



# Combating Food Insecurity and Supporting Child Nutrition through the Child Care Sector

*Catherine Kuhns, Kassandra Martinchek, and Poonam Gupta*

*November 2021*

In the United States, families with children under age 6 are more likely to experience food insecurity than households without children or households with older children.<sup>1</sup> Food insecurity in early childhood is associated with poor health outcomes, decreased learning and academic achievement (Jyoti, Frongillo, and Jones 2005), and lower social and emotional well-being (Slack and Yoo 2005). Moreover, US children in families of color are more likely to experience food insecurity in early childhood, contributing to racial disparities in longer-term outcomes. Against this backdrop, improving food access for young children is a priority. With the majority of children age 5 and younger enrolled in at least one weekly nonparental care arrangement,<sup>2</sup> a promising venue for these efforts is the settings in which young children regularly receive care.

In this brief, we highlight two promising examples of partnerships between child care providers and food access initiatives. Both of these partnerships received funding for their efforts from the Walmart Foundation Healthier Food Access grant, which provides support to innovative programs addressing food access. We focus on three particularly promising strategies: one that supports children and families directly, one that fosters the capacity of child care providers and their ability to support child nutrition in their own care settings, and one that organizes at a systems level to better coordinate efforts that target families with young children. Finally, we provide evidence-based recommendations for building these partnerships in local communities.

## Why Families with Young Children Need More Support

Early childhood is a critical time of physical, social, and emotional development. Limited access to nutritious food can disrupt healthy development, with both short- and long-term consequences (de Oliveira et al. 2020; Shonkoff and Phillips 2000). Food insecurity in early childhood is associated with

behavioral problems, anemia, and asthma at rates higher than those found among children who are food secure (Gundersen and Ziliak 2015).

Not only is the experience of childhood food insecurity consequential for short- and long-term health outcomes, but it is also, unfortunately, a prevalent experience. Almost 15 percent of US households with children under age 6 were food insecure in 2020, higher than the national average of 10.5 percent among all households (Coleman-Jensen et al. 2021). Historically, households with children under age 6 experience substantially higher rates of food insecurity than households with older children.<sup>3</sup>

Despite facing higher levels of food insecurity than other households, households with young children have access to fewer supports. School-age children may benefit from free or reduced-price meals through schools, which aren't available to most families with children under age 6.<sup>4</sup> The Child and Adult Care Food Program (CACFP) is the primary federal mechanism that supports the provision of food to young children in child care settings (see box 1 for more information).

---

#### BOX 1

##### **The Child and Adult Care Food Program**

CACFP, operated by the Food and Nutrition Service of the US Department of Agriculture (USDA), provides reimbursements for meals and snacks served to eligible children enrolled in early care and education programs (all types of which are referred to as “child care” in this brief). Child care programs must purchase the food and prepare the meals served and are reimbursed by CACFP afterwards. All meals and snacks must align with nutrition standards set by the USDA. To participate in CACFP, a program must be either a licensed or approved child care provider or a public or nonprofit private school that provides organized child care programs for school-age children during off-school hours. Eligible programs include home-based child care, child care centers, Head Start programs, state prekindergarten programs, recreation centers, and after-school programs. While in theory home-based settings that are legally exempt from licensing may also participate in CACFP if they are “approved,” only a few states use this option, with the result that access to CACFP in these settings is fairly uncommon (Adams and Hernandez 2021).

Child care centers may work directly with the appropriate state agency to enroll in the CACFP, while home-based child care providers must enroll and participate in CACFP through a sponsor. Sponsors are responsible for enrolling, reimbursing, training, and monitoring providers to ensure they follow CACFP guidelines. Sponsoring agencies vary from state to state and may be child care resource and referral programs, food banks, or other community-based organizations.<sup>a</sup>

<sup>a</sup>“How to Become a Sponsor | Summer Food Service Program,” Food and Nutrition Service, last updated July 16, 2013, <https://www.fns.usda.gov/sfsp/how-become-sponsor>.

---

Despite the presence of this resource, not all child care settings utilize it. Factors like the type of child care setting, the capacity of the caregiver to enroll in CACFP, and where the child lives shape whether or not a child's caregiver has access to the CACFP or other nutritional programming (FRAC 2016). For example, home-based child care (HBCC) providers are less likely to participate in CACFP

(Adams and Hernandez 2021) and more likely to care for infants, toddlers, and children who live in rural areas (Henly and Adams 2018).

Given the challenges families with young children experiencing food insecurity face in getting supports, additional programs are needed to better meet their needs. Food access initiatives are well positioned to respond and adapt to the unique needs of families with young children. **Food access initiatives are programs and efforts by nonprofits, government agencies, and/or private partners to improve communities' and families' ability to secure healthy, culturally appropriate,<sup>5</sup> and affordable food.** Research reviewing the availability, accessibility, and quality of food finds that simply having or not having food locations nearby does not explain nutrition gaps, nor does it capture the full picture of accessibility (Carson and Boege 2020). Because proximity to food locations doesn't fully address families' needs, food access initiatives often focus on addressing transportation barriers; limited hours of operation for pantries, meal programs, and other services; stigma connected with utilizing free or low-cost services; and a lack of culturally appropriate foods. Families with young children may face additional specific food access barriers, such as the need for developmentally appropriate foods, that require unique solutions.

Creative partnerships with child care providers can build on the strengths of food access initiatives and help them reach more families with young children. These partnerships enable food access initiatives to reach families that may face some of the most pressing needs and buffer them against some of the short- and long-term health impacts of childhood food insecurity. Partnerships with child care providers offer a unique entry point of regular contact with families with young children because most child care providers see the families they serve on a regular basis. This trusted relationship between parents and providers could offer a springboard for addressing food insecurity in a non-stigmatizing way, breaking down one barrier families face in seeking services. See box 2 for more information on the diversity of the child care sector and what this means for potential partnerships.

In this brief, we review two examples of child care and food access initiative partnerships from the Walmart Foundation Healthier Food Access grant and describe how they worked to creatively reach families with young children.<sup>6</sup>

- **The Hmong American Farmers Association (HAFA)** of the Twin Cities metropolitan area, Minnesota: As part of its mission, HAFA looks for ways to connect Hmong farmers with the broader community and improve food access to low-income, food-insecure immigrant, refugee, and other families of color in the community. HAFA has partnered with child care providers to build their capacity to access federal nutrition programs and has connected providers with local growers to bolster their access to healthy, culturally appropriate foods.
- **Cabarrus Health Alliance (CHA)** of Cabarrus County, North Carolina: CHA initiated a partnership between public health personnel, child care providers, food researchers, and Meals on Wheels with the goal of mitigating the impact of concentrated poverty, racial disparities, food insecurity, and the decision fatigue faced by working families, especially single

mothers, when choosing and preparing healthy meals. They have partnered with three local child care providers to offer pre-prepared, healthy, and low-cost meals to families.

We look across both of these efforts, identify the strategies they use to reach families with young children, and provide evidence-based recommendations for building more partnerships like these in local communities.

---

## BOX 2

### The Diversity of the Child Care Sector and What It Means for Partnerships

To understand how to build partnerships between food access initiatives and child care providers, it is important to understand the diversity of the child care sector. Children are cared for in a variety of settings, including child care centers and HBCC settings, which can include care by family, friends, and neighbors. Moreover, some of this care may be provided by licensed caregivers (i.e., those who have met state or local licensing requirements), while in other cases it may be given by unlicensed caregivers (i.e., those legally exempt from state or local licensing, including caregivers who may or may not be related to the child).

This diversity suggests that a differentiated approach to partnership may be necessary based on the type of care provider. For example, child care centers typically serve larger numbers of children in their programs than HBCC providers, which are often attended by only individual or small groups of children. Most centers are licensed, as are some home-based providers (the latter usually referred to as “licensed family child care”). Programs that are licensed are easier to identify locally, as they are listed with the licensing agency. However, HBCC programs that are exempt from licensing requirements (ranging from relative care to small, family-based child care programs, depending on the state) make up the majority of home-based settings and are likely more difficult to identify because they are unlikely to be listed with state licensing or subsidy agencies. Overall, HBCC providers, and particularly relative care providers, are commonly used by families of color, immigrant families, and families with infants and toddlers.<sup>a</sup> These providers—especially those with family members that are immigrants, those that have faced institutional racism, and those that may have been mistreated by public agencies in the past—may have historical reasons to distrust public systems.<sup>b</sup> These settings are the most underserved and disconnected from federal programs, and because they are more likely to serve smaller numbers of children, they are potentially less cost-efficient to partner with.

<sup>a</sup> Corcoran and Steinley (2017); Dhvani Kharel, “Immigrant Care Providers Have Been Ignored for Too Long,” National Women’s Law Center blog, August 11, 2021, <https://nwlc.org/blog/title-immigrant-care-providers-have-been-ignored-for-too-long/>.

<sup>b</sup> Adams and Pratt (2021).

---

## Strategies to Leverage the Child Care Sector

While increasing access to CACFP is an important strategy, there are many other ways for food access initiatives and programs to engage existing child care programs and providers to reach more children and families. In this section we outline the three primary ways to engage with the child care system. Importantly, these approaches may need to be adapted depending on the care setting, using the recommendations we provide at the end of the brief.

## Providing Direct Services to Children and Families

The most explicit way to work with child care programs and providers to improve food access for young children and families is by **directly providing services**. Food access programs can partner with child care providers in the community to increase their visibility and reach families that may not be targeted by their other efforts. Moreover, most parents visit their child care provider on a daily basis, offering an opportunity for regular engagement and reducing the burden of transportation by using the child care site as a drop-off point for food. These approaches likely need to be adapted depending on the care setting.

### FOOD PICKUP AT CHILD CARE

To facilitate partnerships with child care providers, food access programs may offer **easy pickup options**, such as boxes of local farm produce obtained through community-supported agriculture arrangements, which parents can easily access during child care pickup times. For example, as part of its grant with the Walmart Foundation, HAFA partnered with Hmong immigrant women who are HBCC providers. These women care for Hmong children from predominantly low-income, immigrant, and refugee families on a daily basis and have difficulty serving them fresh, healthy food because of poor access to produce and its high cost. To address this immediate need, HAFA provides families in the child care program with free weekly boxes full of local farm produce, as well as additional produce for the child care providers to incorporate into the meals they make for the children in their care.

Other programs may offer different types of food assistance, such as **prepared meals**. As part of its grant funded by the Walmart Foundation, CHA offered fresh, pre-prepared, and low-cost take-home dinners that aligned with the USDA's MyPlate guidance. The program surveyed parents through their child care programs to identify affordable price points for the premade meals. Parents can visit the website that CHA developed to place orders for meals, make payments, and leave feedback. A primary goal of this effort is to make healthier food more accessible to families by reducing barriers around transportation and cost. This approach promotes food access by making meal items available at a location parents already visit daily. Because CHA planners understood that child care providers had existing rapport with targeted families, they identified these providers as their main liaison for administering the program and coordinating meal pickups with parents. They also clearly outlined the role each child care center liaison had, and because they understood that providing child care is an already-demanding job, they did not expect providers to take on any additional responsibilities for the meal program.

### NUTRITIONAL PROGRAMMING AND ACTIVITIES FOR YOUNG CHILDREN

Food access programs may also offer direct **nutrition education programming and activities** through child care programs to increase families' access to and children's acceptance of foods that are both healthy and culturally relevant. Research suggests that children must try new foods multiple times to change their preferences (Johnson and Moding 2020). One way to expose children to new produce is through nutrition education programming that allows them to test different foods in an environment that is fun, interest-driven, and safe. Programs may consider offering "produce of the month," both in

the care setting and for parents to take home, as well as other nutrition education supports that allow children to try healthy foods both at child care and at home.

Moreover, introducing food that may not be part of the standard American diet, but that is culturally tied to a given community, may help all children from a young age be more accepting of and curious about food. For example, HAFA worked with Hmong HBCC providers to offer children foods in the classroom that are culturally relevant to the Hmong community. These foods include those grown on HAFA's farm, such as long beans, bitter melon, and lemongrass. This practice allows children to explore culturally relevant food in the context of the care environment along with peers, encouraging discovery and affirming their cultural identity.

## **Collaborating with Providers to Build Their Capacity**

Initiatives can improve food access in child care settings by increasing the capacity of providers. This approach may include **helping providers build their existing infrastructure** to prepare and serve food. It may also include **funding capacity-building efforts** that could either support the hiring of new staff for additional capacity to engage in food access initiatives, or finance the development or expansion of existing nutrition services and family engagement efforts that providers already have in place. Food access initiatives with expertise in the nutritional program service landscape can educate providers on what the families they serve may be eligible for and **help them navigate the CACFP enrollment processes**.

To illustrate the latter, HAFA is committed to supporting providers in navigating the CACFP application and reimbursement process. Not only is the application intimidating and laborious—particularly for those who are not comfortable with technology, whose primary language is not English, and who may not have computer access—but ongoing qualification for reimbursement depends on the provider's making meal plans that conform to USDA nutrition standards, even though these standards may not include ethnically diverse or culturally responsive examples in their lists of approved meals. HAFA has been working with child care providers to create standardized recipes using ingredients that are culturally relevant for the families they serve.

Yet helping child care providers enroll in federal food programs is just one step in the journey. Barriers exist around both enrollment and continued engagement in federal food programs like CACFP, such that maintaining compliance with program rules can be administratively burdensome, especially for smaller-scale providers (CSSP 2018). Therefore, **offering postenrollment support to providers** to foster the sustainability of their participation is key to having lasting impact for children and families. This support may include creating a structure for administrative labor tasks, such as a schedule for preparing monthly reimbursement paperwork, and organizing required monitoring and training visits.

## Advocating for Systems-Level Policy Changes

At the systems level, food access programs may choose to **collaborate with other agencies** to address policies that make it harder for some child care providers to feed the children they serve. As noted, some providers may find it challenging to incorporate ethnic or culturally responsive foods into meals that follow the USDA child meal pattern guidance (USDA, n.d.), potentially limiting their opportunities to offer food that is familiar to the children and families they serve. In the case of CACFP, food access programs could partner with the sponsoring agencies whose job it is to enroll, reimburse, monitor, and offer technical assistance to HBCC providers in CACFP. Specifically, food assistance organizations could help sponsors develop resources to provide technical assistance on mapping the meal pattern guidelines to culturally appropriate meals, which can support participation of less-well-served and more diverse caregivers and communities.

For example, HAFA is working with the Minnesota Department of Education and the USDA to include in approved meal lists more foods and dishes familiar to the families served by local HBCC providers. The goal is to eliminate what HAFA perceives to be a culturally insensitive expectation that child care providers feed children a standard American diet to qualify for food purchase reimbursements. HAFA is also collaborating with the nonprofit Institute for Agriculture and Trade Policy to create a structure of support to guide immigrant HBCC providers through the CACFP application process so that their future food purchases will be subsidized—another activity that supports the continued availability of fresh, nutritious food to the children in these child care programs.

Programs may also choose to partner with child care resource and referral organizations and other community-based child care organizations to better meet providers' needs. While not present in all communities, these organizations are designed to help parents find child care, and they offer technical assistance for providers. Recently, Child Care Aware of America, an organization that works with a national network of more than 400 child care resource and referral agencies, partnered with the nonprofit Food Research & Action Center and experts from the USDA to offer a free webinar to providers on CACFP policies.<sup>7</sup> This type of cross-organization collaboration centers the needs of providers and the well-being of children and families and can lead to smarter, more sustainable decisions.

## Recommendations for Partnering with Child Care Providers

The strategies just discussed represent promising mechanisms for food access initiatives to creatively collaborate with the child care sector and reach families with young children. As evidenced by the efforts of HAFA and CHA, several different viable program models exist for reaching families with young children who may be at risk of experiencing food insecurity. Here we present key recommendations and considerations to help food access initiatives maximize these connections:

- **Help child care providers and organizations identify their needs and determine the entry point for food access initiatives to help address each need.** Being responsive to community-identified needs is a cornerstone of effective program design, so in child care partnerships, providers should be at the center of decisionmaking. Providers interact with parents and their children on a regular basis and are attuned to their needs and preferences. Food access initiatives could benefit tremendously from using providers as a resource to understand their target populations and more effectively tailor their programming. If necessary, link providers to other resources if the food access initiative doesn't have the ability or capacity to meet their needs.
- **Consider directly engaging with the families enrolled in child care to identify their needs.** While providers are often the experts on the families they serve, there is no perspective more valuable than that of the families themselves. This type of engagement involves understanding the community history and intentionally asking parents about their needs and which methods of service delivery would be most helpful and least stigmatizing. For example, CHA surveyed families at child care centers about the types of food and meals they eat and developed recipes based on this community input. Moreover, CHA sought input from racially diverse families at child care centers in different parts of the community. This focus on family input into what food should be provided highlights the strength of community-centered program design in developing interventions that address families' needs.
- **Consider engaging intermediary organizations in the conversation, too.** If partnering with child care providers is not feasible, food access initiatives may explore partnerships with organizations that work to provide services for child care providers—these include child care resource and referral agencies (which provide child care referrals for families, training for providers, and so on), family child care networks, subsidy agencies, or CACFP sponsor agencies. All of these organizations work with multiple child care providers, offering food access initiatives the opportunity to expand their reach and potentially maximize their impact. While these organizations may not be involved in direct service delivery (such as nutritional programming or food pickup), the partnership can center around creating and facilitating connections with families to support these activities. In addition, the intermediary organizations can assist in designing the program model and identifying the supports that are needed, as the needs and interests of the providers may not be intuitive or understood right away. Similar to working with child care providers directly, being responsive to these organizations' abilities, interests, capacities, strengths, and weaknesses should be part of the initial conversation to build a strong partnership.
- **Define together the best way to deliver support.** Once the food access initiative has determined what the community-identified needs are and who to partner with, the focus can shift to how best to support child care partners and the families they serve. Key questions to consider when defining this support include the type of strategy (nutritional programming, food pickup, capacity building, and/or advocacy work) that would best fit the target audience and the provider type. Collaborative planning includes understanding the demographics and



needs of the population being served, such as income levels, languages spoken, time pressures, and other factors that may affect service delivery. For example, HBCC providers may have a tough time providing additional services to families, given that many of them do not have assistants and thus must be available to the children all day. These ongoing demands mean that any programmatic effort will need to be worthwhile and clearly beneficial to providers for them to consider participating. Thus, partnering with intermediary networks or other entities that already work with HBCC providers is more likely to be helpful, as a piggyback effort, than to create additional burden. Overall, this phase should be collaborative. Flexibility is key when partnering, especially if the service delivery involves working directly with care providers themselves; caring for children is a tremendous and demanding responsibility, and communication must be intentional to decrease any added burden.

## Improving Family Food Security through Partnering with Child Care Providers

One in seven US households with children under age 6 were food insecure in 2020, a situation that may have long-term impacts on their health and development (Coleman-Jensen et al. 2021). Innovative partnerships with the child care sector can reach vulnerable families with young children and provide the support needed to bolster their food security.

As this brief has outlined, partnerships between food access initiatives and child care providers can provide direct services to families and increase providers' capacity to participate in child nutrition programs. There may also be opportunities for collaboration among other agencies and organizations that support food access for families with young children. In developing these partnerships, food access programs should take care to collaborate with child care providers to identify their needs and determine the entry point for food access initiatives, engage the families in program design and development, and collaboratively define the best way to deliver support. Through thoughtful partnerships, child care providers and food access initiatives can provide key resources for families with young children to support their food security.

## Notes

<sup>1</sup> See "Key Statistics & Graphics," US Department of Agriculture, Economic Research Service, last updated September 8, 2021, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>.

<sup>2</sup> "Fast Facts: Child Care," National Center for Education Statistics, accessed November 12, 2021, <https://nces.ed.gov/fastfacts/display.asp?id=4>.

<sup>3</sup> In 2020, 14.8 percent of US households with children under age 18 experienced food insecurity. See "Key Statistics & Graphics," US Department of Agriculture, Economic Research Service, last updated September 8, 2021, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>.

- <sup>4</sup> School-based nutrition programs include the National School Lunch Program (<https://www.fns.usda.gov/nslp>) and the School Breakfast Program (<https://www.fns.usda.gov/sbp/school-breakfast-program>).
- <sup>5</sup> Here, when we refer to culturally appropriate or culturally responsive foods, we mean foods that are appropriate and unique to specific cultural/ethnic communities.
- <sup>6</sup> Both of these food access initiatives are part of a larger cohort of 11 grantees that received funding from the Walmart Foundation to develop and test solutions that improve access to healthier foods. See more details on this portfolio of work at <https://walmart.org/what-we-do/strengthening-community/healthier-food-for-all>.
- <sup>7</sup> “CACFP Policy and Practice Updates during COVID-19,” ChildCare Aware of America, accessed November 12, 2021, <https://info.childcareaware.org/ty-page-redirect-cacfp-policy-and-practice-updates-during-covid-19>.

## References

- Adams, Gina, and Fernando Hernandez. 2021. *The Child and Adult Care Food Program and Home-Based Child Care Providers*. Washington, DC: Urban Institute.
- Adams, Gina, and Eleanor Pratt. 2021. *Assessing Child Care Subsidies through an Equity Lens: A Review of Policies and Practices in the Child Care and Development Fund*. Washington, DC: Urban Institute.
- Carson, Jess, and Sarah Boege. 2020. *The Intersection of Food Availability, Access, & Affordability with Food Security and Health*. Durham: University of New Hampshire, Carsey School of Public Policy.
- CSSP (Center for the Study of Social Policy). 2018. “Food Insecurity in Early Childhood.” Washington, DC: CSSP.
- Coleman-Jensen, Alisha, Matthew Rabbitt, Christian Gregory, and Anita Singh. 2021. *Statistical Supplement to Household Food Security in the United States in 2020*. Washington, DC: US Department of Agriculture.
- Corcoran, Lisa, and Katrina Steinley. 2017. *Early Childhood Program Participation: Results from the National Household Education Surveys Program of 2016*. NCES 2017-101. Washington, DC: US Department of Education, Institute of Education Sciences, National Center for Education Statistics.
- de Oliveira, Klébya Hellen Dantas, Géssica Mercia de Almeida, Muriel Bauermann Gubert, Amanda Souza Moura, Ana Maria Spaniol, Daphne C. Hernandez, Rafael Pérez-Escamilla, and Gabriela Buccini. 2020. “Household Food Insecurity and Early Childhood Development: Systematic Review and Meta-analysis.” *Maternal & Child Nutrition* 16 (3): e12967.
- FRAC (Food Research & Action Center). 2016. “Child and Adult Care Food Program Participation Trends.” Washington, DC: FRAC.
- Gundersen, Craig, and James P. Ziliak. 2015. “Food Insecurity and Health Outcomes.” *Health Affairs* 34 (11): 1830–39.
- Henly, Julia R., and Gina Adams. 2018. *Increasing Access to Quality Child Care for Four Priority Populations: Challenges and Opportunities with CCDBG Reauthorization*. Washington DC: Urban Institute.
- Johnson, Susan, and Kameron. J. Moding. 2020. “Introducing Hard-to-Like Foods to Infants and Toddlers: Mothers’ Perspectives and Children’s Experiences about Learning to Accept Novel Foods.” In *Building Future Health and Well-Being of Thriving Toddlers and Young Children*, edited by M. M. Black, A. Singhal, and C. H. Hillman, 88–99. Nestlé Nutrition Institute Workshop Series 95. Basel, Switzerland: Karger.
- Jyoti, Diana F., Edward A. Frongillo and Sonya J. Jones. 2005. “Food Insecurity Affects School Children’s Academic Performance, Weight Gain, and Social Skills.” *Journal of Nutrition* 135 (12): 2831–39.
- Shonkoff, Jack P., and Deborah A. Phillips. 2000. *From Neurons to Neighborhoods: The Science of Early Child Development*. Washington, DC: National Academies Press.
- Slack, Kristen. S., and Joan Yoo. 2005. “Food Hardship and Child Behavior Problems among Low-Income Children.” *Social Service Review* 75 (3): 511–36.
- USDA (US Department of Agriculture). n.d. “Child Meal Pattern.” Washington, DC: USDA.

## About the Authors

**Catherine Kuhns** is a research associate in the Center on Labor, Human Services, and Population at the Urban Institute. Her research focuses on early childhood development, child welfare, and public programs that support the well-being of low-income children and families. Kuhns holds a PhD in human development and quantitative methodology from the University of Maryland, College Park.

**Kassandra Martinchek** is a research analyst in the Center on Labor, Human Services, and Population. She leverages qualitative data collection and analysis, quasi-experimental methods, econometrics, and data analysis to understand disparities in communities' financial health and food security, as well as structural barriers and policies that can reduce these gaps. She holds an MPA from the University of Wisconsin–Madison and is pursuing a PhD in public policy and administration from The George Washington University.

**Poonam Gupta** is a research analyst in the Income and Benefits Policy Center at the Urban Institute, where she focuses on social safety net policy. She works on several projects related to federal nutrition programs and food insecurity. Gupta holds BAs in public health and Spanish from the Johns Hopkins University and an MSPH in international health from the Johns Hopkins Bloomberg School of Public Health.

# Acknowledgments

This brief was funded by the Walmart Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at [urban.org/fundingprinciples](https://urban.org/fundingprinciples).

At Urban, we thank Elaine Waxman and Gina Adams for their thoughtful review of this brief and Renee Pendleton for careful copyediting. We thank Janssen Hang at the Hmong American Farmers Association and Marcella Beam at Cabarrus Health Alliance for reviewing this brief. We are grateful to all of the grantees of the Walmart Foundation Healthier Food Access grant for sharing insights with our research team on the future of food access initiatives.



500 L'Enfant Plaza SW  
Washington, DC 20024

[www.urban.org](https://www.urban.org)

## ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.

Copyright © November 2021. Urban Institute. Permission is granted for reproduction of this file, with attribution to the Urban Institute.