which includes only those students who are enrolled in a federally recognized tribe or who are the biological child of an enrolled tribal member. However, this program benefits both Indian and non-Indian students and community members. Therefore, all students, and not just the members/children of members of federally recognized tribes, should be counted for distributing the annual interest yield among the eligible 1994 institutions.

Recommended Provisions

(1) ENDOWMENT FOR 1994 INSTITUTIONS. — Section 533 (c)(4)(A) of the Equity in Educational Land-Grant Status of 1994 (7 U.S.C. 301 note; Public Law 103-382) is amended by striking “Indian student count” and all that follows through the end of the subparagraph and inserting “full-time equivalent of all students.”

E. Expand the Pool of Qualified Partners for 1994 Research Grants For TCUs to apply for full funding for the Tribal College Research Grants Program (TCRGP), the initial authorizing legislation requires a partnership with 1862 or 1890 land grant institutions that are authorized under the original and amended 1862 legislation. Under the Cooperative Forestry Act of 1962 (known as McIntyre-Stennis), there are some McIntyre-Stennis designated forestry schools eligible for land grant funding that are located at non-land grant institutions. The 1994 institutions have not yet submitted a grant proposal that includes a partnership with a non-land grant McIntyre-Stennis designated forestry school; however, it appears that a strict interpretation of the TCRGP RFA could result in disqualification of a proposal that includes such a partnership. It may also be in the best interests of the 1994 institutions to foster research relationships with federal research installations (e.g. ARS Research Centers), and non-land grant institutions, and the TCRGP is often TCUs’ only avenue to expand research relationships.

Recommended Provisions

(1) RESEARCH GRANTS. — Section 536 of the Equity in Educational Land-Grant Status Act of 1994 (7 U.S.C. 301 note; Public Law 103-382) is amended in subsection (b) by striking “at least 1 other land-grant college or university (exclusive of another 1994 Institution)” and inserting “the Agricultural Research Service of the U.S. Department of Agriculture or with at least 1 other land-grant college or university (exclusive of another 1994 Institution), non land-grant College of Agriculture (as defined in section 1404(14) of the National Agriculture Research, Extension, and Teaching Policy Act of 1977 (7 U.S.C. 3103)), or cooperating forestry school (as defined in

section 1404(5) of the National Agriculture Research, Extension, and Teaching Policy Act of 1977 (7 U.S.C. 3130)).”

F. Provide Agriculture and Food Sciences Facilities and Equipment at 1994 Land-Grant Institutions, Consistent with Existing Programs for Non-Tribal Institutions

Nearly all the remaining tribal land in North America is forest or agricultural land. In fact, of the 72.8 million acres that comprise Indian reservations, more than 75 percent are agricultural and forestry holdings. Yet, the 1994s are the only land-grant institutions without this type of program, which is essential for conducting up-to-date research and developing strong agriculture and natural resource workforces. The proposed program is like respective long-standing programs for the 1890, District of Columbia, and Insular Area Land-Grant Institutions.

Recommended Provisions

The Equity in Educational Land-Grant Status Act of 1994 (7 U.S.C. 301 note; Public Law 103-382) is amended by inserting the following new section at the end thereof:

SEC. 537. GRANTS TO UPGRADE AGRICULTURE AND FOOD SCIENCES FACILITIES AND EQUIPMENT AT 1994 LAND-GRANT INSTITUTIONS.

(a) PURPOSE. — It is the intent of Congress to assist 1994 land-grant institutions in efforts to acquire, alter, or repair facilities or relevant equipment necessary for conducting agricultural research.

(b) METHOD OF AWARDED GRANTS. — Grants awarded pursuant to this section shall be made in such amounts and under such terms and conditions as the Secretary determines necessary to carry out the purposes of this section.

(c) REGULATIONS. — The Secretary may promulgate such rules and regulations as the Secretary considers to be necessary to carry out this section.

(d) AUTHORIZATION OF APPROPRIATIONS. — There is authorized to be appropriated to carry out this section \$15,000,000 for each of fiscal years 2013 through 2018.”³⁵

The Research Title is the portion of the Farm Bill which holds the greatest areas of promise for improving tribal food systems.

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Tribal College research and education programs need a considerable funding increase to meet the growing needs of tribal food systems and food producers.

Research Title Funding Mechanisms

The competitive and formula funding mechanisms within the Title can provide much-needed research and development, critical infrastructure development, education, and extension of knowledge. But assumptions about the funding

systems have outlived their usefulness.

TCU Eligibility for all NIFA Funding

It is not acceptable that TCUs are not eligible for all USDA-NIFA funding authorities. FRTEP agents are not present among enough tribes, and they are not provided even the minimum level of funding to accomplish their work.

Additional Resources for Tribal College Extension Programs

- Tribal College extension programs receive too little funding to be as effective as they need to be. Tribal College research and education programs need a considerable funding increase to meet the growing needs of tribal food systems and food producers.
- Extension programs funded at 1862 institutions are not required to provide services to tribal food systems. Educational scholarships, internships, and critical needs are not being met. The growth of Native food systems requires the improvement of access and parity within the Research Title.
- A comprehensive study to explore the potential ability of 1862 land grant institutions to share administrative functions, classroom and faculty resources, and other related support mechanisms.

Tribal Set-Aside, Preference, and Funding at NIFA

- Providing tribal set-asides and preferences within all NIFA funding authorities while retaining the competitive nature of the funding is necessary to continue building capacity and strength.
- The agricultural legal funding authority contained in the 2014 Farm Bill must be amended to ensure that competition for the funds occurs and that there is a set-aside of the funding available to be provided to organizations and entities that have a proven specialty and primary focus on Indian law issues, as those issues intersect with food and agriculture law.
- NIFA funding authorities must focus a portion of their work on building knowledge and capacity in business development unique to tribal lands which must be approached separately due to the unique complexities in land use, law, regulatory burdens and related issues. Business training and the development of solid business planning tools are necessary. This funding is best focused around risk management education programs and the funding authorities that allow funding for business development.
- Tribal governments and tribal organizations should all be allowed full access to all nutrition education programs at NIFA, including SNAP-Ed and all research programs related to building knowledge in nutrition, health, obesity, and diabetes prevention.
- Small Business Innovation Research projects funded through NIFA should include a set-aside for tribal projects leading for commercialization of food products or food systems innovations.

Sustainable Agriculture Research and Education Program

If the Sustainable Agriculture Research and Education Program is reauthorized, it should include a set-aside for tribal sustainable agriculture project funding.

Agricultural Research Service Projects on Traditional Ecological Knowledge

The Agricultural Research Service must launch and support a significant number of research projects that focus on the important and increasing role that traditional knowledge plays in the environmental and natural resource and ecological arenas as well as the food science, nutrition, and health arenas.

Multi-Tribal Funding for Research Title Programs

A separate funding authority like the Sun Grant or Sea Grant authorities should be developed that allow multi-tribal, multi-state, and consortium approaches to meeting the research, education, and extension needs of Indian Country.

Native Youth Grants

Grants for youth organizations must include the provision of grants for youth organizations in Indian Country that focus on developing food and agriculture leadership and scientific knowledge programs.

TCU Center of Excellence

The Centers of Excellence approach to funding should be encouraged, allowed and included in the next Farm Bill Research Title, if desired by TCUs.



TITLE VII: FORESTRY



The 2002 Farm Bill created the first Forestry Title. The Agriculture Committees have jurisdiction of the U.S. Forest Service, which is part of USDA, but the Department of the Interior has jurisdiction of most federal land and forestry programs. The Forestry Title is a small part of the Farm Bill, but other forestry programs appear in other titles, especially in the Conservation Title. While the Forestry Title is clearly not the oldest or largest title to the Farm Bill, it is important to many tribes whose lands and communities are interdependent with the Forest Service lands. Natural Resources Conservation Service and the U.S. Forest Service are sister agencies within the Environment and Natural Resources mission area of USDA.

In the 2014 Farm Bill, the Tribal Watershed Forestry Assistance Program, the Forest Land Enhancement Program, and the Watershed Forestry Assistance Program were repealed. The U.S. Forest Service decision making and appeals process was changed: if an action was part of a forest planning process it became a non-appealable and was not subject to National Environmental Policy Act (NEPA) planning processes. As implemented over time, this provision could have impact on tribes and should be watched closely. The cooperative forestry assistance program with states was reauthorized and the rural revitalization programs contained within the Forest Service were also extended. The Healthy Forests Reserve Program was extended and included tribal-specific provisions. In Section 8 of the Manager's Report, a clarification of the definition of "Indian lands" was included as was discussion about the impact of increased participation in the Natural Resources Conservation Service managed **Healthy Forests Reserve Program**. The 2014 Farm Bill increased appropriations authorization for the Healthy Forests Reserve Program and allows the funds to be used to provide technical assistance, management, and enforcement services for lands enrolled in the program. The language also defines acreage owned by Indian tribes as being eligible for participation in the program.

The bill also included language requiring USDA, at the request of a state governor, to designate treatment areas on at least one national forest in each state, if such lands are experiencing declining forest health and disease infestation and authorized up to \$200 million to carry out these forest land treatments. The Title also contains language related to forest roads, signifying that forest roads are not to be considered point sources of pollution; this provision gives legislative weight to a U.S. Supreme Court ruling and the Environmental Protection Agency's position that forest roads are not subject to regulation under the Clean Water Act. It created a program that allows a fee to be assessed on home-grown and imported Christmas trees. The funds from the assessment will be used to market and promote Christmas trees grown on U.S. soil.

Forest products may qualify as "biobased" products for the purposes of federal law. The 2008 Farm Bill allowed products containing as little as 25 percent biobased content to qualify for incentives under the BioPreferred Program, but excluded some traditional wood and forest products with up to 100 percent biobased content.

Section 8301 of the Forestry Title called on the Forest Service to revise its current strategic plan for forest inventory and require its analysis to include an urban forest. The bill permanently authorized **Stewardship Contracting** and added fire liability provisions to stewardship contracts and agreements. The International Forestry program was reauthorized through Fiscal Year 2018. The **Forest Inventory and Analysis** program was amended to include interior Alaska in the program, implementing an annualized inventory of trees in urban settings, and took many other measures to strengthen forest data collection, analysis, strategic direction, and reporting on changes in land cover and use.

The bill also allowed the "**Good Neighbor Authority**" to become available in states with

National Forest System or Bureau of Land Management (BLM) lands. Piloted in Utah and Colorado, this authority allows the Forest Service or BLM to enter into agreements with state foresters to carry out forest, rangeland and watershed restoration, management, and protection services on National Forest Service lands. The bill allows this authority to include projects involving commercial harvesting or other mechanical vegetative treatments but excludes other activities such as road construction. The bill also establishes a USDA Forest Service **Large Air Tanker and Aerial Asset Firefighting Lease Pilot Program** and clarifies authorities to facilitate a national, coordinated response to wildland fire.

WHY SHOULD INDIAN COUNTRY CARE?

Since it was established in 1976 as a nonprofit tribal consortium, the Intertribal Timber Council (ITC) has been at the forefront of forestry issues in Indian Country. ITC's vision is that "Indigenous stewardship of natural resources supports thriving, fully empowered communities that share success in exercising sovereign decision-making, create sustainable economies and implement strategies that perpetuate forest health for generations to come." They also state: "Forest resources are vital to the economic and social welfare of many Indian nations and [N]ative Alaskan Corporations. The management of these valuable and renewable natural resources not only provides income and employment opportunities for our people, but also affects our lives in many other ways. The harmony of man, trees, and other vegetation, soil, water and wildlife which collectively comprise the forest community influence our very emotional and spiritual well-being."³⁶

Indian forests and woodlands comprise 18.6 million acres, or one third, of the total 57 million acres of Indian land held and managed in trust by the federal government. Forests are one of the principal renewable resources available to tribes, and more than 300 Indian tribes have forest resources. Across

the country, Indian forests provide more than \$40 million in annual tribal governmental revenues, 19,000 jobs in and around tribal communities, as well as wildlife habitat and sources of food and medicine for Indian people. The proper health and management of Indian forests are crucial to rural economies across America.

Many American Indian and Alaska Native tribes have long-standing and deeply spiritual relationships with the forests within which they lived for centuries. Their deep engagement with forests of North America was fundamentally changed upon European contact when the relationships they had with the land, including forests, became severed. The United States Forest Service now maintains National Forests that co-exist within and among the boundaries of current and historic tribal homelands.

EXAMPLES OF OPPORTUNITIES IN THE FORESTRY TITLE

Since many tribes either live within the jurisdiction of federal agencies with forest responsibilities (primarily the U.S. Forestry Service at USDA), or have trust and treaty rights resources located on federal forest lands, the intensely specific and expertise-dependent issues around forests require a specialized eye towards policy change.

ITC has put forward the following recommendations:

Tribal Forest Protection Act (TFPA)

The Tribal Forest Protection Act (TFPA) (Pub. L. No. 108-278), enacted in 2004, authorizes tribes to work on a priority basis with the U.S. Forest Service (USFS) and Bureau of Land Management (BLM) on forest health projects on USFS and BLM lands adjacent to tribal forests to help protect tribal forests from threats from those USFS and BLM lands. The legislation passed both Chambers unanimously. But, in the over 13 years since its authorization, relatively few TFPA projects have been implemented, even

though, in recent years, the ITC and tribes have been working with the U.S. Forest Service to try to improve implementation. The disappointingly slow implementation of the TFPA continues to thwart the Act's intention, leaving tribal forests more vulnerable to catastrophic wildfire, disease and infestation from adjacent federal public lands.

To help overcome resistance to TFPA implementation, four bills in the 114th Congress included provisions to add time lines to USFS and BLM consideration of TFPA project requests and to allow greater direct tribal participation in TFPA project implementation. The four 114th Congress bills were: the House-passed Resilient Federal Forests Act (H.R. 2647, Rep. Westerman); the very similar Senate Emergency Wildfire and Forest Management Act (S. 3085, Sen. Roberts, referred to the Senate Agriculture Committee); the Tribal Forestry Participation and Protection Act (S. 3014, Sen. Daines), which was approved by the Senate Indian Affairs Committee; and the House-passed version of S. 2012, the Energy Policy Modernization Act.

The ITC requests that the upcoming Farm Bill improve the TFPA by including the following:

- Include the TFPA streamlining provisions to improve the timelines for review and implementation of forest restoration projects requested by tribes (from the 114th Congress, see H.R. 2647 Section 301 (Westerman), S. 3085 Section 501 (Roberts), S. 3014 Section 2 (Daines), and S. 2012 House version Division B Section 701).
- Allow greater tribal participation in TFPA projects by authorizing, as a discretionary pilot program, the application of the Indian Self-Determination and Education Act (PL 93-638) contracting authority to TFPA projects on USFS or BLM lands (from the 114th Congress, see H.R. 2647 Section 303 (Westerman), S. 3085 Section 503 (Roberts), S. 3014 Section 4 (Daines), and S. 2012 House version Division B Section 703).

The legislative text for both the above provisions is virtually identical in the four bills. To ease review and selection, the ITC suggests that the legislative text from H.R. 2642 (Westerman) Sections 301 and 303 be adopted into the new Farm Bill.

Cooperative Management of Adjacent Federal Lands

Tribes continue to have legal, historic and economic connections to adjacent federal forests. The ITC supports pilot authorization of tribes and the Bureau of Indian Affairs to conduct cooperative, discretionary forest restoration activities on U.S. Forest Service and BLM lands using existing regulations governing the management of Indian forests. Bicameral consideration of and support for such a program was demonstrated during the 114th Congress in the four bills in the above TFPA discussion.

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Many American Indian and Alaska Native tribes have long-standing and deeply spiritual relationships with the forests within which they lived for centuries.

The ITC requests that the Farm Bill contain pilot authorization similar to that found in Section 302 of the House-passed H.R. 2647 (Westerman, 114th Congress) and Section 3 of S. 3014 (Daines, 114th Congress), which was favorably ordered reported by the Senate Committee on Indian Affairs.

Workforce Development

There is a growing shortage of trained workers for the management and operation of Indian forests. The need to recruit, train, and retain a future forestry and fire workforce has been identified by an independent panel of scientists (Indian Forest Management Assessment Team) tasked by Congress to review the management of Indian forests every 10 years. This shortage of forest workers is already constraining the ability of Indian tribes and related federal agencies, such as the Bureau of Indian Affairs, to effectively manage and protect tribal forests and forest-related natural resources and to participate in broader landscape based forest management activities. The personnel shortage for Indian forestry is currently so severe that only half

the national tribal harvest (as described in approved sustainable management plans) can be generated.

The ITC requests that the Farm Bill authorize USDA to fund a Native American forestry workforce coordination and development program through an intertribal organization familiar with tribal forestry issues.

McIntire-Stennis Parity

As mentioned earlier in the Research Title, the McIntire-Stennis Act of 1962 (Pub. L. No. 87-788) dedicates funds to states to pursue forestry research at state colleges and universities and to help train the next generation of forest scientists and professionals. All 1862 land grant institutions were eligible for these funds when the Act was initially passed and the 1890 Historically Black Colleges and Universities were granted access in the 2008 Farm Bill. In Fiscal Year 2016, USDA NIFA made just under \$32 million available through McIntire-Stennis to land grant and public universities in the 50 states, Puerto Rico, Guam, and the Virgin Islands.

Despite the fact that tribal trust lands are included in the formula that allocates funding to the individual states, the 1994 Land Grant Tribal College and University institutions (TCUs) remain ineligible to receive research funding. The ITC believes that parity should be granted to TCUs with a bachelor's degree in forestry or higher, and that this would allow tribal colleges to perform tribally and state-relevant forestry research and develop a well-trained Native forestry workforce.

Fire Suppression Priorities

To the extent that the Farm Bill addresses federal wildfire suppression efforts, the ITC would like to work with the committees to ensure that Indian forests are properly prioritized in fire suppression activities and funding. Current priorities place protection of private structures above protection of tribal forest assets held, managed and protected by the U.S. as trustee. As a result, in the 2015 fire season, suppression crews were removed from wildfires on Indian trust forests in order to protect private structures. The fires on

Indian trust forests exploded, destroying hundreds of thousands of acres and millions of board feet of timber vitally important to tribal economies. The ITC believes that such priorities, allowing federally protected trust assets essential to tribal governments and communities to be sacrificed to protect private structures, need a review.

Anchor Forests

The ITC, member tribes, the U.S. Forest Service, and other forest resource stakeholders have recently completed a pilot study in Washington State and report on an "Anchor Forest" concept to foster landscape-scale forest collaboration and management projects intended to improve forest health while preserving local logging, milling and other critical infrastructure. Tribes in the Great Lakes states and Southwest have expressed interest in Anchor Forest projects in their own regions.

Below are recommended provisions from the 2013 NCAI recommendations, updated to reflect the current priorities of the ITC:

a) SEC. XXX. ANCHOR FOREST PILOT PROGRAM AUTHORITY.

(a) Findings.

(1) Economic benefits from harvest of wood products are an essential element of land stewardship needed to address forest health problems on federal lands and to sustain stewardship practices on private, tribal, and state forests across the landscape.

(2) Minimum levels of harvesting, manufacturing, processing, transportation and work force infrastructure must be identified, maintained and improved if objectives such as healthy forests, viable rural forest-dependent communities, ecosystem (environmental) services, and bioenergy development are to be achieved.

(3) Currently, harvesting and processing infrastructure is in a critical state of decline. Once these human and physical resources disappear, they will be very difficult to replace.

(4) Without access to markets for forest products, without the ability to prepare and implement management prescriptions, without a work force,

processing facilities, and the means to transport wood to markets, without the income generated from harvest to defray costs of forest health treatments at the scale required, forests are facing the prospect of increasing losses from insects, disease, wildfire, conversion and climate change.

(b) Purpose. The purposes of this section are to –

(1) develop and maintain sustainable healthy and productive working forests on the landscape,

(2) develop, preserve and strengthen the long-term jobs and other forest based infrastructure in rural timber-dependent communities,

(3) recognize, identify and foster the mutual benefits of healthy working forests on the landscape and the rural timber communities that provide the jobs, processing facilities and other infrastructure that contribute to the health and productivity of those forests,

(4) establish an Anchor Forests Pilot Program that

(A) identifies large landscape-based forest lands

(i) needing improvement or maintenance of the forest's health and productivity and

(ii) needing the development, improvement or preservation of forest management, harvesting, transportation, and processing infrastructure critical to improving and maintaining the forests' health and productivity,

(B) authorizes and supports unified or coordinated, flexible, and cohesive management of Forest across jurisdictional boundaries to enable the long-term efficient, and effective health treatments, provide ecosystem services, and reliable, sustainable production of forest products to timber dependent rural communities,

(C) authorizes and supports the development, maintenance, and improvement of the forest management and forest products processing infrastructure needed for forest health and productivity.

(c) Establishment of program. There is established an Anchor Forest Pilot Program to be implemented by the Secretary of the Interior and the Secretary of Agriculture, in consultation and coordination with appropriate Indian tribes and in coordination with appropriate intertribal organizations.

(d) Number of pilot projects, duration. Anchor Forest Pilot Program implementation is to consist of twelve

pilot projects, of which not less than three and not more than five pilot projects are to have Indian forest land as a principal land component, with each project to continue for up to fifteen years.

(e) Components of each pilot project. Each Anchor Forest Pilot Program pilot project consists of the following elements:

(1) Anchor Forest. Each pilot project will have a designated Anchor Forest land base identified from National Forest, and/or BLM forest lands and, subject to voluntary application in a manner the appropriate Secretary shall prescribe, tribal, state and private forest land that –

(A) is committed to long-term sustainable management and production of forest materials to supply Anchor Forest Infrastructure as described in (c)(2), and

(B) collectively is of such size, proximity and composition to assure a sustainable amount of forest material to support economically viable operation of the Anchor Forest Infrastructure described in (c)(2) and maintain the health and productivity of the Anchor Forest.

(2) Anchor Forest Infrastructure. Each pilot project will identify its Anchor Forest Infrastructure, upon which the Anchor Forest principally depends for the conduct of its active management operations, and which can include –

(A) a local labor force capable of performing forest planning, analysis, and management activities on a landscape scale,

(B) transportation systems for, among other activities, access to the forest, removal of forest materials to processing locations, and distribution of processed forest materials to markets, and

(C) forest material processing and manufacturing facilities.

(f) Collaboration. In each Anchor Forest Pilot Program pilot project, personnel and officials from the federal agencies, Indian tribes, state, and private forest lands included in the pilot project are to coordinate and collaborate on the development and realization of common vision, goals, and objectives for the pilot project, supported by a single long-term management plan or uniform long-term management plans, inventory systems, designated professional staff, and geographic information systems.

(g) Assistance. The Secretary of Agriculture and the Secretary of the Interior are authorized –

(1) From funds appropriated for the programs and activities of, respectively, the Department of Agriculture and the Department of the Interior to provide support for any Anchor Forest management or operational activity and for the development, support, operation, maintenance, and improvement of Anchor Forest Infrastructure. Such support may be in the form of grants, loans, and loan guarantees.

(2) To provide directly or through other parties' technical assistance to participating Indian tribes, states, private land owners, or other participating parties for activities related to Anchor Forest and Anchor Forest Infrastructure.

(3) To enter stewardship contracts and other agreements and contracts, and, notwithstanding any law, to fashion such other arrangements or management directives as needed, to foster and support sustainable Anchor Forests and Anchor Forest Infrastructure.

(h) Regulations. The Secretary of Agriculture and the Secretary of the Interior, in collaboration with likely affected parties, shall develop and promulgate regulations implementing this Section within 180 days of enactment.

G. Change the name of USFS State and Private Forestry to "Tribal, State, and Private Forestry"

It is suggested that the Farm Bill direct the name change of U.S. Forest Service "State and Private Forestry" (S&PF) to "Tribal, State and Private Forestry." S&PF, charged with working with nonfederal entities, has included the Office of Tribal Relations since its inception in 2003. The name change is needed to honor government-to-government relationships and to acknowledge the USFS's trust responsibilities and increasingly important engagement with tribal governments. A legislative change is needed because the USFS has been reluctant to make the change on its own volition.

Recommended Provision

a) SEC. XXX. RENAMING U.S. FOREST SERVICE MISSION AREA TO "TRIBAL, STATE AND PRIVATE FORESTRY".

The organizational portion of the United States

Forest Service described as a Program Mission Area now named "State and Private Forestry" is hereby renamed "Tribal, State and Private Forestry".

I. Congress should protect Indian sacred places in National Forest System.

Lands found within the National Forest System were formerly ancestral lands of Indian tribes. The historical, religious, spiritual, cultural, and traditional connections of Indian tribes to these lands have not been extinguished despite changes in title. The United States has a fiduciary and moral responsibility to preserve and protect Indian sacred places located on federal lands.

The spirit and direction of the Nation are founded upon and reflected in its historic heritage. The historical and cultural foundations of the Nation should be preserved as a living part of our cultural and community fabric. Indian sacred places are important not only to Indians and Indian tribes but also to the Nation so that its heritage is not lost or substantially altered. The preservation of this irreplaceable heritage is in the public interest so that its vital legacy of cultural, religious, educational, aesthetic, and inspirational benefits will be maintained and enriched for future generations of Americans.

Recommended Provisions

SUBTITLE E – Miscellaneous Provisions- [INSERT NEW SECTION 8403:]

"SECTION 8403 – Indian Sacred Places

a) DEFINITIONS – In this subtitle:

(1) INDIAN – The term 'Indian' means an individual who is a member of an Indian tribe.

(2) INDIAN TRIBE – The term 'Indian tribe' means any Indian or Alaska Native tribe, band, nation, pueblo, village, or other community the name of which is included on a list published by the Secretary of the Interior pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 479a-1).

(3) NATIONAL FOREST SYSTEM – The term 'National Forest System' has the meaning given the term in section 11(a) of the Forest and Rangeland Renewable Resources Planning Act of 1974 (16 U.S.C. 1609(a)).

(4) INDIAN SACRED PLACE – The term ‘Indian sacred place’ means an area or location, including geological features, landscapes, bodies of water, traditional cultural properties, and sites, in the National Forest System that is identified by an Indian tribe, or Indian individual determined to be an appropriately authoritative representative of an Indian religion, as having long-established significance in Indian religious, ceremonial, or traditional cultural practices; provided that the Indian tribe or appropriately authoritative representative of an Indian religion has informed the Secretary of the existence of such as a place.”

b) Protection of Indian Sacred Places

(1) The Secretary shall protect Indian sacred places in the National Forest System by preserving their physical integrity and ensuring no adverse impacts to them.

(2) The Secretary shall engage in government-to-government consultations with Indian tribes to ensure proper protection of Indian sacred places.

(2) The Secretary shall ensure access for Indians and Indian tribes to Indian sacred places in the National Forest System.

(3) The Secretary shall not dispose of or convey National Forest System land on which an Indian sacred place is located unless the Secretary has offered to transfer this land first without cost to the Indian

tribe whose sacred place it is.

c) Confidentiality – Notwithstanding any other provision in law, the Secretary shall not disclose information provided by Indian tribes or Indians about Indian sacred places to others to protect these places.³⁷

Additional opportunities for forestry initiatives include:

- Ensuring that the interdepartmental efforts to protect Indian sacred places are maintained and strengthened under future administrations, and that the responsibilities of USDA and other federal departments to consult with tribes on an ongoing basis concerning sacred places continually occurs.
- USDA should require that tribal representation continues with all local, regional, and national planning and implementation bodies which serve in advisory capacities to USDA and the U.S. Forest Service.
- Create parity between Forest Service management agreement language and NRCS determination of land control language, which preserves tribal sovereignty and rights to gather/manage traditional plant stands and enhances opportunities for tribes to leverage EQIP assistance on traditional lands under Forest Service jurisdiction.



TITLE IX: ENERGY



The Energy Title made its first appearance in the 2002 Farm Bill. Since that time, its importance depends largely on how much of a focus the current Congress or Administration has on the nation's energy supplies and resources. The Title generally authorizes programs that encourage investments in alternative energy technology, production of renewable biomass for biofuels, education, research, financial assistance, and the manufacture and production of renewable energy.

Regardless of who is in office, energy use in agriculture is a serious and increasingly important issue. Hundreds of years ago, agriculture used energy from natural resources and processes. But as agriculture has changed and modernized over time, so has its energy consumption. Agricultural energy use now can be found in fertilizer production and use; water consumption and use; farm equipment; processing; packaging; distribution; and transportation. Agricultural water use alone makes up a significant financial investment for producers and moving water across production landscapes can be energy-intensive.

The need for renewable energy, increased sources of domestic energy, and the impacts that energy access disruptions have in sensitive agriculture markets call for the inclusion of an Energy Title in the Farm Bill. Interest in the ethanol industry (the use of crops for energy use) has grown over time, and biofuels development, energy efficiency, and carbon capture continue to generate high levels of interest even in the years when agricultural energy policies wane.

Some mandatory funds have been used in the Energy Title since its inception, but today the programs in the Title are subject to annual appropriations, making them more insecure over time. Forest products are included in bioenergy programs such as BioPreferred and other biobased programs. **The Rural Energy for America Program (REAP)** was extended and amended in the 2014 Farm Bill; biobased market programs

were extended and amended, and the **Biorefinery Assistance Program** was included in the bill. The **Biomass Research and Development Initiative** was extended and amended, and the **Feedstock Flexibility Program** for biomass producers was also extended and amended. The **Biomass Crop Assistance Program (BCAP)** was extended and amended with \$25 million in mandatory funding authorized annually. This program provides financial assistance to owners and operators of agricultural and non-industrial private forest land who wish to cultivate biomass feedstock for sale to energy producers. Provisions in the 2014 Farm Bill allowed expiring CRP acres to be enrolled in the BCAP program and included as "eligible material" collected or harvested from National Forest System and BLM lands in addition to non-federal lands. Eligible materials under the **Biomass Crop Assistance Program (BCAP)** now include material collected or harvested directly from the National Forest System, Bureau of Land Management land, non-federal land, and tribal lands in a manner that is consistent with Conservation Stewardship Program plans. Eligible materials also include woody material that is a byproduct of preventative treatment on non-contract acreage or harvested from federal land in accordance with the Healthy Forests Restoration Act of 2003. BCAP now allows enrollment of land under Conservation Reserve Program (CRP) or Agricultural Conservation Easement Program contracts that are set to expire in any given fiscal year.

In the 2014 Farm Bill, the biorefinery program was renamed the **Biorefinery, Renewable Chemical, and Biobased Product Manufacturing Assistance Program**. It will continue to offer loan guarantees for renewable energy projects such as the construction and retrofitting of refineries to develop and produce advanced biofuels. The new bill expands the program to assist the promotion of renewable chemicals and biobased manufacturing production facilities. Funding for this program is discretionary, with \$75 million in funds set aside through 2018.

REAP emerged with a permanent funding baseline, meaning that even if Congress fails to reauthorize the Farm Bill again in five years, it will continue with \$50 million in mandatory funding per year. REAP helps agriculture producers and business owners in rural areas invest in energy efficiency and renewable energy. The program was amended to include a three-tiered loan and grant program.

The **Biobased Markets Program** was amended to include forest products and allows assistance to landowners to determine whether products are eligible for the “USDA Certified Biobased Product” label. Community Wood Energy Program, which allows small grants to provide seed capital for biomass consumer cooperatives to build stronger markets for biomass heating products, was reauthorized through 2018. Additional programs were retained, and some were reconfigured in the bill. This is likely going to be the case as future Congresses reexamine not only agriculture’s dependency on energy (and what source of energy), but also the nation’s energy future.

WHY SHOULD INDIAN COUNTRY CARE?

Energy projects in Indian Country hold immense promise for diversifying tribal economies while bringing much-needed energy systems to remote and isolated communities. Growing crops for energy purposes or converting natural resources on tribal lands to bio-energy projects is an important tool for economic development and self-sufficiency. In addition, if bio-energy projects could focus on the needs of remote tribal food producers and embrace the importance of research and development of products and systems on tribal lands, important tribal goals can be met.

EXAMPLES OF OPPORTUNITIES IN THE ENERGY TITLE

In 2013, NCAI recommendations for change in the Energy Title included:

This title supports the development of farm and community renewable energy systems through various programs, grants, and procurement assistance initiatives. Provisions covered the

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Energy projects in Indian Country hold immense promise for diversifying tribal economies while bringing much-needed energy systems to remote and isolated communities.

production, marketing, and processing of biofuel feedstocks; expanded research, education, and demonstration programs for advanced biofuels; USDA coordination of federal bio-based energy efforts; grants for procurement of bio-based products to support development of bio refineries; assistance for eligible farmers, ranchers, and rural small businesses in purchasing renewable energy systems; and use education

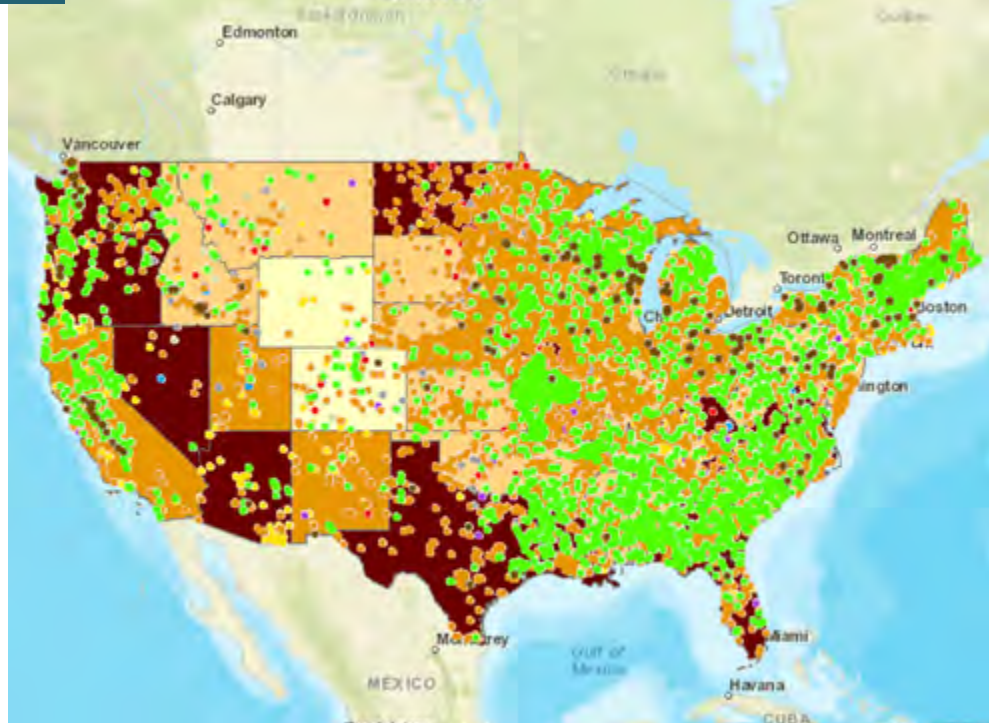
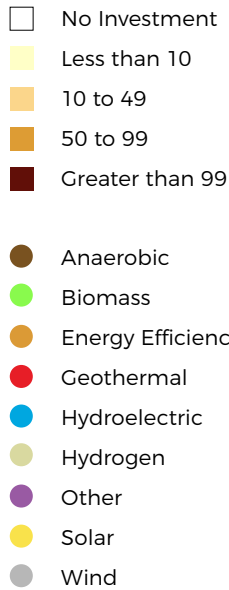
programs, among other programs. The title continues and expands funding for federal agency procurement of bio-based products, construction and development of advanced biofuel refineries, biomass research and development, and biodiesel education. New programs encourage renewable energy use by bio refineries, renewable energy systems and energy efficiency improvements, rural energy self-sufficiency, development of next generation feedstocks, and use of forest and woody biomass for energy production.

Tribal Perspective:

Indian Country lays claim to countless acres of renewable energy resources. However, to develop and own renewable projects themselves, tribes and tribal entities do not now have funded or authorized incentive programs or tools to competitively finance renewable energy projects, nor are they able to efficiently utilize the existing federal incentives, including tax credits which traditionally finance energy development in the private sector.

ENERGY INVESTMENT MAP

INVESTMENT BY STATE (\$ MILLIONS)



Source: U.S. Department of Agriculture

1. Congress should add a new section to Title IX that would allocate funding for tribal Energy Bio-Based Energy Development Grants

A Tribal Energy Bio-Based Energy Development Grant would operate much like a grant-in lieu of tax credit and would be specifically available to Indian tribal governments and wholly owned tribal entities and operate similarly to the existing Renewable Energy Production Incentive (REPI) Program which is tied to the base and escalation authorities of the authorized production tax credit (PTC) for wind. The law should also clarify eligibility of tribally chartered and federally chartered tribal corporations for Rural Development Programs, including grants and loan programs and any technical assistance programs available. The Department of Agriculture has made a policy statement that it will recognize federally

chartered Section 17 Tribal Corporations as eligible entities for the RD programs. Legislation should codify this as well as clarifying that tribally chartered tribal corporations are likewise eligible.³⁸

No additional provisions are necessary beyond those advocated by NCAI. Every effort should be made to ensure that all energy-related programs created by future Farm Bills provide for several key issues: (1) tribal production of bioenergy crops is not prevented under the Farm Bill; (2) tribal interests in alternative energy projects are protected and supported by future Farm Bills; (3) tribal biobased products are included in any applicable efforts that increase such products in the marketplace; and (4) tribally chartered entities are included in all grant and technical assistance programs.

TITLE X: HORTICULTURE



First appearing in the 2008 Farm Bill, the Horticulture Title supports specialty crop and organic farming operations with provisions that provide trade promotion and risk management assistance. Funding for pest and disease management and disaster prevention was specifically increased in the 2014 Farm Bill. According to USDA, sales of specialty crops account for nearly one-third of U.S. crop cash receipts and one-fifth of U.S. agricultural exports.

In the 2014 Farm Bill, farmer’s market and local foods promotion programs were extended and expanded, providing grants to farm-to-institution, food hubs, and local/regional food aggregation, storage, distribution and similar activities. The bill authorized \$30 million in mandatory annual funding, with 50 percent going to direct marketing and 50 percent going to non-direct marketing of regional food enterprise activities and supply chain activities. The bill required the Secretary to issue regulations concerning bulk shipments of apples to Canada. It also expanded the fresh fruit and vegetable program for schools and created a pilot to evaluate inclusion of canned, frozen, or dried fruits and vegetables in the program. The funding also included initiatives for technical assistance for specialty crops in the Trade Title that would address sanitary, phytosanitary, and technical barriers to specialty crop exports.

In the Research Title, competitive grants were awarded with the Specialty Crop Research Initiative to focus on scientific research and activities, technical assistance, and development to combat citrus diseases and pests (Emergency Citrus Disease Research and Extension Program).

In addition, pilot programs to explore the procurement of unprocessed fruits and vegetables and canned, frozen, or dried fruits and vegetables

were allowed in a small number of states’ school lunch programs to evaluate impacts on school participation in the program. These programs examine geographic preference and use of multiple suppliers to facilitate more local fresh fruit and vegetable offerings.

The bill also reauthorized the **Tree Assistance Program** (TAP) with mandatory funding for disaster assistance for tree crops, vines, and bushes in designated disaster areas. Assistance may cover up to 65 percent of the cost of replacing trees and up to 50 percent of the cost of salvaging damaged trees or preparing land for replanting. The **National Clean Plant Network** was created and funded to produce clean plant material (free of

pests and diseases) and maintain blocks of pathogen-tested plant material in sites throughout the United States for pathogen diagnosis and elimination.

Organic agriculture was furthered in the 2014 Farm Bill through actions in the conservation, research, horticulture, and crop insurance titles. Provisions were put in place to expand cost-share

assistance for organic certification, maintain the organic research initiative, and improve organic crop insurance and marketing. Several new provisions were added to improve the enforcement of the USDA’s **National Organic Program** that regulates organic standards and certification. Authorized funding for the program increased to \$15 million annually.

USDA’s Risk Management Agency (RMA) is required to expand organic price elections for producers insuring crops by 2015. Producers choose a percentage of the maximum price set by RMA for their commodity, which is used to determine the value of insurance coverage. The **Organic Agriculture Research and Extension Initiative’s** (OREI) total mandatory funding is set

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Many of the traditional crops that are so important to the cultural and spiritual lives of Indigenous people are “produce” or “specialty crops” under federal law.



at \$100 million. By most studies, the demand for organic products in the U.S. is going to continue to exceed supply. The 2014 Farm Bill boosted funding for research on the organic sector and organic certification cost-share programs to attract more producers to the organic sector. Organic production is eligible for payments under the EQIP program in the Conservation Title. Other amendments in programs are designed to improve marketing and data collection for organic products.

WHY SHOULD INDIAN COUNTRY CARE?

Horticulture crops are extremely important to tribes for many reasons. First, and most importantly, many of the traditional crops that are so important to the cultural and spiritual lives of Indigenous people are “produce” or “specialty crops” under federal law. Second, there are many

individual and community acts of food sovereignty that are occurring throughout Indian Country. These food sovereignty activities are critical to improving the health and wellness of tribal members. Indian Country health data is among the worst in the country. Chronic diseases, stroke, cancer, heart disease, obesity, and diabetes are at very high rates throughout Indian Country. One of the important ways to address these health issues is to increase the amount of fresh fruits and vegetables available in our communities and to make those foods accessible locally and regionally. Third, as more of these foods are grown and raised in Indian Country, the surpluses are already finding their way into local and regional markets, and many tribes are improving their economic development alternatives by expanding into diverse food production systems. Ensuring that we understand and gain access to the programs authorized in the Horticulture Title is very important and will remain important to tribes for years to come.

EXAMPLES OF OPPORTUNITIES IN THE HORTICULTURE TITLE

In 2013, NCAI provided the following recommendations for changes within the Horticulture Title:

The Horticulture Title contains various provisions designed to support the production of specialty crops – fruits, vegetables, tree nuts, floriculture and ornamental products – in the United States; the support of food safety research in these crops; promotion of farmer’s markets; organic production and marketing standards; and plant disease and protection. Additionally, it aids certified organic agricultural production.

Tribal Perspective:

Although most producers in Indian Country are in the livestock sector, there are a growing number of tribal farms (either government or individual-owned) focusing on the fruit, vegetable and related specialty crop areas. Additionally, the number of farmer’s markets in Indian Country is on the rise. Ensuring that these new- and beginning-farm and diversified farming operations are given a chance to succeed will build rural economic stability and improve the availability of local/regional foods for tribal communities focusing on improving their nutrition and health.³⁹

Additional opportunities in the Horticulture Title include:

Tribal Consultation on Fruit and Vegetable Programs

The USDA agencies primarily responsible for specialty crops must be required to engage in ongoing tribal consultation concerning the impact and growth of the fruit and vegetable sector within Indian Country and the

opportunities and challenges that can be positively impacted by changes in USDA regulations.

Tribal Inclusion in the Specialty Crop Block Grant Program

The Specialty Crop Block Grant Program must be changed to ensure that tribal departments of food and agriculture are eligible for funding under this important program and that tribal projects are not required to go through state funding mechanisms at state departments of agriculture to receive support. There are very few tribal projects that currently receive support and, at the same time, the number of tribal departments of agriculture is likely to continue to grow over time. This program

is critical to the growth of this sector in Indian Country, and tribal sovereignty must be respected by allowing these new departments to receive funding parity.

Honey and Beekeeping

Any reports on honey or beekeeping should include the growth and increase in beekeeping and honey operations in Indian Country.

Tribal Farmer’s Markets

Farmer’s market and local food promotion programs grant funding authorities should require that a minimum of 10 percent of available funding goes to tribal farmer’s markets and local food promotion activities.

Support for Tribal Organic Producers

USDA should launch a special program designed to increase technical assistance to those within Indian Country who are interested and prepared to transition to organic production.

Increased Support for FSMA Outreach

Food safety education initiatives discussed in the Miscellaneous Title, below, should also be



USDA should work with tribal governments and tribal organizations to put in place programs that are designed to protect the integrity of Native food products from fraudulent versions of their foods in the marketplace.

considered within the Specialty Crop Title. The impact of Food Safety Modernization Act of 2011 (FSMA) implementation on tribal producers is different from the impact on any other producer due to the unique land base and tribal production systems in Indian Country. At present, there is not enough funding to adequately reach tribal producers to ensure their knowledge of and compliance with FSMA requirements. USDA should take steps either with U.S. Food and Drug Administration or alone to ensure that tribes are adequately receiving technical assistance on this important new law affecting our food systems.

Protecting Native Foods in the Marketplace

USDA should work with tribal governments and tribal organizations to put in place programs that are designed to protect the integrity of Native food products from fraudulent versions of their foods in the marketplace. This is already occurring, and the federal trust relationship requires that USDA work

with tribal food companies and food producers to ensure that market regulatory mechanisms can be used to augment the ability of tribes to protect their unique food products. This can be done through geographic intellectual property mechanisms put in place by tribal governments to protect unique tribal foods. This should be fully supported and recognized by USDA.

Protect Tribal Seeds and Traditional Foods

USDA should take steps to ensure that tribal seeds are given the maximum protection available under federal law and not allowed to be accessed for commercialized purposes without the consent of tribal governments. Seeds of traditional foods are among the most sacred items to Indigenous peoples and the protection of those seeds, not only as food sources but as important cultural systems, must be required. Tribal governments are entitled to tribal consultation with USDA to determine the best means by which their seeds may be protected.



TITLE XI: CROP INSURANCE



Agricultural risk management is critical for producers. Food production is inherently risky not only from the production standpoint, but also from legal, financial, marketing, labor, and regulatory standpoints. Managing these risks takes a lifetime of attention, focus, dedication, and assistance. For decades, Congress approached risk management in agriculture production through a few federally authorized programs, but primarily utilized targeted bills passed when disasters struck. After years of differing levels of engagement, Congress began moving toward a private sector-focused insurance risk management program and away from disaster-driven approaches to assisting producers.

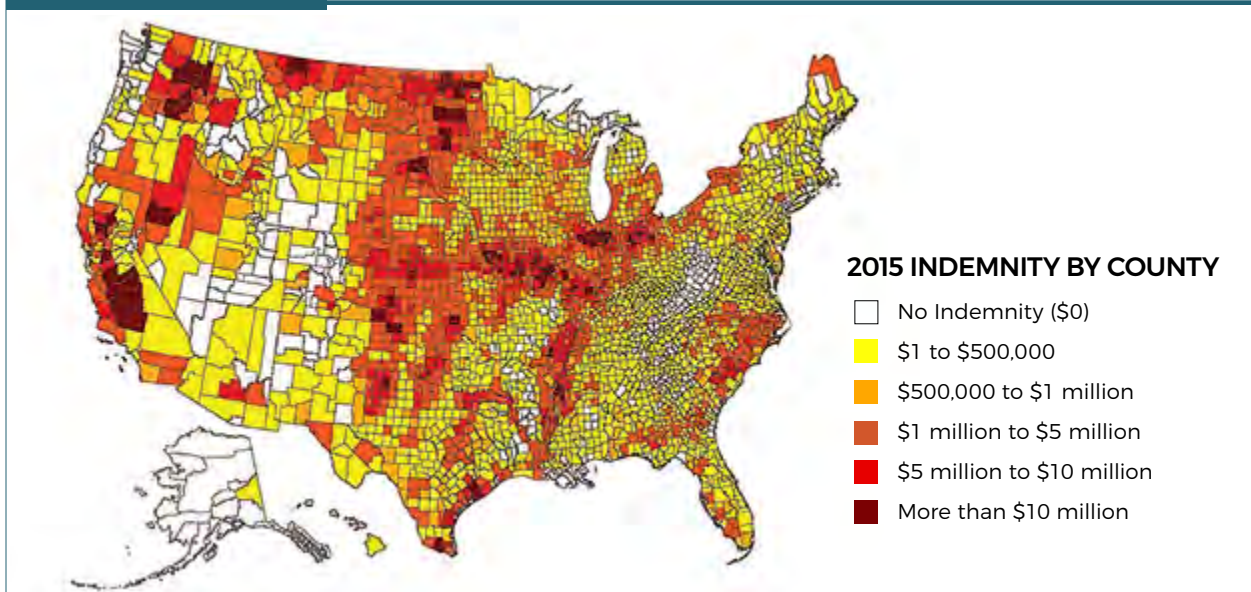
The Agricultural Risk Protection Act of 2000 established the Federal Crop Insurance Corporation (FCIC) Board. The Risk Management Agency (RMA) is the primary agency within USDA that oversees the Department’s risk management programs. The FCIC board manages the risk product portfolio and provides guidance under the general supervision of the Secretary of Agriculture. The board is responsible for maintaining and creating new programs for risk management and risk mitigation in agriculture. The board delegates the broad authorities to approve new risk insurance policies, new insurance plans, and insurance plan modifications to the RMA Administrator. At

present, the board consists of the Under Secretary of USDA Farm and Foreign Agriculture Service, the USDA Chief Economist, the FCIC Manager (RMA Administrator), four farmers, an individual involved in insurance, and an individual knowledgeable of reinsurance and regulation of insurance.

The FCIC Board conducts research and studies concerning the actuarial soundness of an insurance policy before offering it. Insurance policies offered are normally piloted in regions or with certain crops before being released for purchase by producers. Insurance for crop and livestock risks continues to grow in acceptance, and there are now more than 100 insurance products in the program. Every subsequent Farm Bill has continued to increase the scope and range of the program. While there are still many improvements to be accomplished, the ability of producers to at least consider the coverage of their crops and livestock under applicable programs is an important option that can in many cases mean the difference between staying in business or leaving farming and ranching.

The **Standard Reinsurance Agreement** and the **Livestock Price Reinsurance Agreement** establish the terms under which FCIC provides reinsurance and subsidies on eligible crop insurance contracts sold by an insurance company. An

2015 RMA CROPS INDEMNITIES: As of January 19, 2016



Source: USDA Risk Management Agency

insurance company must enter into the standard agreements to be approved for writing insurance policies adopted for use by RMA/FCIC. By regulation, an insurance company must be in good financial standing and in compliance with the state laws where domiciled and writing business prior to being considered for approval of a Standard Reinsurance Agreement (SRA) or Livestock Price Reinsurance Agreement (LPRA).

In addition to the approval of policies and general management of the FCIC functions, RMA also conducts education and training of producers regarding the key areas of risk, how to best manage such risk, and the specifics of offered policies. These educational and training opportunities are provided through competitive educational grants and through a relationship with USDA NIFA that manages an **Extension Risk Management Education Program** delivered through four regional centers and a national center. These centers also provide education and training for producers through competitive grants offered to eligible entities who in turn meet with producers or plan and provide educational offerings.

Producers are served by a system of regional offices. Producers can search online⁴⁰ for crop insurance agents approved to offer crop, livestock or both types of insurance policies. Producers can also search⁴¹ for approved insurance providers who have entered into reinsurance agreements with RMA.

Special attention in the bill is paid to the growing **organic production sector** and to the needs of beginning farmers and ranchers, who often are unfamiliar with the complexities of crop insurance or management of risk on their new farm or ranch. RMA provides coverage for certified organic acreage and transitional acreage (acreage transitioning to certified organic acreage in accordance with an organic plan). As the organic sector continues to

grow, the coverage of organic production systems will likely continue to grow and improve as well. Beginning farmers and ranchers received assistance in the 2014 Farm Bill through efforts to make purchasing crop insurance more affordable. The bill exempted beginning farmers from paying administrative fees for crop insurance policies and allowed them to use the production history of previous farming operations in the decision making or physical activities. The bill increases the premium subsidy rates for beginning farmers by 10 percent during their first five years of farming. All these efforts make it easier for beginning farmers to access

insurance coverage which they might otherwise avoid purchasing due to the fragile nature of their operations in the first critical years.

Considerable attention is paid by RMA and other agencies of USDA to the compliance of producers with conservation-focused requirements. Producers must comply with **highly erodible land and**

wetland conservation requirements if they are to receive insurance premium assistance for crop insurance. Most likely, these producers are already required to comply with these critical conservation requirements if they are participating in FSA (farm lending) or NRCS (conservation) programs. The 2014 Farm Bill “re-linked” conservation compliance with the insurance premium subsidy. Conservation compliance requires producers to have a conservation plan if they plant annually tilled crops on highly erodible soil and prohibits producers from planting on or destroying wetlands for crop production. Producers who do not comply with conservation compliance can still purchase crop insurance, but they are ineligible to receive the premium subsidy paid by the federal government. Producers eligible for commodity, conservation, or disaster programs under FSA or NRCS will remain eligible for the government-paid crop insurance premium subsidy.

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Crop insurance is an important tool of risk management and the products in place now must be examined to ensure they are suitable for tribal food production systems.

The crop insurance benefits of producers who till **native sod** in Iowa, Minnesota, Montana, Nebraska, North Dakota, and South Dakota may be impacted. Crop insurance benefits are reduced on native sod acreage tilled for production of annual crop and remain reduced until the native sod acreage has been planted for four crop years.

RMA was directed in the 2014 Farm Bill to develop new insurance products for underserved commodities and to address the ongoing issue of producers suffering a loss of insurable coverage when they experience lower yields following disasters. The 2014 Farm Bill provided some flexibility to producers when seeking coverage for these types of losses. Additionally, producers may do price elections for organic crops produced in compliance with the USDA National Organics Program that reflect actual retail or wholesale prices received by the organic producer. Research and development of new products for bioenergy crops, catfish, alfalfa, livestock diseases and business interruptions, whole-farm diversified operations, and food safety for specialty crops were also authorized. The **Noninsured Crop Assistance Program** (NAP), which provides weather-related loss coverage for commodities that lack available crop insurance, was expanded.

RMA was also authorized to include coverage for the value of on-farm activities necessary to make crops ready for market. The Manager's statement to the Farm Bill specified that this provision is meant to include post-production incidental processing activities that occur soon after harvest, including packing, packaging, washing, sorting, and other activities that are essential to marketable crop production. This provision will likely lead to better crop insurance products for specialty crop producers. The Whole Farm Revenue Risk Management product authorized for diversified farms will also likely be helpful to diversified farms if the complexities of such product can be simplified.

WHY SHOULD INDIAN COUNTRY CARE?

Decades ago it could correctly be said that few options existed for most producers in terms of insurance coverage of risks associated with agricultural production, and most producers sought relief from Congress when disasters occurred. Crop insurance is an important tool of risk management and the products in place now must be examined to ensure they are suitable for tribal food production systems.

Additionally, one of the four appointed farmer/rancher members of the FCIC governing board is Maggie Goode, a third-generation cattle rancher on the Flathead Reservation in Montana. She is employed by the Confederated Salish & Kootenai Tribes and has received the USDA Farm Service Producer of the Year award and the USDA Farm Services Volunteer of the Year award. She also serves on the board of directors for Eagle Bank, a tribally owned bank, and is a former representative of her Tribal Council. Maggie is the first Native appointed to the FCIC Board of Directors and was originally appointed in 2010. Supporting her and any subsequent tribal producers appointed to that board is important.

EXAMPLES OF OPPORTUNITIES IN THE CROP INSURANCE TITLE

In 2013, NCAI made the following recommendation regarding the Crop Insurance Title:

This title provides for federal crop insurance and disaster assistance, including policies for crop insurance coverage and risk management.

Tribal perspective:

Tribally owned farms and ranches are significant users of crop insurance products as important tools to support business investments. Ensuring that continued attention is paid to the array of crop insurance products offered is important. And making

sure that tribal-specific disaster and insurance needs are being met is critical. Reauthorization of prior programs and ensuring the continued health of current insurance programs is important to Indian Country agriculture, particularly as climate change and year-to-year weather impacts to these industries continue. A strong safety net in times of trouble is essential to a strong agriculture sector. Continuing to improve the number of types of insurance products all those within the agriculture sector can use to insure their crops, livestock, and business operations is important. Farming and ranching is inherently risky and without attention to crop insurance and disaster programs, a successful business enterprise can be lost in one season.⁴²

Additional opportunities in the Crop Insurance Title include:

RMA Study on Crop Insurance in Indian Country

RMA should conduct a study to ensure that the current range of crop insurance products does not inadvertently adversely affect tribal food production. If that study reveals that either the specific crop insurance products or the general guidance documents of RMA do not adequately consider tribal production issues, a separate administrative guidance or notice should be issued by RMA to ensure that such impediments are cured. Tribal livestock producers should be afforded the same opportunity to pay premiums upon the sale of the livestock instead of making an upfront payment.

Development of Crop Insurance for Traditional Foods and Livestock

RMA should encourage the development of a unique crop insurance policy designed to cover

the production systems associated with tribal traditional food and livestock. The production systems associated with such products should be recognized as Good Agricultural Practices (GAPs), and tribal producers should also be afforded the same opportunity to pay premiums upon the sale of the crop or livestock instead of making an upfront payment.

Tribal Producer Education Programs

RMA should ensure that at least 10 percent of all projects funded through its Risk Management Education Program are focused on tribal producer risk management training needs.

Allow Tribal Insurance Companies to Insure Tribal Producers

RMA should also begin immediately reaching out to the AMERIND Risk, a 100 percent tribally owned and operated insurance provider, because of its significant experience in offering and underwriting insurance needs in Indian Country. AMERIND Risk should be engaged to begin the process of offering crop insurance products in Indian Country because it serves a national intertribal audience. The current crop insurance research, product development, and policy sales areas are not developed for, but do not adequately reach, smaller tribal producers.

Appoint Tribal Producer to FCIC Board

USDA should consider appointing tribal producers to fill future vacancies on the FCIC Board.



TITLE XII: MISCELLANEOUS



While seemingly functioning as a “catch-all” for topics not covered in other titles of the Farm Bill, the Miscellaneous Title contains many important programs. In addition, the section can also contain program authority or create broad policy or management changes with sweeping impacts across the programs and authorities discussed in other titles or across the multiple mission areas, agencies, and offices of USDA.

The 2014 Farm Bill made some important changes that resonate throughout USDA’s programs and authorities. One such change was the establishment of the **Office of Tribal Relations within the Office of the Secretary**. Prior to the establishment of this office as a permanent part of the Office of the Secretary, the functions assigned to this important office either were not addressed at all, were addressed by uncoordinated activities, or “floated” among various offices and agencies. The creation of this office as a permanent component of the Office of the Secretary elevates the role of tribal consultation and the government-to-government relationship between tribal governments and the federal government. This relationship is founded in the trust responsibilities owed tribes through treaty and federal law, and locating the office at this level of responsibility within USDA creates much greater opportunities for consistency and effectiveness in how USDA delivers programs and services to tribal governments, tribal communities, and tribal producers.

The bill continues to authorize **Outreach and Assistance for Socially Disadvantaged Farmers and Ranchers**, and adds **Veteran Farmers and Ranchers** as an important focus for USDA moving forward. The term “veteran farmers and ranchers” has been included throughout the Farm Bill to increase participation by veterans in Farm Bill programs. The definition of the term is: *a farmer or rancher who has served in the armed forces, and has either never operated a farm/ranch or has done so for 10 years or less*. A high percentage of the nation’s active military and deployed reserve forces come from rural areas and many have grown up

on or around farms and ranches. Their return to communities to either resume a possible career in food production or to begin a career post active duty will be greatly advanced by their inclusion in USDA programs. This title of the Farm Bill also creates a **Military Veterans Ag Liaison position**, which is very important to Indian Country because of the high number of military veterans returning to our communities and their traditional and continuing ties to our farming and ranching enterprises.

The bill also establishes a Socially Disadvantaged Farmers and Ranchers Policy Research Center charged with developing policy recommendations for protecting and promoting the interests of socially disadvantaged farmers and ranchers. The **Outreach and Assistance for Socially Disadvantaged Farmers and Ranchers Program** (also known as the Section 2501 program), which has been in place since the 1990s and is focused on historically underserved farmers, was continued in the 2014 Farm Bill. The 2014 provisions provide only \$10 million annually to support the program (down from approximately double that amount in previous Farm Bills).

The Farm Bill requires that USDA provide a **receipt for service** when an individual applies for a loan, applies to participate in a USDA program, or applies for other USDA benefits. This requirement will ensure that in the future, both USDA and individuals applying for benefits at USDA will have a record of such transactions.

The bill also establishes a **Sheep Production and Marketing Program** within the Agricultural Marketing Service. The competitive grant program strengthens the production and marketing of sheep products through improved infrastructure, business and resource development. **Country of Origin Labeling** (COOL) has been — and continues to be — a major issue facing the livestock industry. The Farm Bill directs the Secretary to conduct an economic analysis of the COOL since its implementation. The bill also adds venison to the list of products covered by the statute. However, the bill does not make any



changes to the statute or more recent USDA rules regarding the labeling of meat products.

To increase participation by limited-resource, beginning, and socially disadvantaged farmers, the premium for the **Noninsured Crop Assistance Program** (NAP) was reduced for individuals in such groups by 50 percent.

The Farm Bill also responds to some of the concerns agriculture producers have raised related to the U.S. Food and Drug Administration's (FDA) proposed rules to implement the **Food Safety Modernization Act**. The 2014 Farm Bill requires that when publishing the final produce rule, FDA must include **scientific and economic analyses of the impacts** the final rule will have on agriculture, as well as a plan for evaluating and responding to the impact of the final rule once it becomes effective.

The Farm Bill also amends the Clean Water Act to exempt certain silviculture activities from the National Pollutant Discharge Elimination System (NPDES) permit requirements. *Specifically, an NPDES permit will not be required for discharge*

from runoff from the following activities: nursery operations, site preparation, reforestation and subsequent cultural treatment, thinning, prescribed burning, pest and fire control, harvesting operations surface drainage, or road construction and maintenance. The bill also contains a provision authorizing grants to state and tribal governments and research institutions to promote the **domestic maple sugar industry**.

Finally, the National Drought Council that was in the U.S. House of Representative's version of the 2014 Farm Bill was not included in the final bill. However, the Farm Bill conference committee included report language directing the Secretary to work closely with state and tribal stakeholders as the Department implements the **National Drought Resilience Partnership** established by the Secretary. This provision is very important to tribes because many tribes have suffered through continued droughts. Having a tribal voice on the National Drought Resilience Partnership is very important.

For several decades, there has been increasing interest and focus on **local food, healthy food**

access, sustainability, and organic agriculture investments and increasing funding for rural development. The 2014 Farm Bill authorized more than \$500 million from 2014-2018 in the areas of local food, rural development, organic agriculture, and healthy food access initiatives – a nearly 50 percent increase over the previous funding levels. Funding for these types of programs are scattered throughout the Farm Bill in various titles. Examples include: farmer’s market and local food promotion (\$150 million over five years); specialty crop block grant program (\$100 million over five years); value-added producer grant program (\$63 million over five years); rural microentrepreneur assistance (\$15 million over five years); food insecurity incentive program (\$100 million over five years); and community food projects (increased to \$9 million a year from \$5 million).

The 2014 bill restored the **Organic Production and Market Data Initiatives** which develops data about the organic sector to improve decision making. In addition, the bill directs USDA agencies to utilize the data to coordinate with policy makers and enable the RMA (crop insurance) agency to develop better policies of crop insurance for organic producers. In addition to gathering information on the organic sector, the bill instructed the creation of data initiatives to increase information for local and regional food markets. A local food production and program evaluation provision in the law directs USDA to collect data on the production and marketing of local or regionally produced agriculture products, monitor the effectiveness of programs serving this sector, and identify barriers to local and regional market access due to regulations aimed at small scale producers. The bill invests \$444 million in beginning, veteran, and socially disadvantaged farmer initiatives over 10 years – a more than 150 percent increase in funding over previous farm bills.

The Miscellaneous Title also created many **pilot programs** in various titles of the Farm Bill. One pilot or demonstration project focused on using SNAP benefits in online transactions. Another required USDA to implement a pilot program

to allow states to operate EBT retailer fraud investigation programs. The Secretary is required to study the ability of the **Northern Mariana Islands** to administer SNAP directly. Another \$200 million pilot program was focused on studying programs in 10 states that would engage able-bodied parents in TANF-type work and job training as part of receiving SNAP benefits. An additional \$5 million in funding was directed toward providing more fresh fruits and vegetables in the schools. Up to \$10 million in FSA microloans were to be made available to CDFIs through a pilot project, and up to \$10 million was authorized for the Rural Gigabit Network Pilot Program to provide very fast Internet service to underserved areas. The Forest Service Large Airtanker and Aerial Asset Firefighting Recapitalization pilot program was also created to address the needs for air tankers in fire-fighting functions. An index-based weather insurance pilot program with subsidized premiums was created, and a local/regional food aid program that provides food aid overseas was created to study the savings that would be realized if purchase and delivery of local food in food aid programs occurred.

Local and regional foods received additional focus in the Nutrition, Credit, Rural Development and Horticulture Titles. The bill provided for increased consumer access to local and regionally produced food, increased marketing, increased farmer direct-to-consumer sales and intermediary outlets (farm-to-institution, local retailers, food hubs, restaurants, etc.). The bill expanded the funding and scope of farmer’s market and local food promotion programs and required the USDA to develop crop valuation methods that serve local and regional food producers in better ways. A new program was created to provide grants to organizations that encourage fruit and vegetable consumption by SNAP recipients by increasing their purchasing power. It includes a preference for promoting local food and direct-to-consumer sales locations. The farmer’s market promotion program was expanded to support projects that include intermediaries (e.g., food hubs), and mandatory funding for the program was increased.

SNAP-authorized retailers and benefit redemption locations in Nutrition Title included farmer's markets and other direct-to-consumer marketing outlets. These locations are not required to pay all of the electronic benefit transfer equipment and implementation costs. SNAP benefits can also be used in Community Supported Agriculture business models. USDA was also allowed to carry out a pilot project that gives farm-to-school programs the flexibility to purchase fresh fruits and vegetables from multiple suppliers and specify a geographic preference in procurement. The Healthy Food Financing Initiative in the nutrition title authorizes the USDA to work with CDFIs to manage funds with the goal of supporting retail food projects in low-income communities that would expand or preserve food access and accept SNAP benefits. Local and regional food systems can be prioritized in these projects. Local and regional production of fruit and vegetables is supported through multistate projects authorized in the specialty crop block grant programs of the Horticulture Title. The value-added producer grant program can also target to small and mid-sized farms, socially disadvantaged farmers, veterans, and local and regional food supply networks.

Beginning farmers and ranchers are supported in multiple titles as well. The conservation, credit, rural development, research, crop insurance and miscellaneous titles all contained provisions in the 2014 Farm Bill that continued to provide focus and support to the importance of beginning farmers and ranchers. Support is provided through: (1) increased funding for beginning farmer and rancher development through technical assistance and education (\$100 million); (2) farmland transition assistance; (3) improved outreach, allowing the transfer of conservation lands to beginning farmers and ranchers by assisting retired or retiring farmers in transitioning their lands (\$33 million); and (4)

changing the definition for farm ownership direct loans from FSA to allow for more producers to be considered as beginning (by adjusting the acreage limit within the definition of "qualified beginning farmer or rancher"). The term "beginning farmer or rancher" was also added to crop insurance programs, improving their ability to access crop insurance by providing a 10 percent reduction

in insurance premiums and exempting them from paying the \$300 administrative fee for catastrophic level policies. The act also enhances the provision of catastrophic-level risk protection for beginning farmers who are producers of commodities that do not have insurance products available (e.g., specialty crop producers and producers in diversified

operations on smaller acreages). Premiums on buy-up level coverage were reduced by 50 percent for beginning farmers, who can also have their application fee waived. Title II also allows a 25 percent payment reduction for beginning farmers in managed haying and grazing programs on the Conservation Reserve Program lands.

The **Beginning Farmer and Rancher Development Account Pilot Program** was extended through 2018. Additionally, the USDA FSA microloan program for beginning farmers and ranchers was made permanent, and loans to these producers and veteran farmers are exempt from term limits that would otherwise apply on direct operating loans. (Term limits refer to the limitations on how long individuals can receive farm loans from FSA before they must graduate to private credit.) The act increases the maximum conservation loan guarantee amount from 75 percent to 90 percent of the total loan amount for beginning farmers or ranchers. Maximum loan amounts for beginning farmers and ranchers seeking to purchase real property are increased to \$300,000. Beginning farmers and ranchers are prioritized for value-added producer grants.

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*The value-added
producer grant program
can also target small
and mid-sized farms,
socially disadvantaged
farmers, veterans, and
local and regional food
supply networks.*

According to the USDA Economic Research Service, beginning farmers accounted for nearly 11 percent of all land in U.S. farms in 2011, but for only 7 percent of acres enrolled in crop insurance. The new premium assistance provisions of the Crop Insurance Title should be able to improve the use of crop insurance among these farmers. In 2012, FSA made 13,384 direct loans to beginning farmers for a total of \$1.1 billion and guaranteed another 2,659 loans to beginning farmers for a total of \$639 million. The two programs combined made 50 percent of their loans and 42 percent of their loan obligations in 2011 to beginning farmers. In 2013, the national average farm size was 418 acres, while the median acreage was only 80 acres. In some states, the FSA portfolio to tribal producers who meet the definition of “new or beginning” reaches as high as 80 percent of their overall lending portfolio.

Veteran farmers and ranchers were impacted by provisions in the conservation, credit, rural development, research, and miscellaneous titles. Microloans for veterans were exempted from term limits applied to other USDA direct loans. The Transition Incentive Program also allowed land coming out of CRP programs to be eligible for additional payments if the landowners lease or sell the land to a veteran farmer. USDA is required to set aside a portion of the EQIP program and the CSP program for beginning and disadvantaged farmers, and the 2014 Farm Bill requires that preference be given to veteran farmers and ranchers. They are also given preference in the value-added producer grant program. As USDA establishes the Military Veterans Agricultural Liaison Program, they must ensure that veteran farmers and ranchers are provided information concerning training programs. The Liaison may enter agreements with service providers to promote research, educational materials development, workshops, vocational training, mentorships, and internships. In addition, the BFRDP program is required to make veteran farmers and ranchers a priority for agricultural rehabilitation and vocational development programs and training, and the program is required to set aside a minimum of 5

percent of funding to veteran programs. Veterans are defined as those who served in the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard, including the reserve units and who were discharged or released other than in a dishonorable status and who have: (1) not previously operated a farm or ranch or (2) operated a farm or ranch for not more than 10 years. The Outreach and Assistance for Socially Disadvantaged Farmers and Ranchers Program was expanded to include veterans.

WHY SHOULD INDIAN COUNTRY CARE?

The issues covered within the Miscellaneous Title cover a wide variety of areas ranging from veterans’ services to specific grant-making programs, to authorities related to the Office of the Secretary. There are many areas of the Miscellaneous Title that touch on issues that impact tribal communities and also support specific programs used by tribes. This overarching title of the Farm Bill can be used to coordinate work across all titles and create new programs and authorities that can be either piloted or implemented. This title is the avenue to address issues that do not fit neatly in other titles.

EXAMPLES OF OPPORTUNITIES IN THE MISCELLANEOUS TITLE

There has been a vast amount of discussion of the legalization of hemp production in Indian Country. The legalization of **hemp production** for industrial purposes is strongly supported throughout tribal leadership and the agriculture sector. Hemp production would significantly improve the economic situation of tribal communities, many of whom have very few other viable options for economic development. Investment in the production, harvesting, storage, distribution, and ultimate commercialization of hemp for industrial purposes would likely do more to raise boats in Indian Country than any other production system. Clearly the production of healthy foods — fruits and vegetables — should be increased and

produced by or made easily accessible for tribes, but we also need strong production of commodities that will allow us to build communities. Industrial hemp offers that opportunity.

Specific NCAI recommendations found in its FY 2018 document include:

Office of Tribal Relations: Fund the USDA's Office of Tribal Relations at a minimum of \$1.5 million.

The Office of Tribal Relations (OTR), located within the Office of the Secretary, is a critical voice for agriculture in Indian Country within the USDA, especially since a clear majority of USDA's services and programs affect and touch tribal lands and communities. Many times, when decisions are being made, there is a need to open lines of communication between the agency and within Indian Country. OTR serves a linchpin role in expanding all USDA program support throughout Indian Country, as well as ensuring that relevant programs and policies are efficient, easy to understand, accessible, and developed in consultation with the American Indians and Alaskan Native constituents they impact. The OTR is also responsible for coordinating policies affecting American Indians and Alaska Natives across other federal agencies and throughout the USDA.

Since its inception, OTR has increased its responsibilities in four major areas:

- *Under the *Keepseagle v. Vilsack* settlement, OTR coordinates all USDA responsibilities for Technical Assistance in 10-15 regional locations over the course of the five-year settlement period and is the Designated Federal Official for the Council for Native American Farming and Ranching.*
- *Pursuant to Memorandums of Understanding (MOUs) between the USDA and the Bureau of Indian Affairs, OTR is critical to the development of inter-agency strategic plans involving data sharing, land consolidation, and credit deployment.*
- *OTR is the lead for implementation of the intra- and inter-agency implementation of the USDA's 2012 Sacred Sites Report and corresponding*

MOUs between USDA and the US Departments of the Interior, Energy, and Defense, as well as the Advisory Council on Historic Preservation.

- *OTR supports USDA Rural Development (RD) and Rural Utility Service on implementation and administration of the 2012 Substantially Underserved Trust Areas initiative under section 306F of the Rural Electrification Act of 1936, as amended (7 U.S.C. 906f). This initiative will allow RD to provide greater flexibility and more favorable loan terms around much-needed electricity, water and waste disposal, telecommunications, distance learning and broadband infrastructure in trust areas.*

The OTR's initial funding level of \$1 million in FY 2010 was slashed in FY 2011 and FY 2012 and continues to remain around \$500,000 in FY 2017. This leaves OTR with insufficient personnel and resources to support its vast mission within the Department, in partnership with other federal departments, and throughout the many Native communities in the United States. With the added responsibilities for OTR initiated in 2012, it is clear that OTR requires additional resources to function in accordance with US law and policy.

Lack of sufficient funding presents a barrier to OTR expanding their work to provide the programs, technical assistance, content or even the basic communications to ensure that non-Internet education and training are available to tribes for all USDA programs. Active tribal participation in USDA funding opportunities is required to assist the build-out of broadband infrastructure, and support the workforce development required to fully utilize Internet capabilities, business programs, and financing necessary to bring Native goods and services to market.⁴³

NCAI's themes and strategies also include focusing more broadly on economic development, infrastructure development, holistic development, and using Native resources to improve the lives of Native people while protecting federal resources available to tribes. By investing in our communities, we can lessen crime, improve health and education,

and build strong tribal economies. Being able to rely on federal investments while also ensuring that access to private investment is not stymied are achievable goals. NCAI also supports investments in communities that will result in decreased crime rates and land-based investments.

Other types of programs and assistance not covered in other bill titles, including provisions to assist limited-resource and socially disadvantaged farmers, and agricultural security, among others. This title has many provisions designed to ensure that the voices of minority producers and socially disadvantaged producers continue to be heard by the Department.

Tribal Perspective:

Indian Country believes that the provisions in the Miscellaneous Title need continued analysis and improvement. Ensuring that the National Appeals Division process for appealing administrative decisions, particularly in the years that will follow settlement of the outstanding civil rights complaints of past decades, is fair and easy to engage with is important to ensuring improvements and fairness are engrained within the Department's processes.

The Minority Advisory Committee is important, but this Farm Bill should make permanent the Native American Farmers and Ranchers Advisory Committee to the Secretary, which was agreed to in the Keepseagle settlement. Ensuring that the Secretary continues to hear directly from Indian Country on matters related to strengthening farming and ranching is critical, because the land tenure and regulatory processes that are unique to farming and ranching on trust lands and within reservation communities are not shared with any other group of individuals. Indian Country is equally concerned with improving our biosecurity preparedness through cooperative agreements and partnerships with USDA. Our lands are among the most remote in the United States and as such we are among the most susceptible to terroristic impacts.

Finally, further efforts should be made to ensure that the improvements incorporated within the Keepseagle settlement programmatic relief are made

a permanent part of USDA's operating practices moving forward, including the analysis of placement of shared BIA/USDA offices on reservations, which would be particularly important now when so much attention is being paid to streamlining programs, adjusting to retirements and sequestrations, and the attendant concerns regarding impacts on actual program delivery moving forward. Other types of programs and assistance not covered in other bill titles, including provisions to assist limited-resource and socially disadvantaged farmers, and agricultural security, among others.

1. 638 Contract Authority

At present, no funding authority/program within the USDA allows 638 contract authorities. If Congress would permit/authorize as a demonstration project a 638-contract authority within each agency of the Department, USDA could "attack" the subject of working through how it might implement 638 authorities in a comprehensive way across the entire Department.

2. [NEW] Indian Agriculture Development Trust Fund⁴⁴

Recommended Provisions

Proposed Legislative Text: An Act to support agriculture economy on Indian Reservations and other purposes

Section. 101. Short Title.

Section. 102. Findings.

Section. 103. Definitions.

Section. 104. Establishment of Midwest Watershed Agriculture Development Trust Fund.

Section. 105. Indian Agriculture Development Grants.

Section. 101. Short Title.

This Act shall be cited as the "Midwest Watershed Agriculture Trust Fund Development Act."

Section. 102. Findings

Congress finds that –

a. The highest unemployment rates in the country are on American Indian Reservations with some rural tribes having a chronic unemployment rate as high as 80%.

b. This economic failure leads to a comprehensive

social breakdown that affects health care, education, crime and public safety, and the entire quality of life for Indian peoples living on those reservations.

c. Production agriculture has the potential to provide a private sector economy for rural Indian tribes.

d. Tribes have not benefitted from a secure, stable source of technical assistance and expertise in the development of their agriculture-related economies, and as such would benefit from same.

e. Several statutes have been enacted that establish Infrastructure Development Trust funds for individual tribes.

f. Existing Trust funds have been successfully financed by revenue from the Western Area Power Administration.

Section. 103. Definitions

a. The term “Secretary” means the Secretary of Agriculture.

b. The term “Indian Tribes” or “Tribes” means those Indian Tribes so recognized by the Department of the Interior.

c. The term “Department” means the United States Department of Agriculture.

d. “Extension Services” means those education and extension of research knowledge services commonly delivered through the Cooperative Extension federal programming formula funds in each state. For purposes of this Act, “Extension Services” shall

mean the provision of education and extension of knowledge in the subject areas of farm financial and related business planning services; marketing planning services; legal education services; production management services (crop, livestock, alternative crops, etc.); and youth development services (FFA, 4-H, and other tribal-government sanctioned youth development and engagement, including leadership program services focusing on agriculture and natural resource engagement, food and nutrition, and food-related entrepreneurship development).

e. “USDA” means the United States Department of Agriculture

f. “Secretary” means the Secretary of the United States Department of Agriculture

Section. 104. Establishment of an Indian Agriculture Development Trust Fund

(a) There is hereby established in the Treasury of the United States a fund to be known as the “Indian Agriculture Development Trust Fund” (herein after the “Fund”).

(b) Beginning with fiscal year 2013, and for each fiscal year thereafter, until such time at the aggregate of the amounts deposited in the Fund is equal to \$1,000,000,000, the Secretary of the Treasury shall deposit 25% of the receipts from the deposits to the Treasury of the United States for the preceding year from the Western Area Power Administration into the



Fund. The Secretary of the Treasury shall invest the amounts deposited in the Fund only in interest-bearing obligations of the United States or in obligations guaranteed by the United States.

(c) The Secretary of the Treasury shall annually transfer to the Secretary of Agriculture the interest that accrues on the Fund to be used as grants to Indian Tribes to improve the infrastructure of farming Tribes, increase farm production, expand value-added agriculture businesses, and expand extension services.

Section. 105. Indian Agriculture Development Grants

a. The Secretary shall use the funds transferred from the Secretary of the Treasury for grants or loans (including micro-loans and loan/grant combinations) to Indian Tribes to improve irrigation, roads and transportation services, broadband services, public buildings, other essential services that support agriculture and natural resource development to benefit tribes.

b. The Secretary may provide grants to land grants universities in States with a high Indian population and significant Indian lands base for providing specialized agriculture-related extension services on Indian reservations. The Secretary shall establish the requirements for receiving said funds and shall regularly consult with tribal governments in delivering this program. The program shall be supported through the Office of Tribal Relations in the Office of the Secretary, which is hereby granted all necessary authorities to carry out the purposes of this act. The Office of Tribal Relations may receive input and support from the National Institute for Food and Agriculture and other agencies of USDA in carrying out its responsibilities on behalf of the Secretary.

c. The Secretary may also designate one university in the Missouri River Valley as the lead university for developing and coordinating Indian agriculture-related extension services throughout the United States and provide a grant for such purposes to said institution to perform coordination and collaboration roles between partner institutions and the Tribes they serve.

3. Authorize the establishment of an Office of Tribal Agriculture.

Proposed Provision

(a) In general. The Secretary shall establish an

Office of Tribal Agriculture within the office of the Secretary to coordinate all USDA programs as those programs apply to Indian Tribes; maximize the value of programs for Indian Tribes and to serve as a liaison between the Department and Indian Tribes. Among other responsibilities, the Office of Tribal Agriculture shall report to the House Committee on Agriculture and the Senate Committee on Agriculture, Nutrition, and Forestry not less than once each fiscal year on the activities of the Department in furtherance of the activities set forth in this section.

(b) Authorization of Appropriations. For the Office of Tribal Agriculture, there are hereby authorized to be appropriated not more than \$2,000,000 for 2014 and each subsequent fiscal year, to conduct activities related to supporting the Department in meeting its goals concerning tribal programs, including the establishment of cooperative agreements for the provision of technical assistance and outreach and education programming, the conduct of grant programs, and the establishment of office staff to accomplish the goals set forth in this section.⁴⁵

Tax Provisions

This title creates the Agricultural Disaster Relief Trust Fund to fund Supplemental Agricultural Disaster Assistance. It also introduces numerous tax provisions affecting customs fees, conservation and commodity program payments, timber investment, biofuel production, and agricultural income.

Tribal Perspective

All successful food and agriculture businesses are knowledgeable of and incorporate knowledge of tax provisions into their business plans and their plans to transition business operations to the next generation. Many tax advantages exist to those in the agriculture and energy sector. Ensuring Indian Country fully accesses all relevant tax advantages to their food, agriculture and energy businesses is critical to long-term success. Tax issues will be a looming topic this coming year as Congress positions itself for significant tax reform. In this process, Indian tribes want to ensure they are not left out of discussions on how best to simplify the Internal Revenue Code. While NCAI realizes that any tax components fall within the jurisdiction of the Senate Committee on Finance,

we have included some tax-related suggestions below which our membership would like included within the Farm Bill.

1. Tax Extenders

Currently, agriculture is increasingly dependent on financing and development tools. As such, NCAI supports the extensions of both the Indian Employment Tax Credit (26 U.S.C. § 45A) and the Accelerated Depreciation tax incentive for business property located on Indian reservations (26 U.S.C. § 168). Both tax incentives expired at the end of 2012, however many businesses operating on the reservation rely on these tax credits to help subsidize the cost of materials and workers. While we would like to see these extended, we also feel the accelerated depreciation and Indian employment tax credits are inconsistent because they continue to be renewed year after year instead of being made permanent, or renewed for a longer duration (4-7 years). This uncertainty makes them unreliable as investment incentives to attract the multi-year large-scale projects they were intended to attract. And while we acknowledge the unfavorable budget climate, we note that making these incentives permanent does not increase costs on an annual basis, and would attract new businesses into Indian country instead of only benefitting those non-Indian businesses already operating on the reservation. NCAI supports these provisions but wants to remind lawmakers that something more is needed to spur business development in Indian Country, particularly in energy development.

2. Tax Credits for Buying Indian Food and Agriculture products

NCAI also recommends adding language that would create a new “Buy Indian” avenue that would encourage consumers and those within the food supply chain to buy American Indian and Alaska Native food products. Such incentives will assist in improving the attention drawn to the growing range of Native food products in the supply chain and provide incentive for those distributors, retailers, and related food purchasers to examine Native food product purchases to meet their food supply needs.⁴⁶

Livestock

This (sub)title enhances electronic mandatory livestock reporting. It adds and redefines commodities covered by country-of-origin labeling. The (sub)title allows some interstate sales of state-inspected meat and poultry, establishes voluntary catfish grading and inspection, and amends rules for hog and poultry production contracts. It addresses livestock disease prevention and food safety concerns, increases funding for National Sheep Industry Improvement Center, and requires manure uses study.

Tribal Perspective:

Most producers in Indian Country, according to most recent Agricultural Census data, are in the livestock sector. This title ensures that livestock marketing is fair and transparent; that livestock disease is followed and prevented; and that country of origin labeling of livestock products is adequately addressed.

AMERICAN INDIAN FARMS AND RANCHES Income Statement Sheet		
	2007	2012
Market value of products sold	\$3.2 billion	\$3.2 billion
Government payments received	\$90 million	\$90 million
Total production expenses	\$2.9 billion	\$2.9 billion
Net cash farm income	\$513 million	\$371 million
Average net cash income per farm	\$8,351	\$6,632

Source: U.S. Department of Agriculture National Agriculture Statistics Service

Indian Country livestock operations benefit when the livestock markets are strong and livestock disease is carefully monitored. Ensuring production contracts are fair and that producers have a means to report and have investigated violations of federal law is important to the market health for Indian livestock production.⁴⁷

Veteran's services are critical to Indian Country because Native people serve in the military at higher rates than any other segment of the population. Native veterans are also key to many of the most successful and longest-running farms and ranches in Indian Country. We also know that our younger veterans need support and encouragement to find their careers and life's work after they return home. We need them to lead many of our farms and ranches into the future.

If USDA is given the authority to conduct a pilot program to examine the ability of the Mariana Islands to manage SNAP, then other tribes throughout the country should also be able to manage SNAP and other feeding programs. A USDA report examining the feasibility of tribes managing feeding programs discussed in Nutrition Title section, identifies key concerns that can be addressed by future Congressional action. The next Farm Bill should take steps to implement the key components identified in that study that would open the door for tribal governments to manage those important programs. By including 638 authority and passing key provisions that would support tribal program management of feeding programs, additional steps could be taken throughout the USDA to pilot (in future Farm Bills) tribal management of other programs, such as key rural development, FSA direct lending, or conservation programs.

Profound efficiencies could be gained and more

tribal lands and tribal programs could be supported by housing the governmental functions of key infrastructure, lending, or conservation programs within tribal headquarters. NRCS has already placed federal NRCS liaisons in key tribal headquarters;

FSA has already opened field offices on tribal lands; and the Farm Bill already contains a provision allowing the placement of USDA field offices (RD, FSA, NRCS) in tribal headquarters. Additionally, tribal governments already manage key health and wellness programs, health clinics and

hospitals, housing, and construction and transportation programs authorized by other federal departments. As federal funding and staffing levels continue to decline, engaging with Indian Country on deployment of USDA programs in concert with tribal government leadership needs to be seriously considered. Congress needs to pass legislation to allow these governmental functions which impact so many tribal citizens to be managed by tribal governments.

The Office of Tribal Relations is a critical conduit for tribal governments, communities, organizations, and producers to advocate for and on behalf of USDA's interactions with tribes. The creation of an Office of Tribal Agriculture would augment the role of the Office of Tribal Relations by focusing specific attention on food production on tribal lands.

Solid data is also required. The National Agricultural Statistical Service (NASS) conducts the Agriculture Census every five years. The NASS has done an important job collecting data within Indian Country more effectively, and we owe our increased knowledge and deeper data concerning tribal food production to them. The information collected at the Bureau of Indian Affairs is not the same information collected by NASS, and the NASS data is the data



Profound efficiencies could be gained and more tribal lands and tribal programs could be supported by housing the governmental functions of key infrastructure, lending, or conservation programs within tribal headquarters.

upon which USDA programs are calibrated and grounded. Nevertheless, NASS has acknowledged that the data it has on Indian Country may be under-counted by half. Support for maintaining the work of NASS in Indian Country is needed.

Additional opportunities in the Miscellaneous Title include:

Increase Cooperative Agreements between APHIS and Tribes

Enhanced authority for the livestock and plant disease agency of the USDA – Animal and Plant Health Inspection Service (APHIS) – could dramatically increase the number of cooperative agreements it has with tribal governments and tribal organizations. Since tribal lands are among the most remote in the United States, it is important to ensure that animal and plant health is monitored closely and that animal and plant disease is dealt with properly and in ways that do not cripple Native agriculture and food production. Increasing the amount of funding of cooperative agreements is an important way to not only further the growth of agriculture management and governmental control at the tribal government level, but also meet the goals and concerns of APHIS.

Recognize Tribal Departments of Food and Agriculture

All agencies within the USDA and the Office of Intergovernmental Affairs at USDA permanently recognize and incorporate “Tribal Departments of Food and Agriculture” into their ongoing interface with other offices of government.

Tribal Consultation and Consideration of COOL Impacts on Tribal Producers

Any future work on Country of Origin Labeling must take into consideration the unique needs of Indian Country and should not impose any unfunded

mandates or restrictions on the sovereignty of tribal governments. Careful weighing of any future regulations in this area must incorporate a separate tribal consultation component and regularly discussions with tribal producers and tribal agriculture organizations.

Education, Training and Scholarship Programs to Support Native Producers and Scientists

Develop a new program that focuses on educating and training of the tribal agriculture labor force, provides key scholarships to Native producers, and encourages Native scholars and scientists to focus on food and agriculture. USDA currently has multiple internship, scholarship, mentoring, and other programs focused on increasing the diversity

of American agriculture by educating the next generation of tribal leaders in food and agriculture. However, Native representation is low, and outreach to Native communities is weak. A Native scholarship program should be adequately funded and coordinated throughout the land grant system. A minimum of \$10 million is needed to adequately endow a centralized scholarship fund

for Native youth and scholars. This program should be managed by the Office of Tribal Relations and any new Office of Tribal Agriculture that is created.

Maintain and Fund the Technical Assistance Network

The Technical Assistance Network, which has been in place for more than five years through a cooperative agreement between USDA and the Intertribal Agriculture Council, must be permanently maintained and funded through contributions from each of the agencies and offices of USDA. This effort should be funded at least \$2 million to \$3 million annually and it must continue to maintain regional offices in each of the 12 BIA regions to ensure access for all of our Native producers.

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Develop a new program that focuses on educating and training the tribal agriculture labor force, provides key scholarships to Native producers, and encourages Native scholars and scientists to focus on food and agriculture.



Interdepartmental Task Force on Indian Agriculture

The Office of Tribal Relations, the Office of the Secretary, and representatives of each of the agencies and offices of USDA, along with the Bureau of Indian Affairs (BIA), should be required to take part in an Interdepartmental Task Force on Indian Agriculture. The purpose of the Task Force shall be to develop administrative efficiency and regulatory changes needed to ensure Native agriculture is supported and allowed to increase. The Task Force shall be required to report annually to the Secretary of Agriculture and the Secretary of Interior.

OAO Outreach and Internships for Native Students

The USDA Office of Advocacy and Outreach (OAO) should be required to fund internships (temporary placements) for Native students at a

level equal to the number of internships the office supports for any other socially disadvantaged group (e.g., Hispanic, African American, Asian American, women, etc.). The OAO has been inconsistent in funding these internships for Native students and they should be required to do so, if they fund members of other groups.

The Tribal Liaison position within the OAO offices that focuses on the relationship between the American Indian Higher Education Consortium and USDA (and staffs the joint leadership council of AIHEC and USDA officials) should be moved immediately to the Office of Tribal Relations.

Coordination with BIA on Agricultural Resource Management Plan

The BIA should be required to coordinate with USDA in all aspects of supporting any tribe that wishes to

draft and implement (including receiving Secretary of Interior support) an Agricultural Resource Management Plan, authorized under the American Indian Agricultural Resource Management Act of 1993 (AIARMA). This act has never been fully implemented and only a few tribes have placed a plan in motion. The BIA, working in concert with USDA, should prioritize finding resources to assist tribes (including technical assistance resources) in establishing plans authorized under the act. The BIA should be required to accept any conservation plan or forest management plan conducted by the NRCS or USFS agencies within USDA as equivalent to any environmental assessment deemed necessary in implementing the AIARMA. Tribes should not be required to conduct a full NEPA analysis to conduct food and agriculture operations on their lands, as such a requirement is far more than any applicable law and this interpretation violates principles of rights to food, food access, environmental or food justice, and food sovereignty.

Increase FSMA Technical Assistance Funding for Tribal Producers

Food Safety Modernization Act training and technical assistance funding should be increased for tribal producers. There are unique legal, jurisdictional, production, water, land use, and related issues and concerns regarding its implementation that will inhibit tribal food production if not addressed through enhanced food safety training and technical assistance. The Native American Outreach, Training, Technical Assistance, and Education cooperative agreement funded through the FDA is attempting to reach the technical assistance and training needs of tribal producers, but USDA is not funding such efforts on a regular basis. The Farm Bill should require that the FDA double the amount of funding received by the Native outreach organization, since that organization is required to conduct activities that cover twice the land base that any other regional

training center covers. The Farm Bill should also require that the USDA fund an additional equivalent amount of activities to ensure that tribal producers are reached with this information, which will be vital to their compliance and their ability to reach markets for their products.

Tribal Representation on All Federal Advisory Committees

USDA should be required to recruit and appoint tribal members to each of the more than 100 federal advisory committees it seats and supports. In addition, the Council for Native American Farming and Ranching should receive funding to support its work, and it should become a permanent FACA advising the Secretary and the USDA.

USDA should be required to work alongside other relevant federal departments to ensure that weather reporting systems and stations are located on tribal lands throughout the U.S., because the gathering of that information is vital to predicting production yields and assessing disaster impacts, among other weather-related needs. Currently, very few weather reporting stations are located on tribal lands, and USDA should take the lead in working with other departments to ensure this is addressed.

Buy Indian and Indian Preference for USDA Food Purchasing

In addition to the tax credits for “buy Indian” agriculture, the language that controls all contracting and procurement by USDA, including the language that controls the procurement of food, should be amended to not only recognize and support a “buy Indian” provision, but should also allow an “Indian preference” particularly when USDA is purchasing any product, including food, being utilized by Native people within their communities (such as food in the commodity food programs).

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USDA should be required to recruit and appoint tribal members to each of the more than 100 federal advisory committees it seats and supports.

Make the Indian Agriculture Trust Fund Available to All Tribes

While the creation of an Indian Agriculture Trust Fund is an important goal, Congress should require that all funds used in the trust fund should also be available to tribes in other parts of the country and that a study should be performed by USDA to find other similar sources of income to fund such trust fund and report back to Congress as to the findings. The need for such a trust fund is pervasive throughout Indian Country, not just in the Midwest or Missouri River basins and watersheds.

USDA and BIA Work Group on Farming and Ranching

Finally, USDA and the BIA should be required to form a permanent working group that examines all aspects of the interface of farms and ranches on tribal lands, and reports annually to both the Secretary of Agriculture and the Secretary of Interior concerning administrative changes that should be made to further the access of tribal governments, producers, and food businesses to all programs and authorities of USDA.



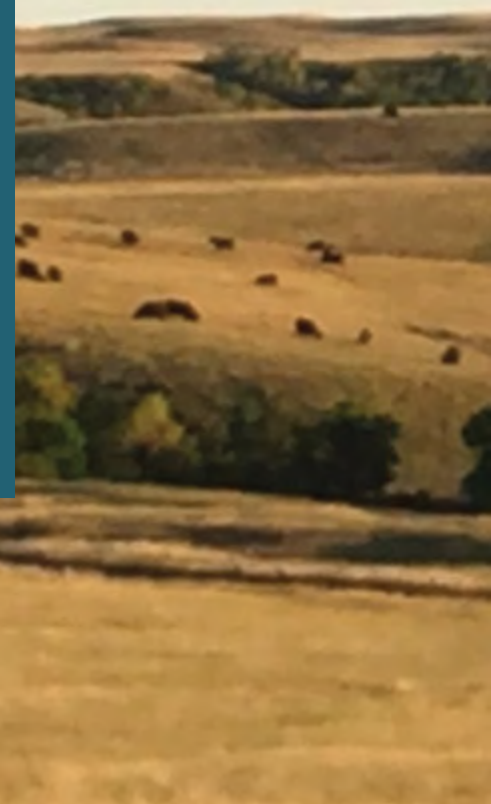


CONCLUSION

For too long, Indian Country's voice in the Farm Bill debate has been limited to a few incredible individuals and organizations who have carried the water for the past several decades. This document encapsulates this Herculean effort and shows the full breadth of opportunities the Farm Bill offers Indian Country. The next Farm Bill could be a \$1 trillion spending influx for agriculture and rural development.

The time to act is now. By adjusting, developing and improving the Farm Bill's programs, we can build upon the already great work happening in our communities surrounding food and agriculture. We can improve and expand our infrastructure. We can develop our food systems. We can provide the means for our agriculture businesses to thrive. We can continue to address and improve the health of our people.

Indian Country must not only have a seat at the table during the Farm Bill debate, but must be a chorus of voices speaking loudly and strongly for our food and agriculture producers and our tribal communities. Improving the Farm Bill for Indian Country will help bolster our work to achieve the truest form of sovereignty: feeding ourselves in our own foods systems with our own foods.





ENDNOTES

¹ Fort Laramie Treaty, 1868, Between the U.S. and the different bands of the Sioux Nation of Indians, Article III, VI, XIII, XIV, *et al.*

² *Id.*; *see also* Treaty with the Choctaw 1830, September 27, 1830, 7 Stat., 333 (known as the Treaty of Dancing Rabbit Creek); Article XIX. *See also*, Treaty Between the United States of America and the Navajo Tribe of Indians, June 1, 1868, ratification July 25, 1868.

³ Permanent General Law Relating to Indian Affairs, Section 2071, Title XXII.

⁴ Treaty Between the United States of America and the Navajo Tribe of Indians, June 1, 1868, ratification July 25, 1868., Article VII.

⁵ Treaty with the Menominee, 1831 (February 8, 1831), Fourth.

⁶ Agricultural Act of 2014, Public Law 113-79 (113th Congress) Feb. 7, 2014. The Act remains in effect through 2018. We will refer to the Act as the “2014 Farm Bill” throughout.

⁷ U.S. Department of Agriculture Food and Nutrition Service, *Addressing Child Hunger and Obesity in Indian Country: Report to Congress Summary*, Jan. 2012, available at: <https://fns-prod.azureedge.net/sites/default/files/IndianCountrySum.pdf>.

⁸ All references to “tribal lands” in this report are inclusive of the many different types of lands that make up Indian Country, including lands held in trust by the U.S. Department of the Interior for tribes, allotted lands, and land held in fee or restricted fee by Native producers.

⁹ U.S. Department of Agriculture National Agriculture Statistics Service, *2012 Census of Agriculture Highlights: American Indian Farmers, Sept. 2014*, available at: https://www.agcensus.usda.gov/Publications/2012/Online_Resources/Highlights/American_Indian_Farmers/Highlights_American_Indian_Farmers.pdf.

¹⁰ *See* Indian Self-Determination and Education Assistance Act of 1975, Pub. L. No. 93- 638, as amended.

¹¹ U.S. Department of Agriculture. (2012). *2012 Census of Agriculture*. Washington, DC: National Agricultural Statistics Service.

¹² U.S. Department of Agriculture National Agriculture Statistics Service, *2007 Census of Agriculture: American Indian Farmers*, available at: https://www.agcensus.usda.gov/Publications/2007/Online_Highlights/Fact_Sheets/Demographics/american_indian.pdf.

¹³ U.S. Census Bureau, 2010 Census, Summary File 1, Tables P3 and P6.

¹⁴ National Congress of American Indians (NCAI), *Fiscal Year 2018 Indian Country Budget Request: Investing in Indian Country for a Stronger America*, Feb. 2017, pg. 91, available at: <http://www.ncai.org/resources/ncai-publications/indian-country-budget-request/fy2018>.

¹⁵ National Congress of American Indians (NCAI), *Farm Bill Reauthorization Tribal Recommendations*, April 30, 2013, pgs. 1-2.

¹⁶ “commodity, n.” *English Oxford Living Dictionaries Online*, Oxford University Press, March 2017, available at: <https://en.oxforddictionaries.com/definition/commodity>.

¹⁷ U.S. Department of Agriculture Economic Research Service, *Agricultural Act of 2014: Highlights and Implications, Crop Commodity Programs*, updated May 2017, available at: <https://www.ers.usda.gov/agricultural-act-of-2014-highlights-and-implications/crop-commodity-programs/>.

¹⁸ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 2-3.

¹⁹ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 3-5.

²⁰ NCAI, *Fiscal Year 2018 Indian Country Budget Request*, pg. 95.

²¹ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pg. 6.

²² Garasky, Steven, Kassim Mbwana, Anne Chamberlain, Nicole Bowman, Carolyn Corea, Samuel Ampaabeng, Luke Patterson, Cassandra Mickish-Gross. *Feasibility of Tribal Administration of Federal Nutrition Assistance Programs – Final Report*. Prepared by IMPAQ International, LLC for the U.S. Department of Agriculture, Food and Nutrition Service, April 2016.

²³ NCAI, *Fiscal Year 2018 Indian Country Budget Request*, pg. 95.

²⁴ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 6-10.

²⁵ For example, the Community Reinvestment Act of 1977, Pub. L. No. 95-128, allows for Small-Business and Small-Farm Loans for agricultural production, yet is underutilized for this purpose in Indian Country.

²⁶ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 10-13.

²⁷ Oversight Hearing on Improving and Expanding Infrastructure in Tribal and Insular Communities Before the Subcomm. on Indian, Insular and Alaska Native Affairs of the H. Comm. on Natural Resources, 115th Cong. (Mar. 9, 2017) (testimony of Victoria Kitcheyan, Great Plains Area Representative, National Indian Health Board), available at: http://democrats-naturalresources.house.gov/imo/media/doc/testimony_kitcheyan1.pdf; citing Indian Health Service, 2016 Indian Health Service and Tribal Health Care Facilities' Needs Assessment Report to Congress, July 6, 2016, available at: https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/RepCong_2016/IHSRTC_on_FacilitiesNeedsAssessmentReport.pdf

²⁸ Department of Health and Human Services – Indian Health Service, *Fiscal Year 2017 Justification of Estimates for Appropriations Committees*, January 2016, p. CJ-169, available at: <https://www.ihs.gov/budgetformulation/includes/themes/newihstheme/documents/FY2017CongressionalJustification.pdf>.

²⁹ NCAI, *Fiscal Year 2017 Indian Country Budget Recommendations: Upholding the Promises, Respecting Tribal Governance: For the Good of the People*, Feb. 2016, pgs. 88-89, available at: <http://www.ncai.org/resources/ncai-publications/indian-country-budget-request/fy2017>.

³⁰ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 13-17.

³¹ Food and Agriculture Organization of the United Nations, *FAO's role in Research and Extension*, May 2017, available at: <http://www.fao.org/research-and-extension/en/>.

³² National Sustainable Agriculture Coalition, *Research, Extension, and Education*, May 2017, available at: <http://sustainableagriculture.net/our-work/issues/research-extension-education/>.

³³ NCAI, *Fiscal Year 2018 Indian Country Budget Request*, pg. 95.

ENDNOTES

³⁴ The 2014 Farm Bill included language that added new 1994 institutions and reauthorized TCU operating funds, endowment, institutional capacity building grants, research grants, and the Essential Community Facilities Programs.

³⁵ NCAI *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 17-20.

³⁶ Intertribal Timber Council, *2007 Strategic Planning & Interim Action Plan*, Sept. 2006, available at: http://www.itcnet.org/about_us/.

³⁷ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 20-30.

³⁸ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 30-31.

³⁹ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 31-32.

⁴⁰ U.S. Department of Agriculture Risk Management Agency, *Agent Locator Tool*, available at: <http://prodwebnlb.rma.usda.gov/apps/AgentLocator/#/>.

⁴¹ USDA Risk Management Agency, *Insurance Providers Directory for 2017 Reinsurance Year*, available at: <https://www3.rma.usda.gov/tools/agents/companies/>.

⁴² NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pg. 32.

⁴³ NCAI, *Fiscal Year 2018 Indian Country Budget Request*, pg. 92.

⁴⁴ The provisions within the proposed Indian Agriculture Development Trust Fund best reside within the Miscellaneous Title as it covers many programs and authorities in other titles.

⁴⁵ This office would be in addition to the USDA Office of Tribal Relations which is now a permanent office within the Office of the Secretary.

⁴⁶ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pgs. 31-37.

⁴⁷ NCAI, *Farm Bill Reauthorization Tribal Recommendations 2013*, pg. 32.

GLOSSARY

1994	Tribal College and University Land Grant Institutions	CRP	Conservation Reserve Program
2501	Outreach and Technical Assistance for Socially Disadvantaged and Veteran Farmers and Ranchers Program	CRP-TIP	Conservation Reserve Program – Transitions Incentives Program
ACEP	Agricultural Conservation Easement Program	CSFP	Commodity Supplemental Food Program
ACRE	Average Crop Revenue Election	CSP	Conservation Stewardship Program
AI/AN	American Indian/Alaska Native	DEIP	Dairy Export Incentive Program
AIARMA	American Indian Agricultural Resource Management Act of 1993	DDDP	Dairy Product Donation Program
AGR	Adjusted Gross Revenue	DPPSP	Dairy Product Price Support Program
AGR-L	Adjusted Gross Revenue - Lite	ECP	Emergency Conservation Program
AMS	Agricultural Marketing Service	EFRP	Emergency Forest Restoration Program
APHIS	Animal and Plant Health Inspection Service	ELAP	Emergency Assistance for Livestock, Honey Bees and Farm-Raised Fish
ARC	Agriculture Risk Coverage	EPA	Environmental Protection Agency
ARPA	Agricultural Risk Protection Act of 2000	EQIP	Environmental Quality Incentives Program
ARS	Agricultural Research Service, United States Department of Agriculture	ERS	Economic Research Service, United States Department of Agriculture
AWEP	Agricultural Water Enhancement Program	ERME	Extension Risk Management Education
B&I	Business and Industry Program	FACA	Federal Advisory Committees Act
BCAP	Biomass Crop Assistance Program	FAS	Foreign Agricultural Service, United States Department of Agriculture
BFRDP	Beginning Farmer and Rancher Development Program	F2S	Department of Agriculture Farm To School
BIA	Bureau of Indian Affairs	FCA	Farm Credit Administration
BLM	Bureau of Land Management	FCIC	Federal Crop Insurance Corporation
CBO	Congressional Budget Office	FCS	Farm Credit System
CCC	Commodity Credit Corporation	FDA	Food and Drug Administration, Department of Health and Human Services
CDFI	Community Development Financial Institutions	FDPIR	Food Distribution Program on Indian Reservations, United States Department of Agriculture
CF	Community Facilities	FFAR	Foundation for Food and Agriculture Research
CFP	Community Food Projects	FFVP	Fresh Fruit and Vegetable Program
CFR	Code of Federal Regulations	FINI	Food Insecurity Nutrition Incentive Grant Program
CIG	Conservation Innovation Grants	FmHA	Farmers Home Administration, United States Department of Agriculture
COOL	Country of Origin Labeling	FMPP	Farmers Market Protection Program
CNAFR	Council for Native American Farming and Ranching	FMLFPP	Farmers Market and Local Food Promotion Program
CSP	Conservation Security Program	FNCS	Food, Nutrition, and Consumer Services

GLOSSARY

FNS	Food and Nutrition Service, United States Department of Agriculture	OASDFR	Outreach and Assistance for Socially Disadvantaged Farmers and Ranchers
FSA	Farm Service Agency, United States Department of Agriculture	OREI	Organic Agriculture Research and Extension Initiative
FSIS	Food Safety Inspection Service, United States Department of Agriculture	OSEC	Office of the Secretary, United States Department of Agriculture
FSMA	Food Safety Modernization Act	OTR	Office of Tribal Relations, Office of the Secretary, United States Department of Agriculture
HELIC	Highly Erodible Land Conservation	PACA	Perishable Agricultural Commodities Act
HFFI	Healthy Food Financing Initiative	PPQ	Plant Protection and Quarantine
HFRP	Healthy Forests Reserve Program	PLC	Price Loss Coverage
IHS	Indian Health Service, United States Department of Health and Human Services	PSA	Packers and Stockyards Administration
IFAI	Indigenous Food and Agriculture Initiative	PVPA	Plant Variety Protection Act
IAC	Intertribal Agriculture Council	RBDG	Rural Business Development Grants
ITC	Intertribal Timber Council	RBEG	Rural Business Enterprise Grant
LFDP	Livestock Forage Disaster Program	RBOG	Rural Business Opportunity Grant
LIP	Livestock Indemnity Program	RCPP	Regional Conservation Partnership Program
LFPP	Local Foods Promotion Program	RD	Rural Development Agency, United States Department of Agriculture
LPRA	Livestock Price Reinsurance Agreement	REAP	Rural Energy for America Program
LRP	Livestock Risk Protection	RHS	Rural Housing Service
MAP	Market Access Program	RMA	Risk Management Agency, United States Department of Agriculture
MILC	Milk Income Loss Contract Program	RMAP	Rural Microentrepreneur Assistance Program
MPP	Margin Protection Program	RUS	Rural Utilities Service, Rural Development, United States Department of Agriculture
NAP	Noninsured Crop Disaster Assistance Program	SARE	Sustainable Agriculture Research and Education
NASS	National Agricultural Statistics Service, United States Department of Agriculture	SCBGP	Specialty Crop Block Grant Program
NCAI	National Congress of American Indians	SCO	Supplemental Coverage Option
NEPA	National Environmental Policy Act	SFMNP	Senior Farmers Market Nutrition Program
NIFA	National Institute of Food and Agriculture, United States Department of Agriculture	SNAP	Supplemental Nutrition Assistance Program
NOP	National Organic Program	SRA	Standard Reinsurance Agreement
NPDES	National Pollutant Discharge Elimination System	SS	Sacred Site
NRCS	Natural Resources Conservation Service, United States Department of Agriculture	SSDPG	Small Socially Disadvantaged Producer Program
OAO	Office of Advocacy and Outreach	STAX	Stacked Income Protection Plan

GLOSSARY

SURE	Supplemental Revenue Assistance program
SUTA	Substantially Underserved Trust Area
TAP	Tree Assistance Program
TANF	Temporary Assistance for Needy Families
TAP	Tree Assistance Program
TEFAP	The Emergency Food Assistance Program
TEK	Traditional Ecological Knowledge
USDA	United States Department of Agriculture
USFS	United States Forest Service
VPA-HIP	Voluntary Public Access and Habitat Incentive Program
VAPG	Value Added Producer Grant
WEP	Water and Environmental Program, Rural Development, United States Department of Agriculture
WHIP	Wildlife Habitat Incentive Program
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WRP	Wetlands Reserve Program

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Janie leads the Indigenous Food and Agriculture Initiative's partnership with the Shakopee Mdewakanton Sioux Community's Seeds of Native Health campaign. With a leading gift from Seeds of Native Health, Janie and her team is conducting a landmark project to develop a long-needed, comprehensive set of model food and agriculture codes to be customized and adopted by tribal nations. Additionally, the SMSC and IFAI are partnering with the Corporation for National and Community Service to create a cadre of 21 "Native Food Sovereignty Fellows." IFAI is recruiting, training, deploying and supervising the work of these VISTA volunteers in 10 tribal communities.



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SHAKOPEE MDEWAKANTON SIOUX COMMUNITY



The Shakopee Mdewakanton Sioux Community is a federally recognized, sovereign Indian tribe located southwest of Minneapolis/St. Paul. Making its top priority to be a good neighbor, the SMSC is one of the top philanthropists in Minnesota and donates more to charity than any other Indian tribe in America. It also focuses on being a strong community partner and a leader in protecting and restoring natural resources. More information is available at ShakopeeDakota.org.

SEEDS OF NATIVE HEALTH



Seeds of Native Health is the Shakopee Mdewakanton Sioux Community's philanthropic campaign to improve Native American nutrition and food access. Launched in 2015, the \$10 million campaign has provided grants to local communities and funded research, education, and capacity-building efforts. Partners include the American Diabetes Association, American Heart Association, AmeriCorps VISTA, Better Way Foundation, the Federal Reserve Bank of Minneapolis's Center for Indian Country Development, First Nations Development Institute, MAZON: A Jewish Response to Hunger, the Notah Begay III Foundation, the University of Arkansas School of Law's Indigenous Food and Agriculture Initiative, and the University of Minnesota. More information is available at SeedsofNativeHealth.org.



Seeds *of* Native Health

A Campaign for Indigenous Nutrition

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Task Force on Supplemental Foods Delivery in the WIC Program



RECOMMENDATIONS REPORT

September 30, 2021

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Section 1 Executive Summary

Since 1974, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has enhanced access to healthy foods and delivered critical nutrition services for new and expectant parents, babies, and young children. WIC has a long history of innovating to strengthen the impact of its public health services, including a nationwide transition to electronic-benefit transfer payments (EBT) in retail settings in the 2010s. For WIC to maximize its proven nutrition support, swift and focused action is critical to provide a modern, accessible, and equitable shopping experience for the nearly 6.4 million current participants and the next generation of WIC families.

The Consolidated Appropriations Act for fiscal year 2021 (Pub. L. No. 116-260) authorized the U.S. Department of Agriculture (USDA) to convene a Task Force on Supplemental Foods Delivery (“Task Force”) to “study measures to streamline the redemption of supplemental foods benefits that promote convenience, safety, and equitable access to supplemental foods, including infant formula”. The Task Force was specifically instructed to review online and telephonic ordering, curbside pickup and payment, online and telephone purchasing, home delivery, self-checkout, and other measures that limit or eliminate consumer presence in a physical store.

The Task Force was convened in March 2021 and met regularly through the time of publication of this report. The Task Force’s work was informed by prior and parallel processes to modernize shopping options for USDA nutrition programs, including: USDA staff scaling up the Supplemental Nutrition Assistance Program (SNAP) Online Ordering Pilot Project; the Gretchen Swanson Center for Nutrition, which administers the USDA WIC Online Ordering Grant; the WIC Online Ordering/Purchasing/Home Delivery Working Group, convened by the National WIC Association in spring 2020; and additional pilot projects and local innovations being developed across the country. The Task Force consisted of the following 18 member organizations, cutting across multiple sectors to ensure a diverse range of input from WIC providers, retailers, manufacturers, EBT processing companies, advocacy organizations, WIC participants, and additional stakeholders. Additional information about each member and their organization can be found in *Appendix A: Task Force Member & Organization Information*.

- Melinda Newport (Task Force Chair), Chickasaw Nation, Department of Health, Nutrition Services
- Ellen Thompson (Task Force Vice Chair), Maximus, Inc.
- Mary Anne Burghardt, North Carolina Department of Health and Human Services
- Maria Caranfa, Kellogg’s
- Brian Dittmeier, National WIC Association
- Sarah Flores-Sievers, New Mexico Department of Health
- Jennifer Hatcher and Hannah Walker, FMI - The Food Industry Association
- Kurt Helwig, Electronic Funds Transfer Association, eGovernment Payments Council
- Cary Jeffers, Fidelity National Information Services
- Chuck Layosa, Inter-Tribal Council of Nevada
- Angela Milroy, First Data Corporation/FISERV
- Robert Rankin, Infant Nutrition Council of America
- Jay Saunders, GCOM – Three Sigma
- Hannah Smith, Food City/KVAT Foods Inc.
- Candice Trujillo, Southwest Region WIC Program, Las Cruces, NM
- Hannah Walker and Tres Bailey, Walmart, Inc.
- WIC Participant [name redacted for privacy purposes]
- WIC Participant [name redacted for privacy purposes]

The Task Force was assembled in the midst of the COVID-19 pandemic, which presented public health challenges to the in-person shopping experience. During the pandemic response in 2020, USDA recognized the imperative to provide a broader range of shopping options for participants in federal food assistance programs, significantly scaling up the SNAP online purchasing pilot to permit online shopping with SNAP benefits. Similar initiatives were not immediately feasible for WIC participants, as the SNAP and WIC programs have wide-ranging differences in their structure, administration, funding, and approach to transaction processing. In addition, SNAP had been developing online purchasing solutions since it was first authorized in the 2014 Farm Bill.

The need for modern shopping options for WIC participants predates the pandemic. WIC is an effective program that delivers healthier outcomes for participating families through nutrition education, supplemental nutritious foods, and referral to health care and other service programs. However, eligible individuals are less likely to access WIC services if the shopping experience is overly burdensome or stigmatizing. Driving innovation in WIC transaction platforms both affirms equitable treatment for low-income families and invests in the long-term health of America’s next generation. The Task Force urges swift and focused USDA action to partner with WIC providers, retailers, suppliers, technology experts, processors, and all other interested stakeholders to develop and implement modern, forward-looking solutions that streamline the WIC transaction.

Online purchasing is currently prohibited in program rules, and the regulations do not allow for transactions via a virtual platform. To support the modernization of WIC benefit delivery, USDA must address outdated WIC regulations – many dating from an era when WIC benefits were issued on paper vouchers. These dated regulations are a significant barrier to present and future benefit innovation. Since the establishment of the Task Force, USDA has indicated in the Unified Regulatory Agenda that it will pursue rulemaking later in 2021 to address regulatory barriers to online ordering and modernize relevant regulations. **The Task Force urges that this report be considered in developing the proposed rule and serve as a foundation for additional stakeholder input during notice and comment in the rulemaking process.**

In contemplating the steps that would reduce regulatory barriers and unleash the potential of new delivery systems, the Task Force adopted four guiding principles as part of the development of its recommendations:

- **Pursue the most intelligent ordering and payment approach to the extent possible.** WIC benefits are issued monthly by food category. In a paper voucher system, participants had forfeited benefits when all issued foods on a food instrument were not redeemed in a single transaction. With the introduction of EBT and other forward-looking technologies, participants are permitted to redeem discrete items and conduct multiple transactions throughout the benefit month. When developing new transaction models, participants should have the clearest picture possible of their remaining benefits balance at all points of the transaction. This information should be used as part of the transaction to ensure that the appropriate foods and quantity limits are applied. While it is our preference that the most intelligent ordering and payment approach is pursued, the Task Force does not want to limit a vendor from using a less intelligent approach such as a telephonic ordering if it allows them to support improved service delivery to WIC customers.
- **Following existing commercial models, where possible.** WIC innovation builds on existing progress by the retailer community to scale up online shopping platforms for SNAP recipients and the general shopping public. In many cases, retailers will seek to create interoperable virtual platforms that can accommodate transactions across federal nutrition programs. WIC reforms

and innovation should be mindful of existing commercial models to prevent significant reformulation of existing platforms.

- **Treat WIC participants equally to other retail consumers.** WIC participants deserve an equitable and safe shopping experience that is equivalent to the general shopping public. Secure platforms should be established that ensure WIC participants can access the same variety of online shopping options without stigma, added difficulty, or personal cost.
- **Focus on best practices.** As retailers and WIC providers scale up new platforms, it is critical that existing safeguards continue to ensure convenient, safe, and equitable access. WIC innovation must continue moving forward to remain on par with, or even ahead of, other commercial transaction technologies. WIC EBT remains a relatively recent option, even though similar technology was available to the shopping public decades prior. Working within the parameters of WIC's federal purpose, new technologies should ensure convenient and equitable access to supplemental foods. WIC transaction models should inform broader innovation for retailer platforms, while also staying abreast of advances made on SNAP and other commercial platforms and ensuring responsible program integrity.

With these guiding principles, the Task Force proceeded with outlining the approach to online ordering and purchasing that we believe is the most intelligent option, follows commercial models, focuses on best practices, modernizes the regulatory framework, and provides for the best end user experience. The Task Force is cognizant that the approach recommended (and in fact, any approach) will require system updates and/or new development for all WIC stakeholder systems to include retailers, EBT processors, third party processors (TPPs), and WIC management information systems (MIS). The extent of the modifications will vary across systems, but in all cases, there will be a cost and time necessary to make the changes. To that end, the Task Force recommends moving forward with modernizing the WIC shopping experience in a way that upholds the safety and integrity of the delivery of WIC food benefits but doing so as quickly and efficiently as possible. We recognize there may be a need for interim stages that involve less intelligent methods in order to move online ordering and purchasing forward toward the long-term goal of the Task Force's recommended approach. Additionally, the Task Force agrees that designated funding to support system changes and other costs associated with the implementation of online ordering and purchasing for all WIC State Agencies will be critical to the success and timeliness of the efforts.

This final Task Force report includes comprehensive recommendations to USDA on next steps to advance WIC innovations associated with modern transaction models and participant redemption of supplemental foods. The report includes: in Section Two, definitions for terms utilized throughout the report; in Section Three, a narrative detailing recommendations on how transactions should be processed with the introduction of virtual platforms to WIC; in Section Four, a summary of proposed regulatory changes that will enhance innovation and reduce barriers to scaling up online shopping platforms; and in Section Five, a summary of additional considerations as USDA partners with stakeholders in the regulatory process to achieve progress in the WIC retail space.

Section 2 Glossary of Terms

Throughout the report, WIC and EBT specific terminology and acronyms are used. For your reference, we have provided a glossary of terms and their definitions as they have been used in this document.

Current Regulatory Definitions

A-50 Vendors	WIC vendors that derive more than 50 percent of their annual food sales revenue from WIC food instruments, and new vendor applicants expected to meet this criterion under guidelines approved by FNS.
CVV (or CVB)	Cash-Value Voucher means a fixed-dollar amount check, voucher, Electronic Benefits Transfer (EBT) card or other document which is used by a WIC participant to obtain authorized fruits and vegetables. Cash-value voucher is also known as cash-value benefit (CVB) in an EBT environment.
Days	Days mean calendar days.
EBT	Electronic Benefit Transfer (EBT) means a method that permits electronic access to WIC food benefits using a card or other access device approved by the Secretary.
Food Instrument	Food Instrument means a voucher, check, electronic benefits transfer card (EBT), coupon, or other document or platform? which is used by a participant to obtain supplemental foods.
FNS	Food and Nutrition Service. The agency within USDA that administers domestic food assistance programs.
Inventory Audit	Inventory audit means the examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time.
Participants	Participants mean pregnant women, breastfeeding women, postpartum women, infants, and children who are receiving supplemental foods or food instruments or cash-value vouchers under the Program, and the breastfed infants of participant breastfeeding women. (Task Force Note: <i>For the purposes of this document, this term includes participants, parents/caretakers, and proxies that might redeem WIC benefits.</i>)
Peer Group	A classification of authorized vendors into groups based on common characteristics or criteria that affect food prices, for the purpose of applying appropriate competitive price criteria to vendors at authorization and limiting payments for food to competitive levels.
Rebate	Rebate means the amount of money refunded under cost containment procedures to any WIC State Agency from the manufacturer of a particular food product as the result of the purchase of the supplemental food with a voucher or other purchase instrument by a participant in each State's agency program.

Such rebates shall be payments made subsequent to the exchange of a food instrument for food.

Secretary

Secretary means the Secretary of Agriculture.

SNAP

Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, is the program authorized by the Food and Nutrition Act of 2008 (7 U.S.C. 2011, et. seq.), in which eligible households receive benefits that can be used to purchase food items from authorized retail stores and farmers' markets.

Supplemental Foods

Supplemental Foods means those foods containing nutrients determined by nutritional research to be lacking in the diets of pregnant, breastfeeding and postpartum women, infants, and children, and foods that promote the health of the population served by the WIC Program as indicated by relevant nutrition science, public health concerns, and cultural eating patterns, as prescribed by the Secretary in 7 CFR 246.10.

Vendor

Vendor, as currently defined in the regulations, means a sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by the State agency to provide authorized supplemental foods to participants under a retail food delivery system. Each store operated by a business entity constitutes a separate vendor and must be authorized separately from other stores operated by the business entity. Each store must have a single, fixed location, except when the authorization of mobile stores is necessary to meet the special needs described in the State agency's State Plan in accordance with § 246.4(a)(14)(xiv).

Vendor Authorization

Vendor Authorization means the process by which the WIC State Agency assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as vendors. (Task Force Note: *This process is distinct from payment authorization for individual transactions.*)

WIC State Agency

The health department or comparable agency of each State; an Indian tribe, band or group recognized by the Department of the Interior; an intertribal council or group which is an authorized representative of Indian tribes, bands or groups recognized by the Department of the Interior and which has an ongoing relationship with such tribes, bands or groups for other purposes and has contracted with them to administer the Program; or the appropriate area office of the Indian Health Service.

Additional Terms Used Throughout This Report

Account Balance

The issued benefits available that can be redeemed, in real-time, for supplemental foods. In EBT and other virtual settings, this balance can be verified against electronic records in the WIC State Agency MIS.

CFR	The Code of Federal Regulations. The codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the federal Government. The CFR includes the Federal requirements for WIC in Title 7, Part 246.
Food Category	A numbering sequence of two digits used to identify broad WIC food groups.
Food Sub-Category	A numbering sequence of three digits following the Food Category that identifies the foods, brands, and size of food item within each food group.
Home Delivery	The process in which a participant can receive supplemental foods redeemed with WIC program benefits at their home address, delivered by either the retailer or a third-party entity. Unless otherwise noted, this is distinct from a home delivery food delivery system that is currently authorized in 7 CFR 246.12.
MIS	Management Information System. The system used by a WIC State Agency to manage participant information and issue WIC benefits.
Mobile Payment	The process in which a participant can use a portable device, other than an EBT card, to conduct a WIC transaction that redeems benefits for issued supplemental foods.
Offline EBT	An EBT system that uses a payment card that has a computer chip embedded on the card. All WIC transactions are completed by updating the WIC food balances on the chip at the time of the sale.
Online EBT	An EBT system where the transaction is completed in real-time through messages sent from the Card Acceptor Device through the network to the WIC State Agency or their EBT Card Issuer Processor.
Online Ordering	The process by which a participant can use the Internet or another virtual platform, accessible to the general public, for the purposes of selecting food items for purchase.
Online Transaction	The process by which a participant can use the Internet or another virtual platform, accessible to the general public, for the purposes of conducting a WIC transaction that redeems benefits for issued supplemental foods.
PIN	Personal Identification Number. Participant-selected four-digit identifier required to be entered for all electronic EBT transactions.
Settlement	The process by which an authorized vendor is reimbursed for transacted benefits by the WIC State Agency.
	Task Force The Task Force on Supplemental Foods Delivery in the Special Supplemental Nutrition Program for Women, Infants, and Children, established by Section 723 of the Consolidated Appropriations Act of 2021.
Transaction	The process by which a WIC participant redeems supplemental foods with WIC benefits.

- USDA** The United States Department of Agriculture. The Federal department responsible for agricultural production, rural services, and food assistance programs.
- WIC** The Special Supplemental Nutrition Program for Women, Infants, and Children, authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786.

Section 3 Online Ordering Process Recommendations

The Task Force has developed a set of recommendations related to how a WIC online order and purchase may ideally be accomplished. These recommendations follow the general guidelines outlined in the Executive Summary:

- Pursue the most intelligent ordering and payment approach to the extent possible.
- Follow existing commercial models where possible.
- Treat WIC participants equally to other retail consumers.
- Focus on best practices.

The online ordering and purchasing process is composed of four phases which are described in this section along with the Task Force's recommendations related to each phase. Note that some of these recommendations will require regulatory changes in order to be implemented. The related regulatory changes have been identified in *Section 4: Regulatory Recommendations*.

Ordering

Ordering is the initial phase of the process that starts when the participant accesses the ordering platform and involves the selection of products and the authorization of the purchase. This phase concludes upon submission of the order. The Task Force has identified the following recommendations related to the ordering phase.

- **The account balance should be available for use during the shopping/ordering experience.** A best practice would be for the participant to have access to their balance early in the process when shopping online. Having the WIC balance available 1) ensures that they have sufficient benefits for their purchase, and 2) allows the online shopping platform to support functionality that can aid in the shopping experience to include identifying WIC items available to the participant and showing an expected remaining balance as items are added to the cart. While it is possible for an online shopping platform to operate without obtaining the balance, it can result in participants selecting items that were not issued or selecting a larger quantity than authorized. These errors would not be identified until the items are picked up and the transaction processed.
- **Accessing Balance Inquiry Data:** The ordering system may use commercial transaction processing methods to obtain the balance, but other methods such as web-services (like those that exist in the WIC Universal MIS-EBT Interface) may also be considered. Whatever the method, appropriate security and validation protocols must be in place to verify the online retailer is authorized, that the account is valid, and that the participant is validated using a secure method of authentication.
- **Purchase Authorization:** The Task Force recommends that implementers use an approach whereby the WIC items that will be purchased as part of the online order are authorized for purchase at the completion of the ordering process, but rather than deducting the benefits, a hold is placed on the benefits until the order is fulfilled at which point the purchase is completed. This approach is similar to transactions at a gas pump where the purchase is preliminarily authorized for a certain value (often \$100). When the driver finishes filling their tank and replaces the pump, the system submits the final transaction amount which clears the hold and completes the purchase.

As part of our research, the Task Force met with FNS staff involved in the SNAP online purchasing project and discussed the authorization and clearing approach. FNS indicated they had discussed it but decided to move forward with an approach where the purchase is completed at the time of the order. However, if there are adjustments in the fulfillment process the retailer must process a refund transaction to address any price differences. It was noted that a two-part authorization and purchase finalization might address some of the issues they are having with adjustments and refunds post fulfillment. In addition, retailers involved in SNAP online ordering provided feedback indicating a preference for the two-part approach.

The authorization and purchase finalization approach is not currently used in WIC EBT processing and would require additional transaction types to be developed. However, the Task Force agrees that for online ordering a two-part process would be the preferred method to account for adjustments or substitutions during the fulfillment process when originally selected products are not available.

The authorization and purchase finalization approach includes the following components:

- The participant would select their products and initiate their order.
- At the time of the order submission, an authorization transaction would place a hold on the benefits in the participant's account in the quantities required to complete the purchase.
- Benefits would not be deducted from the account until the order is fulfilled and any substitutions are addressed.
- Following the fulfillment of the order, a purchase finalization transaction would be completed to deduct the benefits based on the final list of items and quantities in the order. The quantity of benefits deducted in this transaction shall not exceed the quantity included in the authorization.
- The hold placed on any items not included in the final purchase will be removed as part of the purchase finalization.
- The participant can cancel the order at any time up to the point of fulfillment prior to completion of the final clearing transaction thereby canceling the hold on the benefits.
- Upon cancellation of the order, the hold that had been placed on the participant's benefits will be immediately released and available for use.
- The purchase authorization process applies to all authorized vendors.
- **Split Tender:** Online ordering systems should support split tender transactions (a transaction where the participant can pay with their WIC benefits and then use another form of payment or tender type to pay for the remaining items in the basket). Split tender transactions are currently allowed in physical retail locations. In a split tender transaction, WIC must be tendered before all other payment types because it is the most restrictive tender.
- **Mixed Basket:** A mixed basket purchase is one where both WIC and non-WIC items are commingled. Mixed basket transactions are allowed currently in physical retail locations. Online ordering systems should also support mixed basket purchases. System developers may consider offering solutions with multiple views that allow a WIC participant to see and purchase only WIC items in addition to offering the full array of WIC and non-WIC products.

Fulfillment

The fulfillment phase begins following the submission of the order and transaction authorization. It includes all processes related to the selection of items based on the order. If items selected by the participant are no longer available at the time of fulfillment or there is a quantity difference due to the weight of an item (such as produce) those changes need to be addressed in the final purchase by updating the items and quantities that are ultimately included in the order. This phase ends when all items have been collected, any substituted items have been updated within the transaction, and the items have been prepared/packaged for pick up or delivery. The Task Force has identified the following recommendations related to order fulfillment.

- **Allowing Item Substitution:** Items are allowed to be substituted with the consent of the participant. Only items within the same food category and subcategory of the previously selected item may be substituted. For example, if the participant selected an 18 oz box of Cheerios (category 05, subcategory 001), but that item was not available, then if approved by the participant, the fulfillment staff person can choose another 18 oz (or smaller) WIC approved cereal such as an 18 oz box of Kix or a 12 oz box of Cheerios.¹
- **Validating Substituted Items:** If approved by the participant, substitutions must be validated to ensure that it is an allowable WIC food authorized by the State Agency in which the participant is participating and that there are sufficient benefits in the participant's account to purchase the item. Any items that are substituted for items previously selected in the ordering process must be included/updated in the final clearing transaction so that the purchase transaction data accurately captures the items included in the final order. WIC vendors can determine the best way to approach substitution validation, one approach discussed by the Task Force was for the fulfillment staff member to have a handheld device or smartphone that could be used to scan potential substitutes and update the order as the substitute is selected.
- **Weighted Items:** Some produce items are priced by item and some by weight. A participant may specify an exact weight for a weighed produce item, but in the fulfillment process there may be slight variations in sizes and weights. The Task Force recommends that the participant have the ability to identify the maximum weight and the associated cost they would like to set for a weighted item. The fulfillment staff person would then pick products that are equal to or less than the maximum cost without exceeding it. The order would be updated with the actual product cost. Any quantity of the authorized maximum cost that is more than the actual cost will not be deducted from the participant's balance as part of purchase finalization.

Purchase Completion/Receipt of Goods

The purchase completion and receipt of goods phase involves the application of any delivery fees, finalization of the purchase, and then either the delivery of the order or the pick up of the order by the participant, in store or curbside. This phase ends when the participant takes possession of the food items in the order. The Task Force has identified the following recommendations related to this phase of the ordering process.

¹ Note that infant formula benefits are issued specifically by brand, form, and size for example Enfamil A.R. Infant Formula Powder 12.9 oz can. Each infant formula is assigned to its own subcategory which in most cases is associated with one specific product and one UPC. Within the EBT transaction, it is not possible to substitute an infant formula for another brand, form, or size.

- **Fees:** WIC benefits shall not be used to pay for fees related to online ordering, a separate tender may be used to cover the cost of allowable fees. Note this is consistent with the approach used for SNAP online purchases.

Additionally, the Task Force recommends the following related to delivery fees:

- Retailers shall not impose fees for fulfilling an order but may charge for delivery.
 - If a retailer has a policy that requires minimum purchase amount for free delivery, the same policy may be applied to WIC participants.
 - A retailer may reserve the right to waive fees at their discretion, even if only for WIC participants.
 - Only one fee shall be applied per order even if multiple tender types are used or if the items are required to be split between multiple deliveries or shipments.
 - Information about fees shall be transparent and provided to the participant as early as possible during the shopping experience so that the participant knows if there are any minimum purchase amounts for free delivery and considerations of the cost of delivery, but no later than the selection of “delivery” as the method of receipt of food benefits.
- **Final Payment/Completion of Purchase:** The purchase finalization transaction that is performed by the vendor can occur at any time following the completion of order selection/confirmation resulting in an authorization of the benefits up to the point at which the customer arrives at the pickup location to retrieve their order or, optionally for food delivery, the point at which the food will leave the retailer’s location for delivery. Where possible, the retailer should follow their purchase authorization and completion processes used for non-WIC online orders. Vendors may provide a digital receipt at the completion of the purchase and satisfy the requirements.
 - **Benefit Expiration Grace Period:** Because the recommended approach involves a two-step process of authorization and finalization, it is possible that these steps may not occur on the same day. Therefore, it is necessary to address benefit expiration between these two points in the payment process. The Task Force recommends for online ordering that a grace period of 3 days be allowed to complete the purchase when benefits have been authorized prior to the expiration date, but the order is not completed/fulfilled until after the expiration date.

Post Pick Up/Post Delivery

Post Pick Up/Post Delivery is the final phase of the process. This phase starts when the order is received or picked up by the participant. In most cases, that should be the end of the process; however, if there is an issue with items in the order, the retailer will need methods to address the problem. It is assumed that retailers will want to make right any errors, omissions, or spoiled products. The Task Force has identified the following recommendations related to this phase of the ordering process.

- **Support for a Refund/Adjustment Transaction to Address Post-Purchase Issues:** While the Task Force believes that the approach of using a purchase authorization and purchase finalization will address item changes that may occur due to approved and verified substitutions during the fulfillment process, situations may occur that require an adjustment after the completion of the purchase finalization.

- For this reason, the Task Force recommends that a transaction that allows for the adjustment or refund of the cost of individual items be part of the online ordering transaction set to credit the participant's balance to rectify errors, omissions, or other issues within an order.
- Refunds should be an exception process. When this functionality is implemented, it should be added to program integrity monitoring activities.
- The State Agency should develop a mechanism to reverse rebate requests for any items that have been refunded for which a rebate has been requested.

Section 4 Regulatory Recommendations

The WIC online ordering and purchase process recommendations documented in Section 3 provide the Task Force's consensus on how the processes should be accomplished; however, under current regulations some aspects of this process would not be allowed. In developing our recommendations, the Task Force reviewed materials from FNS, the Gretchen Swanson Center for Nutrition and the National WIC Association that documented regulations that have an impact or may hinder State Agencies from implementing online ordering and purchasing, as well as additional vendor authorization, vendor monitoring, and clinic-based processes that require in-person interactions that can be minimized through technology advances. In addition, Task Force members reviewed the regulations for any other items that could impact overall modernization efforts for WIC benefit delivery.

In the following section, the recommendations that impact future innovation and program modernization have been identified. For each, there is a description of the regulation or restating of the language, an assessment of the potential impact to future modernization, and recommendations for changes to the regulation(s). Specific language changes are noted in red text otherwise a conceptual change is noted for which regulatory language may need to be developed. Three tables are included: Table 1 outlines proposed definitions for regulatory terms, including revisions to existing regulatory definitions in 7 CFR 246.2; Table 2 outlines modifications to regulations that govern vendor authorization, vendor management and transaction processes; and Table 3 describes the impacts of proposed revisions on different vendor forms, including virtual vendors and hybrid vendors that operate both virtual platforms and physical store locations.

Table 1: Regulatory Definitions Recommendations

The Task Force noted that several of the terms used throughout the federal regulations reflect an outdated transaction model, including paper vouchers. Thorough review of the regulations should update the terminology used throughout 7 CFR 246, with additional terms defined in 7 CFR 246.2 to reflect new processes outlined in this report that would enable online shopping options for WIC participants.

Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Vendor (7 CFR 246.2): Authorized vendors are limited to stores with “a single, fixed location.”</p>	<p>Home delivery of supplemental foods may be possible under the retail food delivery system model provided that the retailer maintains a base of operations from a single, fixed, and physical location.</p> <p>The requirement for each store having “a single, fixed location” is a potential barrier to virtual-only business models.</p> <p>Establish new categories of vendors to address differing business models:</p> <ul style="list-style-type: none"> - Physical vendors: Individual, physical store locations. This includes mobile vendors that may not have a fixed operating location. - Virtual vendors: Virtual platforms that are distinct from a single, physical store location. - Hybrid vendors: Physical store locations that also operate a virtual platform. <p>See Table 3 for further detail.</p>	<p><i>Vendor</i> means a sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores, a virtual platform, or a combination of purchase platforms (physical and virtual) authorized by the State agency to provide authorized supplemental foods to participants under a retail food delivery system. Each store or platform operated by a business entity constitutes a separate vendor and must be authorized separately from other stores or platform(s) operated by the business entity. Each store must have a single, fixed location, except when the authorization of mobile stores is necessary to meet the special needs described in the State agency’s State Plan in accordance with Sec. 246.4(a)(14)(xiv).</p>

Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Food Instrument (7 CFR 246.2): A voucher, check, EBT card, coupon, or other document which is used to obtain supplemental foods.</p>	<p>Food instrument is an antiquated term from the era of paper vouchers. With the possibility of multiple methods of conducting the transaction – including methods that are entirely virtual – the term food instrument could lead to further confusion. The Task Force proposes replacing food instruments throughout the regulations with “benefit.”</p>	<p><i>Benefit</i> means the authorized supplemental foods issued to a participant in a manner approved by the Secretary.</p>
<p>Virtual Platform (new definition)</p>	<p>Online ordering and transactions would not be possible without authorizing, establishing, modifying, and monitoring online platforms connected to WIC vendors. New rules should govern virtual platforms, which should operate either in conjunction with a physical store (hybrid vendor) or independently of physical store locations.</p>	<p><i>Virtual platform</i> means any technology that is accessible to the general public and equipped to process transactions to provide authorized supplemental foods to participants under a retail food delivery system. Virtual platforms must be authorized separately from physical store locations, either by State agencies or in a nationwide authorization by FNS.</p>
<p>Vendor Authorization (7 CFR 246.2)</p>	<p>The Task Force encourages exploring the option for a national authorization process, with State opt-ins, that could streamline multistate authorization for virtual vendor platforms.</p>	<p><i>Vendor authorization</i> means the process by which the State agency assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as vendors. <i>Vendor authorization</i> is inclusive of the State agency decision to opt-in to a nationwide authorization of virtual platforms approved by FNS.</p>
<p>Authentication (new definition)</p>	<p>The Task Force encourages broader terminology to be inclusive of future technological innovations. Both the terms EBT and PIN could limit future development of the WIC transaction.</p>	<p><i>Authentication</i> means a method, approved by the Secretary, that allows the transaction processing system to verify that the person attempting to access the benefits associated with the account identified in the transaction is authorized to access the account and associated benefits.</p>

Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Preauthorization (new definition)</p>	<p>To enable online purchasing, the Task Force recommends that retailers be able to place a hold on issued benefits until the order is fulfilled and received by the participant. This process will account for substitutions, minimize refunds, and reduce administrative burden for retailers, processors, and WIC agencies.</p>	<p><i>Preauthorization</i> means a process approved by the Secretary to place a hold on issued benefits that a participant is attempting to redeem when a transaction has been initiated on an authorized virtual platform to access approved supplemental foods. The hold shall last for no longer than three days and shall be removed upon a clearing transaction submitted by the vendor within a period of three days.</p>
<p>Fulfillment (new definition)</p>	<p>Online ordering and purchasing require a process where retail store staff or a third party conducts the shopping and prepares the package for either pick-up or delivery.</p>	<p><i>Fulfillment</i> means a process in which an authorized vendor implements an order for redemption of supplemental foods.</p>
<p>Home Delivery (new definition)</p>	<p>Online ordering and purchasing systems should be equipped to deliver supplemental foods to participants and ensure adequate checks to confirm that participants received their ordered foods.</p>	<p><i>Home delivery</i> means the process, under a retail food delivery system, in which the retailer or a third-party entity contracting with the retailer fulfills an order initiated by the participant or proxy and provides supplemental foods to a participant’s home address.</p>
<p>Compliance Buy (7 CFR 246.2): A covert, <i>on-site</i> investigation in which a WIC representative poses as a participant and transacts one or more food instruments without revealing their role as a WIC representative.</p>	<p>Compliance buys must be conducted on-site, but this terminology will limit monitoring of virtual vendor platforms.</p>	<p><i>Compliance buy</i> means a covert, on-site investigation in which a representative of the Program poses as a participant, parent or caretaker of an infant or child participant, or proxy, transacts food benefits, and does not reveal during the purchase that they are a program representative.</p>
<p>Routine Monitoring (7 CFR 246.2): Overt, <i>on-site</i> monitoring during which program representatives identify themselves to vendors.</p>	<p>Routine monitoring must be conducted on-site, but this terminology will limit monitoring of virtual vendor platforms.</p>	<p><i>Routine monitoring</i> means overt, on-site monitoring during which program representatives identify themselves to vendor personnel.</p>

Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
Compliance Investigation (new definition)	“Compliance investigation” is utilized in numerous places in the regulations. For clarity, it should be defined.	Compliance investigation means a “compliance buy” or an “inventory audit” as those terms are defined herein.
Authorized Infant Formula Supplier	As new regulatory language refers to this term, it needs to be defined.	Shall have the same meaning as the list required in 42 U.S.C. Section 1786(h)(8)(A)(ix) (see also 7 CFR 246.12(g)(10)). The Task Force recommends that the Secretary recommends to Congress that the statute cited above be amended to provide for a federal list of authorized infant formula suppliers.

Table 2: Recommended Regulatory Changes to Support Future WIC Program Innovation

The following regulatory requirements have been identified as having an impact on WIC State Agencies’ ability to implement online ordering and purchasing as well as other technological advances. The regulations have been grouped under the following major topic areas: vendor authorization, vendor management, and transaction processing.

<i>Vendor Authorization</i>		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Uniform Food Delivery System (7 CFR 246.12(b)): Each food delivery system must be procedurally uniform throughout the State Agency’s jurisdiction.</p>	<p>The provision “food instruments must be uniform within each type of system” limits state agencies ability to implement alternative payment approaches such as using mobile payment at the same time that they use an EBT card. Having two payment types would provide the State Agency and the participants more options and would not reduce access to benefits. In most cases a State Agency may not be able to transition all participants to a new technology at once, which means that the State Agency must be able to support two methods of payment.</p>	<p>The Task Force recommends updating the regulation to allow for multiple payment options within a food delivery method. Additionally, in the regulation EBT is noted as a delivery system; however, it is a payment mechanism for a retail delivery system and therefore should be removed.</p> <p>Recommended Update: 7 CFR 246.12 (b) Uniform f Food delivery methods systems. The State agency may operate up to four any of the following types of food delivery systems under its jurisdiction - retail, home delivery, direct distribution or another method approved by the Secretary, or EBT. Each system must be procedurally uniform throughout the jurisdiction of the State agency and must ensure adequate participant access to supplemental foods. A State Agency may employ multiple payment methods within a food delivery system (e.g., EBT cards and mobile payments). When used, food instruments must be uniform within each type of system.</p>

Vendor Authorization		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>EBT requirement (7 CFR 246.12(x), (aa)(4)): State Agencies are required to operate an EBT system and shall not authorize vendors that cannot demonstrate EBT capability.</p>	<p>Although transition to EBT transaction models has been a step forward, the requirements that vendors adopt EBT could limit future innovation and more efficient models of retail transaction, such as mobile payments.</p>	<p>(4) <i>Statewide operations.</i> After completion of statewide EBT implementation, the State agency shall not: [. . .] (ii) Authorize a vendor, farmer, or farmers’ market that cannot successfully demonstrate EBT capability in accordance with State agency requirements or comparable transaction technology approved by the Secretary, unless the State agency determines the vendor is necessary for participant access.”</p>
<p>Home Delivery Systems (7 CFR 246.12(m)): State Agencies may authorize home food delivery systems that centralize food distribution outside of a retail system.</p>	<p>There may be confusion within the regulations about the difference between retail online ordering and delivery versus a home delivery system implemented by a State Agency (i.e., the type of delivery system Vermont employed prior to the implementation of EBT).</p>	<p>The regulations should distinguish between a state-procured home distribution food system and a retail-based home delivery option.</p>

Vendor Authorization		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Vendor Authorization (7 CFR 246.12(g)(1), (h)(1)(i)): State Agency must authorize an appropriate number of vendors. Agreements must be signed by a representative with legal authority and specify all vendors covered by the agreement. Agreements last no more than three years.</p>	<p>Virtual and some hybrid vendors are likely to cross State borders, causing confusion about which State is responsible for authorizing and monitoring the vendor. Especially for vendor models of a certain scale, this could present administrative barriers to building national online purchasing solutions.</p> <p>The introduction of virtual and hybrid vendors will increase monitoring responsibilities. To address burden on State Agencies, FNS, and retailers, vendor authorizations should be increased to five years, with appropriate safeguards in place to uphold existing regulations and regular monitoring for compliance.</p>	<p>Without disrupting existing State vendor authorization protocols, FNS should explore establishing an option for national authorization and monitoring of virtual vendors and virtual platforms for hybrid vendors. With baseline authorization at the FNS level, States can opt-in to authorizing the virtual platform for participants in their State while assuming monitoring obligations for vendor sites that fulfill orders for participants in their State.</p> <p>State Agencies may collaborate to monitor vendor sites, including fulfillment centers, for the purpose of authorization in multiple States. Virtual vendors or virtual platforms of hybrid vendors shall not fulfill orders out of a location that has not been monitored or approved per their authorization agreement, either through FNS or a State Agency.</p> <p>States preserve the ability to opt-out (with certain notice to the vendor), but final authorization remains vested at FNS. Vendor authorization periods should be extended to five years to reduce burden on State Agencies, FNS, and retailers.</p>
<p>Application Periods (7 CFR 246.12(g)(8), (h)(1)(i)): Vendors must reapply for authorization every three years. State Agencies may limit the periods during which applications can be accepted.</p>	<p>The introduction of virtual and hybrid vendors will increase monitoring responsibilities. To address burden on State Agencies, FNS, and retailers, vendor authorizations should be increased to five years with regulatory monitoring and compliance.</p>	<p>States may opt-in to Federally-authorized virtual vendors or virtual platforms of hybrid vendors at any time, even if application periods exist for physical vendors in their jurisdiction. Vendor authorization periods should be extended to five years (with regular monitoring and compliance) to reduce burden on State Agencies, FNS, and retailers.</p>

Vendor Authorization		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>On-Site Preauthorization Visit (7 CFR 246.12(g)(5)): State Agency must conduct an on-site visit prior to or at the time of a vendor’s initial authorization.</p>	<p>Virtual vendors and virtual platforms of hybrid vendors may use fulfillment centers or other channels to deliver supplemental foods outside of a physical store location. Before authorizing a virtual platform, State agencies should assess the vendor’s ability to fulfill orders in compliance with program rules, including the ability to transact benefits, handle substitutions within program parameters, and maintain safety of supplemental foods throughout the fulfillment process. In-person monitoring of vendor sites before authorization should apply in the virtual context, with ongoing access for monitoring purposes to ensure continued compliance.</p>	<p>Recommended Update: 7 CFR 246.12 (g)(5) On-site preauthorization visit. The State agency must conduct an on-site visit at a physical vendor location prior to or at the time of a vendor's initial authorization. For virtual vendors or the virtual platform of a hybrid vendor, the vendor shall provide relevant health, safety, and compliance information requested by the State agency and receive approval by the State before authorization. The State agency must evaluate all of the requested information provided by the vendor, including the ordering mechanism from initiation to order completion and ensuring the vendor is purchasing infant formula from an authorized infant formula supplier. If the vendor has sites with inventory (i.e., store location, fulfillment centers, etc.) within the State agency’s jurisdiction, the State must conduct an on-site visit to at least one vendor location before authorization. For vendor sites outside of the State agency’s jurisdiction, the State agency may still conduct an on-site visit or request another State agency to conduct an on-site visit before authorization. The State may approve or reject a vendor. The State must provide notice to the vendor of its determination.</p>

Vendor Authorization		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Farmer Authorizations (7 CFR 246.12(v)): State Agency may authorize farmers or farmers markets to redeem CVB, but may require individual authorizations for each farmer.</p>	<p>It is more cost effective for a farmer to participate as part of a farmers market than to have to support their own equipment for processing EBT transactions. Unless using new technology Mobile to Mobile App or Mobile to card</p>	<p>Recommend clarifying the regulations to explicitly allow for farmers markets to be authorized and redeem WIC CVB.</p> <p>Recommend Farmers and Markets have the ability to use multiple tender types.</p>

Vendor Management		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Competitive Pricing (7 CFR 246.12(g)(4)): State Agency must establish vendor peer group systems that distinguish competitive prices and allowable reimbursement levels.</p>	<p>Virtual platforms are authorized separately from physical store locations, and State agencies must place virtual platforms in peer groups. State agencies should be sensitive to significant price disparities between the physical and virtual options of a hybrid vendor.</p>	<p>Food prices for virtual vendors shall be competitive with their assigned peer group. State agencies should not be required to group virtual vendors separate from physical vendors, and guardrails should be established to ensure substantially similar pricing between the virtual platform and physical location of a hybrid vendor. Broader regulations should be drafted as virtual platforms are introduced into the WIC space, permitting USDA to strengthen rules with guidance as more information is available.</p>
<p>A-50 Incentives (7 CFR 246.12(g)(3)(iv)): A-50 stores cannot provide incentive items, including services greater than nominal value provided to the customer.</p>	<p>As written, delivery could be interpreted to be an incentive item and therefore prohibited.</p>	<p>Recommended Update: 7 CFR 246.12(g)(3)(iv)(D) The State agency shall not consider delivery of supplemental foods as an incentive item. State agencies may approve home delivery options for above-50-vendors.</p>

Vendor Management		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Vendor Training (7 CFR 246.12(h)(3)(xii), (xiii). (i)(1-4)): Vendor must inform and train staff on program requirements. At least one representative of vendor must participate in training annually.</p>	<p>Not all transactions will involve cashiers; additional personnel such as fulfillment personnel may require training.</p> <p>Virtual vendors operating across State lines must ensure that State-based operations are informed of State-specific vendor monitoring requirements.</p>	<p>(xiii) <i>Vendor training of staff.</i> The vendor must inform and train cashiers and other staffappropriate personnel on program requirements.</p> <p>(1) <i>Vendor training—General Requirements.</i> The State agency must provide training annually to at least one representative of each vendor. For virtual platforms that could be authorized nationally, each State agency that has opted-in to the authorization must provide annual training to a representative of the vendor’s operations in that State. Prior to or at the time of a vendor’s initial authorization, and at least once every three years thereafter, the training must be in an interactive format that includes [. . .]</p>

Vendor Management		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Vendor Monitoring (7 CFR 246.12(j)): State Agency must design a monitoring system, including routine visits and compliance investigations of all high-risk vendors and a minimum of 5% of authorized vendors.</p>	<p>Introducing virtual platforms requires monitoring of all vendor sites involved in fulfillment of the order. Authorization agreements should indicate all vendor sites located in fulfillment, providing hybrid vendors the option to limit fulfillment to physical store locations. State agencies may coordinate monitoring activities of both a physical store location and a virtual platform.</p>	<p>Monitoring requirements shall not change for physical locations. For virtual platforms operated by both virtual and hybrid vendors, the State agency is responsible for conducting virtual compliance buys for State-authorized and opt-in Federally-authorized vendors in their State. Notice of noncompliance must be immediately presented to FNS. FNS shall also conduct virtual compliance buys for all Federally-authorized vendors each year and develop criteria for identifying high-risk virtual vendors and appropriate corrective actions. On-site monitoring visits can be conducted at any location in the fulfillment process as defined in the authorization agreement. In addition to compliance buys, inventory audits and other monitoring activities shall be conducted by the States consistent with requirements for physical store locations.</p>

Vendor Management		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Vendor Sanctions (7 CFR 246.12(l)(1)(iii), (iv)): State Agencies may disqualify vendors permanently, for six years, for three years, and for one year based on differing criteria.</p>	<p>Existing sanctions can apply in virtual settings and should be clarified to apply. Sanctions deter inappropriate vendor activity, namely failing to provide foods redeemed online and providing inappropriate substitutions both (1) without participant consent and (2) beyond federal nutrition standards. FNS would be responsible for determining sanctions for Federally-authorized vendors, and may limit the sanction to specific jurisdictions.</p>	<p>(iii) <i>Three year disqualification</i> [. . .] (G) A pattern of charging for supplemental food on a virtual platform that is not received by the participant; (H) A pattern of providing substitutions for supplemental foods ordered on a virtual platform that are not aligned with the food packages defined in section 246.10(e); (j) A pattern of fulfilling orders from a vendor site that is not approved by the WIC State Agency or FNS; (k) A pattern of setting prices that are not substantially similar on a virtual platform and physical store location that are authorized by the same corporate entity; [. . .] (iv) <i>One-year disqualification</i>. [. . .] (C) A pattern of providing substitutions for supplemental foods ordered on a virtual platform without notice and receiving consent from the participant.</p>

Vendor Management		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Infant Formula Wholesalers (7 CFR 246.12(g)(10)): The State Agency must provide a list in writing or by other effective means to all authorized WIC retail vendors of the names and addresses of infant formula wholesalers, distributors, and retailers licensed in the State in accordance with State law (including regulations), and infant formula manufacturers registered with the Food and Drug Administration (FDA) that provide infant formula, on at least an annual basis. States may permit purchase from sources on another State’s list.</p>	<p>State agencies will need to ensure that virtual platforms are held to the same standards as physical store locations in the purchase of infant formula from an authorized wholesaler, distributor, or manufacturer, as required in federal law.</p>	<p>USDA should create a list of authorized infant formula suppliers (distributors, wholesalers, and manufacturers) for online ordering of infant formula and an application process for virtual infant formula suppliers to be listed on the USDA authorized infant formula supplier list. All authorized retailers shall be required to purchase infant formula from an authorized infant formula supplier. To conduct vendor audits, if an authorized infant formula supplier list is established by the USDA and used by the retailer, USDA shall have authority consistent with the state authority to audit vendor sales and require proof of purchase from an authorized infant formula supplier. If the State Agency-authorized infant formula supplier list is used, the State would continue to conduct vendor audits as appropriate including audits of sales and required proof of purchase from the USDA authorized infant formula supplier.</p>
<p>State Plan Requirements (7 CFR 246.4(a)(14)): State Agencies are required to report policies to FNS on vendor management priorities each year.</p>	<p>The State Plan is a centralized document that outlines State policies, receives input from community stakeholders, and is reviewed by FNS. The State Plan could be a useful place to articulate requirements for vendor authorization of virtual platforms and facilitate efforts to streamline authorization at a nationwide level.</p>	<p>The State Plan requirements should be modified to reflect the introduction of virtual platforms, including descriptions of vendor monitoring policies for both in-state and out-of-state vendor sites for virtual platforms.</p>

Vendor Management		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Routine Collection of Shelf Prices (7 CFR 246.12(f)(4)(ii)(B)): State agency must collect vendor shelf prices at least every six months.</p>	<p>With daily EBT redemption data, State Agencies have vendor shelf price data that is more timely and accurate than shelf price surveys. State Agencies may want to perform shelf price surveys to spot check but should be able to use their EBT data to perform the required analysis. Shelf price data would still be required from applicants as part of the authorization process.</p>	<p>Strike section (original text below):</p> <p>(B) Routine collection of vendor shelf prices at least every six months following authorization to monitor vendor compliance with paragraphs (g)(4)(i)(C), (g)(4)(ii)(C), and (g)(4)(iii) of this section and to ensure State agency policies and procedures dependent on shelf price data are efficient and effective. FNS may grant an exemption from this shelf price collection requirement if the State agency demonstrates to FNSs' satisfaction that an alternative methodology for monitoring vendor compliance with paragraphs (g)(4)(i)(C), (g)(4)(ii)(C), and (g)(4)(iii) of this section is efficient and effective and other State agency policies and procedures are not dependent on frequent collection of shelf price data. Such exemption would remain in effect until the State agency no longer meets the conditions on which the exemption was based, until FNS revokes the exemption, or for three years, whichever occurs first;</p>

Vendor Management		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Recordkeeping (7 CFR 246.12(h)(3)(xvi)): Vendor must maintain inventory and food instrument records and make records available to State Agency.</p>	<p>As transaction technologies adapt, retailers may not physically hold food instruments. This section should be updated to reflect transaction records and maintain the current requirement that relevant records be provided for inspection and audit. Updated language should be applied equally to physical, hybrid, and virtual vendors.</p>	<p>(xvi) <i>Recordkeeping</i>. The vendor must maintain inventory records used for Federal tax reporting purposes, transaction records, and other records the State agency may require for the period of time specified by the State agency in the vendor agreement. Upon request, the vendor must make available to representatives of the State agency, the Department, and the Comptroller General of the United States, at any reasonable time and place for inspection and audit, all food instruments and cash value vouchers in the vendor's possession and all program-related records.</p>
<p>EBT minimum lane coverage (7 CFR 246.12(h)(3)(xxvii), (z)(2)): Vendors must deploy a certain number of point-of-sale terminals based on sales.</p>	<p>As transaction technologies adapt, broader terminology should be employed to permit further innovation.</p>	<p>(xxvii) EBT <i>Minimum lane coverage</i>. Point-of Sale (POS) terminals used to support the WIC Program Technology equipped to conduct WIC transactions shall be deployed in accordance with the minimum lane coverage provisions of §246.12(z)(2). The State agency may remove excess terminals reduce minimum lanes for an individual vendor if actual redemption activity warrants a reduction consistent with the redemption levels outlined in §246.12(z)(2)(i) and (z)(2)(ii).</p>

Vendor Management		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>EBT third-party processing costs and fees (7 CFR 246.12(h)(3)(xxviii), (xxix), (xxx), (aa)(3)): Vendor shall not charge any third-party commercial processing costs or fees to the State Agency.</p>	<p>As transaction technologies adapt, broader terminology should be employed to permit further innovation.</p>	<p>(xxviii) EBT <i>Third-party processing costs and fees</i>. The vendor shall not charge to the State agency any third-party commercial processing costs and fees incurred by the vendor from transaction technologies, including EBT multi-function equipment. Commercial transaction processing costs and fees imposed by a third-party processor that the vendor elects to use to connect to the EBT system of the State shall be borne by the vendor.</p> <p>(xxix) EBT <i>interchange fees</i>. The State agency shall not pay or reimburse the vendor for interchange fees related to WIC EBT transactions.</p>

<i>Transaction Processing</i>		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Fees (7 CFR 246.12(c), (h)(3)(x)): Participants must receive supplemental foods free of charge.</p>	<p>As written this provision could be interpreted that a WIC participant cannot be charged any fee associated with a purchase, including a delivery that they pay for with a separate tender.</p>	<p>Recommended Update: 7 CFR 246.12 (c) No charge for authorized supplemental foods. The State agency must ensure that participants receive their authorized supplemental foods free of charge <i>with the exception of delivery fees that may be charged for the delivery of a purchase. Delivery fees shall not be paid with WIC food funds, but may be paid with another form of tender. Delivery fees charged to WIC participants shall be less than or consistent with fees charged to non-WIC customers, and a vendor may waive fees charged to WIC customers. Only one delivery fee may be applied per order even if multiple tenders are used. Information about delivery fees shall be transparent and made available to the WIC participant so that the participant is aware of the cost of delivery and if there is a minimum purchase amount for free delivery. Delivery fee information shall be provided as early as possible during the shopping experience but no later than selection of “delivery” as the method of receipt of food benefits.</i></p>

<i>Transaction Processing</i>		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Equal Treatment (7 CFR 246.12(h)(3)(iii), (v)(1)(ix)): Vendor must offer participants the same courtesies offered to other customers.</p>	<p>Regulations that require “same courtesies” or equal treatment are intended to assure that vendors do not penalize, mistreat, or discriminate against program participants. Although a logical interpretation would allow for vendor treatment that demonstrates preference for program participants, clearer language would ensure that vendors are empowered to waive fees or otherwise support program participants in redeeming benefits.</p>	<p><i>Treatment of participants, parents/caretakers, and proxies.</i> The vendor must offer program participants, parents or caretakers of infant or child participants, and proxies the same courtesies offered to other customers. Vendors may demonstrate preferential treatment for program participants (i.e., waiving delivery fees).</p>
<p>Balance Inquiry (7 CFR 246.12(f)(2)(i), (x)(2)(i)): Food instrument must display the authorized supplemental foods.</p>	<p>With the introduction of EBT, participants have struggled to identify their existing balance. Shopping apps, participant portals, and other innovations are streamlining that experience, but a balance inquiry should be integrated into any online shopping experience.</p>	<p><i>Electronic benefits.</i> Each electronic benefit must contain the following information:</p> <p>(i) <i>Authorized supplemental foods.</i> The supplemental foods authorized by food category, subcategory and benefit quantity, to include the cash-value benefit. This balance must be available to the participant before redemption of benefits in retail transactions.</p>

<i>Transaction Processing</i>		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Grace Period (7 CFR 246.12(f)(2)(iv), (x)(2)(iii)): Benefits must have a last date of use set at a minimum of 30 days.</p>	<p>With online transactions, there could be a lag time between the time that a WIC account holder selects their food and the time that they take possession of the food. The requirement referenced above is not clear as to whether the time of transaction is the time of the order or the time of receipt of the food. Further, if a substitution occurs (e.g., if the WIC participant ordered one food item but it was out of stock, so it was replaced with another authorized food item), the original purchase price (charged in the online transaction) may not align with authorized supplemental food items actually provided. This price would need to be adjusted.</p>	<p>To support online ordering/shopping and provide time for WIC participants to pick up items or schedule delivery, the Task Force recommends that a grace period be allowed so that a transactions initiated prior to benefit expiration are able to be completed after expiration.</p> <p>Recommended Update: For benefits transacted in a physical vendor location, WIC benefits must be transacted within the first and last date of use. When a transaction is performed through a virtual shopping platform, the transaction must be initiated (authorized) prior to the expiration of benefits and may be completed (cleared) up to three days after the expiration of benefits to allow time for the customer to schedule pick up or delivery of items.</p>
<p>Split-Tender Transactions (7 CFR 246.12(f)(4), (h)(3)(xi)): Split-tender transactions are required only to pay difference where CVB exceeds.</p>	<p>Current regulations only anticipate a need for split-tender transactions for when the CVB is exhausted, but even in-person transactions could include greater quantities than what has been issued. Both physical and virtual transactions should provide participants with the opportunity to complete a split-tender transaction (ideally both SNAP and credit/debit/cash), while providing safeguards for participants to remove items from their cart before purchase.</p>	<p><i>Split tender for cash-value benefits vouchers.</i> The vendor must allow the participant, authorized representative or proxy to pay the difference when a fruit and vegetable purchase exceeds the value of the cash-value vouchers benefit (also known as a split tender transaction). Vendors operating virtual platforms must ensure that participants can conduct split tender transactions, with adequate notice to participants to cancel items in excess of issued benefits.</p>

<i>Transaction Processing</i>		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Refunds (7 CFR 246.12(h)(3)(ii)): Vendor may only provide authorized foods listed on the food instrument. Vendor may not provide refunds or permit exchanges.</p>	<p>Account holders cannot exchange their WIC food for non-WIC items. This requirement was written when there were paper food instruments, and it was not possible to return benefits back to the account holder so that they could purchase a suitable replacement food. With EBT, it is now possible and easy to restore benefits to an account holder’s account. In addition, a key component of this requirement is the use of the word, “obtained”. This implies that the prohibition applies after the account holder has taken receipt of their food. This means that it may be possible (depending on the technical details of the transaction process) to restore benefits for foods ordered but not yet “obtained” by the account holder.</p>	<p>The Task Force recommends that refunds should be allowed to address issues that may occur in the fulfilment of online orders. The refund should allow for the crediting of the value/quantity of individual items within the order. Refunds could remain limited to only online orders/purchases but could be expanded to physical stores.</p> <p>Recommended Update: (A) <i>For purchase transactions initiated and completed in physical locations</i>, the vendor may not provide unauthorized food items, nonfood items, cash, or credit (including rain checks) in exchange for food instruments or cash-value vouchers. The vendor may not provide refunds or permit exchanges for authorized supplemental foods obtained with food instruments or cash-value vouchers, except for exchanges of an identical authorized supplemental food item when the original authorized supplemental food item is defective, spoiled, or has exceeded its “sell by,” “best if used by,” or other date limiting the sale or use of the food item. An identical authorized supplemental food item means the exact brand and size as the original authorized supplemental food item obtained and returned by the participant. <i>For transactions performed in a virtual platform, the preceding requirements associated with physical locations apply except a refund that allows for item quantities to be credited back to a participant account may be used to address issues within an order or errors in fulfilment.</i></p>

<i>Transaction Processing</i>		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Signature (7 CFR 246.12(h)(3)(vi), (f)(2)(vii): Vendor must ensure participant or proxy signs the food instrument/enters PIN in presence of a cashier.</p>	<p>The requirement of cashier presence at the time of the transaction is a barrier to online transactions. The regulations are ambiguous as to the definition of cashier, whether EBT Personal Identification Number (PIN) entry must be in the presence of a cashier, or how cashiers oversee a self-checkout transaction. With the transition to electronic transactions, cashier oversight is a superfluous program integrity measure that complicates online transactions and can be readily replaced by electronic authentication.</p> <p>The regulation also requires vendors to ensure that participants either sign or enter a PIN number to authenticate the transaction. While authentication is an important program integrity measure, broader language that aligns with industry standards for authentication of transactions could incorporate industry accepted multi factor authentication options and help the program adapt to rapidly evolving technologies.</p>	<p>The Task Force recommends:</p> <ul style="list-style-type: none"> • Eliminating cashier presence and physical signature requirements • Updating reference to PIN usage as a form of signature to terminology that would allow for other methods of authentication that may be available as technology evolves. <p>Recommended Language: (7 CFR 246.12(h)(3)(vi): Signature on food instruments and cash-value vouchers. <i>WIC Transaction Authentication</i> For printed food instruments and cash-value vouchers, the vendor must ensure the participant, parent or caretaker of an infant or child participant, or proxy signs the food instrument or cash-value voucher in the presence of the cashier. In EBT or other electronic systems, a Personal Identification Number (PIN) may be used in lieu of a signature. <i>WIC transactions must be authenticated* using methods consistent with commercial practice (e.g., PIN or password). The Secretary may approve additional methods.</i></p> <p>*See Table 1 for proposed definition of authentication.</p>

Transaction Processing		
Current Regulation Description	Impact on Future Innovation	Task Force Recommendation
<p>Benefits Receipt (7 CFR 246.12(r)(2), (4)): Participants or proxies must sign for receipt of food instruments at least every three months.</p>	<p>In-person pickup requirements for issued benefits are a relic of the paper voucher regime, with COVID-19 waiver authorities demonstrating that State and local WIC providers are equipped to remotely issue EBT benefits. Signature requirements – especially in-person signatures – should be phased out to recognize the new technologies available in WIC.</p>	<p>Strike both sections.</p>
<p>Benefits Issuance (7 CFR 246.12(r)(5)): Participants may only receive a maximum of three months of benefits at any one time.</p>	<p>During the pandemic, offline EBT states were permitted the opportunity to issue up to four months of benefits. To minimize in-person interactions, a higher benefit issuance – particularly for offline EBT states – would be helpful.</p>	<p>(5) <i>Maximum issuance of food instruments and cash-value voucher.</i> Ensure that no more than a sixthree-month supply of food instruments and cash-value vouchers or a one-month supply of authorized supplemental foods is issued at any one time to any participant, parent or caretaker of an infant or child participant, or proxy.</p>
<p>Vendor Identification (7 CFR 246.12(f)(3), (x)(3)): Food instrument must identify the vendor that is claiming reimbursement.</p>	<p>Introduction of virtual platforms, including virtual platforms authorized at the FNS level, will require uniform standards for vendor identification. Vendor identification should not be limited to paper vouchers or EBT but broad enough to encompass additional technologies.</p>	<p><i>Vendor identification.</i> The State agency shall ensure each EBT purchase submitted for electronic payment is matched to an authorized vendor, farmer, or farmers' market prior to authorizing payment. Each vendor operated by a single business entity must be identified separately.</p>

Table 3: Proposed Impacts of New Vendor Forms in WIC Program Management

The following table provides an overview and comparison of the proposed vendor types.

Vendor Categories	Physical Vendors	Virtual Vendors	Hybrid Vendors
Description	<p>All transactions are initiated and completed onsite at a physical location</p> <p>Foods are selected and obtained by the participant from the vendor’s physical location</p> <p>Includes mobile vendors that may not have a fixed operating location</p>	<p>Vendors that do not have a physical location</p> <p>Transactions are initiated and completed through a website, mobile app, or other technology</p> <p>Food benefits are delivered to the participant or they may be picked up at a specified location that is not a physical vendor location (i.e., food warehouse, locker, or mobile vendor location)</p>	<p>A vendor that has a physical location and has a virtual shopping platform or employs a service that provides virtual shopping services</p> <p>Transactions may be initiated and completed at the physical store or through virtual location.</p> <p>Food benefits may be delivered to the participant or picked up at the physical location</p>
Authorization	<p>No change from current regulations except to include mobile vendors</p>	<p>Establish a nationwide authorization managed by FNS that reconciles differing State program requirements and accounts for the potential of fulfillment across State lines</p> <p>May still be authorized by State agencies on a State-by-State basis</p> <p>Recommend collaboration with SNAP for authorization activities.</p> <p>Recommend a FNS maintain a list of authorized virtual vendors, then SA can opt-in and authorize vendors</p> <p>Virtual vendors still have to meet all of the WIC vendor authorization requirements</p> <p>Requirements in vendor agreements for Virtual Vendors should be as consistent as possible across SAs and limit State addendums</p>	<p>No change from current regulations for the physical location</p> <p>Virtual platform does not require a separate authorization if retailer signs agreement limiting fulfillment to in-store</p> <p>Virtual platform requires a separate authorization if retailer is fulfilling from locations other than the authorized physical store (i.e., another store location, fulfillment centers, etc.).</p> <p>The State Agency shall review the virtual shopping site and ordering/purchasing process prior to authorization or prior to an existing physical vendor implementing virtual shopping</p>

Vendor Categories	Physical Vendors	Virtual Vendors	Hybrid Vendors
Peer Grouping	No change from current regulations except to include mobile vendors	State Agencies may assign Virtual Vendors to peer groups with Physical or Hybrid Vendor or they may assign them to a separate Virtual Vendor peer group	Peer grouping based on physical location; however, the State Agency may consider the impact of the virtual platform on the peer grouping assignment and/or require the virtual platform to be grouped separately from the physical store location
Pricing	No change from current regulations except to include mobile vendors	Food prices shall be competitive with the assigned peer group	Prices must be substantially similar between the physical store and virtual platform
Monitoring	No change from current regulations except to include mobile vendors	Virtual compliance buys. On-site visits to fulfillment centers. Inventory audits to ensure f health, safety, and compliance.	No change from current regulations for physical locations Virtual compliance buys and inventory audits for virtual shopping platforms.

Section 5 Additional Considerations

In the previous sections, the recommendations report has focused on the specific areas of the ordering and purchasing process and the regulations impacted by the modernization of WIC benefit delivery. In our deliberations, the Task Force also identified a number of other areas that need to be addressed as FNS plans for the authorization of a process for online ordering/purchasing and other benefit delivery modernization efforts.

Funding to Support Benefit Delivery Modernization

Description/Impact: Effective implementation of online shopping options will require significant modification to State WIC Management Information Systems, processor systems, and retailer systems. Since many WIC State Agencies operate in partnerships to facilitate administration of MIS and EBT systems, implementation costs may exceed the available technology funding for any one WIC State Agency. WIC State Agencies will also incur additional costs to manage technology projects and conduct outreach to inform participants and retailers of systems changes.

Recommendations: Congress should authorize an additional \$75 million in additional funding, until expended, for WIC State Agencies to develop and adapt MIS platforms, EBT processing systems, and retailer platforms to scale up online shopping solutions by October 1, 2025.

Regulation Waivers During the Transitional Period

Description/Impact: As State agencies plan for the implementation of online ordering and purchasing, there are currently regulations that prohibit activities that are key components to these transactions. In addition, as individual retailers opt in to provide an online shopping option for redemption of WIC food benefits, specific implementation guidelines are needed to transition to or establish an online shopping option. Transitional compliance allowances to assure state agencies and retailers are or remain in compliance with applicable regulations during implementation are needed.

Recommendation: The retail landscape has changed while the regulations have remained unchanged. To accommodate the transition to or addition of an online shopping solution for WIC food benefit redemption, USDA should as needed utilize waiver authority under the American Rescue Plan Act to facilitate systems transitions consistent with regulatory changes being evaluated in the forthcoming rulemaking process. USDA should consider waivers in the following areas:

- Traditional definition of vendor that includes a single, fixed location.
- Cashier presence for WIC transactions.
- State authorization of WIC vendors. Allowing FNS to establish a Federal authorization for vendors operating in multiple states.
- Onsite preauthorization visits for virtual vendors. A limited waiver should clarify that on-site visits to an in-store vendor site responsible for fulfilling the order is appropriate for preauthorization purposes.
- Current limitation of uniform food delivery systems and that each food delivery system be procedurally uniform excluding multiple electronic payment types.

- Vendor selection criteria. Modify vendor authorization to include criteria/guidance for online only WIC vendors
- Current peer group structure. Expand to include option for virtual vendors to be considered as a separate peer group, regardless of geographical location
- Allow refunds or exchanges for online shopping platform purchases in the case of damaged or expired foods included in an order.
- Allow for the payment of delivery fees with non-WIC tender type
- Allow for a grace period for the expiration of benefits in order for orders to be fulfilled when orders are made during the final days of benefit availability

Ongoing Advisory Workgroup to Provide Input and Feedback to FNS

Description/Impact: As online ordering and benefit delivery modernization moves forward, FNS will need to update regulations, develop standards, and provide guidance. Input or feedback from industry and state agencies may be needed to accomplish these activities.

Recommendation: An ongoing work group should be convened that includes a cross section of industry and state agency advisors that can provide programmatic, functional, and technical assistance to FNS as they make critical decisions impacting how online ordering and purchasing will be accomplished. The structure of the group should be similar of size, experience, and knowledge as the members of the Task Force on Supplemental Food Delivery but does not have to be the same members.

Nationwide Authorization of Virtual Platforms

Description/Impact: Authorized virtual platforms are likely to cross State lines and require a new regulatory regime for the purposes of authorization and monitoring. Virtual platforms can be operated by a virtual vendor or a hybrid vendor, which also operates physical store location(s). Although States should retain the option to individually authorize virtual platforms, a new option for FNS-level authorization should be considered that streamlines the authorization process across all 89 WIC State Agencies and scales up access to virtual platforms as swiftly as possible. The FNS-level authorization should not operate autonomously from State policies or systems, but instead create a framework to simplify State-level authorizations through an opt-in that reduces or eliminates additional State-imposed criteria.

Recommendations: FNS should develop transparent vendor authorization criteria for virtual platforms that satisfy existing State vendor policies. When a vendor seeks authorization at the federal level, they must identify all applicable vendor sites that would be involved in fulfilling a WIC order and provide relevant health, safety, and compliance information. State agencies seeking to opt-in to the authorization would assume responsibility for any on-site monitoring of vendor sites requested by FNS, and may coordinate with additional WIC State Agencies to conduct preauthorization visits. Federally authorized virtual platforms must meet the Federal minimum stock requirements.

Once authorized at the Federal level, States may opt-in to the authorization before participants can access the platform. The State opt-in process involves testing of the virtual platform to ensure that transaction systems are interoperable with the State MIS. Once a State has fully opted-in, the State assumes ongoing monitoring responsibility for vendor sites within their geographic jurisdiction *as well as* vendor sites that fulfill orders delivered within their geographic jurisdiction. States may coordinate and

are encouraged to share monitoring information with other State agencies to reduce duplicative monitoring.

States may withdraw from a nationwide authorization upon notice to the retailer and FNS. States must communicate any findings from routine monitoring/auditing activities to FNS and may make recommendations for vendor sanctions. FNS is responsible for administering vendor sanctions for Federally authorized vendor sanctions and may limit sanctions to a specific vendor site (i.e., a single fulfillment center) or specific geographic jurisdiction.

Solutions for Small Vendors

Description/Impact: Compared to larger chain vendors, small vendors tend to have less sophisticated retail systems supporting their operations and less resources to support expanded functions like online ordering and purchasing. As an example of the challenges with small vendors' systems, the State of New Mexico has implemented online ordering with some of their small vendors using a third-party platform. This project has revealed that small retailers often do not have automated inventory management systems that account for what is/is not on the shelf, and pricing may/may not be automated. Therefore, when an online storefront is created for a small retailer, that store likely is not integrating with the retailer inventory system (if s/he has one) and may not have pricing that aligns with what is on the shelf. The result is that items may appear as available to the participant when they really are not and pricing might be inconsistent between what is noted online and what is the actual price in the store. This causes consumer confusion and hinders adoption. These factors contribute to as many as 25% of orders abandoned at pickup (order placed, but not picked up).

Many of the smaller retailers that participate in the WIC Program serve critical populations often in rural communities where they provide essential participant access to WIC foods. As benefit delivery is modernized, these retailers should not be left behind. Additional support and consideration will need to be made to ensure that they are able to participate in online ordering and purchasing for the WIC Program and maintain the integrity and quality of the WIC program and safety of foods delivered.

Recommendations: The Task Force recommends actionable direction to FNS regarding what is needed to transact WIC online in the small/independent retail community to include:

- Standardizing requirements for POS equipment vendors, software providers, wholesalers, and other relevant parties in order to consistently provide outputs based on approved product list (APL) files that seamlessly integrate with online storefront providers.
- Working closely with national retailers to leverage already developed solutions that small vendors can adopt without having to invest in system design.
- Create a government funded plug and play standalone solution for commonly available POS system(s) and allow independents to utilize without cost to the vendor.
- Provide grant funding to provide technical support as needed to ensure participation by independent and regional grocers.

Competitive Pricing for Hybrid Vendors

Description/Impact: The introduction of new vendor forms requires clarity about peer group structures and maximum reimbursement levels. Most virtual platforms will be authorized independently and

sorted into peer groups based on Federal and/or State criteria. Certain hybrid vendors, which can attest to fulfilling orders exclusively from an authorized physical store location, may not necessitate separate authorization for their virtual platforms.

Recommendation: FNS should set broad regulations that encourage substantially similar pricing between virtual platforms and physical store locations operated by the same corporate entity. Hybrid vendors should not be required to maintain the exact same pricing, to afford retailers autonomy to set in-store or online-only promotions while avoiding complex monitoring. FNS should continue to monitor the impacts of virtual platforms on peer group structures and issue supplemental guidance in the near-term to inform State management of competitive pricing.

Minimum Stock

Description/Impact: State agencies maintain minimum stock requirements for vendor authorization that seek to ensure physical store locations can provide a variety of supplemental foods for redemption. Minimum stock policies were often adopted in the era of paper vouchers and may warrant revision in light of technological advances such as EBT; however, minimum stock policies are demonstrated to have an impact on retailer behaviors, including increasing the availability of fresh produce in low-income neighborhoods after the 2009 food package changes. The introduction of virtual platforms, including those authorized at the Federal level, creates a new opportunity to revisit minimum stock policies.

Recommendation: The Federal minimum stock policy remains relevant, ensuring that WIC-authorized vendors can provide two forms of fruits, two forms of vegetables, and one form of whole grain cereal. WIC should draw lines to prevent fragmentation of the virtual market and continue to authorize retail platforms that address the wide range of WIC participant needs. States may continue to require additional minimum stock for State-authorized vendors, but cannot require Federally-authorized vendors to stock items beyond the Federal minimums.

Non-Traditional Vendors of Exempt Infant Formula and WIC-Eligible Nutritionals

Description/Impact: Federal law permits State agencies to exempt certain vendors from competitive price criteria and allowable reimbursement levels, including pharmacy vendors that supply only exempt infant formula or medical foods eligible under the program (42 U.S.C. 1786(h)(11)(D)(i)). Pharmacy vendors may be standalone entities or co-located with a physical store location that is an authorized WIC vendor.

Recommendation: USDA should assess the impact of virtual platforms on access to exempt infant formula and WIC-eligible nutritionals and contemplate whether additional vendors would be appropriate in a virtual context to serve the needs of WIC participants with Food Package III. Recognizing that virtual platforms encouraged by this report are rooted in retail models, USDA should evaluate whether statutory revisions to permit additional forms of specific vendors beyond pharmacies would be beneficial to the participant experience in unique circumstances.

Ensuring Infant Formula Safety and Quality

Description/Impact: As WIC online ordering and delivery moves forward, it is critical that systems are in place to ensure the safety and quality of WIC infant formula, including replicating program compliance mechanisms for a virtual environment and supporting the contracting/rebate process.

Recommendations:

- There should be no substitutions allowed by the vendor or the participant for any WIC-contracted infant formula or any WIC-exempt infant formula.
- For all vendors that have a virtual component, practices for purchasing infant formula from authorized manufacturers and distributors, preventing the substitution of infant formula and delivery of expired/damaged infant formula, properly disposing of all infant formula returns, verifying benefits have been received by program participants prior to triggering any requests to the State for payment reimbursement, and not submitting any returned or refunded infant formula for reimbursement and subsequent invoicing by the State (for rebate from the contracted manufacturer) should be documented and regularly verified.
- For all vendors that have a virtual component, incorporate compliance mechanisms (similar to in-person vendors) to monitor compliance (e.g., designating “high risk” vendors, conducting prescribed audits and verifying participant identity) , and ensuring transactions are properly completed).
- If the wrong (i.e., non-contract) infant formula is provided but the State has initiated reimbursement to the retailer and triggered a charge and subsequent rebate for the contract formula, there must be a system for the State to reverse any rebates for returned infant formula.

Development of Standards and Operating Rules Specific to Online Ordering and Purchasing

Description/Impact: The introduction of online ordering and purchasing will introduce new technical processes, procedures, and data elements into the existing EBT transaction processing environment. If these implementations are not done in a standardized and consistent way, it could result in multiple variations of online ordering and purchasing that will be both costly and confusing.

Currently, there are four technical documents that guide state agencies and industry all of which will be impacted by online ordering and purchasing. These documents are:

- X9.93-1-2014 Financial transaction messages — Electronic Benefits Transfer (EBT) — Part 1: Messages and Part 2: Files.
- WIC EBT Technical Implementation Guide 2018 Version.
- WIC EBT Operating Rules September 2014 Version.
- WIC Universal MIS–EBT Interface (WUMEI) Functional Requirements Specification 2015 Version.

At this time, online ordering concepts are not addressed in these documents and it is likely that updates will be required to all four with the implementation of online ordering and purchasing. Depending on the approach taken, it is possible that additional standards documents specific to online ordering and purchasing may be required.

Recommendation: To avoid costly and duplicative development, online ordering and purchasing should be implemented in a consistent way across all state agencies. It is recommended that:

- Early online ordering and purchasing projects work together across projects, state agencies, EBT processors, and retailers to maintain standard concepts to ensure that divergent approaches are not implemented.
- As the initial projects move forward, information should be gathered to determine the areas of the standards documents that require changes and additional content and areas where there are potential gaps that could impact the integrity and quality of the WIC program and safety of foods delivered.
- A work group of state agency and industry representatives that have experience with online ordering and purchasing as well as the standards documents should be convened with participation by FNS to develop the updates and additions to the standards to support online ordering, purchases, and auditing.

Processing Fees

Description/Impact: Vendors of all sizes invest significant resources to accept WIC and comply with all regulations. Investments include purchasing hardware and software, paying the merchant acquirer for processing and other costs. WIC State Agency contracted processors are sole service providers selected and paid by the respective WIC State Agency through a competitive bidding process. This structure works to ensure that all links in the WIC processing chain are invested and are not unfairly burdened with additional expenses. As WIC moves into new channels such as online and mobile, it is essential that vendors remain protected from any new or mandated processing fees or interchange. Increasing vendor costs to accept WIC could result in fewer vendors investing to accept WIC online or mobile payment. Even worse, it could result in vendors leaving the program creating greater access issues for participants.

Recommendation: The Task Force recommends that vendors maintain the statutory protections from interchange or any processing fees levied by a state contracted or subcontracted WIC provider. These protections will maintain the current balance that sole service providers and their subcontracted providers are paid under a competitively awarded contract and may require vendors to pay fees in order to process WIC transactions.

Above-50-Percent Vendor Reimbursements

Description/Impact: Several WIC State Agencies authorize A-50 vendors, which provide a well-documented service to WIC clients. A-50 vendors are distinguished from other physical vendors by statutory cost containment requirements, including separate peer groups and limitations on maximum reimbursements. Peer grouping is based on the recognition that stores of different types have different costs of doing business, but A-50s are typically limited to a statewide average price for reimbursements. The introduction of virtual platforms, which lack certain operational costs and may charge delivery fees, could further drive down the statewide average reimbursements and introduce another vendor form that is not comparable to existing A-50 physical vendors.

Recommendation: USDA should assess the impact of introducing virtual platforms and contemplate contingencies that sustain the viability of A-50 models, potentially include a statewide average calculation that excludes virtual platforms. FNS should also articulate clear guidance on whether virtual platforms can be designated as A-50 vendors and assess whether further changes are needed to ensure program integrity while supporting a full complement of authorized WIC vendors to meet participant needs.

Self-Checkout

Description/Impact: In WIC online ordering, self-checkout (SCO) lanes are not applicable to an online transaction.

Recommendation: Considerations for SCO lanes need not be included in the online ordering platform as long as the technology equipped to conduct online WIC transactions meets the minimum lane coverage provisions of §246.12(z)(2) and USDA will ensure program integrity measures that align with industry standards of authentication. As transaction technologies adapt, broader terminology for checkout lanes should be employed to allow for further innovation.

Telephone Ordering

Description/Impact: Telephone ordering for WIC purchases occurs now. If a vendor allows it, they can take an order from a participant and complete the purchase when the participant picks up the order in person. It requires the retailer to take the risk that the participant has the benefits to pay for the purchase and has selected the correct items as part of the order. It is understood that telephone ordering is more common in smaller communities where the retailer is familiar with the customer making the order. It is likely that telephone ordering for WIC items will decrease in use when WIC online ordering is launched. However, its continued use will not directly impact the ability to offer online ordering or the performance of online ordering.

Recommendation: If a retailer or store owner wishes to offer or continue to offer phone ordering for WIC customers, then this service should be allowed regardless of online ordering status. Payment will still be processed either in-store or curbside with a handheld card reader. Maintaining the ability to offer a phone ordering service will facilitate access to WIC for underserved populations with minimal technology access and for regions with poor broadband internet services so they can have a similar shopping experience to WIC online ordering.

Scan & Go Check Out

Description/Impact: New technologies are being implemented in brick-and-mortar stores that enable consumers to bypass a checkout register while shopping in-store. These technology solutions such as Scan & Go allow customers to actively scan items using a handheld scanner or mobile device or passively uses item tracking technology that doesn't require scanning by the customer. Customers may checkout at a specific checkpoint where they can select a payment method to check out via the store's online platform or app.

Recommendation: In Scan & Go stores, the store typically uses its online platform system to complete the checkout process. Once WIC is enabled as a tender option on a store's online platform, customers should automatically be able to use Scan & Go technology in-store and pay with WIC benefits. Allowing WIC customers to shop with Scan & Go would be impactful as more stores expand the use of this technology. As new transaction technologies emerge that bypass a register, the Task Force recommends that the checkout process utilize the store's online platform system that already includes the ability to use WIC as tender to enable WIC customers to shop in these stores.

Appendix A: Task Force Member & Organization Information

Information has been provided on the following pages about the Task Force member's background, their organizations, and their representation on the Task Force. As required under the Consolidated Appropriations Act, 2021, the members represent the following stakeholder groups:

- A. Retailers of supplemental foods.
- B. Representatives of State agencies.
- C. Representatives of Indian State agencies.
- D. Representatives of local agencies.
- E. Technology companies with experience maintaining the special supplemental nutrition program information systems and technology, including management information systems or electronic benefit transfer services.
- F. Manufacturers of supplemental foods, including infant formula.
- G. Participants in the special supplemental nutrition program from diverse locations.
- H. Other organizations that have experience with and knowledge of the special supplemental nutrition program.

Melinda Newport (Task Force Chair)

Director, Nutrition Services/Department of Health, Chickasaw Nation

Having been with the Chickasaw Nation for most of her career, **Melinda Newport** has administered over a dozen different USDA Food & Nutrition Services programs, demonstration projects and research initiatives. Excellence in nutrition programs has always been a priority for Melinda – as evidenced by receiving, on two occasions, one of the most distinguished awards USDA gives, the Secretary's Excellence Award. Melinda provided leadership to the first State Agency Model (SAM) MIS system consortium, SPIRIT, launched in 2008 and was an early adopter of online EBT technology in 2010. As former President of the National Association of WIC Directors and the National Association of Farmers' Market Nutrition Programs, she has long been actively involved in advocacy for nutrition programs.

The Chickasaw Nation is a federally recognized First American tribe located in south central Oklahoma. Presently, there are over 72,000 enrolled Chickasaw citizens, 58 percent of whom reside within Oklahoma. The Chickasaw Nation's treaty territory includes 7,648 square miles that encompass all or part of 13 Oklahoma counties. The Chickasaw Nation WIC Program is one of many tribal, state and federal nutrition programs that make up the Nutrition Services department, positioned within the Chickasaw Nation Department of Health. This structure allows the program a close partnership with all health, wellness and nutrition programs within the tribe, optimal integration of services and delivery of consistent nutrition education messages. The Chickasaw Nation Nutrition Services has a long-standing history of administering USDA FNS programs.

Task Force Representation: Melinda represents Group C, representatives of Indian State agencies.

Ellen Thompson (Task Force Vice Chair)

Maximus, Inc.

Ellen Thompson has more than 23 years of experience in the EBT industry and 18 years of experience working specifically with the WIC Program and WIC systems. She is considered an expert in EBT and WIC information systems technologies. Ellen has managed multiple EBT and WIC information system

projects, provided procurement support, quality assurance and technical assistance to numerous states, assisted states in system conversions, and managed system design and implementation efforts. In addition to her technical knowledge, she has a strong understanding of the benefit programs delivered by EBT. She was involved in the development of WIC EBT standards and is current involved in the maintenance and update of the WIC EBT technical standards documents as part of a USDA FNS project. Ellen is currently a Vice President at MAXIMUS where she leads a consulting practice focusing on EBT, WIC, and Integrated Eligibility Systems. She also serves as the Vice Chair for Rules and Practices on the eGovernment Payments Council.

Maximus, Inc. Since 1975, Maximus has operated under its founding mission of Helping Government Serve the People®, enabling citizens around the globe to successfully engage with their governments at all levels and across a variety of health and human services programs. Maximus delivers innovative business process management and technology solutions that contribute to improved outcomes for citizens and higher levels of productivity, accuracy, accountability, and efficiency of government-sponsored programs. With more than 30,000 employees worldwide, Maximus is a proud partner to government agencies in the United States and internationally. MAXIMUS has been recognized throughout the past twenty-five years for its continued contributions to the nationwide implementation of EBT technologies for both SNAP and WIC. Our staff of experts have provided EBT and/or information system consulting services to the majority of WIC State Agencies (states, territories, and tribal agencies) across the country. We have kept pace with the changing WIC EBT environment through our role in the development and maintenance of EBT standards, leadership in the eGovernment Payments Council, and participation with other national organizations.

Task Force Representation: Ellen represents Group H, other organizations that have experience with and knowledge of the special supplemental nutrition program.

Mary Anne Burghardt

North Carolina Department of Health and Human Services

Mary Anne serves as the State WIC Director in North Carolina. North Carolina WIC serves over 250,000 participants each month, making it the fifth largest WIC Program in the nation. She also serves on the National WIC Association Board of Directors as the Southeast Region State Director representative. She is a Registered Dietitian (RD) and a Licensed Dietitian/Nutritionist in North Carolina. Mary Anne leads a dynamic team of dedicated WIC employees at the State agency. The North Carolina team won the National Association of State Chief Information Officers (NASCIO) 2019 State IT Recognition Award in the category of Digital Government: Government to Citizen for the NC eWIC implementation project.

Task Force Representation: Mary Anne represents Group B, representatives of State agencies.

Brian Dittmeier

National WIC Association

Brian Dittmeier is the Senior Director of Public Policy for the National WIC Association. He manages the Association's advocacy strategy to advance public policy priorities, including efforts to secure WIC funding and ensure efficient program administration.

National WIC Association is the non-profit voice of the 12,000 public health nutrition service provider agencies and the 6.3 million mothers, babies, and young children served by WIC. NWA provides

education, guidance, and support to WIC staff, and drives innovation and advocacy to strengthen WIC as we work toward a nation of healthier families.

Task Force Representation: Brian represents Group H, other organizations that have experience with and knowledge of the special supplemental nutrition program.

Maria Caranfa
Kellogg's

Maria Caranfa is a Senior Wellbeing and Regulatory Business Partner for Kellogg Company. In this capacity, Maria leverages Kellogg's commitment to physical, emotional and societal wellbeing to embed wellbeing into its business to unlock growth for its brands and provide positive consumer impact.

Maria is inspired by the intrinsic power of food to bring health and joy to people's lives. She has built an incredible career as award winning Registered Dietitian Nutritionist in the food industry by showing passion and commitment to developing nutrition strategies, creating new foods, increasing nutrition information transparency, and communicating the benefits of food and nutrition. Maria made an impact at leading companies like Kellogg's, National Restaurant Association, Bloomin' Brands Inc., Mintel, and Barilla America Inc. Today's Dietitian named Maria one of its "TD10: Incredible RDNs Who Are Making a Difference" and the National Restaurant Association recognized her for "Outstanding Leadership" of its Nutrition Executive Study Group.

Maria also served as a board member of Healthy and Natural Chicagoland. She is a graduate of Purdue University with a Bachelor of Science in Dietetics and Nutrition, Fitness and Health Promotion. She completed her Dietetic Residency at Virginia Commonwealth University's School of Medicine.

Outside of work, Maria enjoys spending time with her family including her cat Lucky, practicing yoga, creating new recipes, drinking coffee, and catching the latest streaming mystery series.

The **Kellogg Company**, doing business as Kellogg's, is an American multinational food manufacturing company headquartered in Battle Creek, Michigan, United States. Kellogg's produces cereal and convenience foods, including crackers and toaster pastries and markets their products by several well known brands including Corn Flakes, Frosted Flakes, Pringles, Eggo, and Cheez-It. Kellogg's mission statement is "Nourishing families so they can flourish and thrive."

Task Force Representation: Maria represents Group F, manufacturers of supplemental foods, including infant formula.

Sarah Flores-Sievers
New Mexico Department of Health

Sarah Flores-Sievers has been the WIC and Farmers Market Director for the New Mexico Department of Health, Family Health Bureau since 2012. Prior to that, she was the Eight Northern Indian Pueblo WIC Director. Sarah had a crucial role in the creation and implementation of the MOSAIC "regional MIS/EBT solution" with New Mexico, Texas, Louisiana and the two Indian Tribal Origination (ITO's). She was selected and currently serves on the Governor's Hunger Task Force and is the current Chair on the National WIC Association (NWA.) She firmly believes that WIC families deserve everything that we are all entitled to and is why she continues to push the boundaries for equitable access to life-changing services, including advanced technology for improved services and education. Sarah knows it's vital that we strive to streamline our programs to simplify the shopping and application process and remove the

burden placed on our families and allowing us to serve more participants. She believes that we must think of the next generation to align with their expectations on technology, as they are our future. In October, Sarah will start a proof of concept mobile to mobile app solution for the WIC and Seniors Farmers Market Programs.

The **New Mexico WIC Program** serves an average of 38,000 participants/month and a total of 456,000 families a year at 41 permanent WIC offices and 26 satellite clinics. Nearly half of all infants born in New Mexico participate in WIC. In 2019, the Centers for Disease Control reported that obesity in NM toddlers declined by 3.7%, as a result of the updated changes in the WIC food package. New Mexico WIC was one of the first states in the nation to successfully implement "curbside" WIC operations in response to the COVID-19 pandemic. The transition to curbside WIC operations was made possible by waivers that Congress granted and swiftly working with Vexcel, our MIS vendor. Not one day of service was missed.

On March 8, 2021, NM WIC began offering online shopping to WIC participants in Southern New Mexico. This pilot project with 9 WIC authorized vendors will allow WIC participants to shop online and pick up their prepared order curbside. New Mexico will be the first in the nation to offer this statewide cost-effective shopping solution with the emphasis on small and midsized vendors.

Task Force Representation: Sarah represents Group B, representatives of State agencies.

Jennifer Hatcher & Hannah Walker
Food Marketing Institute

Jennifer Hatcher is the Chief Public Policy Officer for FMI - the Food Industry Association. Jennifer leads FMI's government relations team and has worked with FMI retailer, wholesaler and product supplier members on SNAP and WIC policy and operational issues for 23 years including working with FMI's Electronic Payment Systems Committee, FMI's SNAP Working Group and the FMI WIC Task Force to develop innovative policy approaches. Jennifer has testified before the U.S. House of Representatives Committee on Agriculture, Nutrition and Forestry on EBT issues and has served as a resource on a number of policy panels focused on SNAP and WIC issues.

FMI: As the food industry association, FMI works with and on behalf of the entire industry to advance a safer, healthier and more efficient consumer food supply chain. FMI brings together a wide range of members across the value chain — from retailers that sell to consumers, to producers that supply food and other products, as well as the wide variety of companies providing critical services — to amplify the collective work of the industry.

Task Force Representation: Jennifer and Hannah represented Group A, retailers of supplemental foods.

Kurt Helwig
Electronic Funds Transfer Association, eGovernment Payments Council

Kurt Helwig is widely recognized as a leader in the rapidly expanding e-payment/e-commerce field. As president and CEO of the Electronic Funds Transfer Association - whose members process 90% of all electronic payment transactions in the U.S. - he's led policy initiatives since 1995 that have significantly shaped the course of the industry.

Kurt is sought out as a subject matter expert by Members of Congress and staff, journalists and leaders in the Consumer Financial Protection Bureau (CFPB), U.S. Department of Treasury, Federal Reserve Board, General Accountability Office and the Department of Agriculture (FNS) on a variety of payment

systems issues. His knowledge is an invaluable resource to policy makers on critical subject matter areas such as mobile payments, faster payments/real-time settlement, prepaid cards, fraud and risk, ATM, POS and Electronic Benefits Transfer (EBT) services, data privacy/security issues, and General Data Protection Regulation (GDPR).

eGovernment Payments Council is an industry council within the Electronic Funds Transfer Association (EFTA) that focuses on the business, policy and operating issues involved in government electronic payment programs. The mission of the eGPC is to promote policy and business practices favorable to the expansion of government-driven electronic payment transactions and systems. The council is a public-private partnership consisting of state and federal entities, advocacy groups, and for-profits firms. The council is actively involved in shaping the future of EBT in terms of technology, operations, and influencing state and federal policy.

Task Force Representation: Kurt represents Group H, other organizations that have experience with and knowledge of the special supplemental nutrition program.

Cary Jeffers

Fidelity National Information Services

Cary Jeffers is the Director of Product for the Government Division at FIS and has more than 29 plus year in the Government Payment space which includes Supplemental Nutrition Assistance Program (SNAP formerly Food Stamps), Cash program including Temporary Assistance for Needy Families (TANF), Women Infants and Children (WIC), Child Care, Unemployment Insurance, Workman's Compensation, Prepaid technologies and other payment programs.

Cary's role as the Director or Product is to defines the market for the Government programs such as digital payments, Filtered Spend, eWIC, Website design, Prepaid payment programs, Mobile technologies, retailer integration that will continue to look for new ways to innovate and drive efficiencies and new products to the Government space.

Cary is involved with Standards Boards (X9) for both the SNAP and WIC specifications, a member of the EGPC/EFTA, WIC Technology workgroup, Prepaid Compliance Network, as well as associated with Payment Acquirer, Payment Networks, work group to implement the Online Purchase Pilot SNAP program, pandemic response, and various encryption technology work groups. Cary is a trusted industry advisor to USDA FNS. In 2015 Cary was awarded the industry Tim O'Connell Pioneer of the year award, for his contributions to the EBT industry.

FIS is the world's largest global provider with over 40 years as a leading Fin Tech company, dedicated to payments and banking technologies. With a long history deeply rooted in the financial services sector, FIS serves more than 20,000 institutions in over 100 countries. FIS delivers the most comprehensive range of solutions for the broadest range of financial markets and holds leadership positions in payment processing and banking solutions, providing software, services and outsourcing of the technology that drives financial institutions. Our motto is Advancing the way the world pays, banks and invests™

Task Force Representation: Cary represents Group E, Technology companies with experience maintaining the special supplemental nutrition program information systems and technology, including management information systems or electronic benefit transfer services.

Chuck Layosa**Inter-Tribal Council of Nevada**

Chuck Layosa is Director of Women Infant and Children program at the Inter-Tribal Council of Nevada since 2019. Serving all Nevada communities in need to include the 27 Native American tribal nations who call Nevada their home. I see first-hand how programs such as WIC benefit the development of children and its long-term effects on the communities where they are raised. Most of his career he has been in the private sector with a background in adult education having served many years in senior management for one of the largest private universities in the world as well as leadership experience in wholesale/Retail distribution and manufacturing. Chuck enjoys solving problems and this panel allows me to see how solutions are brought to bear in a very relevant and collaborative manner for the benefit of vulnerable demographics throughout the country.

Task Force Representation: Chuck represents Group C, representatives of Indian State agencies.

Angela Milroy**First Data Corporation/FISERV**

Angela Milroy: Angela (Angee) Milroy is Director of Product, Global Business Solutions, at Fiserv. She is responsible for development and implementation of Debit and EBT solutions. She led efforts in facilitating the acceptance of online Electronic Benefits Transfer (EBT) payments in support of the United States Department of Agriculture's (USDA) Supplemental Nutrition Assistance Program (SNAP) Online Purchasing Pilot. The program scaled rapidly in 2020 to allow millions of underserved Americans to buy groceries online for the first time.

Throughout her 25+ years at Fiserv/First Data, Angee has held a variety of positions. She started her career in Fraud Investigations, moving on to Account Management, Training and rising to her current position as a Product Director.

She is based in Omaha, NE.

Fiserv:

Task Force Representation: Angela represents group E, technology companies with experience maintaining the special supplemental nutrition program information systems and technology, including management information systems or electronic benefit transfer services.

Robert Rankin**Infant Nutrition Council of America**

Robert Rankin is the Executive Director of the Infant Nutrition Council of America (INCA). Robert has worked with the infant formula industry for over 16 years, during which time he has led INCA legislative, regulatory, and operational strategy including engaging with FNS on WIC issues.

INCA is the association representing manufacturers of infant formula and toddler nutritional drinks. INCA's four member companies produce over 95% of the infant formula that is consumed in the U.S. Three INCA members provide all of the infant formula consumed by infants enrolled in the WIC program. As the largest private partner to the WIC program, INCA members contribute \$1.5-2.0 billion annually to the WIC program in the form of infant formula rebates. This accounts for approximately 60% of WIC's total food costs and 25% of total program costs.

Task Force Representation: Robert represents Group F, manufacturers of supplemental foods, including infant formula.

Jay Saunders

GCOM – Three Sigma

Jay Saunders is the Senior Director for Product Development in GCOM Software’s Nutrition Services team. Jay has worked with WIC management information systems and WIC banking services for over 15 years. During that time he has been responsible for the development, maintenance and implementation of 2 State Agency Model (SAM) WIC systems and 3Sigma’s WIC on the Web platform. Jay has managed 5 statewide WIC implementation projects and assisted with many others. In his product development role, Jay is responsible for the creation of GCOM’s next generation of WIC solutions and services.

GCOM Software provides a variety of public sector solutions and services. GCOM’s 3Sigma WIC team currently supports over 43% of all WIC participants nationally. Our nutrition team has extensive experience with the development, implementation, and maintenance of WIC management information systems.

GCOM's Technical Headquarters is located in Albany, NY, and its Business Headquarters is located in Columbia, MD. GCOM has office locations around the country, including Kansas City, MO, New York City, and Tallahassee, FL. GCOM LLC is backed by Sagewind Capital, a middle-market private equity firm, and Bagnols Family Office Investment Partners.

Task Force Representation: Jay represents Group E, technology companies with experience maintaining the special supplemental nutrition program information systems and technology, including management information systems or electronic benefit transfer services..

Hannah Smith

Food City/KVAT Foods Inc.

Task Force Representation: Hannah represents Group A retailers of supplemental foods.

Candice Trujillo

Southwest Region WIC Program, Las Cruces, NM

Candice Trujillo is a native of Las Cruces, New Mexico. In 2015, she made the career move to the New Mexico WIC program as the Southwest Regional Program Manager fulfilling her passion to work with pregnant women, infants and children. The Southwest region was selected to partake in the online shopping pilot with the emphasis on small and mid-sized vendors. Candice has been an integral part of the success of the pilot and working closely with the vendors. Candice graduated from New Mexico State University with a bachelor’s degree in Community Health and continued her education obtaining a master’s degree in Education, with an emphasis on Curriculum and instruction for adult learning. She began her career working as a promotor for a rural community program, focusing on prenatal care and healthy pregnancies. Which led her to discover her passion in working towards healthy outcomes for pregnant women and babies. Candice went on to work for NMSU as an extension associate faculty member where she taught parenting classes in the community for seven years.

Task Force Representation: Candice represents Group D, representatives of local agencies.

Hannah Walker & Tres Bailey
Walmart, Inc.

Hannah Walker is Senior Director, Payments Policy & Strategy on Walmart’s Global Treasury team. Hannah leads Walmart’s payments policy work setting strategy and serving as a subject matter expert focusing on driving sound public policy to improve the U.S. payments system. Hannah joined Walmart in July 2021 after working at FMI – The Food Industry Association for over nine years. As FMI’s Vice President of Political Affairs, Hannah handled a broad portfolio of issues that included payments, SNAP, WIC, data security and privacy. At FMI Hannah ran the Electronic Payments System (EPS) committee focused on improving the U.S. payments system to work more equitably for all stakeholders. Hannah is a native Tennessean, she earned her bachelor’s degree from Middle Tennessee State University and her law degree from the University of Memphis. In 2019, Hannah was honored as a Top Woman in Grocery by Progressive Grocer.

Task Force Representation: Hannah and Tres represent Group A retailers of supplemental foods.

Kate Weinograd, Mapetsi Policy Group
House Committee on Rules
4/1/2022

I am submitting this testimony to highlight the food insecurity and hunger issues that impact tribal communities across the country. I have worked on behalf of tribal governments for over a decade and teach Federal Indian Law as an adjunct professor at the Boston University School of Law.

Thank you, Chairman McGovern and Members of the House Rules Committee, for shining a light on food insecurity among tribal communities. Like many places in America, Indian country is no stranger to hunger. I applaud the Committee's efforts to develop policy proposals to end hunger and the Chairman's outreach to Tribal leaders to understand better how this issue impacts Indian country.

Before the COVID-19 pandemic, rates of food insecurity for American Indian/Alaska Native households were double that of non-native households. Whereas one in eight Americans faced food insecurity in 2019, one in four Native Americans were food insecure. The pandemic only exacerbated the problem. The reasons for food insecurity and hunger vary across Indian country. Some common themes include a lack of local food production, high food costs, high rates of unemployment, and few retail food options.

Tribal Food Sovereignty

Sustainable, productive agriculture is an area where tribes can make a meaningful difference in food insecurity within their membership. Communities that can produce their own culturally appropriate, healthy foodstuffs see less food insecurity, especially among children and elders.

To engage in productive agriculture, tribes need access to water. Across the Southwest, tribes struggle to access the water supplies they need to build internal agricultural capacity. This happens despite countless water settlement agreements promising reserved water for the exclusive use of a tribe. Congress should fund these outstanding water settlements to ensure that tribes can access the water they need to build local food systems.

Further, tribes need federal support to protect and preserve their native seed stocks. Since time immemorial, tribes have been utilizing specific varieties of plants for food, medicine, and religious and cultural practices. These plants are an essential part of a culturally relevant diet and help address ongoing issues surrounding diabetes and obesity. Congress should assist tribes in their work to protect heritage seed stocks for the next generation.

Traditional Food Systems

Across the Northwest and Great Lakes, tribes have depended on salmon and other fish as a primary food source. Sadly, environmental changes, climate change, and habitat destruction have devastated fish populations and led to a significant decrease in the ability of tribes to engage in subsistence-level fishing. Over the past five years, numerous tribes have had to limit or completely restrict fishing for specific salmon stock in the Pacific Northwest. Congress should continue working with tribes to support fishery programs and fund tribal-focused climate resilience programs to ensure the rivers and lakes can support robust fish populations.

Federal Food Assistance Programming

Two primary food assistance programs address hunger in Indian country. The first is the U.S. Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) and the Food Distribution Program on Indian Reservations (FDPIR). SNAP is only useful in areas with accessible grocery stores, so FDPIR is the only option for supplemental food assistance in many parts of the country. FDPIR is administered by 105 tribal nations and three state agencies and provides benefits and nutrition education services to approximately 278 federally recognized tribes across the United States. In 2020, the program served approximately 75,000 individuals per month.

Congress should ensure that these programs, especially FDPIR, support the purchase and distribution of healthy, traditional, and locally sourced foods. This will support tribal food sovereignty and provide a more culturally relevant diet. It will also help tribes develop internal agricultural capacity by creating more demand for their products.

The 2018 Farm Bill created the authority for tribes to enter P.L. 93-638 contracts with the USDA through a Self-Determination Demonstration Project. In October 2021, seven tribes entered into agreements with USDA to operate programs under FDPIR. This is an essential first step in supporting tribal food sovereignty. Congress should examine ways to bring similar changes to the SNAP program.

Thank you for your efforts to address this critical issue. I look forward to working with you on policy proposals that could bring meaningful change and end hunger in Indian country.



U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON RULES
EST. 1789 | JAMES P. McGOVERN (MA-2), CHAIRMAN

U.S. HOUSE OF REPRESENTATIVES
Committee on Rules

LETTERS OF SUPPORT

February 2021 - present

BOB DOLE

April 15, 2021

The Honorable James P. McGovern, Chairman
The Honorable Tom Cole, Ranking Member
House Committee on Rules
United States House of Representatives
The Capitol
Washington, D.C. 20510

Dear Jim and Tom,

I am writing to commend your joint efforts to address hunger in America. It sure brings back fond memories of working with George McGovern many years ago. Some thought we were an odd couple, but I still believe bipartisanship can work effectively.

The 1969 White House Conference on Food, Nutrition, and Health was a call to action that led to the development of critical programs that continue to support millions of Americans five decades later. I remain proud of the work Senator McGovern and I did then, and I endorse your effort to secure a second White House Conference to identify the next frontier of programs to finally end hunger in America.

Our nation must keep making strides to end food insecurity in America. I appreciate your work to bring the topic of nutrition front and center in the United State Congress. Thanks for all you continue to do.

God Bless America,

A handwritten signature in black ink, appearing to read "Bob Dole". The signature is fluid and cursive, with a large, sweeping initial "B".

BOB DOLE

BOB DOLE

February 5, 2021

President Joseph R. Biden
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President,

Congratulations on your election. You have devoted your life to public service, and I wish you great success. Of course, you are still a young man compared to me, so I have no doubt you'll make our nation proud.

I hesitated to write given the number of critical issues on your plate. I know, however, that you share my passion for global food security – a passion shared by our mutual friend, the late George McGovern.

The United Nations is hosting a Food Systems Summit later this year because the number of hungry people has been increasing, even before COVID-19. We are not on course to eliminate hunger by 2030, which is the UN goal.

I hope the administration will be an active participant and the United States will urge the United Nations to follow the science. Fighting hunger must be based on science, not politics. The goal is to raise yields, which means extending all options to farmers around the world.

I am here to help you in any way. Thank you, in advance, for your attention to this crucial issue.

God Bless America,

A handwritten signature in black ink, appearing to read "Bob Dole". The signature is fluid and cursive, with a large loop at the end.

BOB DOLE

April 27, 2021

The Honorable James P. McGovern
U.S. House of Representatives
370 Cannon House Office Building
Washington, DC 20515-2102

Dear Congressman McGovern:

On behalf of the 3 million members of the National Education Association, who teach, support, and nurture students in 14,000 communities across America, we submit these comments about the importance of providing healthy school meals to all students, at no charge to them, for the record for your April 28 hearing on ending hunger in America. During the pandemic, Congress and USDA have effectively created a short-term universal school meals program to meet unprecedented levels of hunger. We know that unacceptable levels of food insecurity existed prior to this crisis, and will persist long after. By making healthy school meals universal, free, and permanent, we can go far in addressing childhood hunger, and so much more.

Universal school meals would accomplish the following:

Support learning and improve health.

Ensuring that all students—no matter what their family income is or where they live—receive fresh, healthy school breakfast and lunch will help energize and prepare them for school, regardless of whether they are learning in person or remotely. The research bears this out. Students who participate in school breakfast programs attend school more regularly, behave better, perform better in the classroom, and achieve more in school, according to the [Food Research & Action Center](#) (FRAC).

Not only do school meals support student achievement; additional studies have found that students are eating healthier school meals than ever before. A [study published recently by JAMA Open Network](#) found that the nutritional quality of school food surpasses the nutritional quality of food students get elsewhere—and the quality of school meals greatly increased following passage of the Healthy Hunger-Free Kids Act of 2010. Healthy school meals place students on the path toward developing lifelong healthy eating habits that could generate long-term health care savings for our nation.

End the shame and stigma that students often associate with free school meals and lead to higher participation in the program.

Many students need a nutritious breakfast and lunch at school but do not participate in the program because they are embarrassed, especially as they get older and become more aware of their circumstances relative to other students. In fact, although 30 million students qualified for free or reduced-price meals in 2019, on an average school day, only 21.8 million participated in the school lunch program, and only 12.5 million ate school breakfast, according to FRAC. Universal school meals for all students would eliminate any stigma around the program, and therefore encourage participation.

Universal school meals would also reduce the “lunch shaming” that results from local district policies

that single students out for accumulated unpaid meal charges. Some districts take meals away from these students, or replace them with sandwiches or other alternatives that make the students' circumstances painfully obvious.

Help schools save money and reduce the paperwork required to certify recipients.

Healthy school meals for all students would lift the burden of unpaid meal debt from schools, and relieve them of complicated and burdensome paperwork required to certify students. We also know that many students actually need school meals but may not qualify for them. Universal school meals would enable food service workers to spend more time on preparing and serving healthy meals, and less time on doing the paperwork necessary to make sure students qualify to receive meals.

Universal school meals would also result in an overall cost savings to schools due to economies of scale: Meals actually cost schools *less* per student when *more* students participate in the program, according to a study by the [Milken Institute of Public Health](#) at George Washington University.

Finally, America—the wealthiest nation in the world—should not means-test children for food. We can do better. The pandemic brought into sharp focus the depth of food insecurity in the United States, and it also demonstrated that our nation's food service workers have been valiant in their dedication to providing meals to students in all communities, even under the most challenging circumstances. We must build on this knowledge and provide all students with healthy school meals at no charge to them, building a solid foundation for growth and learning, cultivating lifelong healthy eating habits, and dramatically reducing childhood hunger.

Sincerely,

Marc Egan
Director of Government Relations
National Education Association



ACHIEVING HEALTH EQUITY THROUGH CROSS-SECTOR COLLABORATION

April 28, 2021

The Honorable James P. McGovern
Chairman
Committee on Rules
U.S. House of Representatives
H-312, The Capitol
Washington, DC 20515

Dear Chairman McGovern:

On behalf of The Root Cause Coalition (TRCC), we write to offer our enthusiastic support of the Committee on Rules' efforts to end hunger in America. We deeply believe that the Committee's hearing entitled "*Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed*" is a much-needed step towards addressing long-standing health inequalities in our nation.

As a coalition of cross-sector organizations committed to achieving health equity, TRCC is grateful for the Committee's bold decision to focus on food insecurity. As you well know, access to nutritious food is central to achieving health equity and is a basic human right. We believe the Committee on Rules can accelerate substantive progress towards ending hunger and we are especially grateful for the Committee's effort to highlight conditions that persist outside the traditional scope of health care.

As always, thank you for your leadership and your continued attention to health and economic inequalities. We stand ready to support your effort towards mutual goals of achieving health equity for every American.

Sincerely,

Barbara Petee
Executive Director
The Root Cause Coalition

Thomas Dorney
Director
The Root Cause Coalition



April 28, 2021

Chairman Jim McGovern
House Committee on Rules
H-312 The Capitol
Washington, DC 20515

Dear Chairman McGovern,

We, the Food Bank Coalition of Massachusetts (FBCMA), are writing in support of today's hearing and your overall effort to convene a White House Conference on Food, Nutrition, and Hunger and end hunger in the United States by 2030. Over the past year, the food banks have responded to a historic level of need, which has both shined a spotlight on food insecurity and created a renewed urgency for action.

According to Feeding America, Massachusetts had the highest increase in food insecurity in the country in 2020, with 1 in 8 people and 1 in 6 children affected. FBCMA's network, which includes 1,000 food pantries, meal programs, shelters, and mobile markets, served an average of 64% more individuals last year compared to 2019.

The pandemic has taken a devastating toll on our families, but it has also produced temporary policy solutions that offer a permanent path forward. We support the significant strides that the Biden administration and USDA have made to date, including the American Rescue Plan, boosts to SNAP and P-EBT, and the rescinding of the previous administration's public charge rule.

FBCMA recommends the following actions for reducing food insecurity in Massachusetts and across the country. We also recommend that throughout the policymaking process, BIPOC individuals and those with lived experience are part of both the planning and decision-making.

- USDA adoption of the Low-Cost Food Plan in determining SNAP benefits, or better yet, a food cost plan that reflects the real cost of healthy food that nourishes families.
- Minimize the "cliff effect" by extending the time frame households can continue to receive benefits and/or reduce benefits gradually over time.
- Allow senior citizens, people with disabilities, and unhoused people to use their SNAP benefits to purchase hot foods.
- Invest more funds to support local farmers.
- Continued funding for BIPOC farmers.
- Connect local farmers with people experiencing food insecurity through school meals and USDA distribution programs.
- Create a national communications strategy to end the stigma around food insecurity and accessing federal nutrition programs.
- Subsidize childcare and pre-kindergarten so that all women and single parents have more flexibility and support to enter the workforce.

Returning to pre-pandemic levels of food insecurity is unacceptable – we need to solve this problem once and for all. The pandemic has showed us that food banks cannot solve hunger alone through more donated and purchased food. Only federal programs such as SNAP and unemployment assistance can scale up to address a crisis like we saw over the past year. We need federal policy solutions to truly address the root causes of hunger.

Thank you for being a long-time champion and leader on the issue of ending hunger. We look forward to being continued partners in this effort.

Sincerely,

Amy Pessia
Executive Director
Merrimack Valley Food Bank

Andrew Morehouse
Executive Director
The Food Bank of Western Massachusetts

Catherine D'Amato
President and CEO
The Greater Boston Food Bank

Jean McMurray
CEO
Worcester County Food Bank, Inc.



MERRIMACK VALLEY FOOD BANK

Lowell, MA
www.mvfb.org



THE FOOD BANK OF WESTERN MASSACHUSETTS

Hatfield, MA
www.foodbankwma.org



THE GREATER BOSTON FOOD BANK

Boston, MA
www.gbfb.org



WORCESTER COUNTY FOOD BANK, INC.

Shrewsbury, MA
www.foodbank.org

JAMES P. MCGOVERN,
MASSACHUSETTS
CHAIRMAN

NORMA TORRES, CALIFORNIA
ED PERLMUTTER, COLORADO
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DON SISSON, STAFF DIRECTOR
(202) 225-9091

www.rules.house.gov



Committee on Rules
U.S. House of Representatives
H-312 The Capitol
Washington, DC 20515-6269

ONE HUNDRED SEVENTEENTH CONGRESS

TOM COLE, OKLAHOMA
RANKING MINORITY MEMBER

MICHAEL C. BURGESS, TEXAS
GUY RESCHENTHALER, PENNSYLVANIA
MICHELLE FISCHBACH, MINNESOTA

MINORITY OFFICE
H-152, THE CAPITOL
(202) 225-9191

June 25, 2021

Dear Secretaries Austin, McDonough, and Vilsack:

Recently, the House Committee on Rules began an examination of hunger across the nation to create a roadmap to end hunger by 2030. On May 27, we heard from experts who told us that our servicemembers, veterans, and their families need more support to consistently put nutritious food on the table. We write to share those findings, present some possible solutions, and enlist your help in pushing past silos to meet the needs of our military members and their families.

Improve data collection by all departments

Since the Department of Defense (DoD) does not release systematic data on food insecurity, organizations conduct voluntary surveys to understand issues that impact military families. For example, Blue Star Families found that 14 percent of active-duty military families surveyed face food insecurity. For military spouses out of work, that number is up to 20 percent.¹ A recent study found that one in three U.S. Army soldiers surveyed at one base faced food insecurity during the pandemic, a 150 percent increase from the previous year.² Yet, without public data available at the branch of service-level, policymakers, base commanders, and advocates are left to rely on helpful but unreliable survey data regarding the extent of food insecurity across branches of service, states of residence, military bases, and demographics.

We encourage the DoD to work with the U.S. Department of Agriculture (USDA) to include food insecurity screening questions in the DoD Status of Forces Survey and the Active Duty Spouses Survey to better understand food insecurity among adults and children in the household. It is critical the DoD ensure that collection of this data does not negatively impact a servicemember's career opportunities. Further, we encourage each department to highlight other sources of data – both administrative and survey data – that would be helpful to better understand and address food insecurity, and to work with each other and Congress to ensure this data is collected and shared across your departments.

Remove Basic Allowance for Housing from the Supplemental Nutrition Assistance Program calculation

¹ Blue Star Families. (2020). *Military Family Lifestyle Survey: Comprehensive Infographic*. https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_Comp_Infographic_2020.pdf

² Rabbitt, M. P., Beymer, M. R., & Reagan, J. J. (2021). Changes in Food Insecurity and Food Access Among Active-Duty Soldiers During the Coronavirus Pandemic. Working paper.

The Basic Allowance for Housing (BAH) given to servicemembers who live off-base counts as income for the purposes of the Supplemental Nutrition Assistance Program (SNAP) calculation, often keeping military families from the financial support they need to feed themselves and their children. Yet, civilians receiving housing benefits such as Section 8 or public housing are exempted from counting those funds toward their monthly SNAP allotment, as are in-kind housing benefits extended to servicemembers living on-base. Further, the BAH is not considered taxable income by the Internal Revenue Service and is not counted in other federal means-tested programs like the school meal programs.

Experts have suggested that USDA has the statutory authority to change this policy administratively, and if true, we strongly encourage you to do so. However, if an act of Congress is required, we request that you explain why the department lacks the ability to make this needed change and to work with Congress on a legislative solution.

Examine how base pay increases would ease food insecurity

Base pay for enlisted servicemembers – particularly those with dependents – impacts food insecurity. For example, a military servicemember supporting a spouse and children on their E1-E4 salary alone is likely living below 130 percent of the federal poverty line.³ For other U.S. households living below 130 percent of poverty, 33 percent experienced food insecurity.⁴

We ask DoD, in consultation with USDA, to determine and report back to Congress how base pay increases may improve food insecurity, as well as strategies and policies to avoid inadvertently pushing these families to face the so-called “benefits cliff,” leaving a family with fewer dollars and less support than before. Further, we ask the Department of Veterans Affairs (VA) to consider and report back to Congress how economic stability attained from higher wages while serving could improve the economic outlook for veterans after returning to civilian life.

Reform Basic Allowance for Subsistence for servicemembers and families

Currently, servicemembers receive Basic Allowance for Subsistence (BAS) to offset the costs for meals and, according to DoD, the allowance is not intended to cover meals for family members. In Fiscal Year 2021, the BAS rate is \$266.18 a month for officers and \$386.50 a month for enlisted service members. According to the USDA, in April 2021, the moderate-cost plan for groceries for a family of four with children is \$1,120.90 a month. For junior service members like an E-1 with less than four months of service, this means over 80 percent of net income each month is spent on groceries (not including BAS or BAH).

We ask DoD to consider reforming BAS to cover family members and increase the allotment per month specifically for junior enlisted servicemembers with dependents. We believe this reform would directly address military hunger issues for families with dependents.

Examine how a short-term SNAP guarantee could smooth transition into civilian life.

³ Leibman, A. J., & Protas, J. (2021). Hungry in the Military. <https://www.mazon.org/wp-content/uploads/MAZON-Military-Hunger-Report-April-2021.pdf>

⁴ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2020). Household food security in the United States in 2019, ERR-275. *US Department of Agriculture, Economic Research Service.*

Separating from the military and reentering civilian life is fraught, particularly for those separating at younger ages or with a disability, leaving too many new veterans facing food insecurity. We need new strategies to improve this transition for servicemembers and their families. To ease this transition while preventing food insecurity, one expert suggested a guaranteed, short-term SNAP allotment for every separating family of a servicemember at the rank of E-6 and below.

We ask each department to evaluate how this idea could ease the transition to civilian life while curbing food insecurity and report those findings to Congress. Additionally, we ask for your ideas to ease this transition and better support the economic stability of new veterans and their families.

Create and expand on-site pantries and diet-related programs at VA medical centers

We heard from Mountaineer Food Bank in West Virginia about their partnership with the area VA hospital to supply food boxes to vets facing food insecurity. While Mountaineer reaches 900 vets per month, there are at least 1,300 vets known to need help in Mountaineer's service area. Before the food box initiative, Mountaineer and the hospital considered an on-site food pantry approach similar to programs run in civilian hospitals like the Boston Medical Center to address food insecurity and better impact diet-related diseases. Obstacles surrounding space, allergies, and general feasibility sidelined the effort.

We ask the VA, in consultation with USDA, to determine and report back to Congress how on-site food pantries may improve food security and combat diet-related diseases, identify obstacles to adding pantries to VA medical facilities serving food-insecure veterans, and work to close the hunger gap for veterans through these facilities.

Work with congressional partners to better combat veteran homelessness

While there have been great strides over the last decade to better connect veterans to stable housing, nearly 40,000 vets are homeless and another 25,000 are unstably housed. Veteran homelessness creates barriers to accessing other needed services and benefits these vets qualify for, such as SNAP. We ask each of your departments to think critically about the challenges homeless vets face in securing nutritious, regular meals, and to ensure they are not blocked from receiving the important services they need.

Our military families and veterans deserve nothing less than our nation's ongoing commitment to them and their children. And that commitment must include the promise that no one who served – nor their family members – goes without the food they need to live a healthy life. If we work together across your department's jurisdictions to find new solutions, we can keep this promise.

Thank you for your attention to these important matters. We stand ready to work with each of you on behalf of those who served.

Sincerely,



James P. McGovern
Member of Congress
Chair, House Committee on
Rules



Guy Reschenthaler
Member of Congress



Jamie Raskin
Member of Congress



Mary Gay Scanlon
Member of Congress



Mark DeSaulnier
Member of Congress



Deborah K. Ross
Member of Congress

Congress of the United States

Washington, DC 20510

September 1, 2021

Dear Mr. President:

Under your leadership, the United States continues to respond to the unprecedented health and economic hardships caused by the COVID-19 pandemic. We remain proud of our work together.

Yet, the pandemic exacerbated the realities of the nation's hunger crisis. Even before the pandemic, nearly 40 million Americans went hungry. The status quo isn't working. We need transformational change now.

We call on you to convene a national conference on food, nutrition, hunger, and health that draws together all the arms of government, state and local leaders, tribal leaders, nonprofit and for-profit businesses, advocates, and those with lived experiences to design a roadmap to end hunger in America by 2030. By working past artificial government silos and focusing on holistic solutions, we can improve the nation's health and nutrition while strengthening our food delivery system.

The first and only conference on food insecurity took place 52 years ago. Through that effort, Congress built the hunger safety-net we know today. We stand ready to work alongside you to chart the final frontier to end hunger and to create a future where the promise of America is in reach for every person in America.

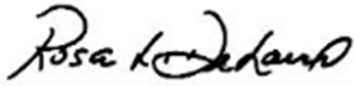
Sincerely,



James P. McGovern
Member of Congress
Chair, House Committee on
Rules



David Scott
Member of Congress
Chairman, House
Committee on Agriculture



Rosa L. DeLauro
Member of Congress
Chair, House Committee on
Appropriations



Adam Smith
Member of Congress
Chairman, House Committee on
Armed Services



John A. Yarmuth
Member of Congress
Chairman
House Committee on the
Budget



Robert C. "Bobby" Scott
Member of Congress
Chairman, Committee on
Education and Labor



Frank Pallone Jr.
Member of Congress
Chairman, House
Committee on Energy and
Commerce



Theodore E. Deutch
Member of Congress
Chair, House Committee on Ethics



Maxine Waters
Member of Congress
Chairwoman, House
Committee on Financial
Services



Gregory W. Meeks
Member of Congress
Chairman, House
Committee on Foreign
Affairs



Bennie G. Thompson, MS
Member of Congress
Chairman, House
Committee on Homeland
Security



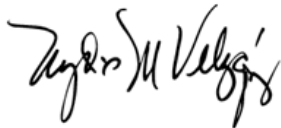
Zoe Lofgren
Member of Congress
Chairperson, Committee
on House Administration



Jerrold Nadler
Member of Congress
Chairman, House
Committee on the Judiciary



Carolyn B. Maloney
Member of Congress
Chairwoman
Committee on Oversight and
Reform



Nydia M. Velázquez
Member of Congress
Chairwoman, Committee on
Small Business



Mark Takano
Member of Congress
Chairman, Committee on
Veterans Affairs



Adam B. Schiff
Member of Congress
Chairman, Permanent Select
Committee on Intelligence



Raúl M. Grijalva
Member of Congress
Chair, House Committee on
Natural Resources



Eddie Bernice Johnson
Member of Congress
Chairwoman, Committee on
Science, Space and Technology



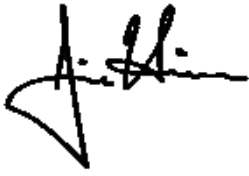
Peter A. DeFazio
Member of Congress
Chair, Committee on
Transportation and
Infrastructure



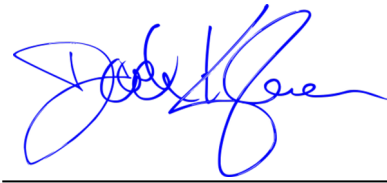
Richard E. Neal
Member of Congress
Chairman, Committee on Ways
and Means



Kathy Castor
Member of Congress
Chair, Select Committee on
the Climate Crisis



James A. Himes
Member of Congress
Chairman, Select Committee
on Economic Disparity and
Fairness in Growth



Derek Kilmer
Member of Congress
Chair, Select Committee
on Modernization



Donald S. Beyer, Jr.
Member of Congress
Chairman, Joint Economic
Committee



October 25, 2021

The Honorable Jim McGovern
U.S. House of Representatives
370 Cannon House Office Building
Washington, DC 20515

The Honorable Jackie Walorski
U.S. House of Representatives
466 Cannon House Office Building
Washington, DC 20515

Dear Representatives McGovern and Walorski:

AARP, on behalf of our nearly 38 million members and all older Americans nationwide, is pleased to endorse the White House Conference on Food, Nutrition, Hunger, and Health Act. We appreciate your bipartisan leadership in introducing this legislation in an effort to end hunger in America.

Over 9 million older adults across the country struggle to put food on the table. Older adults may face life challenges as they age—such as experiencing a medical crisis, job loss, or the death of a spouse or other loved one—that may result in financial instability and make it difficult to afford food. Rising food prices can mean the difference between putting a meal on the table and going without for low-income seniors living on a fixed income. When financially strained, older adults are often forced to choose between paying for food and paying for other necessities like rent, transportation, and medical bills.

In times of need, many older adults turn to a variety of support networks to access food, including programs like the Supplemental Nutrition Assistance Program (SNAP), the Older Americans Act (OAA) Nutrition Programs, the Commodity Supplemental Food Program (CSFP), and The Emergency Food Assistance Program (TEFAP). However, millions of older adults who are eligible for federal support through SNAP still do not enroll or face challenges staying enrolled for reasons like stigma, social isolation, or a burdensome application process. Food and nutrition security is a complex issue, requiring a comprehensive approach that thoughtfully engages a number of sectors beyond traditional nutrition assistance programs. Thus, we applaud this effort to hold a substantive, policy-based, and action-oriented White House hunger conference to end hunger and improve nutrition.

AARP stands ready to work with you to address the pressing food needs of older Americans across the country. If you have any questions, please feel free to contact me, or have your staff contact Nicole Burda on our Government Affairs staff at nburda@aarp.org.

Sincerely,

A handwritten signature in purple ink that reads "Bill Sweeney". The signature is fluid and cursive, with a large initial 'B' and 'S'.

Bill Sweeney
Senior Vice President
Government Affairs



The Honorable Jim McGovern
Chairman
Committee on Rules
U.S. House of Representatives

December 14, 2021

Dear Representative McGovern,

As chair of the National Association of Counties (NACo) Human Services and Education Policy Steering Committee, I write to thank you for taking the time to meet with county officials to discuss local efforts to combat food insecurity. NACo applauds your leadership in pursuing bipartisan solutions to the hunger crisis that continues to impact our communities. County governments remain committed to partnering with Congress and the Administration to ensure all county residents can access the healthy food they need to thrive.

Counties serve as the front line of the social safety net, providing critical services funded by a combination of federal, state and local dollars that safeguard the health and economic wellbeing of our residents. Counties are involved in promoting public health through 1,943 local health departments, while 257,000 county human services employees across the country deliver vital services to our nation's most vulnerable populations. We administer key federal nutrition programs, such as the Supplemental Nutrition Assistance Program in 10 states and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in health departments across the nation, but we also contribute funding—including Recovery Funds allocated under the American Rescue Plan Act of 2021—to local food insecurity initiatives. We are also investing our flexible Recovery Funds, allocated under the American Rescue Plan Act, to help our vulnerable residents and businesses put food on the table as we continue to respond to the COVID-19 pandemic.

We can and must do more to ensure no family has to wonder where its next meal is coming from, and county governments are uniquely positioned to help inform and implement national policies to accomplish this goal. From identifying burdensome red tape and necessary flexibilities to making federal assistance programs more responsive to local economic conditions, counties stand ready to work with our federal partners to eliminate hunger once and for all. We join you in urging our partners at the White House to convene a National Hunger Conference to spur a whole-government approach to the epidemic of hunger and food and nutrition insecurity. Additionally, we ask you to ensure that the National Hunger Conference include a NACo representative to ensure the county voice and perspective remains part of these important conversations.

Once again, thank you for generously taking the time to meet with county officials to learn from our perspective and share your inspiring vision for ending hunger in America. We stand ready to work with you on this matter. Please direct any follow-up items or questions to NACo's Associate Legislative Director for Human Services and Education, Rachel Mackey, at rmackey@naco.org

Sincerely,

Craig Rice
Council Member, Montgomery County, Maryland
Chair, NACo Human Services and Education Steering Committee

December 14th, 2021

The Office of Joseph R. Biden
President of the United States
1600 Pennsylvania Ave,
Washington DC 20500

RE: Institutions across the country support a national conference on food, nutrition, hunger, and health that also focuses on college student hunger.

Dear President Biden:

Thank you for your continued proactive responses to the unprecedented health, economic, and education hardships caused by the COVID-19 pandemic.

We, as a higher education community, join the call by all [twenty-five house committee chairs](#) to convene a national conference on food, nutrition, hunger, and health that draws together all the sectors of government, state and local leaders, tribal leaders, nonprofit and for-profit businesses, researchers, students, advocates, and those with lived experiences to design a roadmap to end hunger in America by 2030. By working past government silos and focusing on comprehensive solutions for college students, we can overcome the issue of food insecurity in this underrepresented population and thereby improve the nation's health and nutrition while strengthening our country's food system.

Recently, the higher education community was affirmed by the inclusion of college students and eradicating college hunger as priorities in the "Ending Hunger In America" efforts led by House Committee on Rules Chairman James P. McGovern (D-MA). On Wednesday, September 8th, "[Ending Hunger in America: Hunger on College Campuses](#)" was the eighth in this committee's series to inform and vision a future where hunger is no longer a daily experience for college students across our country. By the end of this session, it was presented that:

- (i) One in three college students experience food insecurity, with disproportionately higher rates of insecurity across first-generation college students, pell grant recipients, students with disabilities, students with dependents, and other intersectional identities.*
- (ii) We have research and existing effective models that can be amplified as transformative solutions for college students across our country.*
- (iii) A bipartisan commitment could eradicate college hunger.*

With that, it is time to eradicate hunger on college campuses across the country.

To date, there has only been one conference on food security, which took place 52 years ago. Through that effort, Congress developed the hunger safety-net programs that support millions of Americans at every stage of the life course in securing access to meals. Unfortunately, college students were missed in the design of this safety net. The unique challenges that today's college students experience through their undergraduate or graduate/professional school academic paths warrant consideration. We strongly believe that by eradicating college hunger among college students, we will improve their abilities to access, perform, and succeed so that they can make meaningful contributions in the communities they serve after completing their degrees.

We are ready to work alongside you to chart the final frontier to end hunger and to create a future where the promise of the American Dream is in reach for every person in our country.

Sincerely,
The undersigned institutions of higher education and organizational partners

Swipe Out Hunger
Universities Fighting World Hunger
University of California System
The Hope Center for College, Community, and Justice
Aramark
Baylor University
Central Washington University
College of the Holy Cross
Cornell University
Delaware County Community College
Dominican University of California
Harvard University
Massachusetts Institute of Technology
New Mexico State University
Nutrition Policy Institute, University of California Division of Agriculture and Natural Resources
Oregon State University
Penn State University
San José State University
State University of New York (64 institutions represented)
The New England Council
The Ohio State University
The University of Massachusetts Amherst
The University of North Carolina System
Tulane University
UC Student Association
University of California Agriculture and Natural Resources
University of California Graduate & Professional Council
University of California Riverside
University of California, Berkeley
University of California, Davis
University of California, San Francisco
University of California, Santa Barbara
University of California, San Diego
University of California, Los Angeles
Association of Independent California Colleges and Universities
University of Florida
University of Iowa
University of Massachusetts
University of Massachusetts Boston
University of Massachusetts Chan Medical School
University of New Hampshire
University of Oregon
Washington State University
Worcester Polytechnic Institute
Backpack International Inc
Ben Johnson Educational Center
Center for Healthy Communities at Chico State

Cc: House Agriculture Committee, Senate Agriculture Committee, Congressman Cole, Senator Booker, Congressman McGovern, House of Representative Ed/Labor Committee, USDA, Department of Education, Senator Murray, Domestic Policy Council, Senate HELP Committee, Office of Management and Budget.



January 7, 2022

The Honorable Jim McGovern
Congressman for the 2nd District of Massachusetts
370 Cannon House Office Building
Washington, DC 20515

RE: White House Conference on Food, Nutrition, Hunger, and Health

Dear Congressman McGovern:

On behalf of the [Food and Regional Agriculture Member \(FARM\) Policy Committee](#) of the Metropolitan Washington Council of Governments (COG), we are writing to offer our support for H.R.5724 - White House Conference on Food, Nutrition, Hunger, and Health Act. As the association of local governments in the metropolitan Washington region, COG supports measures that will increase food security and food system resiliency.

Now is the time to hold such a national conference to usher in an updated and wholistic approach to ending hunger and improving health and nutrition. Against a backdrop of growing local, state, and regional investments to support food security, collaboration, and food system resilience, the pandemic has heightened understanding of the critical role that federal nutrition programs play as our first line of defense against hunger. At the same time, there are gaps in who is served by these programs and persistent disparities in who is burdened by food insecurity. These issues require national dialogue and action at all levels of government.

Reducing food insecurity, including through the expansion of federal nutrition benefit programs, is a central goal of FARM's and one of COG's legislative priorities. We believe a White House Conference on Food, Nutrition, Hunger, and Health would be a critical forum for this discussion; as such, we have a strong interest in participating. We see this as an opportunity to share what we have learned during COVID-19 about the ways that local, state, and federal policy can respond to support healthy food access and more equitable regional food systems, as well as to learn from others.

Please contact Lindsay Smith, COG's Regional Food Systems Planner at (202) 962-3309 or lsmith@mwcog.org if you have any questions. Thank you for your consideration.

Sincerely,

Three handwritten signatures in black ink are displayed horizontally. From left to right, they correspond to Mary Cheh, Craig Rice, and Jon Stehle.

Mary Cheh
Chair, FARM Committee
Councilmember
District of Columbia

Craig Rice
Vice Chair, FARM Committee
Councilmember
Montgomery County, Maryland

Jon Stehle
Vice Chair, FARM Committee
Councilmember
City of Fairfax, Virginia

C: Monica Beyrouiti Nuñez, Government Relations Manager, COG
Rachel Mackey, NACo Associate Legislative Director, Human Services and Education

FEBRUARY 7, 2022

Chair Patrick Leahy

Vice Chair Richard Shelby
U.S. Senate Committee on Appropriations
S-128 The Capitol
Washington, DC 20515

Chair Rosa DeLauro

Ranking Member Kay Granger
U.S. House Committee on Appropriations
H-307 The Capitol
Washington, DC 20515

Chair Chris Van Hollen

Ranking Member Cindy Hyde-Smith
U.S. Senate Appropriations Subcommittee on
Financial Services and General Government
S-128 The Capitol
Washington, DC 20515

Chair Mike Quigley

Ranking Member Steve Womack
U.S. House Appropriations Subcommittee on
Financial Services and General Government
2000 Rayburn House Office Building
Washington, DC 20515

DEAR CHAIRS LEAHY, DELAURO, VAN HOLLEN, AND QUIGLEY AND RANKING MEMBERS SHELBY, GRANGER, HYDE-SMITH, AND WOMACK:

As you continue finalizing Fiscal Year (FY) 2022 appropriations, we, the undersigned organizations, urge you to include funding for a White House Conference on Food, Nutrition, Hunger, and Health (“Conference”). The Conference, proposed by bipartisan legislation from Senator Booker and Representative McGovern (S. 3064/H.R. 5724), received [\\$2.5 million](#) in funding in the House-passed FY22 Financial Services and General Government appropriations bill. Ensuring that this funding is included in the final FY22 appropriations package could have a transformational impact on helping end our nation’s hunger crisis.

Our 21 organizations have worked to stem inequities in education — and addressing hunger for our students from pre-K to college is essential in our efforts. Research shows that hunger is deeply [detrimental](#) to learning. Students with consistent access to healthy food perform better on assessments, have better attendance rates, and long-term positive outcomes. Food security is essential for educational equity.

At its core, food insecurity is also a racial justice issue, and the pandemic exacerbated food insecurity among communities of color. Two in five [Black and Latino households](#) (nearly 40%) with children struggled to put food on the table at the beginning of the pandemic.

It is abundantly clear that Black, Latino, and Native students, as well as students from low-income backgrounds, have suffered disproportionately from the negative effects of the COVID-19 pandemic, resulting in disproportionate amounts of unfinished learning. It will take leaders from every sector to work together to support the students who have suffered the most.

For nearly two years, the federal government has unified to deploy unprecedented resources to ensure students and families have sufficient access to nutritious food. The Pandemic Electronic Benefits Program (P-EBT) provided essential benefits to more than 8 million families during school closures last year — and [lifted at least 2.7 to 3.9 million children](#) out of hunger during that time. The Department of Agriculture expanded eligibility and increased maximum benefits for the Supplemental Nutrition Assistance Program (SNAP), [enabling at least 3 million](#) additional college students from low-income backgrounds to qualify for benefits. And the [Child Tax Credit monthly payments](#) reduced the number of families reporting they do not have enough to eat by 3.3 million. During a time of crisis, these key steps have stemmed the rise of childhood hunger and mitigated the disproportionate impact of the pandemic on students of color and students from low-income backgrounds.

Now is not the time to lose our momentum. We can end childhood hunger — but we need bold ideas, input from the people most impacted, and a national commitment to achieve that critical goal.

A White House Conference on Food, Nutrition, Hunger, and Health can help do just that. This whole-of-government approach, which we were pleased to see proposed by Senator Booker and Representative McGovern, would not only help us build on our recent efforts to address long standing silos between education, agriculture, healthcare, and hunger, but it will also facilitate important partnerships among stakeholders, and initiate collaboration across sectors necessary to end hunger.

Just as a series of Children’s Conferences hosted by U.S. Presidents from Roosevelt to Nixon — including the first White House Conference on Food, Nutrition, and Hunger — sparked real change through the creation of essential programs like SNAP, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Breakfast and Lunch Program, so too can this proposed conference catalyze support for changes necessary to end hunger.

A White House Conference can rally resources around ensuring that all children have access to nutritious food. It can bring together diverse stakeholders. And ultimately, it can generate the ideas and resources that will end childhood hunger in America.

Again, we respectfully request that you include funding for a White House Conference on Food, Nutrition, Hunger, and Health in the finalized Fiscal Year 2022 appropriations package.

Thank you for your continued leadership on this critical issue.

Sincerely,



CC: Chair Tammy Baldwin, Ranking Member John Hoeven, Chair Patty Murray, Ranking Member Roy Blunt, Chair Debbie Stabenow, Ranking Member John Boozman, Chair David Scott, Ranking Member Glenn Thompson, Senator Cory Booker, and Congressman Jim McGovern

March 3, 2022

President Joseph R. Biden, Jr.
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. President:

As private sector companies with a role in ensuring Americans across the country have access to nutritious, affordable food, we write to enthusiastically support the convening of a White House Conference on Food, Nutrition, Hunger, and Health.

It is long past time that we develop a national strategy to finally end hunger once and for all. The last White House Conference on this topic convened 52 years ago and led to a multi-pronged strategy that addressed malnutrition and hunger. Unfortunately, with nearly 40 million Americans going to bed hungry each night, our work is far from done.

We applaud your incredible commitment to ending hunger. Federal investments made during the pandemic have helped to stave off sharp increases in hunger, and in fact, have helped to reduce hunger, especially among children,¹ Latinos, and Black, Indigenous, and other People of Color (BIPOC).² Flexibilities enacted in the wake of the pandemic have helped us to get food to people in need as quickly as possible.

We must take the lessons learned from the pandemic and seize upon this moment. A White House Conference on Food, Nutrition, Hunger, and Health will present a once-in-a-generation opportunity to end the scourge of hunger. As private sector retailers, agricultural, food, and beverage companies, we look forward to lending our expertise to these conversations at every stage of the process, especially as they relate to strengthening the public-private partnerships that are vital to our food supply chain and anti-hunger safety net.

We call upon you to convene a White House Conference on Food, Nutrition, Hunger, and Health in 2022.

Sincerely,

Albertsons Companies

Amazon

Bayer

Cargill, Incorporated

¹ U.S. Census Bureau <https://www.census.gov/library/stories/2021/08/economic-hardship-declined-in-households-with-children-as-child-tax-credit-payments-arrived.html>
² Center on Budget and Policy Priorities <https://www.cbpp.org/blog/after-child-tax-credit-payments-begin-many-more-families-have-enough-to-eat>

Danone North America

DoorDash

Hannaford Supermarkets

Instacart

Kellogg Company

The Kroger Co.

Nuro

Ocean Spray

Perfect Day

PepsiCo, Inc.

Shipt

The Stop & Shop Supermarket Company

Tyson Foods

Unilever

Wakefern Food Corp.

Walmart

March 14, 2022

President Joseph R. Biden, Jr.
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear President Biden,

We, the undersigned national, state, and local organizations, ask you to publicly commit to convening a White House Conference on Food, Nutrition, Hunger, and Health. We *can* end hunger in America, and a public commitment to a White House Conference, with ending hunger as a key priority, is an essential step in accomplishing this goal.

Over 50 years ago, the first, and *only*, White House Conference on Food, Nutrition, and Health resulted in more than 1,800 policy recommendations to reduce hunger and promote nutrition and health. The 1969 Conference led to an expansion of the Supplemental Nutrition Assistance Program (SNAP) and the National School Lunch Program, as well as the establishment of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The Conference created the meaningful and necessary conversations to address hunger and food insecurity in America at the time.

Now, more than half a century later, conversations on how we will finally put an end to hunger in America are long overdue. More than 38 million Americans, including 11.7 million children live in households that struggle to put food on the table. Food insecurity negatively impacts health, educational access, workforce readiness and business productivity. In addition, the COVID pandemic has affected food security in all corners of America, while also widening the disparities in food insecurity among individuals who are Black, Indigenous, Latino and other people of color. Food insecurity in America is a political choice and there is an opportunity to take transformative action.

A new White House Conference would bring together a broad range of stakeholders to comprehensively address food, nutrition, hunger and health in America. The conference should include the expertise of government agencies, the anti-hunger community, individuals who have experienced hunger and poverty, businesses, academia, and grassroots, healthcare and faith-based organizations. Ideally, it would seek to create a real, concrete plan to eliminate hunger and food insecurity, address hunger's root causes and ensure nutritious food is accessible to all.

As you proclaimed at your inauguration, "Ending hunger and malnutrition at home and around the world is consequential. If we do nothing today, food insecurity will loom as an even larger and bigger threat tomorrow. You're fostering a world that is more just and peaceful."

We could not agree more. With a strong public commitment and leadership, we *can* end hunger in America. **We urge you to publicly commit to convening a White House Conference on Food, Nutrition, Hunger, and Health.**

We stand in solidarity and are ready to support the White House in achieving this mission.

Thank you for your consideration,

National/International Organizations/Businesses

1,000 Days

A Place at the Table

AARP

Academy of Nutrition and Dietetics

Alliance to End Hunger

American Society for Nutrition

American Society for Parenteral and Enteral Nutrition

BELONG

Bread for the World

CareCentrix

Cargill, Incorporated

Catholic Charities USA

Center for American Progress

Center for Law and Social Policy (CLASP)

Center for LGBTQ Economic Advancement & Research (CLEAR)

CEO Action for Racial Equity

Children's Defense Fund

Church World Service

Closing the Hunger Gap

Congressional Hunger Center

Corteva Agriscience

Defeat Malnutrition Today

DoorDash

Eating Disorders Coalition for Research, Policy & Action

Edesia

Equitable Spaces

Evangelical Lutheran Church in America

Fair Food Network

Farmlink Project

Feeding America

First Focus on Children

Food Forward

Food Research & Action Center

FoodCorps

FoodFinder

Friedman School of Nutrition Science & Policy, Tufts University

Friends Committee on National Legislation

Genchess Global

Glass Gardens Inc

Human Rights Clinic, University of Miami School of Law

Hunger Free America

Institute of Food Technologists

Islamic Relief USA

MAZON: A Jewish Response to Hunger

Meals on Wheels America

MEANS Database

National Association of Councils on Developmental Disabilities

National Association of Nutrition and Aging Services Programs (NANASP)
National Council of Jewish Women
National Family Farm Coalition
National WIC Association
Native Farm Bill Coalition
Network of Jewish Human Service Agencies
Nuro
Outreach Inc.
Poetry X Hunger
Presbyterian Church USA, Presbyterian Hunger Program
Presbyterian Church USA, Washington Office of Public Witness

RESULTS

Save the Children
School Nutrition Association
Share Our Strength
Sisters of Charity of Nazareth Congregational Leadership
Sisters of Charity of Nazareth Western Province Leadership
Society for Nutrition Education and Behavior
Souper Bowl of Caring
Swipe Out Hunger
The Arc of the United States
The Education Trust
The Forum for Youth Investment
The Hive Collective
The Hope Center for College, Community, and Justice
unBox
Universities Fighting World Hunger
Urban School Food Alliance
Virginia Tech
WhyHunger
World Renew
WW International

State/Local Organizations/Businesses

A Beautiful Life Enterprises LLC
Alabama Childhood Food Solutions Inc.
Alabama Food Bank Association
Alabama Possible
AllCare Health
Arizona Food Bank Network
Atlanta Community Food Bank
Bay Area Women Coalition, Inc
Bayaud Enterprises
Benefits in Action
Beyond Hunger
Burke County Senior Services
Burke County Senior Services & Nutrition Program (Meals on Wheels)
California Association of Food Banks

Caring Plate
Catholic Charities, Archdiocese of New York
City of Martinsville
Clinton County Senior Services
Community Action House
Community Bridges
Community Food Advocates (NYC)
Community Servings
Connecticut Foodshare
Cornucopia Community Advocates
Cumberland County (ME) Food Security Council
Davoya CDC
Denver Inner City Parish
Des Moines Area Religious Council
Ehrens Consulting
Feed the Hungry
Feeding Indiana's Hungry
Feeding New York State
Feeding the Gulf Coast
FeedMore WNY
Food Bank of Contra Costa and Solano
Food Bank of Delaware
Food Bank of East Alabama
Food Bank of Northwest Indiana
Food Gatherers
Food in Neighborhoods Community Coalition
Fountain Heights Farms
Franklin County Hunger Task Force
Great Plains Food Bank
Hall Hunger Initiative
Harvesters–The Community Food Network
Hunger Free Alabama
Hunger Free New Jersey
Hunger Free Vermont
Indy Hunger Network
Interreligious Food Consortium
JAS Foundation
Jewish Family & Career Services of Louisville
Jewish Family & Children's Service of Greater Boston
Jewish Family and Children's Services of Northern New Jersey
Jewish Family Service of Atlantic & Cape May Counties
Jewish Family Service of Greater Dallas
Jewish Family Service of Greater New Orleans
Jewish Family Service of Los Angeles
Jewish Family Service of San Diego
Jewish Family Services of Greater Kansas City
Kaizen Food Rescue
Kalamazoo Loaves & Fishes

Local Matters
Long Island Cares, Inc.-The Harry Chapin Food Bank
Loudoun Hunger Relief
Manna Food Center
Margins
Meals on Wheels Fairfield County
Meals on Wheels North Carolina
Meals on Wheels of Staten Island
Meals on Wheels of the Monterey Peninsula
Meals on Wheels Orange County
Meals on Wheels West
Metropolitan Interfaith Association
Montana Food Bank Network
Montgomery County Food Council
Mother Hubbard's Cupboard
New Hampshire Hunger Solutions
North Texas Food Bank
Northwest Harvest
Nourish Colorado
NourishKC
Ohio Association of Foodbanks
Pitt County Council on Aging, Inc.
Poughkeepsie Farm Project
Project Bread
Public Health Solutions
San Diego Hunger Coalition
Second Harvest Food Bank of Northwest North Carolina
Second Harvest Food Bank of Orange County (CA)
South Shore Elder Services
St. Vincent Meals on Wheels
Sustainable Agriculture of Louisville (SAL)
Tampa Bay Network to End Hunger
Thames Valley Council for Community Action
The Colorado Blueprint to End Hunger
The Food Bank of Western Massachusetts
The Greater Boston Food Bank
The Poverello Center Inc.
United Way of King County
United Women of Color
University of California Graduate & Professional Council
Washtenaw County Food Policy Council

March 15, 2022

President Joseph R. Biden, Jr.
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear President Biden,

As pastors, faith leaders, and clergy from many faiths and traditions and every region of the United States, we commend Congress and your administration for initiating and enacting multiple bills during the ongoing pandemic to provide assistance for people living with hunger. Yet we know the work is far from over. Despite the actions of Congress and the White House, more than one in 10 households was food insecure in 2020, according to USDA analysis on household food security in the US,¹ and the ongoing Census Bureau's Household Pulse Surveys report similar levels of food hardship in 2021.²

The alarming numbers of people suffering from hunger, both in the United States and globally, is why we write to ask you to publicly commit to convening a White House Conference on Food, Nutrition, Hunger, and Health.

We believe that all people are made in the image of the divine. None should suffer needlessly from hunger. The systems that perpetuate hunger are antithetical to the values we share as people of faith. Therefore, we are united in the belief that we are called to end hunger both in the United States and around the globe.

Hunger is not a problem that an individual or family can solve alone. In the United States, institutions and policies perpetuate it, and it affects people in all parts of the country. Systemic biases, including racism and sexism, lead to higher rates of food insecurity and hunger among Black, Latino(a), Native American, and female-headed households.

Federal nutrition programs such as SNAP and WIC provide essential assistance to people struggling to put food on the table, and some programs are designed to expand if needs increase. This is a time of great and widening economic inequality in our country, and federal nutrition programs simply do not have enough funding to provide adequate services to all who are eligible. Our federal government must do more to improve and strengthen vital nutrition assistance programs to fully meet the needs of those who face hunger in this country.

We hope that the White House Conference on Food, Nutrition, Hunger, and Health will address hunger and malnutrition globally as well. The COVID-19 pandemic has affected every country. For many countries with limited resources, the pandemic has joined other causes of hunger, such as armed conflict, displacement, and climate change, to create deeper economic recessions, greater

¹ <https://www.ers.usda.gov/webdocs/publications/102076/err-298.pdf?v=4288.9>

² <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-economys-effects-on-food-housing-and>

reductions in food production, and increases in unmet needs for essential health care. The number of young children with life-threatening forms of malnutrition has soared since the pandemic began. More generally, the availability and affordability of nutritious foods have deteriorated significantly.

As people of faith and conscience, representing individuals and families who are experiencing hunger, we are hopeful about the opportunities available to our government to reduce hunger. We urge you to bring together policymakers, advocates, people with lived experience, and other stakeholders for a White House Summit to end hunger in the United States and worldwide.

In a country and a world blessed with an abundance of food, no one should go hungry. We stand ready and eager to work with your administration and Congress to improve the policies that have allowed hunger and poverty to persist in our country and around the world. Holding a White House conference will help identify and prioritize the needed changes.

Sincerely,

Alabama

Rev. Dr. Bobby S. Terry

Birmingham, AL

Alaska

Sister Frances Vista

Anchorage, AK

Arizona

Solveig Muus

Phoenix, AZ

Lori Ritz

Phoenix, AZ

Robert Hindal

Phoenix, AZ

Ruth Wootten

Tempe, AZ

Gerd Renno

Tucson, AZ

Sister Catherine France, DC

Tuba City, AZ

Rev. Jay R. Hartley

Tucson, AZ

Arkansas

Margaret Falls-Corbitt

Conway, AR

Dr. Mark J. Cooper

Conway, AR

California

Sister Margaret Louise Brown

Los Altos Hills, CA

Audrey Sato

Pleasanton, CA

Lartitia Bordes

San Bruno, CA

Sister Estela Morales, DC

Los Altos Hills, CA

Sister Catherine Minhoto

Montebello, CA

Barbara Harper

San Jose, CA

Roxanne Morse

Oakland, CA

Sister Pat Davis

San Francisco, CA

Sister Bette Gambonini, BVM
Martha Rojo
Brother John Celichowski, OFM Cap.
Sr. Diane Smith, CSJ
Sister Elizabeth Riddell
Bro. Mark Schroeder, O.F.M.
JL Angell
Sister Gloriamarie Amalfitano
Sister Bette Gambonini, BVM
Sister Pamela Clare Magers, CSF
Sister Christena Maggi, DC
Rev. Dr. LaTaunya M Bynum

Sunnyvale, CA
Valencia, CA
Santa Ynez, CA
Porter Ranch, CA
Los Altos Hills, CA
Santa Barbara, CA
Rescue, CA
San Diego, CA
Sunnyvale, CA
San Francisco, CA
Los Altos Hills, CA
San Ramon, CA

Connecticut

Sister Maryann Mueller, CSSF
Sister Christine Marie Stankiewicz

Enfield, CT
Enfield, CT

Delaware

Sr. Helen Jacobson, OSF
Joan Burlew

Wilmington, DE
Bear, DE

District of Columbia

Rev. Nancy Neal
Susan Gunn
Rev. Adam Russell Taylor
Jimmie R. Hawkins
Presiding Elder Kevin Agee
Sister Denise Curry, SNDdeN

Washington, DC
Washington, DC
Washington, DC
Washington, DC
Washington, DC
Washington, DC

Florida

Marie Skebe, OP
Sister Ann Englert
Sister Mary David Hydro, OSB
Sister Mary Ann Caulfield
Donna Baker
Sister Charlotte Ann Ciommo, CSJ
Rev. Dr. Brice L. Rogers
Dr. Glenn A. Bowen, PhD
Nancy Warlick
Rev. Sarah Robinson
Sister Mary David Hydro, OSB
Nancy Warlick
Frank Mazuca

Orlando, FL
Satellite Beach, FL
St. Leo, FL
West Palm Beach, FL
West Palm Beach, FL
Dania Beach, FL
Fort Lauderdale, FL
Miami, FL
Orlando, FL
Orlando, FL
St. Leo, FL
Orlando, FL
Lakeland, FL

Rev. Mary Beth Harper

Silver Springs, FL

Georgia

John Mark Boes

Decatur, GA

Illinois

Diane O'Donnell

Chicago, IL

Kascha Sanor

Chicago, IL

Kathleen Waters, OP

Prospect Heights, IL

Miriam Todoroff, BVM Associate

Chicago, IL

Ms. Janet Kittlaus

Glenview, IL

Rev. Canon Albert J. Keeney (Retired)

Bloomington, IL

Rev. Deborah Veach

Marshall, IL

Rev. Dr. Teresa Dulyea-Parker

Bloomington, IL

Sister Barbara Gaul, BVM

Brookfield, IL

Sister Barbara Sheehan, SP

Oak Lawn, IL

Sister Beatrice Hernandez, OSF

Wheaton, IL

Sister Christina Fuller, OSF

Frankfort, IL

Sister Colleen McGinnity, BVM

Chicago, IL

Sister Dee Peppard, BVM

Arlington Heights, IL

Sister Eunice Drazba, OP

Westchester, IL

Sister Jeremy Marie Midura

Chicago, IL

Sister Joellen McCarthy, BVM

Chicago, IL

Sister Judy Illig, IBVM

Wheaton, IL

Sister Juliann Flynn, OP

Homewood, IL

Sister Kathleen Conway, BVM

Brookfield, IL

Sister Kathleen Desautels, SP

Chicago, IL

Sister M. Joanne Ladwig, SCC

Wilmette, IL

Sister Marcelline Koch, OP

Springfield, IL

Sister Marilyn Kofler, SP

Chicago, IL

Sister Mary Carr

Romeoville, IL

Sister Mary Carton, IBVM

Carol Stream, IL

Sister Mary Cullen, OP

Chicago Ridge, IL

Sister Mary Shw

Springfield, IL

Sister Mary Soher, OP

Westchester, IL

Sister Maureen Shehan, SP

Northlake, IL

Sister Norine Burns

Westchester, IL

Sister Patricia Connolly, DC

Belleville, IL

Sister Rose Mary Meyer

Chicago, IL

Sister Rose Therese Nolta, SSpS

Northfield, IL

Sister Sharon Richards

Orland Park, IL

Indiana

Barbara Reder, SP	St. Mary of the Woods, IN
Bishop Cate Waynick	Indianapolis, IN
Bishop Julius C. Trimble	Carmel, IN
Claire Hanson, SP	St. Mary of the Woods, IN
Deacon Steve Hodges	Indianapolis, IN
Dorothy Rasche, SP	West Terre Haute, IN
Dr. Kathleen Antol, BVM, PhD	South Bend, IN
Hwei-Ru Kang	St. Mary of the Woods, IN
Janet Gilligan	West Terre Haute, IN
Jean Kenny, SP	St. Mary of the Woods, IN
Mrs. Nancy McCammon-Hansen	Fort Wayne, IN
Rev. Adam Pierce	Indianapolis, IN
Rev. Allan Wallace	Indianapolis, IN
Rev. Andrea Arsene	West Lafayette, IN
Rev. Andrew Downs	Terre Haute, IN
Rev. Beth Scriven	Brownsburg, IN
Rev. David Guilfoyle	Metamora, IN
Rev. Dr. Joanna Benskin	Evansville, IN
Rev. Fatima Yakubu-Madus	Indianapolis, IN
Rev. Heather Apel	Indianapolis, IN
Rev. Joan C. Friesen	Indianapolis, IN
Rev. Karen Sullivan	Indianapolis, IN
Rev. Lori Tapia	Indianapolis, IN
Rev. Mark Van Wassenhove	Indianapolis, IN
Rev. Richard L. Spleth	Indianapolis, IN
Rev. Taylor Alan Thames	Indianapolis, IN
Rev. Teresa Hord Owens	Indianapolis, IN
Rev. Virginia B. Hall	Bloomington, IN
Sister Annette Grisley	Oldenburg, IN
Sister Barbara Battista, SP	St. Mary of the Woods, IN
Sister Beth Wright, SP	Terre Haute, IN
Sister Betty Koressel	St. Mary of the Woods, IN
Sister Carol Nolan, SP.	St. Mary of the Woods, IN
Sister Christa Franzer	Oldenburg, IN
Sister Connie Kramer, SP	Indianapolis, IN
Sister Dawn Tomaszewski, SP	St. Mary of the Woods, IN
Sister Irma Arnold, OSF	Evansville, IN
Sister Jeanne Hagelskamp, SP	St. Mary of the Woods, IN
Sister Kathleen Leonard	Terre Haute, IN

Sister Marie McCarthy	Terre Haute, IN
Sister Marilyn Hofer, OSF	Oldenburg, IN
Sister Marsha Speth	West Terre Haute, IN
Sister Mary Beth Klingel	St. Mary of the Woods, IN
Sister Mary C. Duffy	Indianapolis, IN
Sister Maureen Irvin, OSF	Batesville, IN
Sister Nancy Bartasavich, SP	Stoneham, IN
Sister Noella Poinsette, OSF	Oldenburg, IN
Sister Paula Modaff, SP	St. Mary of the Woods, IN
Sister Rebecca Keller	St. Mary of the Woods, IN
Sister Rose Ann Eaton, SP	St. Mary of the Woods, IN
Teresa Kang, SP	St. Mary of the Woods, IN

Iowa

Bernardo Alayza Mujica	Sioux City, IA
Catherine E. Hendel, BVM	Dubuque, IA
Evalee Mickey	North Liberty, IA
Jean A. Fritscher	Stanton, IA
Jean McMaken	Huxley, IA
Mary Anne Bradish, BVM	Dubuque, IA
President LaDonna Manternach, BVM	Dubuque, IA
Rev. Joshua J. Patty	Newton, IA
RoseMarie Lorentzen, BVM	Dubuque, IA
Sean Bradley, PhD, CNA	Dubuque, IA
Sister Alice Caulfield, BVM	Dubuque, IA
Sister Brigid Mary Hart, BVM	Dubuque, IA
Sister Christina Fuller, OSF	Frankfort, IA
Sister Diane Rapozo, BVM	Dubuque, IA
Sister Georgeann Quinlan, BVM	Dubuque, IA
Sister Irene Lukefahr, BVM	Dubuque, IA
Sister Jacquelyn Cramer, BVM	Dubuque, IA
Sister Joan Linggen, BVM	Dubuque, IA
Sister Joyce Rohlik, BVM	Dubuque, IA
Sister Judith Dewell, BVM	Dubuque, IA
Sister Karen Conover, BVM	Dubuque, IA
Sister Karen Pollard, BVM	Dubuque, IA
Sister Kathryn Lawlor	Dubuque, IA
Sister Lois Dolphin, BVM	Dubuque, IA
Sister Louise Levandowski, BVM	Dubuque, IA
Sister Marcella O'Rourke, BVM	Dubuque, IA
Sister Marie Corr, BVM	Dubuque, IA
Sister Mary Anne Bradish, BVM	Dubuque, IA

Sister Mary Martens	Dubuque, IA
Sister Nancy McCarthy, BVM	Dubuque, IA
Sister Roberta White, BVM	Dubuque, IA
Sister Sandra Rodemyer, BVM	Urbandale, IA
Teri Hadro, BVM	Dubuque, IA

Kansas

Loretta A. Jasper	Abilene, KS
Sister Janet Lander, CSJ	Concordia, KS
Sister Judy Stephens	Concordia, KS
Sister Dian Hall	Concordia, KS
Sister Carmella Thibault, CSJ	Concordia, KS
Sister Anna Marie Broxterman, CSJ	Concordia, KS
Sister Judy Stephens	Concordia, KS
Christina Meyer, CSJ	Concordia, KS
Sister Christina Meyer	Concordia, KS
Sister Jodi Creten	Concordia, KS
Sister Christina Meyer	Concordia, KS
Sister Linda Roth	Kansas City, KS
Rev. William B. Rose-Heim	Overland Park, KS
Sister Mary Ellen Loch, CSJ	Wichita, KS

Kentucky

Carlos Malave	Louisville, KY
Mary Elizabeth Miller, SCN	Nazareth, KY
Patricia Turner	Louisville, KY
Rev. Rebecca Barnes	Louisville, KY
Sangeeta Ayithamattam, SCN	Nazareth, KY
Sister Adeline Fehribach	Nazareth, KY
Sister Barbara Flores	Nazareth, KY
Sister Jackulin Jesu	Nazareth, KY
Sister Mary Elizabeth Miller	Nazareth, KY
Sister Sangeeta Ayithamattam	Nazareth, KY
Sister Sharon Gray	Louisville, KY

Maine

Rev. Andrew M. Flatt-Kuntze	Falmouth, ME
Rev. Jane Field	Portland, ME
Rev. Jonna Jensen, Transitional Conference Minister	Augusta, ME
Rev. Paula Norbert	Kennebunk, ME
Rev. Sara Ewing-Merrill	Portland, ME

Maryland

Brother Ryan W Roberts, n/OLF	Millersville, MD
Cheryl Nichols	Hyattsville, MD
Lawrence Couch	Silver Spring, MD
Sister Ann Scholz, SSND	Silver Spring, MD
Sister Brigid Lawlor	Silver Spring, MD
Sister Kathleen Keller, SNJM	Sandy Spring, MD
Sister Marie Lucey, OSF	Greenbelt, MD
Sister Mary Beth Hamm, SSJ	Reisterstown, MD
Sister Sharon Richardt	Baltimore, MD

Massachusetts

Dr. Richard Pulice	Marlborough, MA
Geraldine Stanton, SNDdeN	Boston, MA
Hanifah Murfin	Leverett, MA
Janice Young, CSJA	Pepperell, MA
Judith Ann Swett, CSJ	Boston, MA
Karyn Barry	Waltham, MA
Ken Canty	Dudley, MA
Margaret Hummel	Newton, MA
Margaret L. Sullivan, CSJ	Boston, MA
Nancy Papp	Marlborough, MA
Rev. Juliet S. Bongfeldt	Harwich, MA
Sister Alice Mar Kirby, CSJ	Brighton, MA
Sister Bethany Fitzgerald	Watertown, MA
Sister Betty Cawley	Boston, MA
Sister Dorothea Masuret, CSJ	Watertown, MA
Sister Helen Power	Waltham, MA
Sister Jean Plausky	Brighton, MA
Sister Joanne Gallagher, CSJ	Boston, MA
Sister Joanne Solari	Brighton, MA
Sister Josephine Perico	Brighton, MA
Sister Margaret Lanen, SNDdeN	Boston, MA
Sister MarthaAnn Kelley	Framingham, MA
Sister Mary Black, CSJ	Brighton, MA
Sister Mary Ellen O'Connell	Brighton, MA
Sister Mary Joan Lofgren	Milton, MA

Michigan

Catherine DeClercq	Livonia, MI
Corinne Sanders, OP	Adrian, MI
Marie Michael	Roseville, MI
Pastor Colin P. Watson, Sr.	Grand Rapids, MI

Patricia Dulka
Patricia Erickson
Rev. Katy Zatsick
Sister Annice Mordenski, OP
Sister Arlene Kosmatka
Sister Barbara Kelley, OP
Sister Bonnie Motto, OP
Sister Carleen Maly
Sister Janet Persyk, OP
Sister Lenore Boivin, OP
Sister Mary Brigid Clingman, OP
Sister Mary Ellen Gondeck
Sister Mary Homan, OP

Adrian, MI
Adrian, MI
Ann Arbor, MI
Adrian, MI
Plymouth, MI
Adrian, MI
Clinton Township, MI
Adrian, MI
Adrian, MI
Taylor, MI
Grand Rapids, MI
Kalamazoo, MI
Warren, MI

Minnesota

DeeAnn Stenlund
Greg Hagen
Sister Helen Jane Jaeb

Roseville, MN
Rochester, MN
Mankato, MN

Mississippi

Sister Joan Kuester, DC
Sister Mary Walz

Maryland Heights, MS
Durant, MS

Missouri

Dawn Achs
Dr. Lynne Schmidt, SSND
Martha Jaegers
Rev. Dr. Paul Koch
Sister Anna Marie Reha, SSND
Sister Cheryl Kemner, OSF
Sister Julie Cutter, DC
Sister Martha M. Jaegers
Sister Mary Nolan, BVM

St. Louis, MO
St. Louis, MO
Saint Louis, MO
Marceline, MO
Saint Louis, MO
St. Louis, MO
St. Louis, MO
St. Louis, MO
St. Louis, MO

Montana

Brother Mike Dorn, OFM Cap.

Crow Agency, MT

Nebraska

Rev. Alan Brehm, PhD
Rev. Dr. Melodie Jones Pointon
Rev. Dr. Sue Coller

Lincoln, NE
Lincoln, NE
Lincoln, NE

Nevada

Judy Allen

Virginia City, NV

New Hampshire

Edward E. Stevens
Kathleen Stevens
Mike Speltz

Center Conway, NH
Center Conway, NH
Londondary, NH

New Jersey

Cathy Cappiello
Denise Lytle
Dr. Antonelle Chunka
Mary John Kearney, OP
Rev. Terrence J. Moran
Sister Joann Marie Aumand
Sister Joanne Bedar
Sister Mary A. Sullivan, OP
Sister Mary Feigen
Sister Mary Joan Smith, SCC
Sister Patrice Owens
Sister Patricia A Daly, OP
Sister Teresina Grasso, SP

Roseland, NJ
Woodbridge, NJ
Spotswood, NJ
Caldwell, NJ
Convent Station, NJ
Mendham, NJ
Mendham, NJ
Caldwell, NJ
Wayne, NJ
Mendham, NJ
Mendham, NJ
Montclair, NJ
Elmwood Park, NJ

New Mexico

Ann Marie Hook
Grace Marie Meehan, SP

Socorro, NM
Albuquerque, NM

New York

Darlene Jacobs
Dr. Katherine Luise Ahrens
Francis J. Breen
Patricia A. Lord
Patricia Ryan
Rosemary K. Weiss
Sister Antoinette Gutzler, MM
Sister Beth McCormick, OP
Sister Carolyn Moritz, MM
Sister Dolores O'Dowd, GNSH
Sister Donna M. Lord, GNSH
Sister Dora Nuetzi, MM
Sister Elizabeth Terbrock, MM
Sister Ellen McDonald, MM
Sister Kathleen O'Connor, OP
Sister Laura Helbig
Sister Lorraine Leibold, OP

Maryknoll, NY
Maryknoll, NY
Maryknoll, NY
Buffalo, NY
Maryknoll, NY
Poughkeepsie, NY
Maryknoll, NY
Croton-on-Hudson, NY
Ossining, NY
Albion, NY
Cheektowaga, NY
Maryknoll, NY
Maryknoll, NY
Maryknoll, NY
Bronx, NY
Williston Park, NY
West Islip, NY

Sister Mary Jessica Terek
Sister Mary Louis Rustowicz, CSSF
Sister Maureen Hanahoe, MM
Sister Peggy McPartland
Sister Phyllis Tierney, SSJ
Sister Rosemarie Milazzo
Sister Rosemary Riggie
Sister Theresa Kastner, MM
Virgeen Healey, MM

Beaver Falls, NY
Buffalo, NY
Ossining, NY
Nanuet, NY
Rochester, NY
Maryknoll, NY
Buffalo, NY
Maryknoll, NY
Ossining, NY

North Carolina

Linda Tucker
Brenda Messera
Joanne Davis
Rev. Frank Dew
Rheba Heggs

Raleigh, NC
Matthews, NC
Wilmington, NC
Greensboro, NC
Durham, NC

North Dakota

Rev. Gretchen Deeg
Rev. Karl R. Kroger
Rev. Martin Toepke-Floyd

Bismark, ND
Bismarck, ND
Jamestown, ND

Ohio

Ardath Blake
Dorothy Azwick, HM
Jane Pank, HM
Jo Marie Chrosniak, HM
Marjorie White
Maureen Tighe-Brown
Rev. Allen V. Harris
Sister Ann Marie Quinn
Sister Ann VonderMeulen, OSF
Sister Anne Victory, HM
Sister Carolyn Marshall, HM
Sister Gemma Doll, OP
Sister Judith Clemens
Sister Karen Bernhardt, HM
Sister Mary Morley, SP
Sister Mary Pat Cook, HM
Sister Sally Duffy
Sister Sheila Marie Tobbe, OSU
Teresa Phillips

Girard, OH
Hubbard, OH
Sheffield Lake, OH
Cleveland, OH
Garfield Heights, OH
Hubbard, OH
Cleveland, OH
Cincinnati, OH
Cincinnati, OH
Cleveland, OH
North Olmsted, OH
Columbus, OH
Cincinnati, OH
Canton, OH
Cincinnati, OH
North Olmsted, OH
Cincinnati, OH
Pepper Pike, OH
Cincinnati, OH

Oklahoma

Rev. Pamela G. Holt

Oklahoma City, OK

Oregon

Cathy Olds, OP

Lake Oswego, OR

Pennsylvania

Carol Anne Smith, HM

Villa Maria, PA

Debbie Adams

Philadelphia, PA

Maria Ceci

Bethlehem, PA

Maryellen Glackin

East Norriton, PA

Patricia A. Lowery, MD, SCMM

Philadelphia, PA

Rev. Dr. John C. Sivalon, MM

Clarks Summit, PA

Rev. Richard K. Eckley, PhD

Bellefonte, PA

Rev. Thomas McKenna, C.M.

Philadelphia, PA

Sister Cecelia Cosgrove, GNSH

Philadelphia, PA

Sister Colleen Dauerbach SSJ

Philadelphia, PA

Sister Diane Bardol

Philadelphia, PA

Sister Dominica Lo Bianco, OSF

Aston, PA

Sister Eileen White, GNSH

Philadelphia, PA

Sister Jeanette Bussen

Pittsburgh, PA

Sister Joyce Bell

Springfield, PA

Sister Kathleen Hannangnsh

Philadelphia, PA

Sister Kathleen Malone

Reading, PA

Sister Martha Moyle

Philadelphia, PA

Sister Mary Justice Przybocki

Coraopolis, PA

Sister Mary McMahan

Philadelphia, PA

Sister Patricia Geary

Philadelphia, PA

Sister Rita Margraff

Philadelphia, PA

Suzanne M. Susany, OSF, ESQ

Pittsburg, PA

Rhode Island

Sister Genevieve Vigil

Middletown, RI

Sister Noelle Cooper, SJ

Newport, RI

South Carolina

Brother Ian Boden, Vicar

Greenville, SC

South Dakota

Pastor Erika Lehmann

Dimock, SD

Pastor Larry M. Peterson

Custer, SD

Rev. Jean Morrow

Sioux Falls, SD

Sister Pat Prunty

Aberdeen, SD

Tennessee

Sister Maria Van Werkhoven

Memphis, TN

Texas

Carolyn Riddle

Austin, TX

Jamie Thomas Regina

Kingsland, TX

Sharon Altendorf

San Antonio, TX

Sister Cecile Roeger, OP

Houston, TX

Sister Ceil Roeger, OP

Houston, TX

Sister Digna Vela, IWBS

Victoria, TX

Sister Marian Sturm

Victoria, TX

Sister Ricca Dimalibot, MD

Houston, TX

Thomas Nieland

San Juan, TX

Vermont

Rev. Dr. Nancy Wright

South Burlington, VT

Virginia

Kimberly Emery

Charlottesville, VA

Marco A. Grimaldo

Arlington, VA

Maria Martinez Bustamante

Arlington, VA

Sister Donna Markham, OP

Alexandria, VA

Washington

Claudia Morgan, OP

Seattle, WA

Jean Schwinber

Seattle, WA

Rev. Sandra Messick

Spokane, WA

Sister Linda Haydock

Seattle, WA

Sister Pat Millen

Spokane, WA

Sister Senaida Rivera, OP

Tacoma, WA

West Virginia

Rev. Thaddaeus B. Allen

Vienna, WV

Sister Carmella Campione

Wheeling, WV

Wisconsin

Karen Kappell, FSPA

La Crosse, WI

Rev. Jim Coakley

Fond du Lac, WI

Ruth Battaglia, CSA

Fond du Lac, WI

Sister Betty Reinders

Milwaukee, WI

Sister Debra M. Sciano, SSND

West Allis, WI

Sister Jean Steffes, CSA

Fond du Lac, WI

Sister Kathlyn A. Lange

Merrill, WI

Sister Kathy Wiesneski, SCSC

Merrill, WI

Sister Mary Zita Klimek, SCSC
Sister Pam Hodgson, SCSC
Sister Roberta Moser
Sister Ruth Battaglia, CSA
Sister Terese Shinnars, BVM

Merrill, WI
Merrill, WI
Milwaukee, WI
Fond du Lac, WI
Wauwatosa, WI

Point32Health
1 Wellness Way
Canton, MA 02021
point32health.org

Point32Health

March 21, 2022

The Honorable James McGovern
370 Cannon House Office Building
Washington, DC 20515

Dear Chairman McGovern:

We were thrilled to see the President sign into law the White House Conference on Food, Nutrition, Hunger, and Health. I wanted to send you our congratulations for achieving this important milestone. We are especially pleased to see that it specifies a “whole of government” approach. Thank you very much for your fearless leadership in this critical area. We share your passion on nutritional equity and look forward to more discussions in the future!

All the best,



Cain A. Hayes
President & CEO

General Business



Guiding and empowering
healthier lives



Statement of Rep. Ed Perlmutter
Hunger Roundtable Record
House Rules Committee
April 5, 2022

When considering the challenges a family can face, putting food on the table is one of the foundational building blocks towards economic stability, health, and a quality education for children. And I've championed numerous programs during my time in Congress like WIC, SNAP, TEFAP, CSFP, and Meals on Wheels to ensure my constituents have access to nutritious meals to prevent needless hunger.

What I've learned from the House Rules Committee's Hunger Roundtable series is all these programs are not enough on their own. As of April 2021, 33% of Coloradans lacked reliable access to nutritious food and 20% of adults reported having to regularly cut back or skip meals because there wasn't enough money to buy food. Colorado households led by single women with children have among the highest rates of food insecurity with nearly one in three struggling to put food on the table before the COVID-19 pandemic according to the USDA. The U.S. consistently ranks as having among the highest rates of food insecurity of any wealthy, developed country and that needs to change.

Although COVID-19 severely exacerbated the hunger crisis, it didn't create it. We did, however, learn when Congress provided federal aid, we lifted families out of poverty and got them the food they needed. However, when Congress let the aid expire, the challenges began to rise again. Throughout the pandemic, there were increases in food stamps and unemployment benefits, three rounds of economic impact payments, universal free meals at school, and new grocery benefits. The pandemic showed us how to slash hunger in America and offered us a once-in-a-generation chance to rethink critical safety net programs, in some cases changing or expanding them in ways that were previously politically impossible. Ending food insecurity isn't just a matter of charity – the status quo is expensive. Food insecurity and hunger costs about \$160 billion per year in the U.S. according to one estimate from lost productivity and increased healthcare costs.

When President Richard Nixon convened the White House Conference on Hunger in 1969, he said, "That hunger and malnutrition should persist in a land such as ours is embarrassing and intolerable." I couldn't agree more. I'm proud of the work of the House Rules Committee under Chairman Jim McGovern's leadership to convene the long overdue second White House Conference on Food, Nutrition, Hunger, and Health. Through the Rules Committee's efforts over the last year, it's become clear to me there is no one single solution to ending hunger. What we need is a systematic approach to give individuals and families the tools they need to succeed in the 21st Century. We need this White House Conference to address why people are hungry in America and how we update and restructure our food, housing, healthcare, job and many other assistance programs to meet the needs of today.

I'm proud of the work led by Chairman McGovern to convene Rules Committee Members and learn about the problems in communities across the country, how innovative organizations are helping solve difficult challenges, and begin discussing how the federal government can work together across all our agencies to finally end hunger in America.

MARK DeSAULNIER

11TH DISTRICT, CALIFORNIA

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FAX: (202) 225-5609

3100 OAK ROAD, SUITE 110
WALNUT CREEK, CA 94597
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440 CIVIC CENTER PLAZA, 2ND FLOOR
RICHMOND, CA 94804
PHONE: (510) 620-1000
FAX: (510) 620-1005

Congress of the United States
House of Representatives
Washington, DC 20515

Statement for the Record
May 2, 2022

COMMITTEE ON EDUCATION
AND LABOR
CHAIRMAN, SUBCOMMITTEE ON HEALTH,
EMPLOYMENT, LABOR, AND PENSIONS

COMMITTEE ON TRANSPORTATION
AND INFRASTRUCTURE

COMMITTEE ON OVERSIGHT
AND REFORM

COMMITTEE ON RULES
VICE CHAIR

Hunger in the United States is at a concerning level. According to the U.S. Department of Agriculture, more than 38 million people in the United States, including 12 million children, are food insecure. In order to have a meaningful impact on reducing food insecurity and the many negative impacts it has, we need to come together and work collaboratively to find and implement solutions. That is why I am so honored to have been a part of Chairman McGovern's Hunger Project.

In high cost of living areas like the Bay Area, affording food and shelter can be even more difficult. Although the Bay Area is home to some of the richest people and companies in the world, it is also the home of some of the worst income inequality in the nation: seven of the ten California counties with the biggest growth in food stamp enrollment during the pandemic were in the Bay Area. According to the San Francisco Chronicle, more than 870,000 people remain food insecure in the Bay Area, which is more than the entire population of San Francisco.

In August 2021 I had the pleasure of welcoming Chairman McGovern to the East Bay to see firsthand the way our community acknowledges and responds to hunger in unique, innovative, and scalable ways.

We started off at Mt. Diablo High School in Concord where we toured the school garden and their Sustainable Hospitality Program that encompasses a student run restaurant called Serendipity Café. Through this program, students are taught the important of nutrition and sustainable living. We then went on to Urban Tilth in North Richmond, a traditionally underserved and disadvantaged area of Contra Costa County. There, we learned about Urban Tilth's seven school and community gardens and small urban farms that are used to teach and employ community members to grow, distribute, cook, and consume thousands of pounds of local produce each year, to create a more equitable and just food system within a healthier and more self-sufficient community.

The East Bay is also home to some of the finest institutions of higher education in the country, including the University of California, Berkeley, where we visited their Food Institute to tour their community garden and meet with researchers and practitioners to learn about their research into food access, urban agriculture, and fair and health jobs; their food policy initiatives; and their work on community engagement and education. Our next stop called on some Berkeley star power in our visit with Alice Waters, world renowned chef and one of the first proponents of sustainable community gardens. We finished the day with a listening session with anti-hunger

leaders, including an opportunity to hear from people with the lived experience of hunger and partners in education and other sectors. Organized by the California Food Bank, the event features State Senator Nancy Skinner, United Food and Commercial Workers Local 5, the University of California Systemwide Basic Needs Committee; Food Bank of Contra Costa & Solano, Dolores Huerta Foundation, Service Employees International Union L. 1021, California Teachers Association, Child Care Resource & Referral Network, St. Mary's Center, Western Center for Law & Poverty, County Welfare Directors Association of California, Young Invincibles, and more.

I appreciate the opportunity to have shown the unique perspective that the East Bay brings to the issue of hunger. It is my sincere hope that through convenings like these, the hard work of anti-hunger advocates like Chairman McGovern, and a White House and federal agencies whole-of-government conference on Food, Nutrition, Health, and Hunger, we will make meaningful progress toward ending hunger in the United States.

U.S. House of Representatives
Committee on Rules
Washington, D.C.

March 28, 2022

Dear Chairman McGovern, Ranking Member Cole, and distinguished members of the House Committee on Rules:

Thank you for the opportunity to submit this letter and relevant research in support of the White House Conference on Food, Nutrition, Hunger, and Health. Our nearly 25 years of research at Children's HealthWatch strongly supports robust efforts to reduce food insecurity as a key mechanism for improving health beginning in the prenatal period and extending through adulthood. Children's HealthWatch is a network of pediatricians, public health researchers, and child health and policy experts committed to advancing health equity for young children and families by informing policies that alleviate economic hardships, including food insecurity.

Reducing food insecurity is a critical public health and health equity issue. Enclosed with this letter, I have provided multiple studies documenting the importance of reducing food insecurity for improving health outcomes and lowering avoidable health care and other costs among children and adults. I also include studies highlighting the interconnected nature of food insecurity to other hardships and the important role federal policies play in reducing food insecurity and promoting health. Below I summarize key findings from each study.

Research on associations between food insecurity, health, and avoidable health care costs and drivers of food insecurity:

- [Estimating the Health-Related Costs of Food Insecurity and Hunger](#): This report estimated the direct and indirect costs of food insecurity on health care expenditures, education costs, and lost work productivity to be \$178.93 billion in 2014. Direct and indirect costs associated with health-related expenditures was \$160.07 billion and education costs and lost work productivity costs was estimated at \$18.85 billion.
- [Association of Food Insecurity with Children's Behavioral, Emotional, and Academic Outcomes: A Systematic Review](#): This paper provides a critical summary of peer-reviewed articles documenting associations between food insecurity – even when experienced at marginal levels - and adverse childhood developmental behavioral outcomes including early development, school performance, inattention, externalizing behaviors, and depression among children.
- [Experiences of Racial and Ethnic Discrimination Are Associated with Food Insecurity and Poor Health](#): This study examined the associations of mothers' experiences of discrimination with household food insecurity, physical health, and depressive symptoms. Among a sample of mothers of young children in Philadelphia, experiences of discrimination in certain settings were associated with increased risk of household food insecurity, depressive symptoms, and adverse health outcomes.

- [Unstable Housing and Caregiver and Child Health in Renter Families](#): This study showed among a large sample of families with young children in 5 US cities, housing instability was associated with significantly increased risk of household and child food insecurity – along with other adverse health outcomes among children and caregivers.
- [A Brief Indicator of Household Energy Security: Associations With Food Security, Child Health, and Child Development in US Infants and Toddlers](#): This study found families with young children who were unable to afford home energy expenses, which resulted in threatened or actual shut offs, days without heating or cooling, and/or using a cooking stove for heat – a condition known as energy insecurity – were at increased risk of household and child food insecurity as well as poor health outcomes compared to families without energy insecurity.

Research linking federal nutrition assistance programs and reductions in food insecurity among families with young children

- [SNAP: Building a Healthy Foundation Today and Tomorrow](#): This policy report summarizes decades of research from Children’s HealthWatch and others documenting the impact of SNAP in reducing food insecurity, improving health, reducing health care costs, and supporting educational outcomes.
- [SNAP, Young Children’s Health, and Family Food Security and Healthcare Access](#): This study examined associations between SNAP participation and young children’s health and development, caregiver health, and family economic hardships. Among a large sample of families with young children in 5 US cities, participation in SNAP was associated with reduced household and child food insecurity, lower odds of developmental risk as well as poor health and growth among infants and toddlers, and reduced health care hardships.
- [Loss of SNAP Is Associated with Food Insecurity and Poor Health in Working Families with Young Children](#): This paper investigated how SNAP benefit reductions or cutoffs resulting from increased income were related to economic hardships and caregiver and child health outcomes. Analyses among a large sample of families with young children in 5 US cities showed families whose SNAP benefits were reduced or cut off had significantly increased odds of household and child food insecurity and were at greater risk of fair/poor child and caregiver health compared to those with consistent SNAP participation.
- [Prenatal WIC is Associated with Increased Birthweight of Infants Born in the United States with Immigrant Mothers](#): This study examined relationships between prenatal participation in WIC and birth weight – a key indicator of positive health in early childhood - among infants of income-eligible immigrant mothers. Among a multisite sample of mothers with low-incomes, prenatal WIC participation for income-eligible immigrant mothers was associated with healthier birth weights among infants born in the United States.

Research linking federal non-nutrition assistance programs to reductions in food insecurity among families with children

- [Association of the Implementation of Child Tax Credit Advance Payments With Food Insecurity in US Households](#): Using data from the Household Pulse Survey conducted by the US Census Bureau in 2021, this study found receipt of advance Child Tax Credit monthly

payments were associated with a 26 percent reduction in food insufficiency among families with children.

- [Bulwark Against the Storm: The unequal impact of COVID relief policies on families with young children](#): This report used longitudinal data among families with young children collected by Children's HealthWatch before and during the pandemic. Household and child food insecurity rates and rates of being behind on rent increased for all families during the pandemic, but families with immigrant mothers were at greater risk of household food insecurity and being behind on rent than families with US-born mothers. Economic Impact Payments were significantly associated with reductions in food insecurity among all families, but families with immigrant mothers were more likely to report missing out on payments than families with US-born mothers.

Thank you for your consideration of these materials. Please do not hesitate to reach out to the Director of Policy Strategy, Allison Bovell-Ammon (Allison.bovell-ammon@bmc.org) if you have any questions or would like to request further information. We appreciate your commitment to reducing food insecurity and improving health in the United States.

Sincerely,

Stephanie Ettinger de Cuba, PhD, MPH
Executive Director
Children's HealthWatch



The Honorable James P. McGovern, Chairman
The Honorable Tom Cole, Ranking Member
House Committee on Rules
United States House of Representatives
The Capitol
Washington, DC 20510

Dear Jim and Tom,

Thank you for your leadership and partnership to works towards solving hunger in America. There has never been a better time to address such an important and pervasive issue such as food and nutrition insecurity. I worked tirelessly during my years in office to find bipartisan solutions to these wicked problems.

We recently recognized the incredible work done over 50 years ago at the 1969 White House Conference on Food, Nutrition, and Health. The conference was a call to action that led to the development of critical programs that continue to support millions of Americans five decades later. Although much has been done, I believe there is still work to do and I endorse your efforts to secure a second White House Conference to identify the solutions necessary to support a healthy, equitable, and sustainable food and nutrition system.

Our nation must keep making strides to improve nutrition security in America. I appreciate your work to bring the topic of nutrition front and center in the United State Congress. Thank you for all that you do.

Sincerely,

Tom Harkin

Congress of the United States
Washington, DC 20515

February 14, 2022

The Honorable Gene L. Dodaro
Comptroller General
U.S. Government Accountability Office
441 G Street, NW
Washington, D.C. 20548

Dear Mr. Dodaro:

Tribal communities in the United States face high levels of levels of hunger and food insecurity. One study that examined USDA data from 2000 to 2010 found that food insecurity among American Indians and Alaska Natives averaged 25 percent—twice as high as the white population—while a 2019 study found that among tribes in northern California and southern Oregon, 92 percent of households suffered from food insecurity.¹ Challenges families face accessing nutritious food in these areas can include long distances to grocery stores and high prices for groceries, and the COVID-19 pandemic has exacerbated these issues.

As a result, families in tribal areas may be especially reliant upon federal nutrition programs administered by the United States Department of Agriculture (USDA), such as the Food Distribution Program on Indian Reservations (FDPIR), and the National School Lunch Program. For example, FDPIR provides food to income-eligible households living on Indian reservations to help ensure they have access to a nutritionally balanced diet, while the School Lunch Program provides free or subsidized meals to school-aged children. However, families in tribal areas may be unaware of these programs or not know how to apply, and it is unclear how USDA has supported education efforts to increase family participation. Further, certain programs—including the School Lunch Program—are directly administered by states rather than tribes, limiting tribes' ability to meet their own unique needs.

I request that you answer the following questions:

- What food security challenges exist in tribal areas?
- What federal nutrition programs are available in tribal areas and to what extent do these programs meet the unique needs of tribal communities?
- To what extent has USDA taken steps to increase participation in federal nutrition programs and address food security challenges in tribes?

¹ See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5422031/pdf/nihms827391.pdf>, and [Restoring access to Native foods can reduce food insecurity | UC Berkeley Rausser College of Natural Resources](#).

- What opportunities, if any, exist to promote tribal administration of USDA nutrition programs?

Please contact Naomi Miguel (Naomi.Miguel@mail.house.gov) and Kim Corbin (Kim.Corbin@mail.house.gov) if you have any questions about this request.

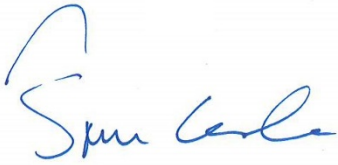
Sincerely,



Raúl M. Grijalva
Chair
House Committee on Natural Resources



James P. McGovern
Chair
House Committee on Rules



Tom Cole
Ranking Member
House Committee on Rules



441 G St. N.W.
Washington, DC 20548

February 25, 2022

Congressional Requesters:

Thank you for your letter requesting that the Government Accountability Office review matters relating to food insecurity in tribal communities.

GAO accepts your request as work that is within the scope of its authority. At the current time we anticipate that staff with the required skills will be available to initiate an engagement in about four months. Your request has been assigned to Ms. Cindy Brown Barnes, Managing Director, Education, Workforce, and Income Security. Closer to the time GAO can start the engagement, Ms. Brown Barnes or a member of her team will contact the staff points of contact to confirm that this request continues to be your priority for us. As applicable, we will also be in contact with the cognizant Inspector General's office to ensure that we are not duplicating efforts. If an issue arises during this coordination, we will consult with you regarding its resolution.

If you have any questions, please contact Ms. Brown Barnes at 202-512-7215 or brownbarnesc@gao.gov, or Ms. Casey L. Keplinger, Assistant Director, Congressional Relations, on my staff at 202-512-9323 or keplinger@gao.gov.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'C. Keplinger', with a stylized flourish at the end.

Managing Director
Congressional Relations

Attachment

Ref: CCAR 22-0484

Attachment: List of Requesters

The Honorable Raúl M. Grijalva
Chairman, Committee on Natural Resources
House of Representatives
(POC: Naomi Miguel)

The Honorable James P. McGovern
Chairman, Committee on Rules
House of Representatives
(POC: Kim Corbin)

The Honorable Tom Cole
Ranking Member, Committee on Rules
House of Representatives
(POC: Kim Corbin)

**BIDEN-HARRIS
ADMINISTRATION
NATIONAL
STRATEGY ON
HUNGER,
NUTRITION, AND
HEALTH**

SEPTEMBER 2022



**THE WHITE HOUSE
WASHINGTON**



THE WHITE HOUSE
WASHINGTON

Today I am convening the first White House Conference on Hunger, Nutrition, and Health in over 50 years. Yes, there is still hunger in America. But over the past 50 years, we have learned so much more about nutrition and the role that healthy eating plays in how our kids perform in the classroom and about nutrition and its linkages to disease prevention. This important conference and the commitment to a national strategy on ending hunger and healthier eating will build on the research and knowledge we now have to make America truly a stronger, healthier nation.

With this gathering of elected officials; advocates and activists; and leaders of business, faith, and philanthropy from across America, we are mobilizing the will to meet a bold goal: to end hunger in America and increase healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases.

This national strategy will serve as the playbook to meet this vital goal. It calls for a whole-of-government and whole-of-America approach to addressing the challenges we face. When families can't afford healthy food options, it's harder for children to succeed in school, and it can lead to mental and physical health challenges for the whole family. For so many families—including families of color, those living in rural communities and territories, and low-income families—structural inequality, such as disparities in educational and economic opportunities and lack of access to health care, safe housing, and transportation, make the impact of hunger and diet-related diseases even more severe. The pandemic made these problems worse, reinforcing the need for urgent, sustained action.

Despite these challenges, we know what to do. This national strategy builds on the historic strides that my Administration has already made to bolster economic security for American families and cut child poverty across the country. And it harnesses our greatest resource—our fellow Americans.

Everyone has an important role to play in addressing these challenges: local, State, territory and Tribal governments; Congress; the private sector; civil society; agricultural workers; philanthropists; academics; and of course, the Federal Government. In developing this national strategy, my Administration has listened to and learned from many remarkable advocates, including people who have experienced hunger and diet-related diseases themselves. To all of you, I am grateful for your unwavering commitment to meet this moment.

Together, we can build a healthier future for all Americans.



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Executive Summary

More than 50 years since the first White House Conference on Food, Nutrition, and Health, the U.S. has yet to end hunger and is facing an urgent, nutrition-related health crisis—the rising prevalence of diet-related diseases such as type 2 diabetes, obesity, hypertension, and certain cancers. The consequences of food insecurity and diet-related diseases are significant, far reaching, and disproportionately impact historically underserved communities. Yet, food insecurity and diet-related diseases are largely preventable, if we prioritize the health of the nation.

The Biden-Harris Administration envisions an America where no one wonders whether they will have enough money to put food on the table, where the healthy food choice is the easier choice, and where everyone has the same opportunity to be physically active. Transformative programs, policies, and system changes are needed within and outside government to achieve this vision. There is no silver bullet to address these complex issues, and there is no overnight fix. Making progress requires collective, sustained action and mobilization across every segment of society. **That is why President Biden announced a goal of ending hunger and increasing healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases—while reducing related health disparities.**¹

To advance the President’s goal—and build on the federal government’s existing work to address hunger and diet-related diseases—this strategy identifies ambitious and achievable actions the Biden-Harris Administration will pursue across five pillars:

- 1. Improving food access and affordability**, including by advancing economic security; increasing access to free and nourishing school meals; providing Summer Electronic Benefits Transfer (EBT) benefits to more children; and expanding Supplemental Nutrition Assistance Program (SNAP) eligibility to more underserved populations;
- 2. Integrating nutrition and health**, including by working with Congress to pilot coverage of medically tailored meals in Medicare; testing Medicaid coverage of nutrition education and other nutrition supports using Medicaid section 1115 demonstration projects; and expanding Medicaid and Medicare beneficiaries’ access to nutrition and obesity counseling;
- 3. Empowering all consumers to make and have access to healthy choices**, including by proposing to develop a front-of-package labeling scheme for food packages; proposing to update the nutrition criteria for the “healthy” claim on food packages; expanding incentives for fruits and vegetables in SNAP; facilitating sodium reduction in the food supply by issuing longer-term, voluntary sodium targets for industry; and assessing additional steps to reduce added sugar consumption, including potential voluntary targets;

¹ Ending hunger will be measured by a reduction in the number of households with insufficient food (defined as very low food security) to less than 1% of households and cut the number of households struggling to put enough nutritious food on the table (defined as food insecurity) in half.



4. **Supporting physical activity for all**, including by expanding the U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention’s (CDC) State Physical Activity and Nutrition Program to all states and territories; investing in efforts to connect people to parks and other outdoor spaces; and funding regular updates to and promotion of the *Physical Activity Guidelines for Americans*; and
5. **Enhancing nutrition and food security research**, including by bolstering funding to improve metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity and access; and implementing a vision for advancing nutrition science.

The federal government cannot end hunger and reduce diet-related diseases alone. The private sector; state, Tribal, local, and territory governments; academia; and nonprofit and community groups must act as well. This strategy details Calls to Action for all these entities to do their part. Taken together, these collective efforts will make a difference and move us closer to achieving the 2030 goal.



Current Hunger, Nutrition, and Health Landscape

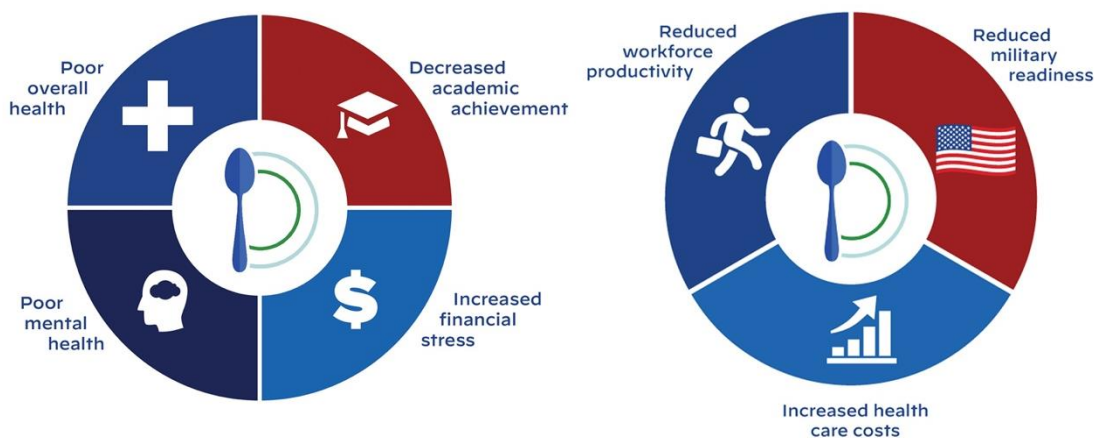
President Biden has set out a goal of **ending hunger and increasing healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases—all while reducing health disparities.**

In 2021, 1 in 10 households experienced food insecurity, meaning their access to food was limited by lack of money or other resources.¹ Nearly 4% of households in 2021 experienced very low food security, meaning they were regularly skipping meals or reducing their intake because they could not afford more food.² When someone experiences very low food security, they are most likely to also experience hunger.³

Moreover, diet-related diseases are some of the leading causes of death and disability in the U.S. New data show that 19 states and two territories have an obesity prevalence at or above 35%, more than double the number of states from 2018.⁴ One in 10 Americans have diabetes.⁵ One in 3 people will have cancer in their lifetime.⁶ And, more than 4 in 10 Americans have hypertension (high blood pressure),⁷ which is linked to the leading causes of death for Americans: heart disease and stroke.⁸

The toll of hunger and diet-related diseases is not distributed equally; these challenges disproportionately impact communities of color, people living in rural areas, people living in territories, people with disabilities, older adults, LGBTQI+ people, military families, and Veterans.⁹

Impacts of Food Insecurity & Diet-Related Diseases: Individual and Societal Costs¹⁰



The COVID-19 pandemic exacerbated food insecurity, diet-related diseases, and health disparities. At the start of the pandemic in early 2020, the percentage of food insecure households with children reached 14.8%, up from 13.6% in 2019.¹¹ This increase disrupted a decade-long downward trend.¹² Devastatingly, diet-related diseases also increase the risk for severe symptoms and death from COVID-19. One study estimated that nearly two-thirds of



COVID-19 hospitalizations in the U.S. were related to obesity, diabetes, hypertension, and heart failure.¹³

Diet-related diseases are caused in part by poor eating patterns including excess calorie intake—and the failure to meet the *Physical Activity Guidelines for Americans*.¹⁴ The vast majority of Americans do not eat enough vegetables, fruits, or whole grains and eat too much saturated fat, sodium, and added sugars.¹⁵ And, only 23% of Americans meet physical activity recommendations.¹⁶ Regular physical activity can reduce the risk of heart disease and diabetes, help manage weight, strengthen bones and muscles, and improve people’s ability to do everyday activities.¹⁷

However, a complex web of factors causes food insecurity and contributes to diet-related diseases and health disparities. Education and job opportunities; access to health care, safe housing, and transportation; and neighborhood design all affect an individual’s ability to obtain food, make healthy choices, and remain physically active. For example, people who live in communities without grocery stores offering affordable and healthy food options may face compounding challenges, particularly if they also do not have access to transit that allows them to travel to a nearby grocery store.¹⁸ Disparities in food insecurity and diet-related diseases exist in part because of persistent structural inequities. For example, people who lack access to food outlets that sell healthier foods tend to be lower-income, Black, or Hispanic; live in rural areas; and are geographically concentrated in the south.¹⁹ And, people living in territories, Alaska Natives, and Native Hawaiians are highly dependent on food imports, leading to less access to healthy and affordable foods. Additionally, children from low-income families typically have fewer opportunities to be physically active because of lesser access to safe streets and playgrounds.²⁰



The National Strategy

This strategy outlines the Biden-Harris Administration’s plan to drive transformative change to end hunger and reduce diet-related diseases and disparities. By outlining ambitious, achievable, and sustainable actions the federal government will take to fundamentally shift the country’s food, nutrition, and health policies across five pillars, this strategy creates a path to achieving our goals over the next decade.

The federal government cannot make these transformative changes alone. Accelerating this work will require actions by state, Tribal, local, and territory governments; academia; civil society; philanthropy; the private sector; and other partners. This strategy includes recommended steps these other sectors of society must take to reach our 2030 goal.

Pillar 1—Improve Food Access and Affordability: *End hunger by making it easier for everyone—including individuals in urban, suburban, rural, and Tribal communities, and territories—to access and afford food.*

A critical step to reduce hunger and associated disparities is helping all Americans become economically secure. Toward this end, President Biden signed into law the American Rescue Plan (ARP), which helped drive a historic and historically equitable jobs recovery.²¹ The expansion of the Child Tax Credit (CTC) through the ARP in 2021 helped cut child poverty nearly in half²²—driving it to record lows, including for all racial and ethnic groups measured—reduced food insecurity by roughly 26%,²³ and led to the lowest share of households with children that were food insecure on record.²⁴ The Administration has also partnered with Congress on historic legislation that will lower costs for American families—including health care costs— so they do not need to make the choice between putting food on the table and covering other essential needs.

The Biden-Harris Administration is committed to continuing progress in reducing food insecurity for American households by pushing for Congress to permanently extend the expanded, fully refunded CTC and expanded Earned Income Tax Credit. The Administration will continue to work with Congress to: raise the minimum wage to \$15 an hour; close the Medicaid coverage gap; invest in affordable, high-quality child care; and expand the Housing Choice Voucher program to ensure low-income families, older adults, and people with disabilities can afford decent, safe, accessible, and sanitary housing. The Biden-Harris Administration will continue to advance policies that increase worker power and workers’ rights to collectively bargain—including for the workers who grow, produce, and process our food, transport it to grocers, and stock grocery store shelves. Further, the Department of Defense (DoD) will implement the new Basic Needs Allowance created by Congress, which will ensure military households earn salaries sufficient to meet their basic food needs.

Along with advancing policies that bolster families’ economic security, below are additional steps the Biden-Harris Administration will pursue to improve food access and affordability.



A. Help more individuals experiencing food insecurity benefit from federal assistance programs.

Federal nutrition assistance programs such as the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the Child Nutrition Programs, increase food security and well-being and help lift tens of millions of Americans out of poverty. The Biden-Harris Administration has taken pivotal steps to dramatically expand access to and strengthen these programs. For example, building on the ARP’s temporary increase in SNAP benefits, the U.S. Department of Agriculture’s (USDA) Thrifty Food Plan update increased SNAP benefits by an average of \$36.30 per person per month beginning in October 2021. This SNAP benefit increase lifted an estimated 2.3 million people out of poverty—including nearly 1 million children, with an even greater impact on children of color.²⁵

Building on this progress, the Biden-Harris Administration will:

- **Advance a pathway to free healthy school meals for all.** Every school day across America, school meals provide critical nourishment to more than 30 million children. While school meals have demonstrated strong positive impacts on children’s nutrition and other key outcomes, we have not yet fully leveraged school meals as a core intervention to improve child health or child hunger. A “healthy meals for all” approach would reorient the school meal programs from an ancillary service to an integral component of the school day and allow schools to focus on providing the highest quality meals and engaging children around healthy food. Essential components of this approach are expanding efforts to increase access to local and regional food systems, enabling more schools to cook meals from scratch by funding training and equipment purchases, investing in the school nutrition workforce, and expanding nutrition education for children. Elevating school meals is a key strategy to improve our nation’s health and would benefit all children—importantly, it would significantly strengthen the school meals program for those children who rely upon it the most. The Biden-Harris Administration will take a major first step by working with Congress to expand access to healthy, free school meals for 9 million more children by 2032.
- **Expand Summer Electronic Benefits Transfer (EBT) to more children.** Food insecurity and weight gain increase during the summer months when children have limited access to school meals, particularly among Black and Latino children and children who are already at higher risk for obesity.²⁶ Through the ARP’s Summer Pandemic-EBT (P-EBT) program, over 36 million children received Summer P-EBT benefits in summer 2021, and 43 states and territories are on track to provide Summer P-EBT benefits to an estimated over 32 million children in 2022. Summer-EBT decreases the prevalence of the most severe food insecurity among children and improves children’s nutritional outcomes.²⁷ The Biden-Harris Administration continues to support an expansion of Summer-EBT so children can access nourishing meals when school is not in session.
- **Expand SNAP eligibility to additional underserved populations.** SNAP is a proven intervention to address food insecurity; however, not everyone who has income low enough to qualify for the program is eligible. For example, federal law currently prohibits



many formerly incarcerated individuals—a number of whom are parents of young children—from accessing SNAP benefits, jeopardizing their health and making it more likely they will struggle to successfully re-enter society and avoid re-offending.²⁸ This restriction disproportionately impacts Black individuals.²⁹ The Biden-Harris Administration will work with Congress to eliminate this prohibition. In addition, the current two-tiered structure for nutrition assistance does not provide equitable benefits to the territories. The Administration supports granting territories the option to transition from current block grants to SNAP. Additionally, rather than reducing barriers to employment, research demonstrates that time limits on SNAP eligibility amplify existing inequities in food and economic security. And, SNAP’s college student eligibility restrictions are out of date given the current population who seek higher education credentials, many of whom are older, have low income, and hold caregiving responsibilities. Other vulnerable populations such as youth who aged out of foster care and families providing kinship care, could also benefit from expanded access to nutrition benefits. The Biden-Harris Administration will work with Congress to expand access to this vital program.

- **Increase funding for the Older Americans Act (OAA) nutrition programs.** Older adults experience unique health, social, and nutrition challenges such as decreased mobility and limited shopping and cooking ability. The Biden-Harris Administration will work with Congress to increase funding for OAA nutrition programs, which play a vital role in helping older adults remain healthy and independent.
- **Make it easier for eligible individuals to access federal food, human services, and health assistance programs such as SNAP, WIC, and Medicaid.** Too often, people are eligible for federal assistance programs but do not benefit from them. To further facilitate participation in federal assistance programs:
 - USDA will work with the Department of Health and Human Services (HHS) to help states identify individuals enrolled in one program who appear eligible for others but are not yet enrolled. For example, states could work to inform pregnant women and parents of young children enrolled in Medicaid and/or SNAP but who are not participating in WIC about WIC services.
 - USDA will advance the WIC Modernization strategy to invest in community-based outreach, streamline the participant experience, improve the in-store experience, expand access to farmer’s markets, and increase diversity and cultural competency in the WIC workforce.
 - USDA will partner with the Department of Education (ED), Social Security Administration (SSA), and other agencies to increase outreach and awareness of SNAP, including to eligible college students, older adults, and individuals with disabilities. For example, USDA and ED will establish a Memorandum of Understanding (MOU) to conduct joint outreach to Pell Grant recipients and others to inform them of their potential eligibility for SNAP benefits.
 - SSA is developing a rulemaking that would discontinue Supplemental Security Income (SSI) benefit reductions based on the person’s receipt of food as in-kind support and maintenance (ISM). No longer considering food for ISM is expected to generally result in a higher SSI payment for SSI recipients who receive food support from friends or family.



- HHS Administration on Children and Families (ACF) will support outreach to families that may be eligible for SNAP and nutrition programs, and share best practices to support their enrollment by developing research, training and tools for state and community-based grantees of HHS ACF programs, including Temporary Assistance for Needy Families (TANF) and Community Services Block Grant Program (CSBG).
- HHS ACF will also issue a model application and guide to help states develop improved applications and verification processes for child care subsidies and encourage collaboration between state child care agencies and state agencies administering food and nutrition programs. Such early care and education programs are an essential source of healthy meals and services that support the growth and wellbeing of young children.
- HHS ACF will disseminate best practices on how partnerships between TANF charitable organizations and food banks can fill critical nutrition gaps for families. HHS ACF will also leverage training and technical assistance resources to highlight best practices in state and local use of TANF emergency short-term cash assistance to provide direct cash support for families experiencing acute food shortages.
- The Department of Labor (DOL) will collaborate with USDA to increase enrollment in SNAP by making referrals through DOL's American Job Centers. DOL will also disseminate best practices for how states should connect workforce and SNAP agencies to improve economic security for workers and communities.
- The Department of Veterans Affairs (VA) will connect eligible Veterans with information and SNAP enrollment assistance through VA's Transition Assistance Program and screening at VA Medical Centers and clinics.
- The Department of Housing and Urban Development (HUD) will educate its grantees on nutrition assistance programs and provide resources to promote enrollment among HUD-assisted individuals.
- **Modernize federal programs so enrolled individuals can more easily utilize benefits.** Many federal programs were established decades ago. To bring federal nutrition assistance programs into the 21st century:
 - USDA, through support from ARP funds, will expand online shopping in WIC. Online shopping is currently only being piloted in a small number of WIC state agencies. USDA will also propose to update regulations to make the SNAP online shopping program permanent and continue to add more online retailers and states to the existing program. Online shopping can expand access to healthy food and break down barriers for marginalized communities and older adults who may face discrimination or stigma, increased health risks, or have limited mobility or transportation. Additionally, SNAP participants are not currently able to use their benefits to purchase certain prepared foods, which limits choices for families shopping at SNAP-authorized retailers. And, as WIC comes up for renewal by Congress, the Administration supports addressing WIC eligibility limitations to avoid nutrition gaps during key stages of life.
 - DoD will provide clear and consistent labeling of WIC products in commissaries according to state agency program guidance. DoD will also provide beneficiaries with



online shopping and electronic payment as SNAP and WIC programs are brought online.

- **Support food sovereignty, improve access to traditional foods, and ensure Tribal communities are equitably served in federal programs.** American Indians and Alaska Natives face some of the highest rates of diet-related disease in the U.S. Yet these populations continue to face barriers to accessing and implementing federal nutrition programs. USDA made significant commitments to support food sovereignty at the White House Tribal Nations Summit in 2021.³⁰ To further support Tribal food sovereignty:
 - USDA will continue to expand the Food Distribution Program on Indian Reservations (FDPIR) Self-Determination projects, partner with Tribes on enhancements to the food package, expand the number of Indigenous and traditional foods in the Food Buying Guide for Child Nutrition Programs, and provide training and resources to school meal program operators on incorporating more Indigenous and traditional foods into school meals. USDA will also improve staff recruitment and training to ensure its workforce has the knowledge and skills to serve American Indian and Alaska Native communities.
 - The Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE) will work to create Indigenous Food Hubs for selected BIE schools and BIA detention centers to help source Indigenous foods, enhance culturally-based healthy nutrition education, and boost training for healthy and culturally appropriate food preparation. For the first time, a nutritionist will be hired to support BIA and BIE in these efforts.
 - HHS ACF will update and expand its resource guide for Tribal communities to increase Tribes' knowledge of and access to HHS resources for food security and food sovereignty as well as physical activity.
 - HUD will promote the eligible uses of Indian Community Development Block Grant dollars to support expanding food access through the development of food banks and pantries, healthy eating habits, physical activities, and more in Tribal communities, particularly those with limited access to affordable and nutritious foods.

B. Invest in community and economic development to increase access to food.

Nearly 40 million Americans live in areas where grocery stores are not nearby.³¹ People with limited access to affordable, nutritious food tend to be lower-income and people of color. Even in communities where some retail food establishments exist, inadequate transportation and lack of affordable, healthy options contribute to food and nutrition insecurity. To further support business innovation and community and economic development with the greatest potential to advance food security, nutrition, and health, the Biden-Harris Administration will:

- **Leverage housing and other community programs to increase food access.** Strengthening food access through housing and community programs can help build broader well-being, particularly for children and families.
 - HUD will promote regulatory flexibilities that allow owners of HUD-assisted properties and Public Housing Authorities to use federal funds to renovate and maintain spaces in public housing developments to improve food access.



- HUD will, as appropriate, propose the use of Community Development Block Grants (CDBG), Section 108 loan program funding, and Choice Neighborhood funding to support food access, including to increase access to neighborhood markets, grocery stores, farmers' markets, urban gardens, food incubators, and/or the conversion of vacant buildings into food hubs, as well as case management to help residents connect with health providers. HUD will also provide technical assistance to facilitate the use of HUD and other federal funding to finance the conversion of spaces into corner market stores and the development of grocery stores in areas with limited access to affordable and nutritious foods, develop case studies to highlight best practices and, with USDA, support the development of urban agriculture programs.
- HHS ACF will issue guidance to help grant recipients maximize CSBG funds to implement or scale anti-hunger efforts, including nutrition and prepared meal programs. HHS ACF will also develop communication materials to help grant recipients maximize CSBG, TANF, and Healthy Marriage and Responsible Fatherhood funds to strengthen anti-hunger efforts; and develop a website that will disseminate case studies and best practices on anti-hunger and nutrition programs within the CSBG network.
- **Improve transportation options to and from grocery stores, farmers' markets, and commercial districts.** Improving transportation options to and from supermarkets, farmers' markets, and commercial districts increases a community's access to and options for healthy food. To support this:
 - The Department of Transportation (DOT), through implementation of the Bipartisan Infrastructure Law (BIL) and Inflation Reduction Act (IRA)—including programs such as Reconnecting Communities, Safe Streets for All, and the Neighborhood Access and Equity Grant Program—will promote transit, bicycle, and pedestrian improvements, which would support food access solutions.
 - DOT, through technical assistance, will encourage communities to engage with local and state public health experts in transportation planning and to prioritize connecting people to destinations with affordable and healthy food options.
- **Increase historically underserved communities' access to affordable and healthy foods.** Expanding food access requires sustained support and investment at the local level. To accomplish this:
 - The Federal Trade Commission (FTC) has indicated that it will vigorously enforce antitrust laws with special attention to transactions and conduct that might lead to higher prices and reduced food access in vulnerable communities. FTC will also publish a report summarizing its study conclusions on how supply chain disruptions have affected wholesale and retail markets for groceries. Independent grocery stores are more common in underserved rural and urban communities and have raised concerns they were disproportionately affected by such disruptions.
 - The Small Business Administration (SBA) will give priority in ranking to applications by organizations that benefit food and nutrition businesses in the Growth Accelerator Fund Competition (GAFC). GAFC supports the development and growth of small businesses and startup innovation ecosystems.



- The Department of Commerce (DOC), through the Minority Business Development Agency’s forthcoming Small Business Credit Initiative Technical Assistance notice of funding opportunity, will encourage applications from incubators and accelerators that support market-driven solutions to provide greater equity or access to resources to underserved communities, including food security.
- AmeriCorps will promote grant opportunities, national service, and volunteerism that address food insecurity and improve economic development in communities with critical need through its programs and special initiatives such as the AmeriCorps VISTA Food Security Initiative.
- The Delta Regional Authority will implement prioritization criteria in its grant programs to support initiatives with a direct connection between economic development and healthy food access.
- **Reduce barriers to food recovery.** One-third of all food in the U.S. goes uneaten.³² To prevent food loss and waste across the food supply chain and help ensure safe, good-quality food gets to those who need it most:
 - The Environmental Protection Agency (EPA), USDA, and HHS Food and Drug Administration (FDA) are leading development of a whole-of-government strategy for reducing food loss and waste.
 - HHS FDA will update its [Food Code](#)—which provides state, Tribal, local, and territory regulators with a model for updating their food retail and service industry regulations—to address food donation recommendations.
 - The Department of the Treasury (Treasury) will clarify the enhanced charitable deduction calculation to support businesses donating food.
- **Improve access to emergency food, including during natural disasters.** The network of emergency food providers across the country has shown its remarkable strength in recent years. The Biden-Harris Administration has taken significant steps to provide needed funding to the emergency food system, including awarding states nearly \$40 million in ARP funds to expand the reach of The Federal Emergency Food Assistance Program (TEFAP) with \$60 million in additional grants forthcoming. The Administration has also provided more than \$2.5 billion in supplemental funding for emergency food purchases. Building on this progress:
 - USDA will pursue rulemaking to improve access and equity and simplify TEFAP requirements for state and local program operators.
 - USDA will work to understand and address gaps in meeting the needs of low-income individuals and families seeking cultural foods such as identifying options and expanding access to foods suitable for kosher and halal-observant communities, to better address the foodways of individuals served.
 - FEMA will provide technical assistance to its 10 regional offices and will direct all FEMA components and senior executive leaders to focus on ensuring food security during and after disasters.
 - FEMA will integrate food security as a priority planning area by partnering with USDA in conducting outreach to state, Tribal, local, and territory partners through regional and local engagements and working with federal partners to directly support disaster-specific planning and messaging.



- FEMA will use national and regional forums to provide and coordinate an opportunity for states and localities with robust food security plans to share best practices with other jurisdictions.



Call to Action for a Whole-of-Society Response

- States and territories should increase support to struggling families through TANF cash assistance, refundable state EITC and CTCs, and other economic supports for low-income families and individuals.
- States should work across state agencies to achieve 95% cross-enrollment of eligible people across SNAP, Medicaid, and other federal programs. And, states should aim to process all SNAP applications within one week.
- State and school districts should increase investment in school food programs such as providing investments to support kitchen infrastructure and training school nutrition professionals.
- State, local, and territory governments, private sector employers, and health care companies should ensure efficient community-clinical referral systems between hospitals and outpatient clinics with community-based services, including the OAA nutrition and health promotion programs, aging and disability resource centers, and Centers for Independent Living.
- State, local, and territory governments should provide incentives and technical assistance to attract healthier food retail outlets to underserved areas, improve healthier food offerings in existing stores, and support year-round mobile produce markets in communities with limited food access.
- State, local, and territory governments should enact food waste reduction and recovery policies such as providing tax incentives to food donors.
- Philanthropy should support pilots that foster collaboration between food service programs at K-12 schools and colleges or universities in order to synergize efforts around workforce training and food procurement.
- The private sector should invest in year-round mobile produce markets and retail outlets within underserved communities.



Pillar 2—Integrate Nutrition and Health: *Prioritize the role of nutrition and food security in overall health—including disease prevention and management—and ensure that our health care system addresses the nutrition needs of all people.*

A. *Provide greater access to nutrition services to better prevent, manage, and treat diet-related diseases.*

Receiving health care to help prevent, treat, and manage diet-related diseases can optimize Americans’ well-being and reduce health care costs. However, access to and coverage for this care varies significantly. To better care for all Americans, the Biden-Harris Administration will:

- **Expand Medicare and Medicaid beneficiaries’ access to “food is medicine” interventions.** “Food is medicine” interventions—including medically tailored meals and groceries as well as produce prescriptions (fruit and vegetable prescriptions or vouchers provided by medical professionals for people with diet-related diseases or food insecurity)—can effectively treat or prevent diet-related health conditions and reduce food insecurity.³³ The Biden-Harris Administration supports legislation to create a pilot to test covering medically tailored meals for individuals in traditional Medicare who are experiencing diet-related health conditions. This proposal builds on a demonstration initiative in Medicaid, where HHS Centers for Medicare & Medicaid Services (CMS) will provide authority for states to test Medicaid coverage of additional nutrition services, and supports using Medicaid section 1115 demonstration projects. HHS CMS will also issue guidance on how states can use section 1115 demonstrations to test the expansion of coverage for these interventions.
- **Expand Medicaid beneficiaries’ access to nutrition and obesity counseling.** The Affordable Care Act (ACA) requires coverage of obesity counseling for certain patients enrolled in most private group health plans and group and individual health insurance and certain beneficiaries among the 20 million people covered under the ACA’s expansion of Medicaid. The Biden-Harris Administration supports expanding nutrition and obesity counseling coverage to millions more Medicaid beneficiaries that currently are not guaranteed access to these services, particularly in states that have not expanded coverage and which have large rural populations.
- **Expand Medicare beneficiaries’ access to nutrition and obesity counseling.** Medicare currently covers medical nutrition therapy services, including nutritional assessments and counseling, but only for people with diabetes or kidney disease, when ordered by a physician and performed by a dietitian. Medicare also covers obesity screenings and behavioral counseling to help patients with obesity lose weight, but only for patients with obesity and when performed by primary care clinicians in an office setting. The Biden-Harris Administration supports efforts to expand evidence-based nutrition and obesity counseling benefits to Medicare beneficiaries with additional conditions and to allow appropriate providers to offer obesity screening and behavioral counseling to help patients lose weight. HHS CMS will also examine existing Medicare authorities on ways to increase access to nutrition and obesity counseling. Additionally, HHS CMS will use



its provider education channels to increase awareness of Medicare coverage of nutrition and obesity counseling services.

- **Increase access to nutrition-related services through private insurance and federal programs beyond Medicare and Medicaid.** To further increase consistency in access to and coverage of quality health care services:
 - HHS CMS will solicit information from insurance plans regarding what nutrition services they already cover, with a goal of determining whether HHS CMS could strengthen essential health benefit requirements or take other actions to expand private health coverage and better address the nutritional needs of Americans.
 - DOL, HHS, and Treasury will clarify how mental health parity protections apply to coverage related to nutritional counseling for eating disorders to ensure that this coverage is not inappropriately being limited.
 - Treasury will issue guidance clarifying what nutrition and diet-related disease medical expenses can be reimbursed under health savings accounts and health flexible spending arrangements.
 - DoD will increase utilization of TRICARE’s Nutritional Therapy program to include preventive therapies and/or counseling beyond just those addressing certain diseases and conditions.
 - HHS Indian Health Services (IHS) will implement and evaluate a National Produce Prescription Pilot Program.
 - VA will implement and evaluate various food programs, including produce prescription programs, food pantries, and mobile food pantries that meet local needs and Veteran preferences.
- **Better support prevention and management of diabetes.** To help address growing rates of diabetes:
 - HHS CMS will develop a strategy to increase access to diabetes prevention and treatment services for individuals with Medicare, Medicaid, Children’s Health Insurance Program (CHIP), and Marketplace coverage. The Administration will also work with Congress to make the Medicare Diabetes Prevention Program a cost-effective permanent Medicare preventive service benefit.
 - HHS CDC will provide new funding opportunities to support the implementation of evidence-based diabetes prevention and management strategies in state and localities, with a focus on reducing health disparities.
- **Support wellness and nutritional care for children, especially those from low-income families.** HHS CDC will continue to support and expand access to the evidence-based Family Healthy Weight Programs (FHWP) through at least three new upcoming funding opportunities. FHWP supports children and their families with low income and lifestyle and behavioral changes to improve nutrition, physical activity, stress, coping, and other aspects of wellness. Additionally, HHS Administration for Community Living (ACL) will share promising practices from its University Centers for Excellence in Developmental Disabilities to help children with disabilities who require support for healthy eating. The Administration also recognizes that for children and adults with digestive and inherited metabolic disorders, ensuring access to the right types of nutritional supports, such as infant formula, can prevent hospitalizations and be



lifesaving. Still, there are often systematic barriers making access to these specialized nutritional supports challenging. CMS will evaluate coding, payment and administrative requirements in order to support access to nutritional supports for individuals with digestive and inherited metabolic disorders.

B. Screen for food insecurity and connect people to the services they need.

Social determinants of health (SDOH) can be a strong predictor of health outcomes and are a major driver of health disparities.³⁴ Incorporating SDOH such as food insecurity screenings, into health care can help practitioners better recognize the root causes that affect health, tailor care to unique individual needs, and connect patients to resources like SNAP, WIC, or a local food bank. However, food insecurity screenings are not universally conducted in the health care system, and most health care professionals have not been trained to assess it. To more fully incorporate SDOH, including food insecurity screenings and referrals, into everyday health care, the Biden-Harris Administration will:

- **Universally screen for food insecurity in federal health care systems.** Building on VA’s existing universal food insecurity screenings:
 - HHS IHS will implement a process to assess for food insecurity in the IHS user community and conduct referrals as needed.
 - DoD will screen all active-duty military for food insecurity and conduct referrals as needed.
 - HHS CMS, building on its [adoption of quality measures](#) that capture if hospitals are screening for social needs, will explore incorporating quality measures relating to screening for social needs as part of the Medicare Shared Savings Program and Medicare Advantage Star Ratings Program.
 - HHS ACL will work with Centers for Independent Living and Protection and Advocacy Systems to pilot screening for food insecurity amongst people with disabilities.
- **Incentivize payors and providers to screen for food insecurity and other SDOH.** To accelerate the work HHS CMS outlined in its [Framework for Health Equity](#):
 - HHS CMS has proposed to create new advance investment payments for certain new Medicare Shared Savings Program Accountable Care Organizations (ACO). ACOs would be permitted to use these payments to address social needs of beneficiaries, including working with local community-based organizations to address food insecurity.
 - HHS CMS will evaluate developing appropriate procedure codes to better capture services that address SDOH, including screening for food insecurity. If developed, these procedure codes could help organizations offering nutrition services more easily partner with health care providers.
 - HHS CMS will consider extending the Center for Medicare and Medicaid Innovation’s Medicare Advantage Value-Based Insurance Design (VBID) model beyond 2024 and will explore expanding its focus on supplemental benefits related to food and nutrition. HHS CMS will also consider broadening access to the model and encouraging additional Medicare Advantage Organizations to provide food and



nutrition services in their offerings under the Special Supplemental Benefits for the Chronically Ill.

- **Supporting data infrastructure for food insecurity and other SDOH screenings.** HHS CMS will continue to support efforts to develop the data infrastructure needed for food insecurity and other SDOH data elements to be captured in electronic health records and ensure interoperable health information exchange and the collection of demographic information. In addition, HHS Office of National Coordinator for Health Information Technology will promote greater adoption and use of new versions of the United States Core Data for Interoperability, which include SDOH data elements to represent SDOH assessments, problems and health concerns, and goals and interventions that can support areas such as food insecurity.
- **Incentivize hospitals to provide services focused on food insecurity and other SDOH.** The Internal Revenue Service will clarify that a non-profit hospital's spending on SDOH to address a documented community health need may meet the definitions of community benefit activities or community building activities. For example, a hospital may support food banks and pantries, conduct food insecurity screenings, fund or lead food and nutrition classes, or create a garden providing produce donations to food banks or pantries as part of its tax-exempt activities.
- **Comprehensively address food insecurity among Veterans.** VA will establish a new Office of Food Security within the Veterans Health Administration (VHA) to tackle the food insecurity rate among Veterans. The Office will provide strategic guidance and coordination within VHA, including VA hospitals and clinics, on best practices, research, and data to ensure Veterans' food security. In addition, VA will expand by 10% the amount of clinical nutrition services it provides to Veterans receiving care in the VHA.

C. Strengthen and diversify the nutrition workforce.

The health care workforce, including registered dietitian nutritionists (RDNs), plays a central role in preventing, treating, and managing diet-related diseases. However, patients are less likely to seek care or share information if they perceive ethnic or social differences with their health care providers.³⁵ Thus, a more diverse health care workforce would better serve communities of color, which suffer from higher rates of food insecurity and diet-related disease. To expand and create a more diverse workforce well-trained in nutrition, the Biden-Harris Administration will:

- **Bolster the health care workforce, including nutrition professionals, and ensure other medical professionals receive nutrition education.** Currently, 70% of RDNs are White. Only 6% of RDNs indicate Hispanic or Latino heritage, 6% indicate being Asian, 3% indicate being Black, and 1% indicate being Indian or Alaska Native.³⁶ Increasing the diversity of RDNs and expanding their reach to areas with limited care will ensure more equitable care for everyone.
 - HHS Health Resources and Services Administration, through its Maternal and Child Health Nutrition Training Program, will train over 4,500 future nutrition professionals and over 30,000 practicing professionals over the next five years on key topics such as pediatric obesity prevention, household food security, and nutrition during pregnancy. Beginning in 2023, the program will partner with Minority Serving



- Institutions (MSIs) and Historically Black Colleges and Universities (HBCUs) to recruit and train nutrition professionals from underrepresented groups.
- VA will develop pilots for [SkillBridge](#) to facilitate hiring of transitioning service members into VA Nutrition and Food Services positions. VA Nutrition and Food Services will partner with the Military Spouses Employment Program to facilitate hiring of military spouses into these positions. Additionally, VA will conduct a pilot for professional development of food service workers to encourage recruitment and retention for those positions.
 - VA will expand [internship](#) and rotation opportunities for dietetic interns and assess revisions to the Qualification Standard for Dietitians to increase the number of opportunities for internship directors.
 - USDA will work with Land-Grant Universities to develop a national workforce strategy for WIC, which could help shape the integration of diversity, equity, inclusion, and accessibility principles across the broader nutrition education workforce.

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- States should leverage all available federal authorities to expand coverage of “food is medicine” interventions.
- States should collaborate with non-profit or community-based organizations to establish a state-funded produce prescription program for low-income individuals and families.
- State, local, and territory governments should integrate nutrition experts into their health departments and modernize scope of practice laws, as applicable, to allow qualified health care professionals to play a larger role in disease prevention and management efforts.
- Health insurance companies should consider providing or expanding coverage of nutrition services, including produce prescriptions and/or medically tailored meals for target populations.
- Hospitals, clinics, and health centers should implement programs leveraging federally supported open industry technology standards that address SDOH such as screening patients for food insecurity, connecting patients to nutrition assistance services, and ensuring services are available.
- Health professional schools (e.g., medical, dental, pharmacy, nursing, social work, public health, physician’s assistants, physiology, exercise science, etc.) and licensing boards should expand nutrition education in graduate medical education curriculums, board exams, and post-graduate training.



Pillar 3—Empower All Consumers to Make and Have Access to Healthy Choices: *Foster environments that enable all people to easily make informed, healthy choices, increase access to healthy food, encourage healthy workplace and school policies, and invest in public education campaigns that are culturally appropriate and resonate with specific communities.*

A. Empower consumers with updated and more accessible food labeling.

Food labels help consumers identify healthy foods when grocery shopping. Most consumers are familiar with the iconic Nutrition Facts label, which the FDA recently updated with a refreshed design and additional information such as added sugars.³⁷ But, consumers may not always understand information on food labels or have access to it when shopping online. To empower consumers to make healthy choices, the Biden-Harris Administration will:

- **Develop a front-of-package (FOP) labeling system to quickly and easily communicate nutrition information.** FOP labeling systems—such as star ratings or traffic light schemes—can promote equitable access to nutrition information and healthier choices and could also prompt industry to reformulate foods to be healthier.³⁸ HHS FDA will conduct research and propose developing a standardized FOP labeling system for food packages to help consumers, particularly those with lower nutrition literacy, quickly and easily identify foods that are part of a healthy eating pattern.
- **Make sure that foods labeled as “healthy” align with current nutrition science and the *Dietary Guidelines for Americans*.** HHS FDA will propose updating the nutrition standards for when companies use the “healthy” claim on their products and develop a symbol companies may use to depict the “healthy” claim on food packages. HHS FDA will also develop guidance for industry on the use of Dietary Guidance Statements on food labels to help people understand how a food or food group can contribute to a healthy eating pattern.
- **Adequately fund HHS FDA’s Center for Food Safety and Applied Nutrition (CFSAN) to prioritize its nutrition and labeling work.** HHS FDA’s CFSAN nutrition work has historically been underfunded in comparison to other priority areas. To date, only 7% of CFSAN’s budget supports nutrition and labeling work, yet CFSAN is responsible for the safety and labeling of approximately 80% of the U.S. food supply. The Biden-Harris Administration will work with Congress to ensure CFSAN has the resources it needs to accomplish its critical work.
- **Facilitate making nutrition information easily available when grocery shopping online.** While consumers increasingly use e-commerce to shop for groceries, nutrition information is not uniformly presented or always made easily accessible. HHS FDA will publish a request for information to gather public input regarding industry practices, technology, and current challenges to inform guidance for the food industry on nutrition, ingredient, and allergen information that should be available for groceries sold online.



B. Create healthier food environments and a healthier food supply so the healthier choice is the easier choice.

A key barrier to healthy eating is lack of access to nutritious food. The food environment (e.g., proximity to stores, food prices, available food options) influences a person’s food choices and diet quality. The U.S. food supply contains an overabundance of sodium, added sugar, and saturated fat. Americans who want to consume less sodium, added sugars, and saturated fat may have a difficult time doing so because of poor availability of healthy alternatives.³⁹ Recognizing the power of creating healthier food environments, the Biden-Harris Administration will:

- **Expand incentives for fruits and vegetables in SNAP.** Incentives in SNAP to support purchasing more fruits and vegetables have been pilot tested and shown to be effective in Massachusetts and through the USDA [Gus Schumacher Nutrition Incentive Program](#). To increase access to fruits and vegetables for SNAP recipients, the Biden-Harris Administration will work with Congress to increase the reach and impact of incentives for fruits and vegetables in SNAP.
- **Facilitate lowering the sodium content of food.** In 2021, HHS FDA issued voluntary, short-term (2.5-year) sodium reduction targets for a broad range of processed, packaged, and prepared foods to help reduce the amount of sodium in the U.S. food supply.⁴⁰ To further lower sodium consumption:
 - HHS FDA will issue revised, voluntary sodium reduction targets to facilitate continually lowering the amount of sodium in the food supply beyond the 2021 targets.
 - HHS FDA will propose to update regulations to enable manufacturers to use salt substitutes in [standardized](#) foods to support sodium reduction.
 - VA will increase lower-sodium foods with regards to procurement.
 - HHS ACL and FDA will partner to provide technical assistance to help align older adult nutrition programs with HHS FDA’s voluntary sodium targets.
 - USDA will continue work to reduce sodium in school meals consistent with the goals of the *Dietary Guidelines for Americans* and HHS FDA’s voluntary sodium targets.
- **Facilitate lowering added sugar consumption.** The U.S. has reduced added sugar consumption and established a regulatory definition for added sugars. Since 2021, added sugars must be declared on the Nutrition Facts label for most products. Despite this progress, intake of added sugars is still too high for most Americans. HHS FDA will begin assessing the evidence base for further strategies to reduce added sugar consumption, collaborating with other HHS divisions and USDA to hold a public meeting regarding future steps the federal government could take to reduce intake of added sugars such as developing targets for categories of foods, similar to the voluntary targets FDA developed for sodium.
- **Expand access to healthier environments in federal facilities.** Implementing and updating the Federal Food Service Guidelines in federal facilities will promote fruits, vegetables, whole grains, low-fat dairy, and low sodium options; increase the availability of healthy beverage choices as well as plant-based options; and encourage healthy choices through behavioral design. Millions of federal employees and other people who access government facilities—from National Parks to VA hospitals—will benefit. To



further support healthy environments, DoD will work with CDC to enhance nutrition and physical activity standards in all DoD child development programs. The General Services Administration (GSA) will promote nutrition and physical activity at its child care centers and DoD will also increase healthy options served in its dining facilities and vending machines, including expanding its Go 4 Green program (joint-service performance-nutrition initiative that improves where military service members live and work).

- **Address marketing of unhealthy foods and beverages.** Food, beverage, and restaurant companies spend nearly \$14 billion per year on marketing in the U.S. More than 80% of this advertising promotes fast food, sugary drinks, candy, and unhealthy snacks that are high in sodium, added sugars, and/or saturated fat.⁴¹ Companies also use a wide variety of highly effective techniques to target sales of unhealthy foods to adolescents and children, particularly Black and Hispanic children.⁴² The Administration will pursue steps to address the marketing of unhealthy foods, including:
 - DoD will limit marketing in military dining facilities to those that meet its [Go 4 Green](#) program nutrition standards.
 - The FTC has indicated that it will pursue targeted law enforcement actions to prevent the deceptive advertising of foods and dietary supplements, including deceptive advertising that might be targeted to youth.
- **Leverage federal nutrition assistance programs to promote healthy habits.** USDA's Child Nutrition Programs and WIC can help increase diet quality of beneficiaries and spur companies to reformulate food products. To further this work:
 - USDA will propose updating the package of foods offered by WIC and the nutrition standards in school meals to better align with the most recent *Dietary Guidelines for Americans* and provide enhanced technical assistance and best practices to support schools in meeting the standards. Building on the success of the ARP's temporary increase, through appropriations, USDA will also continue providing the cash value benefit in WIC at a level that supports fruit and vegetable access and recommended consumption.
 - USDA will advance a new Healthy Meals Incentive initiative—supported by ARP funding—to support schools' efforts to improve the nutritional quality of school meals. This initiative will challenge all players within the K-12 food supply chain to increase the availability of and access to healthy offerings, recognize School Food Authorities (SFAs) that are innovating in offering nutritious school meals, and provide funding to small and/or rural SFAs to improve the nutritional content of meals offered through the Child Nutrition Programs.
 - USDA will update nutrition criteria in [USDA Foods](#) procurement specifications to align with HHS FDA's voluntary sodium targets and consider the inclusion of added sugars limits. Additionally, USDA will work to ensure that food served in the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP) aligns with the *Dietary Guidelines for Americans* wherever feasible.
- **Create healthier food retail, restaurant, and college campus environments.** Modifying the food environment to increase the availability of healthy foods can improve people's eating patterns.⁴³



- The Administration will work with Congress to remove the appropriations rider currently barring USDA from setting stronger standards for SNAP retailers to stock a variety of healthy foods as a basic requirement to participate as a SNAP store.
- HHS ACL will issue an OAA nutrition program-restaurant partnership best practices report. These partnerships enhance the nutritional quality of restaurant offerings, as meals served in OAA programs must align with the *Dietary Guidelines for Americans*.
- ED will send a Dear Colleague Letter encouraging higher education institutions to be conscientious about nutrition. ED will use the letter to call on institutions to procure healthier foods and encourage them to use ARP funds for food pantries. ED will also encourage institutions to work with community organizations to provide services to students and promote nutrition security by showcasing best practices and examples from the field.
- **Increase access to local food to better connect people to nutritious foods.** Sourcing local foods can help increase consumption of fruits, vegetables, and other under consumed foods, improve attitudes about healthy eating, and support local economies.
 - HUD and USDA will cross-promote their programs to the owners of HUD-assisted properties and incentivize Public Housing Authorities to implement urban agriculture projects, food banks, and summer meal programs in affordable housing developments.
 - USDA will partner with EPA to provide technical assistance to their *Local Foods, Local Places* recipients to help cities and towns as they develop local food systems.
 - USDA will establish Regional Food Business Centers to support local food business growth, particularly in support of underserved communities including in Appalachia, Colonias, and the Mississippi Delta and throughout Tribal communities.
 - USDA will work to strengthen and diversify the suppliers that provide healthy, nutritious, and local foods to schools and nutrition assistance programs by assisting small and underserved farmers and businesses to become vendors for school meals.
 - USDA will make investments to support local and regional food and farm businesses through grants and other financial assistance for food hubs, distribution, and processing as well as technical assistance particularly in support of underserved communities to provide nutritious food to schools, food banks, and other nutrition assistance programs.
 - The Appalachian Regional Commission will work with USDA to improve access to federal funding in Appalachian communities seeking to enhance access to local foods.
 - The Northern Border Regional Commission will provide guidance for grantmaking to support access to locally produced foods through its State Economic & Infrastructure Development Program.
 - DoD and VA will expand their procurement of local foods for military and Veterans' care facilities.
 - The Bureau of Prisons (BOP) will partner with USDA to increase procurement of local foods in federal prisons. BOP will also identify additional facilities that could support gardening programs where incarcerated people grow and harvest produce that is donated to local food banks.



- **Expand breastfeeding support and counseling for mothers.** Parents who choose to breastfeed continue to face substantial barriers in sustaining this choice, including inconsistent hospital practices, lack of insurance coverage, and inadequate access to paid parental leave. Building on the Biden-Harris Administration’s [Maternal Health Blueprint](#):
 - USDA is testing telehealth initiatives to facilitate virtual breastfeeding support and one-on-one counseling in WIC. USDA will also disseminate results and key findings from an evaluation of a national breastfeeding support campaign it is conducting in partnership with the University of Nevada, Reno. USDA will also translate training materials and the WIC Breastfeeding Support website into Spanish.
 - HHS will lead the second phase of the Reducing Disparities in Breastfeeding Challenge, which awards successful programs that have proven outcomes to improve breastfeeding rates and reduce disparities.
 - HHS and DOL will work to ensure that the ACA requirements for coverage of breastfeeding support and counseling without cost sharing in most private health insurance plans and Medicaid are fully implemented and enforced.
 - DOL will take steps to ensure nursing workers and their employers are aware of and understand their rights and responsibilities through a series of online webinars at the national level, followed by locally focused webinars to reach workers, advocates, and employers throughout the country.
 - The Biden-Harris Administration will continue to support extending workplace protections to breastfeeding mothers.

C. Support robust and tailored nutrition education.

Consumers often hear conflicting food messages and U.S. adults generally overrate the quality of their diet,⁴⁴ suggesting that additional work is needed to ensure adults are empowered to eat healthy foods. To bolster nutrition education, the Biden-Harris Administration will:

- **Support regular updates to the *Dietary Guidelines for Americans* and carry out a national education campaign.** The *Dietary Guidelines for Americans* is the cornerstone of all federal nutrition programs and policies, providing science-based recommendations for healthy eating. The Biden-Harris Administration will work with Congress to provide adequate funding for HHS to regularly update these guidelines, in partnership with USDA, and lead a national education campaign to boost awareness of healthy eating recommendations and support all Americans in making healthy choices.
- **Develop tailored nutrition education.** Education related to healthy eating is even more effective when it is grounded in cultural understanding. Building on currently available tailored education materials:
 - USDA will develop [MyPlate](#) nutrition education materials that are culturally appropriate and translated into a variety of languages.
 - USDA will work with Tribal leaders to expand nutrition education services and programs in FDPIR.
 - HHS ACL’s [Nutrition and Aging Resource Center](#) will greatly expand ready-to-use, virtual, and in-person nutrition education for older adults.



- HHS FDA will develop messaging and materials about its food labeling efforts that are tailored and disseminated appropriately for various audiences.
- HHS ACF, in consultation with the Substance Abuse and Mental Health Services Administration and Office of the Assistant Secretary for Health, will integrate nutrition counseling and access into direct service grant programs for victims of human trafficking, including integrating nutrition into national virtual training.
- BOP will support the health of inmates and their families by adding a curriculum module to address dietary needs for vulnerable populations in its Culinary Arts vocational program; develop Life Skills Laboratories to teach balanced nutrition, healthy eating, and hands-on food preparation skills to individuals who have cognitive or physical impairments; develop a new standardized wellness program; develop resources focused on health and nutrition to provide to children while they wait to enter visitation; and expand its annual health fairs to reach a larger audience.
- **Leverage SNAP-Ed to promote healthy foods.** Many state SNAP-Ed programs use advertisements or social marketing to promote healthy foods and beverages. To leverage this resource, USDA will promote MyPlate's Shop Simple digital tool to assist users in finding healthy and affordable foods. USDA will also refresh and expand SNAP-Ed Connection, a database of nutrition education and physical activity resources.

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- States should provide nutrition incentives to SNAP participants to purchase healthy food such as increasing the purchasing power of SNAP beneficiaries at farmers markets, and encourage retailers to market more nutritious food in store and online.
- State, local, and territory governments should adopt federal food service guidelines in their municipal buildings and advance measures to prohibit coupons or sales of unhealthy foods and beverages.
- States and localities should adopt early care and education licensing regulations that require minimum nutrition and physical activity standards that all licensed child care providers follow, regardless of program participation, and ensure early education and care workers are paid an adequate wage.
- States, localities, and K-12 schools should consider incorporating culinary arts and nutrition education into schools.
- OAA nutrition programs and Centers for Independent Living should expand creative service models by partnering with restaurants, grocery stores, food trucks, and local farmers to promote nutritious meals and use of locally-sourced foods.
- Colleges and universities should update their procurement contracts to ensure healthier foods are available in dining halls, including through sourcing local foods.
- Philanthropy should support pilots in underserved communities—including Tribal communities, rural, and Native Hawaiian communities—that boost local food systems as an



economic driver in communities by fostering connections between farmers who are growing culturally appropriate food, food vendors, institutions, and community organizations.

- The food industry should increase the availability of and access to foods that are low in sodium and added sugars—including foods meeting or exceeding FDA’s voluntary sodium reduction targets—and high in whole grains, particularly for the K-12 market.
- Food retailers should hire RDNs to help provide nutrition information to consumers, redesign stores to more prominently place healthier choices, market and stock healthier items, and establish buying programs with local farms.
- Online grocery companies should redesign their search algorithms to ensure healthier products appear first and include ingredient and Nutrition Facts label information in an accessible manner for all food products sold online.

Pillar 4—Support Physical Activity for All: *Make it easier for people to be more physically active—in part by ensuring that everyone has access to safe places to be active—increase awareness of the benefits of physical activity, and conduct research on and measure physical activity.*

A. *Build environments that promote physical activity.*

One of the most impactful ways that people of all ages can improve their health is by being more physically active. Yet, the vast majority of Americans do not meet the *Physical Activity Guidelines for Americans*.⁴⁵ Personal efforts to be physically active can be made easier or harder by the surrounding environment. For example, individuals may not know about or have access to, safe places to be physically active, or have chronic conditions or physical limitations that create additional barriers. To make physical activity easier for all, the Biden-Harris Administration will:

- **Expand HHS CDC’s State Physical Activity and Nutrition Programs (SPAN) to all states and territories to implement successful state and community-level policies and activities for physical activity.** Through SPAN, HHS CDC works with states to implement evidence-based strategies to reduce chronic disease by improving physical activity and nutrition. In particular, through SPAN, the Active People, Healthy Nation initiative makes physical activity safe and accessible for all by implementing state and community-level policies and activities that connect pedestrian, bicycle, or transit opportunities to everyday destinations. However, HHS CDC currently only has funding to deploy SPAN in 16 states. The Biden-Harris Administration will work with Congress to provide additional funding to expand SPAN nationwide.
- **Connect more people to parks, particularly in nature-deprived communities.** People who have access to green environments such as parks and trails, tend to walk and be more physically active than those with limited access. But, less than half of people in the U.S. live within half a mile of a park.⁴⁶ As part of the President’s America the Beautiful Initiative, the Biden-Harris Administration is working to create more parks, open spaces, and safe outdoor opportunities in nature-deprived communities. As part of this effort:



- The Biden-Harris Administration will work to expand the National Park Service’s (NPS) efforts to identify places where municipal transit or alternative modes of transportation are unavailable between parks and nearby underserved or disadvantaged communities. In partnership with DOT, NPS will deploy existing tools that improve trip planning and convenient connections to promote car-free travel to parks. This work will focus on lower-income, diverse, and underserved communities.
- Federal agencies, including DOT, Department of Interior (DOI), and EPA, will sign a Nature-Deprived MOU to collaborate on work to reduce the number of people without access to parks and nature in their communities.
- The Federal Interagency Council on Outdoor Recreation will work to increase access to national public lands, including through the Every Kid Outdoors (EKO) program. EKO provides fourth-grade students and their families, free one-year admission passes to over 2,000 federal lands and waters.
- **Promote active transportation and land use policies to support physical activity.** Active transportation—such as walking and biking—is one of the leading strategies to increase physical activity.⁴⁷ Communities and transportation systems can be designed to make active transportation safer and more enjoyable. Through BIL, the Biden-Harris Administration is improving transportation—including active transportation—for communities that have faced disinvestment in infrastructure. Additionally, the IRA established a new Neighborhood Access and Equity Grant Program that will fund projects to restore walkability and access, including to parks, in historically disadvantaged communities. Building on this work:
 - DOT will provide additional technical support and guidance for regional and local transportation agencies, transit authorities, industry, non-profits, community groups, and others working on transportation projects focused on prioritizing active transportation safety for all people using streets (including people walking, biking, and rolling), beginning with a web portal and research projects that will be publicly available Fall 2022.
 - DOT will develop guidance and/or process changes that will help recipients of federal aid prioritize the safety of all people using streets (including people walking, biking, and rolling) in transportation network planning, design, construction, and operations, including in small towns and rural areas.
 - DOT will issue guidance clarifying how modes other than motor vehicles should be considered in the planning and design process of roadways.
- **Support physical activity among children both in and out of school.** Physical activity contributes to children’s overall physical and cognitive health, including improved academic performance; yet, fewer than one quarter of children ages 6-17 years old achieve recommended amounts.⁴⁸ Physical activity and nutrition are parts of comprehensive whole-child approaches to education that build healthy children and supportive learning environments.
 - ED will provide guidance to states and school districts on how they can use funds under the Bipartisan Safer Communities Act grants and ARP funds to support physical activity for children.



- ED will, through the *Engage Every Student Initiative*, promote strategies for increasing participation in physical fitness programs and for incorporating physical activity in summer learning and engagement and after-school programs.
- HHS CDC and ED will partner to support districts in implementing a framework for planning and organizing activities for physical education and activities in schools.
- HHS ACF will scale efforts to help educators add activities tailored for children to their daily routine that increase quality physical movement and teach children about healthy food choices.

B. Support robust and tailored physical activity education and promotion.

Along with building environments that support and prompt more physical activity, it is important to increase awareness of the benefits of physical activity and offer tips to help people move more. However, many people do not know the recommended amounts of physical activity. To empower Americans to be more active, the Biden-Harris Administration will:

- **Support regular updates to the *Physical Activity Guidelines for Americans* and increase awareness of the importance of physical activity.** Only 22% of people are aware of the federal government’s *Physical Activity Guidelines for Americans*.⁴⁹ These guidelines provide information on the amounts and types of physical activity necessary to become and stay healthy. HHS promotes the guidelines through the Move Your Way® campaign, but funding to support the *Physical Activity Guidelines for Americans* and the Move Your Way® campaign has not been consistent. The Biden-Harris Administration will work with Congress and private sector actors to provide funding to support both the *Physical Activity Guidelines for Americans* and Move Your Way®.
- **Tailor physical activity messages to resonate with specific demographic groups.** Education is most effective when messages and tactics are tailored to specific audiences. Yet, most physical activity campaigns fail to target specific demographic groups.⁵⁰ To create more tailored physical activity messages:
 - HHS will release evidence-based strategies to increase physical activity among older adults.
 - HHS IHS will update its Physical Activity Toolkit and re-ignite the Just Move It program designed to help Indigenous people move more.
 - BOP will enhance its vocational training program to teach inmates to develop individualized exercise and nutrition plans for those who are at-risk for or who currently have diet-related diseases.
 - BOP will launch a new program, “Women’s Life Skills,” which includes nutrition and physical activity sessions designed for women who may have limited experience with independent living or a physical or mental disability. This program will be available to all women in BOP facilities.
- **Facilitate physical activity in federal facilities.** To serve as a model employer, GSA will reinvigorate the Consider the Stairs campaign in all federal facilities through new signage to encourage employees to take the stairs instead of elevators. GSA will also post



best practices from the campaign to GSA’s website to encourage other employers to adopt this concept.

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- State, local, and territory governments should adopt jurisdiction-wide plans and proclamations to promote CDC’s Active People, Healthy Nation as well as adopt and implement Complete Streets policies and Safe Routes to School programs.
- State governments should offer free passes for children and/or families to state parks.
- State, local, and territory governments should increase accessibility for community members with disabilities to exercise at local parks or workout facilities.
- State governments should consider establishing and monitoring implementation of more rigorous physical education requirements in schools to meet or exceed the *Physical Activity Guidelines for Americans*’ recommendations for children and adolescents.
- Correctional facilities should provide opportunities for exercise for persons in custody.
- Employers should encourage physical activity in the workplace, including by promoting the use of stairs instead of elevators and active modes of transportation to work, and by providing access to spaces to be physically active at work.
- City bike share companies should subsidize their membership costs for individuals with lower incomes.
- The private sector should invest in building parks and safe sidewalks in underserved neighborhoods.
- The private sector, non-profits, and local governments should work together to create shared-use agreements to make open spaces, sports facilities, and fields open to schools.

Pillar 5—Enhance Nutrition and Food Security Research: *Improve nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.*

The Biden-Harris Administration is committed to developing innovative, inclusive, impactful, and science-based, policy solutions to address nutrition and food insecurity. The federal government spends approximately \$2 billion on nutrition research each year, primarily through HHS National Institutes of Health (NIH). However, there are still gaps in the scientific understanding of nutrition and health. To expand nutrition, health, and food security research efforts and ensure equitable opportunity for marginalized groups to realize the benefits of research, the Biden-Harris Administration will:



- **Bolster nutrition research funding to support evidence-based policies.** Adequate funding and staff are needed to effectively conduct consistent and innovative nutrition research. For example, the Dietary Reference Intakes (DRIs) are a set of values used to plan and assess nutrient intakes in the U.S. DRIs are widely used in evaluation research, development of dietary guidance, population surveillance, program assessment, and consumer education—yet funding to update them regularly is inconsistent and insufficient.
- **Implement a coordinated federal vision for advancing nutrition science.** The Administration will increase collaboration across nutrition science and research priorities to identify the research and data needs that are most likely to make a meaningful impact on food security and nutrition. Working with external scientific experts, the Interagency Committee on Human Nutrition Research, and the White House Office of Science and Technology Policy (OSTP), the President’s Council of Advisors on Science & Technology (PCAST) will identify scientific opportunities, gaps, and priorities to continue to advance nutrition science, with a particular emphasis on ensuring equitable access to the benefits of research.
- **Ensure diversity and inclusion in nutrition, health, and food security research.** It is critical to ensure equity in research to develop effective policies and interventions that take into account the nutritional needs and cultural preferences and norms of all Americans.
 - HHS and USDA will select a 2025 Dietary Guidelines Advisory Committee (Committee) that has a diverse membership with respect to points of view, expertise, experience, education, and institutional affiliation to reflect the racial, ethnic, gender, and geographic diversity of the U.S. The Committee will review all the *Dietary Guidelines for Americans*’ scientific questions with a health equity lens to ensure that the 2025-2030 *Dietary Guidelines for Americans* is inclusive of people from diverse racial, ethnic, socioeconomic, and cultural backgrounds. The Committee will also explore whether additional examples of healthy dietary patterns should be developed and proposed based on population norms, preferences, and needs of the diverse individuals and cultural foodways within the U.S. population. HHS and USDA will also start examining best practices for adding systems approaches (considering the multiple factors that influence individuals’ dietary patterns) to the rigorous evidence review process used for developing the *Dietary Guidelines for Americans* to ensure they reflect the highest scientific integrity and contain information adaptable for public health and consumer use.
 - USDA’s Agricultural Research Service (ARS) will conduct research to more precisely define nutritional needs of American Indians and Native Alaskans. ARS will also leverage a new partnership between the Grand Forks Human Nutrition Research Center and the University of North Dakota to better understand American Indians and Native Alaskans’ diets and Indigenous foods. Additionally, ARS will expand the National Nutrient database to include reports of the concentrations of nutrients in American Indians and Native Alaskans’ foods.
 - The HHS NIH Common Fund Community Partnerships to Advance Science for Society (ComPASS) Program will catalyze, develop, and rigorously assess community-led, health equity structural interventions that leverage multisectoral



- partnerships to advance health equity. ComPASS will also develop a new health equity research model for community-led, multisectoral structural intervention research across NIH and other federal agencies.
- NPS will update its Healthy Parks, Healthy People Science Plan to add equity and access to parks among underserved populations as a specific research element.
 - The Appalachian Regional Commission will develop a research report that describes current conditions and innovative approaches to food security and food access in the Appalachian Region.
- **Expand and diversify the nutrition science workforce.** A well-trained and diverse nutrition science workforce, including researchers and educators, is critical to promote and strengthen research efforts.
 - HHS NIH will support advanced training in artificial intelligence for precision nutrition science institutional training programs.
 - HHS NIH will invest in research to develop and validate new methodologies in nutrition sciences, including leveraging mobile technologies, applying computational approaches, and using artificial intelligence and machine learning. These efforts require recruitment of trainees from a diversity of backgrounds, including those from groups historically excluded from biomedical, behavioral, and clinical research; individuals with disabilities; and individuals from disadvantaged backgrounds.
 - USDA National Institute of Food and Agriculture (NIFA) will assess its evolving research, education, and extension portfolio to determine which program areas can be utilized to impact workforce development opportunities across the agricultural and nutrition science workforces. For example, NIFA will utilize the Cooperative Extension and their connection to the Land-Grant University systems; relationships with state, Tribal, local, county, territory, and university partners; and community-based presence, as an outreach arm for reaching historically underserved populations, including HBCUs, Tribal Colleges, and Hispanic-Serving Institutions.
 - **Invest in creative new approaches to advance research regarding the prevention and treatment of diet-related diseases.** Policy interventions must be guided by knowledge of the past but also creative new approaches to accelerate scientific investigation, coordination, and translation of current and future advances. With increasing availability and lower costs of genetic sequencing technologies and artificial intelligence, now is the time to study the impacts that early life nutrition and social and environmental exposures have on healthy development and future diseases.
 - USDA Agriculture Research Service (ARS) will utilize machine learning and artificial intelligence approaches for the development of algorithms to better understand and predict interactions between food- and nutrition-related data and health outcomes. Validated biomarkers of nutrient intake and nutritional status will be identified to address personalized needs for specific foods and components.
 - HHS NIH will plan research to determine the role of diet and other early-life exposures in health and disease.
 - HHS NIH will research the interplay between nutrition, oral disease, and comprehensive health.



- HHS NIH will explore developing validated measurements and methodologies to assess 24-hour patterns of diet, physical activity, and sleep.
- **Bolster data collection to better identify trends.** Strategic decisions can be better informed with improved data on communities and/or populations that may most benefit from interventions. HHS CDC and USDA will update national data methods and infrastructure to identify trends in population intake of sodium and added sugars. USDA Economic Research Service will develop and implement a second National Household Food Acquisition and Purchase Survey as part of building and maintaining its Consumer Food Data Base.
- **Evaluate federal assistance programs and innovative models to understand impact and areas for improvement and scalability.** Continued research, evaluation, and innovation of federal assistance programs can create a strong evidence base to allow for the creation of effective programs.
 - USDA will work to more effectively measure equity within federal nutrition assistance programs, including across Tribes and among people with disabilities, and build the evidence for these programs' impact on food insecurity, nutrition, and health.
 - ED will conduct a survey to better understand how institutions addressed food insecurity among college students during the pandemic; how schools used Higher Education Emergency Relief Fund grants, including ARP funds, for food pantries; and how food insecurity persists among college students. ED will also convene institutions to lift up best practices for addressing food insecurity on college campuses.
- **Better understand the SDOH to help achieve health equity.** A better understanding of SDOH can provide vital information to inform efforts and improve health at the individual and population levels to advance health equity.
 - HHS CMS will measure social risk factors, including food insecurity, for at-risk Medicare Advantage beneficiaries.
 - HHS ACL is developing an older adult Nutrition Research Agenda that will involve federal and external partners to identify gaps in existing research regarding food insecurity, hunger, malnutrition, and behavioral health issues in order to develop a long-term framework for advancing the quality of services, establishing research priorities and creating impactful policies.
 - HUD will map USDA's Food Access Research Atlas with HUD administrative data to pinpoint areas with limited access to affordable and nutritious foods and prioritize education of HUD grantees in those areas to inform their use of HUD programs and grants.
 - HUD will partner with USDA and the Census Bureau to better understand and address persistent food insecurity among HUD-assisted individuals already connected with nutrition assistance programs.
 - HUD will include enhancing nutrition and food security research into the next HUD learning agenda for research publications.
 - DoD will conduct analysis of the root causes and impacts of food insecurity and analyze the standardized USDA measure of food security data obtained in the Status



of Forces Survey of Active Duty and Members, Survey of Active Duty Spouses, Status of Forces Survey of Reserve Component Members, and Survey of Reserve Component Spouses.

- **Research the intersection of climate change, food security, and nutrition.** Climate change has direct relevance for the future of food security and human health, altering the nutrient content of crops and increasing the risk of undernutrition, infectious diseases, respiratory illness, allergies, cardiovascular diseases, food and waterborne illness, and mental illness. Better understanding how nutrition security is interrelated with challenges and opportunities in the use of natural resources is important to ensure long-term food and nutrition security.
 - HHS will leverage the NIH Climate and Health Initiative to research the effects of climate change on food quality and nutrition security on the health of populations.
 - USDA NIFA will enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to determine the links between human health and soil health by reviewing existing research on the connections between the human microbiome and soil microbiome and soil management practices and the nutrient density of foods, and identify areas for future research.

Call to Action for a Whole-of-Society Response

- State and territory governments should support nutrition and food security research at universities and colleges, including HBCUs, MSIs, and Tribal Colleges and Universities.
- State, local, and territory governments should enter into data sharing agreements with universities, think tanks, food retailers, and other entities to provide administrative data about the use of food banks, participation in after-school sports, or development of Tribal traditional food systems.
- State, local, and territory governments should invest in programs building the pipeline of researchers, particularly from communities of color, rural communities, and people with disabilities.
- Universities, colleges, and academic medical centers should bolster hunger, nutrition, and physical activity research and data collection disaggregated by factors, including race, ethnicity, and other demographic and social factors.
- Philanthropy should support research studies and efforts to bolster and diversify the nutrition science pipeline.
- The private sector should invest in robust research and development focused on nutrition, equity, and health, including research on the microbiome, immunity, diabetes, and other chronic diseases and underserved populations.



Appendix: Acknowledgments

The White House Domestic Policy Council (DPC) is deeply grateful for the commitment and dedication of the following partners:

Interagency Policy Committee: DPC thanks the 25 U.S. Government Departments and agencies and each of the components within the Executive Office of the President that are part of the IPC that helped guide this strategy. A special thanks goes to the teams at USDA and HHS who collaborated closely with DPC on planning the White House Conference on Hunger, Nutrition, and Health. DPC looks forward to continuing to work with and convene the IPC to implement and build on the national strategy.

Listening Session Participants and Support: DPC is grateful for the Cabinet members, Administration officials, and federal staff who joined the listening sessions, particularly those that facilitated the discussions and served as notetakers. Thank you to each panelist for sharing your personal story of lived experience. Your vulnerability and inspiring stories helped us better understand how to meet the needs of individuals and families living with hunger and/or diet-related diseases, and your experiences informed this strategy.

Members of Congress: DPC greatly appreciates the bipartisan support of Chairman McGovern, Senator Booker, and Senator Braun for the White House Conference on Hunger, Nutrition, and Health. DPC also recognizes and is grateful for the late Congresswoman Jackie Walorski for her unwavering commitment to ending hunger.

Stakeholders: DPC is thankful for the resounding support, input, and expertise from a diverse range of stakeholders that cut across all sectors and parts of the country. Our continued collaboration will be key to the successful implementation and long-term sustainability of the strategy. DPC looks forward to working with you in the years ahead to finally end hunger and reduce diet-related diseases and disparities in the U.S.



Appendix: Development of the Strategy

A Whole-of-Government Approach

Working across the government, the Biden-Harris Administration developed this holistic, whole-of-government approach to help change the system that allows disparities to persist and to drive transformative change to end hunger and reduce diet-related disease. The Biden-Harris Administration convened an interagency workgroup to plan and develop this strategy. The interagency workgroup includes 25 agencies and regional commissions.

- AmeriCorps
- Appalachian Regional Commission
- Delta Regional Authority
- Denali Commission
- Department of Agriculture
- Department of Commerce
- Department of Defense
- Department of Education
- Department of Health and Human Services
- Department of Housing and Urban Development
- Department of Interior
- Department of Justice
- Department of Labor
- Department of Transportation
- Department of the Treasury
- Department of Veterans Affairs
- Environmental Protection Agency
- Federal Emergency Management Agency
- Federal Trade Commission
- General Services Administration
- Northern Border Regional Commission
- Office of Personnel Management
- Small Business Administration
- Social Security Administration
- Southeast Crescent Regional Commission

Each agency has a role to play in ending hunger and reducing diet-related diseases. An inventory of the numerous existing federal programs and initiatives related to food insecurity, nutrition, and diet-related diseases was recently included in a report to Congress.



Stakeholder Engagement

In summer 2022, the Biden-Harris Administration conducted robust stakeholder engagement as part of the process of developing this strategy, including:

- Hosting six virtual, regional listening sessions that were open to the public;
- Hosting sector-specific listening sessions for individuals with lived experience, non-profits and advocacy groups, faith-based groups, labor groups; agriculture groups, health care groups; private sector companies, philanthropy, civil rights groups, youth groups, Veteran and military family groups, and many more;
- Hosting a Tribal Consultation;
- Opening a portal on the White House Conference website for any individual to share their ideas and experiences with hunger and/or diet-related diseases; and
- Releasing a toolkit that stakeholders could use to host their own convenings with their networks and communities.

Anti-hunger, nutrition, and public health advocates; community organizations; state, Tribal, local, and territory governments; food businesses; health care organizations; and many others have pioneered initiatives to end hunger and improve healthy eating and physical activity. Hearing their ideas, stories, and lessons learned was critical to informing this strategy. The Biden-Harris Administration prioritized incorporating insights from people with lived experience, who are often the most impacted by historic inequities, to ensure the actions outlined in the strategy meet the needs of the people they are intended to serve.



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