Child Hunger in Rhode Island
Issue Brief

December 3, 2020
#ChildHungerRI
Food Insecurity

• Between 2017 and 2019
  – 9.1% of RI households and 11.1% of U.S. households were food insecure.

• In 2019
  – 13.6% of all U.S. households with children were food insecure.
  – 37.1% of U.S households with children and incomes below the poverty level experienced food insecurity.
The Effects of COVID-19

• Data from the Census Bureau Household Pulse Survey indicates that households with children are more likely to experience food insecurity during the pandemic than those without.

• National estimates project that the 2020 child food insecurity rate will increase to 27-29% in RI due to the COVID-19 pandemic.
For 1 in 6 Adults With Children, Household Lacked Sufficient Food in Last 7 Days

SHARE OF U.S. ADULTS REPORTING THAT THEIR HOUSEHOLD SOMETIMES OR OFTEN DID NOT HAVE ENOUGH TO EAT

Note: Chart excludes individuals who did not respond to the question.
Impact of COVID-19 on People of Color

Black and Latino Households Likelier to Experience Food Insufficiency During Pandemic

Share of U.S. adults saying that their household sometimes or often did not have enough to eat in the last 7 days

- All Adults: 12%
- Black, not Latino: 22%
- Latino (any race): 19%
- Other/multiracial, not Latino: 16%
- White, not Latino: 9%
- Asian, not Latino: 6%


Note: Other/Multiracial not Latino includes people identifying as American Indian, Alaskan Native, Native Hawaiian or Pacific Islander, or more than one race. Percentages are based on reporting distributions and do not include the populations that did not respond to the question.
Impact of COVID-19 on People of Color

• The RI Life Index determined that:
  – 25% of households surveyed were worried about having adequate food during July and August of 2020.
  – 21% of White families lack adequate food compared to 36% of Black families and 40% of Latino families.
WIC Program

• Serves pregnant, postpartum, and breastfeeding women, infants, and children under age 5 living in low-income households.

• Families may receive assistance from WIC irrespective of their immigration status and WIC is not included in public charge determinations.

• As of November 2020, WIC provides an EBT (electronic benefit transfer) called eWIC to all RI users.
WIC Program

- 78% are infants and children ages 1-4.
- 9% are pregnant women and 14% are postpartum women.
WIC Program

Women, Infants, and Children Enrolled in WIC by Race/Ethnicity, Rhode Island, September 2019

Source: Rhode Island Department of Health, WIC Program, September 2019. Hispanic can be of any race.
SNAP

- SNAP helps low-income individuals and families obtain better nutrition through monthly benefits they can use to purchase food at retail stores and some farmers markets.

- Child food insecurity has been shown to decrease by almost one-third after families receive SNAP benefits for six months.
SNAP

• Nationally, SNAP is available to households with gross monthly incomes below 130% FPL, net incomes below 100% FPL, and no more than $2,250 in resources.

• RI implanted broad-based categorical eligibility
  – Gross monthly income limit for RI is 185% FPL ($40,182 for family of three).
  – Households must still meet the net monthly limit of 100% FPL after allowable deductions.
SNAP

• In RI during October 2019:
  – 75% of SNAP households had gross incomes below the FPL ($21,330 for a family of three).
  – Average monthly SNAP benefit for a family of three was $393.

• SNAP benefit is based on a federal formula that takes into account the number of people in the household and its income and expenses.

• The amount of SNAP benefits families receive is not adequate to meet a family’s nutritional needs.
Children Receiving SNAP

- 66% of SNAP recipients were adults and 34% were children.
  -- Of the children enrolled, 35% were under the age of six.
COVID-19 and SNAP

• Since March 2020, SNAP households that were not already receiving the maximum SNAP benefit amount for their household size received an increase to their benefits to bring them to the maximum amount.

• Starting June 10, 2020, SNAP participants were able to select and pay for their groceries online using their EBT card at Amazon and participating Walmart stores.
Child and Adult Care Food Program (CACFP)

• Children enrolled in full-day child care programs consume **half to two-thirds of their daily meals** while in child care.

• CACFP helps child care centers, preschools, home-based child care providers, after-school programs, and homeless shelters provide nutritious meals.

• Nationally, in FY 2019, CACFP served **1.5 million** children in child care centers.
School Meals

• Food-insecure families often do not have sufficient food to provide nutritious breakfasts every morning, and children in these families are at risk of falling behind their peers physically, cognitively, academically, emotionally, and socially.

• RI law requires that all public schools make breakfasts and lunches available to all students, including those who qualify for free or reduced-price meals based on income.
School Meals

• In the U.S., in Fiscal Year 2019, **29.5 million children** participated in the School Lunch Program.

• As of October 1, 2019, **almost half (48%)** of Rhode Island’s 143,557 public school students (68,907 children) were eligible to participate in the National School Lunch Program.

• **69% percent** of lunches served in Rhode Island are served free or reduced-priced.
A Response to COVID-19: Pandemic-EBT

• The COVID-19 pandemic forced schools to transition to hybrid or full distance learning.

• In RI, many children risked losing access to free or reduced-price meals provided by schools.

• School districts provided “Grab ‘n Go” meals to all children regardless of income.

• Between March and June 2020, 2.3 million “Grab ‘n Go” meals were distributed.
A Response to COVID-19: Pandemic-EBT

• In March 2020, the U.S. Congress enacted Pandemic-EBT (P-EBT).

• P-EBT provided families whose children qualified for free or reduced-price meals with the funds that otherwise would have gone to schools to provide them with breakfast and lunch.

• Nationally, approximately two-thirds of school-age children are likely to be eligible for P-EBT, more than half of whom are in households that are also enrolled in SNAP.
A Response to COVID-19: Pandemic-EBT

- Rhode Island was the **2nd state in the nation** to be approved to administer the P-EBT program.

- Approximately **53,000 P-EBT cards** were mailed directly to families at the address on file with the school.

- P-EBT reached a significant number of children quickly and substantially reduced food insecurity.

- In October 2020, Congress extended P-EBT through the 2020-2021 school year with **additional considerations and flexibilities** to address the combination of in-person, distance learning, and hybrid instruction models and to replace meals missed at **child care centers**.
The School Breakfast Program

• Offers nutritious meals, which together with school lunches, make up a large proportion of the daily dietary intake of participating children.

• During the 2018-2019 school year, 12.4 million low-income children in the U.S. participating in the School Breakfast Program ate breakfast at school each day.

• RI ranks 33rd in the U.S. for participation in the School Breakfast Program.
During the 2018-2019 school year, **54 low-income students participated in the School Breakfast Program for every 100 low-income students who participated in the School Lunch Program.**
Strategies to Increase Participation

• The federal **Community Eligibility Program (CEP)** allows schools and districts with 40% or more students identified as low-income to provide free meals to all students and offers higher reimbursements.

• **Universal School Breakfast Programs**

• **Alternative breakfast service**

• Many of the **states with the highest school breakfast participation rates have passed legislation** requiring high-poverty schools to offer alternative breakfast service and/or free breakfast to all students.
Summer Meal Program

• Nationally, in FY 2019, the Summer Meal Program provided 142 million meals and served 2.7 million children daily.

• In Rhode Island, the Summer Meal Program provides more than 450,000 meals and 19,000 snacks every summer.

• 11 states provide state funding to support the expansion of Summer Meal programs.

• The State of Rhode Island does not contribute any additional funds to support the Summer Meal Program.
Food Bank

• During the COVID-19 pandemic, demand for food assistance from the RI Food Bank and member agencies increased by 26%.

• Before the pandemic, food pantries and soup kitchens provided emergency food assistance to 53,700 Rhode Islanders each month.

• By the end of April 2020, 67,900 individuals were being served.
  – This effort included the distribution of 330,000 pre-packaged meals from FEMA ensuring that food reached vulnerable low-income seniors and families who could not safely access grocery stores or food pantries.
2019 Rhode Island Hunger Survey

• The RI Food Bank serves about 9,300 households with children.

• 26% of households served had children.

• 69% of households with children had at least one person in the household employed.

• 89% of households with children were living below the poverty line.
2019 Rhode Island Hunger Survey

• Most of the households seeking food assistance receive additional benefits elsewhere.
  – Among households with a child age 0 to 5, 56% receive benefits from WIC.
  – Among households with children age 6 to 17, 80% have a child who participates in the free or reduced-price school lunch program.
  – 60% of households with children reported receiving SNAP benefits.
Stigma Associated With Participation in Federal Nutrition Programs

- Nationally, many express frustration that stores do not include signs designating eligible items and feel stigmatized by employees and customers during checkout.

- Granting flexibility for eligible items and improving signage may help reduce stigma for SNAP and WIC recipients.
Cultural Relevance of Food Nutrition Programs

• People of color and people from low-income families are twice as likely to suffer from diet-related chronic diseases and are more likely to consume meals funded by the USDA Feeding Assistance Programs.

• Dietary Guidelines determine eligible items and do not reflect the nutritional needs and habits of many people of color, align with traditional food norms of immigrant families, or take into account the growing diversity of the U.S.
Cultural Relevance of Food Nutrition Programs

- Nationally, **one-half of WIC participants** are from culturally diverse groups.

- Many WIC participants often **feel forced into Western food patterns and habits** that may not be as healthy as their own eating habits.

- **Changes to federal regulations** to allow states to grant food substitutions and flexibility to offer locally available, culturally appropriate foods would help to improve the cultural relevance of nutrition programs.
Food Deserts

• **Definition:** Areas with limited food access and commonly exist in low-income neighborhoods predominantly Black and Hispanic populations.

• The designation “food desert” takes into account:
  – Accessibility to sources of healthy food, as measured by distance to a store or by the number of stores in an area.
  – Individual-level resources that may affect accessibility, such as family income or vehicle availability.
  – Neighborhood-level indicators of resources, such as the average income of the neighborhood and the availability of public transportation.
Food Deserts

• Discriminatory housing practices throughout the 20th century have created conditions where families of color are more likely to live in high-poverty neighborhoods that lack adequate investment in infrastructure and resources compared to more affluent neighborhoods.

• Children with a chronic lack of access to adequate food resources have higher rates of obesity and are more likely to develop type 2 diabetes and cardiovascular disease later in life.

• RI Health Equity Zones aim to address this issue.
Equity Recommendations

• Identify the needs of communities of color that are rooted in and are exacerbated by systemic racism. Dismantle these systems by creating racially aware and equity-focused policies.

• Increase **cultural competency, reduce bias, and improve program outcomes** by providing and requiring equity training.

• **Empower participants** by creating mechanisms for feedback and evaluation of programs.

• Continue to **collaborate with community organizations** to effectively deliver programs and benefits.
SNAP Recommendations

• Pass federal legislation to **increase SNAP benefits** for all recipients.

• **Increase access** to SNAP incentives, which double the value of SNAP benefits when used to purchase fruits and vegetables.

• Ensure **adequate outreach to families** who may be eligible but not enrolled.
P-EBT/School Meals Recommendations

• Continue **regular data matching** between the RIDHS and RIDE to capture newly qualified families regularly throughout the school year so new families are included in the P-EBT program.

• **Continue P-EBT** during the summer months, incorporating lessons learned during COVID-19.

• Encourage districts and individual schools to participate in the Community Eligibility Provision (CEP) program for school meals by **decreasing financial barriers** to participation.
P-EBT/School Meals Recommendations

• Encourage all schools to offer breakfast at no charge to all students using the Community Eligibility Provision (CEP) if eligible or by implementing Universal School Breakfast.

• Pass legislation requiring that high-poverty districts and schools provide “breakfast after the bell” as a key strategy for increasing school breakfast participation.

• Encourage all schools to offer “breakfast after the bell” through “breakfast in the classroom,” which is most effective at the elementary school level, or through “grab and go” or “second chance breakfast” models, which may be more effective at the secondary school level.
P-EBT/School Meals Recommendations

• Provide funding to support districts and schools implementing alternative breakfast service so they can purchase equipment and supplies that make alternative breakfast service work more efficiently.

• Raise awareness about how increasing school breakfast can be part of a comprehensive statewide strategy to reduce chronic absence, improve grade-level reading, reduce childhood hunger and obesity, and improve children’s emotional well-being.

• Provide state funding to expand the Summer Food Service Program.
WIC Recommendations

• Allow for WIC benefits to be used for online grocery shopping and ordering.

• Allow WIC recipients to use their benefits to purchase food that further meets their families’ cultural and nutritional needs and preferences.

• State and local WIC agencies, Medicaid, neighborhood clinics, and Head Start should implement options for assisting WIC participants with transportation to stores that accept WIC.

• State WIC agencies should adopt and promote a one-year certification period for children, rather than requiring recertification semi-annually.
Reflections

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