



Poverty, Hunger, Health, and the Federal Nutrition Programs:

A Profile of the Southern Region

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Purpose and Organization

For this report, southern states include Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia. Collectively, these states will be referred to as the Southern Region.

This report highlights the need for and value of federal nutrition programs in the Southern Region, especially in light of COVID-19, using the indicators of health and inequity, and explores federal nutrition program strengths, participation gaps, and strategies for improvement within the Southern Region through comparison to regional and national data.

The Southern Region data in this report are also available in an online chart book with a complete set of interactive tables.

Acknowledgments

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This report was written by FRAC's Geraldine Henchy and Katherine Jacobs, with special assistance from Randy Rosso and FRAC's Communications, School and Out-of-School Time, and Supplemental Nutrition Assistance Program units. The findings and conclusions presented in this report are those of FRAC alone.

About FRAC

For 50 years, the Food Research & Action Center (FRAC) has been the leading national organization working for more effective public and private policies to eradicate domestic hunger and undernutrition. For more information about FRAC, or to sign up for FRAC's *Weekly News Digest* and monthly newsletters, go to: [frac.org](https://www.frac.org).



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INTRODUCTION

The federal nutrition programs are an important source of support in the Southern Region. However, there are serious gaps in participation. Fully utilizing the federal nutrition programs is necessary to support the individuals and families in the Southern Region who are struggling to put food on the table. Many in the Southern Region states live with the crushing burdens of food insecurity, poverty, limited opportunities, health disparities, discrimination, and historical and structural racism. These inequities in Southern Region states have serious consequences for the health and well-being of children and adults. The federal nutrition programs are one of many resources and significant structural changes needed to address these issues.

The federal nutrition programs include the Supplemental Nutrition Assistance Program (SNAP); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); School Breakfast Program (SBP); National School Lunch Program (NSLP); Summer Nutrition Programs; and Child and Adult Care Food Program (CACFP).

A vital source of support, the federal nutrition programs can help reduce food insecurity, improve dietary intake and health, protect against obesity, and boost learning and development. In addition, the federal nutrition programs support economic security, help lift families out of poverty, and act as a stimulus for local economies. Yet, despite significant growth and success in expansion efforts, the programs are still reaching too few eligible people.

More must be done on state and local levels to increase participation and strengthen the federal nutrition programs in the Southern Region. Recommendations in this report will allow state and local governments, policymakers, program administrators, schools, child care providers,



afterschool programs, community-based and faith-based organizations, and others to connect more people to the federal nutrition programs. For all stakeholders, there are proven and effective policies and strategies that can reach and serve more of those who are eligible, including a culturally and linguistically diverse population. Recommendations include expanding outreach and education, and lowering unnecessary and ill-considered state and local barriers to participation.

In light of COVID-19, the federal nutrition programs are a critical way to support and improve the health and economy in Southern Region states. COVID-19 makes even more urgent the need to reach and support vulnerable, yet unserved, populations. Food insecurity rates are especially high among key vulnerable groups, especially groups that have been victims of long-standing discriminatory treatment or that suffer disproportionately from low wages, high unemployment, and inadequate public support programs.

Key Findings

Economic and Food Security, Equity, and Health

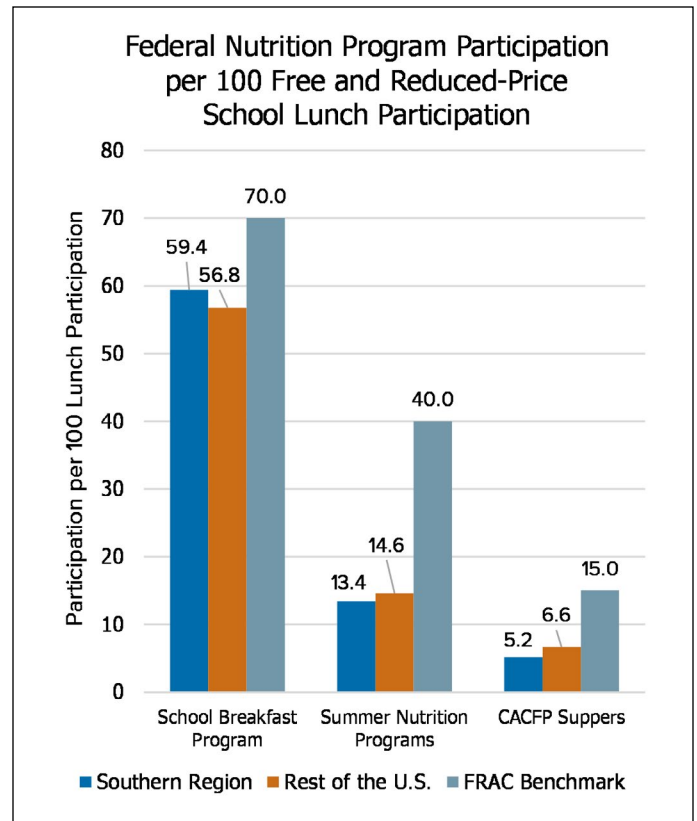
- Almost 12 million individuals in the Southern Region lived in poverty, and almost 25 million lived below 185 percent of the federal poverty level in 2018. Twenty-one percent of children in the Southern Region lived in poverty in 2018 compared to 17.0 percent in the rest of the U.S.
- The proportion of food-insecure households is higher in the Southern Region (12.6 percent) than in the rest of the U.S. (11.4 percent) in 2018.
- These high levels of poverty and food insecurity hurt children and families, and contribute to underperformance in health outcomes and equity in the Southern Region. Health outcomes in which Southern Region states tend to fare worse include low birthweight, obesity, and diabetes.
- All states in the Southern Region have high White-minority wage gaps. Alabama (18.5 percent), Louisiana (18.4 percent), Mississippi (17.7 percent), South Carolina (17.5 percent), Kentucky (12.7 percent), Florida (12.3 percent), North Carolina (12.1 percent), and Georgia (11.5 percent) have White-minority wage gaps greater than the U.S. average (10.2 percent).
- Policies that promote economic security in the Southern Region are limited compared to what is available in other geographic areas of the country.

Federal Nutrition Programs

Valuable Resources:

- In the Southern Region states, SNAP served nearly 10 million and WIC served 1.6 million people a month in 2018. The child nutrition programs were used to feed healthy meals and snacks to millions of children in schools (4.5 million for breakfast and 7.8 million for lunch), child care (1 million in child care centers and afterschool programs, and 122,381 in family child care homes), and summer meal programs (765,000) in the Southern Region states.

Figure 1



- Participation in the School Breakfast Program, Summer Nutrition Programs, and Child and Adult Care Food Program is increasing in the Southern Region.

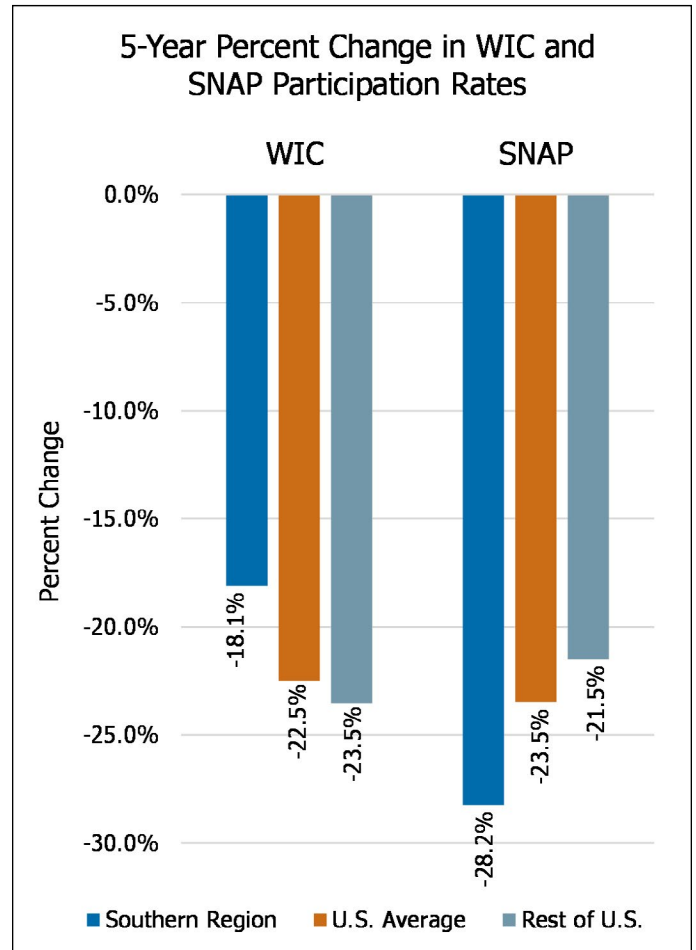
Participation Gaps:

- Although increasing, federal nutrition programs that serve children in the Southern Region, specifically the School Breakfast Program, the Summer Nutrition Programs, and CACFP Supper Programs, have not met the Food Research & Action Center's (FRAC) national participation benchmarks yet, as seen in Figure 1.
- The participation rate for the School Breakfast Program (59.4) is higher in the Southern Region compared to the rest of the U.S., but the rate for the Summer Nutrition Programs (13.4) and CACFP Supper Programs (5.2) are lower, as seen in Figure 1.
- If participation rates for the School Breakfast Program, Summer Nutrition Programs, and CACFP Supper Programs reached FRAC's national participation

benchmarks (70, 40, and 15, respectively), then the Southern Region would collectively receive \$357 million per year in additional federal funding.

- Participation in SNAP is decreasing (-28.2 percent) in the Southern Region as seen in Figure 2. This trend is also seen throughout the U.S., but at a lower magnitude, and is impacted by several factors, including a decrease in the poverty rate before COVID-19. Louisiana (-14.6 percent) was the only Southern Region state that had a less severe decrease in participation from fiscal year (FY) 2013–2018, compared to the rest of the U.S. (-21.5 percent).
- From FY 2014–2019, the Southern Region’s five-year percent decline (-18.1 percent) in WIC average monthly participation was smaller than the decline (-23.5 percent) in the rest of the U.S. (Figure 2) All states in the Southern Region saw decreases in five-year participation during this time period. Tennessee (-27.1 percent), South Carolina (-25.3 percent), Georgia (-25.2 percent), and Virginia (-24.3 percent) had decreases more severe than the U.S. drop.
- Declining birth rates and relative improvements in the economic conditions before COVID-19 explain some of the declines in participation nationally and in the Southern Region states. But the declines also reflect, in part, to a drop in the share of eligible women and children who are actually participating.
- The percentage of eligible people participating in WIC is lower in the Southern Region (48.3 percent) compared to the rest of the U.S. (51.5 percent). Almost 2 million eligible individuals in the Southern Region, mostly children, are not enrolled in WIC. These children are missing out on the many established benefits of WIC. Expanding WIC has the potential to bring considerably more funding into the Southern Region states.
- The majority — eight (Arkansas, Florida, Georgia, Kentucky, Louisiana, South Carolina, Tennessee, and Virginia) — of the 11 Southern Region states have

Figure 2



lower coverage rates among Hispanic people than the national average (60.4 percent). Only three Southern Region states (Alabama, Florida, and Mississippi) have a higher coverage rate for Black-Only and Other Non-Hispanic individuals than the national average (53.2 percent).

- Southern Region states are taking advantage of many but not all waivers related to COVID-19 to help ensure the continuation of federal nutrition program services throughout the pandemic.

FEDERAL NUTRITION PROGRAM DESCRIPTIONS

Supplemental Nutrition Assistance Program (SNAP)

SNAP (formerly “food stamps”) is the largest food program administered by the U.S. Department of Agriculture (USDA). By providing monthly benefits to eligible low-income people to purchase food, SNAP plays a critical role in reducing hunger, malnutrition, and poverty; and improving family security, child and adult health, employment, and other outcomes. SNAP’s role in furthering the public’s health is detailed further in the Food Research & Action Center’s (FRAC) publication: [*Hunger and Health — The Role of the Supplemental Nutrition Assistance Program \(SNAP\) in Improving Health and Well-Being*](#).

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

WIC provides eligible low-income pregnant women, new mothers, infants, and children up to 5 years old with supplemental nutritious foods, nutrition education, breastfeeding support, and referrals to health care. WIC improves participants’ health, dietary intake, and birth and health outcomes; supports learning and development; and protects against obesity. In addition, WIC improves the variety and availability of healthy foods in low-income communities with participating stores. These findings and additional details are outlined in FRAC’s reports, [*WIC is a Critical Economic, Nutrition, and Health Support for Children and Families*](#) and [*Impact of the Revised WIC Food Packages on Nutrition Outcomes and The Retail Food Environment*](#).

School Meals: National School Lunch Program (NSLP) and School Breakfast Program (SBP)

NSLP and SBP provide reimbursements for healthy lunch and breakfast meals served to children each school day. Any child who attends a school offering school meals can participate, but meals are provided at no cost or at a reduced price to children who qualify based on their household income, and some high-

needs schools are able to offer free school meals to all students. FRAC’s fact sheet [*School Meals are Essential for Student Health and Learning*](#) highlights the considerable evidence of the effective role that participation in these programs plays in alleviating food insecurity and poverty, and in providing the nutrients that students need for growth, development, learning, and overall health, especially for the nation’s most vulnerable children and adolescents. These school meals are critical supports for struggling families trying to stretch limited resources. See FRAC’s research brief [*Breakfast for Learning*](#) and webpage [*Benefits of School Lunch*](#) for more information on how school meals positively impact students and their families.

Summer Nutrition Programs

Two federal nutrition programs exist to feed children during the summer months — the Summer Food Service Program (SFSP) and the Seamless Summer Option through NSLP. When school lets out, or during unexpected school closures, children lose access to school meals that are available during the regular school year. The Summer Nutrition Programs can help fill this gap by providing meals and snacks to low-income children. Local governments, school districts, and community-based organizations can sponsor summer meal sites. For more information see FRAC’s fact sheet [*Summer Food Service Program*](#).

Child and Adult Care Food Program (CACFP)

CACFP provides reimbursements for nutritious meals and snacks to children who are enrolled at participating child care centers, family child care homes, and afterschool programs. CACFP nutrition standards, training, and reimbursements improve nutrition, support obesity prevention, and contribute to quality, affordable child care. FRAC’s fact sheet [*CACFP*](#) and report [*Hunger and Health — The Role of the Federal Child Nutrition Programs in Improving Health and Well-Being*](#) offer additional information on CACFP.

ECONOMIC AND FOOD SECURITY, EQUITY, AND HEALTH

High levels of poverty and food insecurity hurt children, families, and individuals, and contribute to underperformance in health outcomes and equity in the Southern Region. Those eligible for the federal nutrition programs — and frequently their communities — are facing levels of food insecurity, poverty, poor nutrition, and ill health that are far too high in the Southern Region. Research shows that the federal nutrition programs are one of the factors that can help alleviate these problems for individuals and families because they help improve overall health and well-being, improve nutrition, and reduce health disparities. When combined with significant structural changes that lead to increased access to economic and educational opportunities, as well as health care, and address structural racism and discrimination, the federal nutrition programs are fundamental supports to communities, including in the Southern Region.

Income and Poverty

States in the Southern Region have some of the lowest median household incomes and highest poverty rates in the U.S. All Southern Region states, except Virginia, were ranked in the worst half of states for median household income, overall poverty, and child poverty in 2018. Of the 10 states nationwide with the lowest median household income in 2018, eight were Southern Region states.

Low median wages and substantial inequities in wage and employment contribute to high poverty rates in the Southern Region. Of the 10 states with the worst overall poverty rates in the nation, six are Southern Region states: Mississippi (1), Louisiana (3), Arkansas (5), Kentucky (6), Alabama (7), and Tennessee (10). These states, plus South Carolina, are ranked as the 10 states with the worst child poverty rates. In the Southern Region, 14.7 percent of individuals live in poverty, compared to 12.6 percent of individuals in the rest of the U.S. A similar trend, but

greater disparity, is observed between child poverty rates: 21.0 percent of children in the Southern Region live in poverty compared to 17.0 percent of children in the rest of the U.S. Table 1 lists median income, overall poverty, child poverty, and the national ranks for these factors among Southern Region states in further detail.

Economic Security and Equity

State economic security policies, such as state minimum wage and access to the earned income tax credit (EITC), can impact income and poverty. EITC benefits reduce poverty by supplementing the earnings of low-wage workers. At the federal minimum wage's current level, a two-parent family with two children and full-time, minimum-wage work can move above the federal poverty level only if the family receives EITC and SNAP benefits.¹

In 2020, only Florida (\$8.56) and Arkansas (\$10.00) have a state minimum wage higher than the federal minimum wage (\$7.25). Only Louisiana, South Carolina, and Virginia offer EITC benefits. The proportion of Southern Region states offering EITC benefits (27 percent) is lower than the rest of the U.S. (67 percent).

The negative effect of low median and minimum wages is compounded for minority workers due to significant White-minority wage gaps. The White-minority wage gap measures the percentage difference in earnings between White workers and workers of color of similar age, education, and occupation.² Any gap is unacceptable as it represents the economic impact of structural racism. In the Southern Region, all states have high White-minority wage gaps. Alabama (18.5 percent), Louisiana (18.4 percent), Mississippi (17.7 percent), South Carolina (17.5 percent), Kentucky (12.7 percent), Florida (12.3 percent), North Carolina (12.1 percent), and Georgia (11.5 percent) all have White-minority wage gaps greater than the U.S. average

Table 1

Southern Region States: Income and Poverty in 2018, by State									
State	Median Household Income		Overall Poverty			Number Living Below 185% of Federal Poverty Level	Child Poverty (Under Age 18)		
	Median Household Income	National Rank (High to Low)	Number Living Below Poverty	Poverty Rate	National Rank (Worst to Best)		Number of Children	Poverty Rate	National Rank (Worst to Best)
Alabama	\$49,861	46	800,422	16.8%	7	1,622,952	255,186	23.8%	6
Arkansas	\$47,062	49	504,504	17.2%	5	1,065,029	170,769	24.7%	4
Florida	\$55,462	38	2,840,977	13.6%	19	6,314,372	819,256	19.7%	16
Georgia	\$58,756	29	1,468,642	14.3%	13	3,094,768	504,745	20.5%	13
Kentucky	\$50,247	45	730,408	16.9%	6	1,456,057	225,710	23.0%	8
Louisiana	\$47,905	47	843,626	18.6%	3	1,667,470	283,218	26.2%	3
Mississippi	\$44,717	50	567,645	19.7%	1	1,104,261	192,952	27.8%	1
North Carolina	\$53,855	41	1,417,873	14.0%	15	3,077,150	455,971	20.2%	14
South Carolina	\$52,306	43	755,215	15.3%	11	1,599,200	245,821	22.6%	9
Tennessee	\$52,375	42	1,011,016	15.3%	10	2,120,365	330,998	22.3%	10
Virginia	\$72,577	11	884,647	10.7%	40	1,864,475	252,475	13.7%	38
Southern Region	—	—	11,824,975	14.7%	—	24,986,099	3,737,101	21.0%	—
Rest of U.S.	—	—	30,027,340	12.6%	—	6,3642,598	9,260,431	17.0%	—
U.S.	\$61,937	—	41,852,312	13.1%	—	88,628,688	12,997,532	18.0%	—

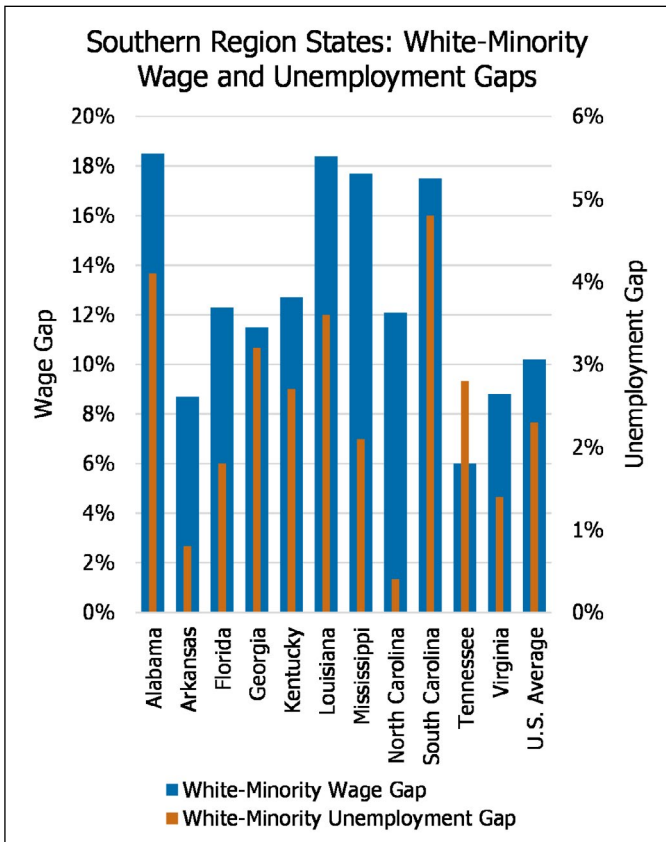
Sources: 2018 median household income data from Table DP03, U.S. Bureau of the Census, 2018 American Community Survey (ACS). Poverty data from Table B17024, U.S. Bureau of the Census, 2018 ACS.

of 10.2 percent. Alabama’s White-minority wage gap is the highest, Louisiana ranks second, and Mississippi ranks third in the U.S. Tennessee (6.0 percent), Arkansas (8.7 percent), and Virginia (8.8 percent), all with sizable White-minority wage gaps, are below the national average.

Additionally, disparities in unemployment rates can further exacerbate racial and ethnic inequities for income, poverty, and economic security. The White-minority unemployment gap compares the percentage of White individuals age 16 years and older that reported being unemployed to the percentage of people of color who reported being

unemployed.³ All states in the Southern Region have a White-minority unemployment gap ranging from 0.4 percent in North Carolina to 4.8 percent in South Carolina. South Carolina, Alabama (4.1 percent), Louisiana (3.6 percent), Georgia (3.2 percent), Tennessee (2.8 percent) and Kentucky (2.7 percent) have higher White-minority unemployment gaps than the national average of 2.3 percent. Figure 3 depicts the magnitude of the White-minority wage and unemployment gaps by Southern Region state.

Figure 3



Food Security

The percentage of households that have food insecurity and the percentage that have very low food security is higher in the Southern Region when compared to the rest of the U.S. In the Southern Region, 12.6 percent of households have food insecurity versus 11.4 percent of households in the rest of the U.S. Likewise, 5.0 percent of Southern Region households have very low food security compared to 4.4 percent of households in the rest of the U.S., as seen in Table 2.

Significant disparities surrounding food security are seen by race and ethnicity in the U.S., and this disparity is mirrored in the Southern Region, as depicted in Figure 4. Households headed by Hispanic and Black individuals experience food insecurity and very low food security disproportionately more often than households headed by White individuals. Table 3 shows that 9.5 percent of households headed by White individuals have food insecurity in the Southern Region whereas households headed by Hispanic and Black individuals have 14.4 percent and 21.3 percent food insecurity, respectively. Alarming, households headed by Black individuals in the Southern Region have over double the rate of very

Table 2

Southern Region States: Household Food Insecurity Rates, 2016–2018, by State						
State	Food Insecure			Very Low Food Secure		
	Number of Households	Percent of Households	Margin of Error	Number of Households	Percent of Households	Margin of Error
Alabama	290,619	14.7%	1.1%	134,436	6.8%	0.8%
Arkansas	186,485	15.1%	1.1%	75,335	6.1%	0.7%
Florida	1,015,443	11.7%	0.5%	364,518	4.2%	0.4%
Georgia	454,599	11.3%	0.8%	152,874	3.8%	0.4%
Kentucky	259,161	14.7%	0.9%	100,491	5.7%	0.7%
Louisiana	293,722	15.8%	0.7%	126,412	6.8%	0.5%
Mississippi	187,620	15.9%	0.9%	74,340	6.3%	0.6%
North Carolina	584,217	13.9%	0.7%	231,165	5.5%	0.5%
South Carolina	230,890	11.0%	1.1%	83,960	4.0%	0.5%
Tennessee	335,916	12.4%	0.8%	140,868	5.2%	0.4%
Virginia	329,260	10.1%	0.8%	156,480	4.8%	0.6%
Southern Region	4,167,932	12.6%	0.2%	1,640,879	5.0%	0.2%
Rest of U.S.	10,788,557	11.4%	0.2%	4,187,302	4.4%	0.1%
U.S.	14,933,763	11.7%	0.1%	5,871,394	4.6%	0.1%

Source: Household Food Security in the United States in 2018, ERR-270, U.S. Department of Agriculture, Economic Research Service.

Table 3

Southern Region States: Household Food Insecurity Rates, by Race and Ethnicity and State, 2016–2018				
State	All Households	Household Head by Race and Ethnicity		
		Hispanic	Black	White
Alabama	14.7%	16.0%	26.2%	10.0%
Arkansas	15.1%	24.3%	28.2%	11.9%
Florida	11.7%	14.2%	21.2%	8.4%
Georgia	11.3%	6.3%	17.1%	8.5%
Kentucky	14.7%	6.2%	25.6%	14.2%
Louisiana	15.8%	26.1%	22.0%	11.4%
Mississippi	15.9%	18.8%	21.4%	12.3%
North Carolina	13.9%	15.7%	25.1%	9.4%
South Carolina	11.0%	9.6%	22.1%	7.1%
Tennessee	12.4%	17.0%	21.7%	10.2%
Virginia	10.1%	18.7%	15.9%	7.7%
Southern Region	12.6%	14.4%	21.3%	9.5%
Rest of U.S.	11.4%	18.2%	22.5%	8.5%
U.S.	11.7%	17.5%	22.0%	8.7%

Source: FRAC analysis of 2016–2018 Current Population Survey Food Security Supplement (CPS-FSS) data.

low food security (8.6 percent) compared to households headed by Hispanic individuals (3.6 percent) and White individuals (4.0 percent) as seen in Table 4.

Food Insecurity During COVID-19

During the coronavirus pandemic, the federal nutrition programs are a vital source of support for individuals and families in the Southern Region. The coronavirus pandemic presents a twin threat to public health and the economy. There has been an unprecedented rise in unemployment and food insecurity. In the United States, 1 in 5 adults are experiencing food insecurity.⁴ For individuals with children, the food insecurity rate has risen to 31 percent. Communities of color have been disproportionately impacted. Fully 39 percent of Hispanic individuals with children are experiencing food insecurity; and 42 percent of Black, Non-Hispanic individuals with children are experiencing food insecurity.

Food insecurity research conducted by the University of Arkansas showed the Southern Region had high rates

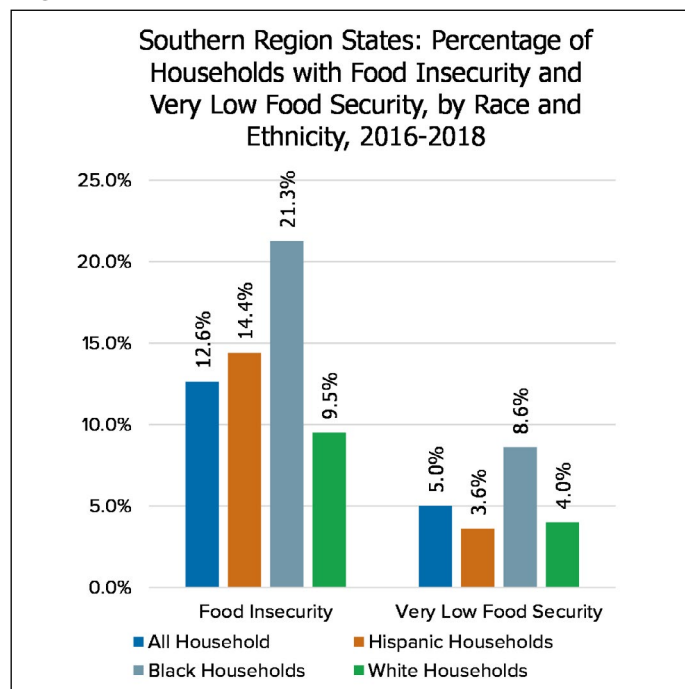
Table 4

Southern Region States: Household Very Low Food Security Rates, by Race and Ethnicity and State, 2016–2018				
State	All Households	Household Head by Race and Ethnicity		
		Hispanic ¹	Black	White
Alabama	6.8%	—	13.8%	4.4%
Arkansas	6.1%	8.2%	11.0%	4.9%
Florida	4.2%	3.6%	8.8%	3.2%
Georgia	3.8%	1.8%	5.0%	3.4%
Kentucky	5.7%	—	9.7%	5.7%
Louisiana	6.8%	11.8%	9.9%	4.9%
Mississippi	6.3%	10.5%	8.7%	4.8%
North Carolina	5.5%	3.3%	9.4%	4.0%
South Carolina	4.0%	1.3%	7.4%	2.8%
Tennessee	5.2%	2.9%	7.5%	4.8%
Virginia	4.8%	4.0%	9.7%	3.5%
Southern Region	5.0%	3.6%	8.6%	4.0%
Rest of U.S.	4.4%	5.9%	9.6%	3.4%
U.S.	4.6%	5.5%	9.2%	3.6%

Source: FRAC analysis of 2016–2018 Current Population Survey Food Security Supplement (CPS-FSS) data.

¹Very low food security rates are not available for Hispanic households in Alabama and Kentucky due to small sample sizes

Figure 4



of food insecurity compared to other regions during COVID-19.⁵ Alabama, Arkansas, Georgia, Kentucky and Tennessee had some of the highest food insecurity rates in the U.S.

Social distancing, decreased work opportunities, and closures of schools, child care centers, and older adult centers are exacerbating the struggles of families who were already wondering how they will put their next meal on the table. This has pushed many families, who had not been struggling before the pandemic, into food insecurity. The federal nutrition programs are important for reducing food insecurity and poverty, and providing the nutrition needed for overall health. In the Southern Region states, as well as the rest of the country, it is essential to maintain access to the federal nutrition programs for current participants, and quickly enroll the many newly eligible individuals and families. For these reasons, this report covers the use of special waivers and flexibilities to expand and strengthen access to the federal nutrition programs in the Southern Region states during COVID-19.



Community and Environmental Determinants

There are many other determinants of health including community and environmental factors, such as affordable housing, school segregation, health insurance, adverse childhood experiences, and healthy food access, which can affect the health of individuals in the Southern Region.

Low access to healthy food can impact an individual's ability to consume fresh, healthy foods and federal nutrition programs can help fill this gap. Southern Region states struggle with food access as is evidenced by most Southern Region states having a higher percentage of individuals with low food access compared to the national average of 5.9 percent. Virginia (4.3 percent) and Kentucky (5.6 percent) are the only Southern Region states that perform better than the national average. Among Southern Region states, Mississippi (10.7 percent), Louisiana (9.5 percent), South Carolina (9.1 percent), and Georgia (9.0 percent) have the highest percentage of low food access (see Table 5).

Table 5

Southern Region States: Limited Access to Healthy Food, by State, 2015	
State	Limited Access to Healthy Food
Alabama	7.9%
Arkansas	8.7%
Florida	7.2%
Georgia	9.0%
Kentucky	5.6%
Louisiana	9.5%
Mississippi	10.7%
North Carolina	6.7%
South Carolina	9.1%
Tennessee	8.5%
Virginia	4.3%
U.S.	5.9%

Source: Data from Disrupting Food Insecurity, Urban Institute.

HEALTH DISPARITIES

The Southern Region tends to rank worse in many but not all health determinants and outcomes when compared to the rest of the U.S., but there are significant improvements in some areas of health and equity that the federal nutrition programs could help advance if participation were to increase. Closing participation gaps in the federal nutrition programs would help further improve health determinants and outcomes across the Southern Region and especially in underserved communities. Table 6 lists the prevalence of each health outcome by Southern Region state.

Low Birthweight

The national low birthweight rate⁶ was 8.3 percent in 2018. Among Southern Region states, only Virginia had a better rate (8.2 percent) than the national average. Mississippi (12.1 percent), Louisiana (10.8 percent), Alabama (10.7 percent), Georgia (10.1 percent), South Carolina (9.6 percent), Arkansas (9.4 percent), and Tennessee (9.3 percent) are within the top 10 states for worst low birthweight rate in the U.S.

Black infants have higher low birthweight rates than Hispanic and White infants throughout the U.S. and among all Southern Region states. Figure 5 compares the rates of low birthweight by race and ethnicity among Southern

Region states and illustrates that Black infants in the Southern Region have approximately double the rate of low birthweight compared to Hispanic or White infants.

Infants Ever Breastfed

Healthy People 2020⁷ set an objective to increase the proportion of infants who are ever breastfed to 81.9 percent by 2020. Four Southern Region states, North Carolina (84.9 percent), Georgia (84.0 percent), Florida (82.6 percent), and Virginia (81.7 percent), met or were within 1 percent of meeting this objective in 2018. Georgia and North Carolina performed better than the national average (83.2 percent). Within the Southern Region, Mississippi (63.2 percent), Louisiana (67.9 percent), and Alabama (68.1 percent), had the lowest percentage of infants ever breastfed.

Obesity

Obesity is a chronic health condition that has been rising in the U.S. for decades and is predicted to continue to increase over time. In 2018, almost 1 in 3 adults (30.9 percent) in the U.S. had obesity. Only Virginia and Florida have an adult obesity rate better than the national average at 30.3 percent and 30.7 percent, respectively. Five of the

Figure 5

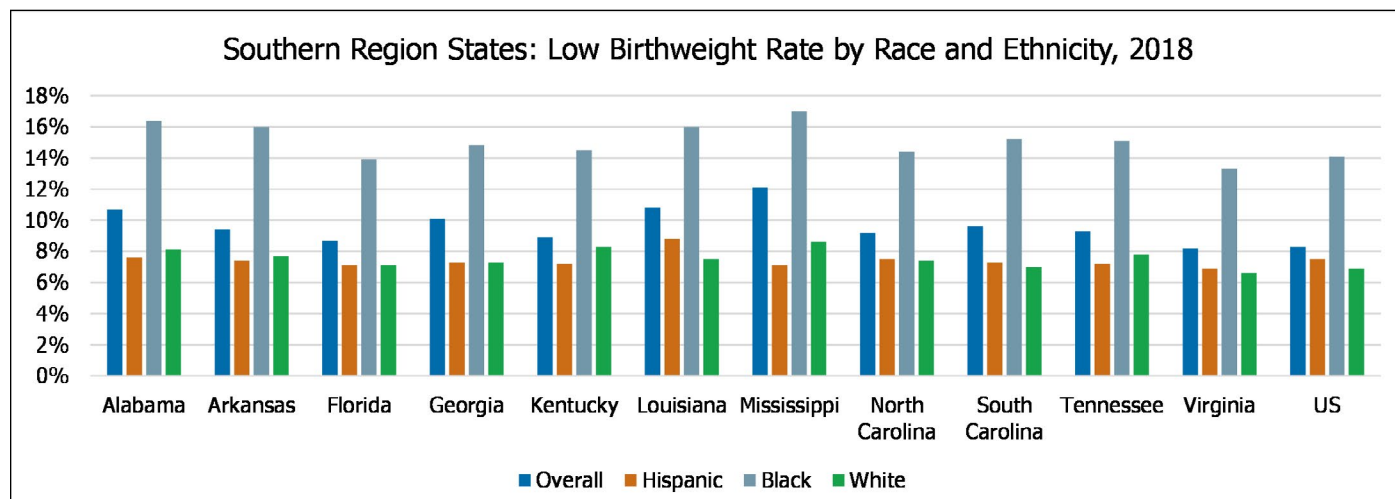
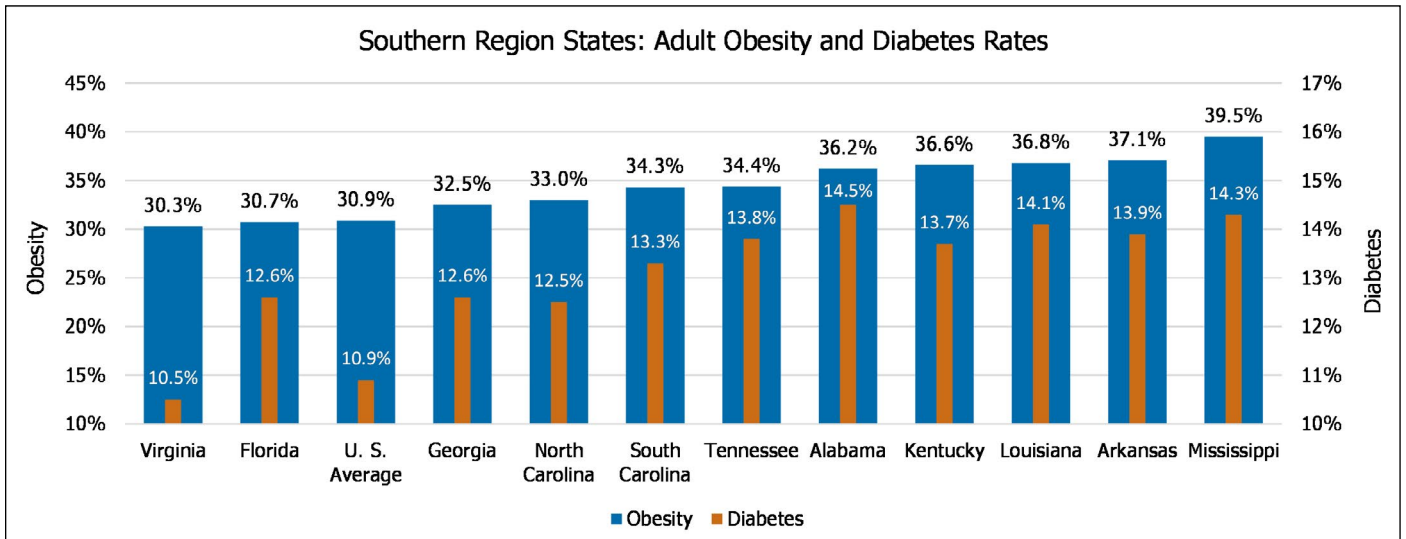


Figure 6



10 states with the worst adult obesity rates are Southern Region states. This includes Mississippi (39.5 percent), Arkansas (37.1 percent), Louisiana (36.8 percent), Kentucky (36.6 percent), and Alabama (36.2 percent). Adult obesity is projected to increase to greater than or equal to 47.0 percent in all Southern Region states by 2030.

The percentage of individuals who have obesity tends to increase with age, but obesity is also an issue among adolescents and children. Most Southern Region states have higher rates of adolescent and childhood obesity compared to the U.S. rate. Within the Southern Region, only Virginia (13.2 percent) and North Carolina (14.2 percent) have obesity rates for adolescents (10–17 years old) that are lower than the national rate (15.3 percent). South Carolina (11.4 percent), Georgia (12.5 percent), Florida (12.7 percent), Louisiana (13.2 percent), and Arkansas (13.3 percent) have obesity rates that are lower than the national rate of 13.9 percent among children (2–4 years old) who participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Diabetes

Diabetes is a chronic health condition impacted by nutrition. In the U.S., 10.9 percent of adults have been told by their doctor that they have diabetes. The Southern Region performs worse on this health outcome than the national

average; only Virginia has a slightly lower prevalence of diabetes (10.5 percent). Nine of the 11 Southern Region states are within the top 10 states for the highest prevalence of diabetes.⁸ Figure 6 illustrates the prevalence of adult obesity by Southern Region state in ascending order compared to the prevalence of adult diabetes.

Significant disparities exist in the prevalence of diabetes by race and ethnicity in the Southern Region and throughout the U.S. Black individuals experience diabetes at higher rates than White individuals in every Southern Region state except Tennessee. Hispanic individuals, however, have a lower prevalence of diabetes than White individuals for every Southern Region state where data are available (Florida, Georgia, North Carolina, South Carolina, and Virginia).

The national prevalence of diabetes among Black, Hispanic, and White individuals is 14.9 percent, 11.3 percent, and 10.7 percent, respectively. Compared with these national averages, most Southern Region states have a higher prevalence of diabetes among Black and White individuals, but a lower prevalence of diabetes among Hispanic individuals.

Disparity in Health Status

Differences in health status exist based on an individual's level of education. The magnitude of this difference can

Table 6

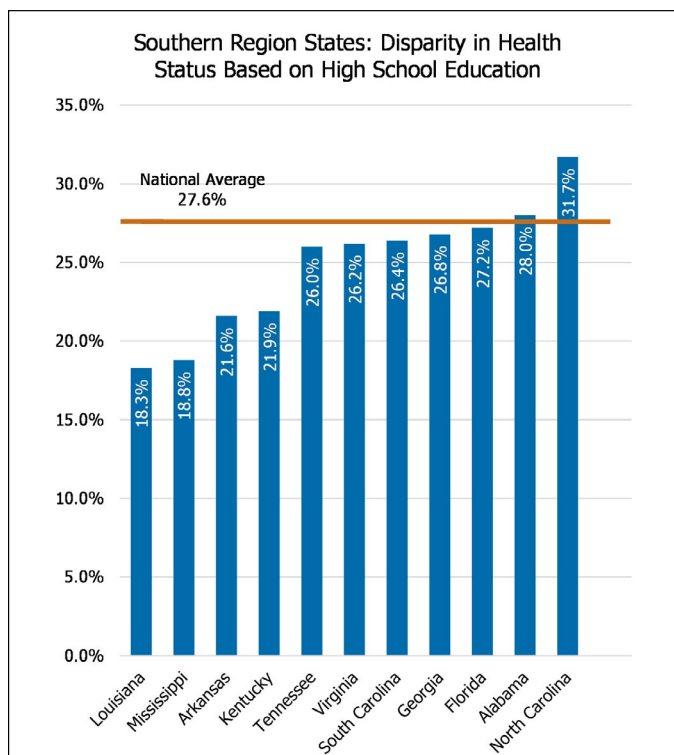
Southern Region States: Health Outcomes and Health Equity, by State, 2018					
State	Percent Low-Birthweight Births ¹	Percent Breastfed Ever ²	Adult Obesity Rate ³	Percent of Adults with Diabetes ³	Disparity in Health Status ³
Alabama	10.7%	68.1%	36.2%	14.5%	28.0%
Arkansas	9.4%	73.8%	37.1%	13.9%	21.6%
Florida	8.7%	82.6%	30.7%	12.6%	27.2%
Georgia	10.1%	84.0%	32.5%	12.6%	26.8%
Kentucky	8.9%	73.9%	36.6%	13.7%	21.9%
Louisiana	10.8%	67.0%	36.8%	14.1%	18.3%
Mississippi	12.1%	63.2%	39.5%	14.3%	18.8%
North Carolina	9.2%	84.9%	33.0%	12.5%	31.7%
South Carolina	9.6%	76.4%	34.3%	13.3%	26.4%
Tennessee	9.3%	75.7%	34.4%	13.8%	26.0%
Virginia	8.2%	81.7%	30.3%	10.5%	26.2%
U.S.	8.3%	83.2%	30.9%	10.9%	27.6%

¹ Births: Final Data for 2018, Supplemental tables, National Vital Statistics Reports, Vol. 68, No. 13, November 27, 2019.
² Breastfeeding Report Card, United States, 2018, Centers for Disease Control.
³ America's Health Rankings website.

be quantified by measuring disparity in health status, which is defined by the United Health Foundation as the difference between the percentage of adults ages 25 and older with at least a high school education compared to those without who reported their health is very good or excellent.⁹ In 2018, the disparity in health status based on education in the Southern Region was considerable with even the lowest states having at least an 18 percent difference (Louisiana: 18.3 percent; and Mississippi: 18.8 percent). Most of the states had a difference in the 20 percent range: Arkansas (21.6 percent), Kentucky (21.9 percent), Tennessee (26.0 percent), Virginia (26.2 percent), South Carolina (26.4 percent), Georgia (26.8 percent), Florida (27.2 percent), and Alabama (28.0 percent). North Carolina (31.7 percent) had the highest difference.

Figure 7 shows that most of states in the Southern Region perform better than the national average (27.6 percent), with only Alabama (28.0 percent) and North Carolina (31.7 percent) having greater disparities. Despite this, any disparity in health status is unacceptable and more should be done to reduce it.

Figure 7



FEDERAL NUTRITION PROGRAMS

The federal nutrition programs include the Supplemental Nutrition Assistance Program (SNAP); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); School Breakfast Program (SBP); National School Lunch Program (NSLP); Summer Nutrition Programs; and Child and Adult Care Food Program (CACFP). These programs can help reduce food insecurity, improve dietary intake and health, protect against obesity, and boost learning and development. The federal nutrition programs also support economic security, help lift families out of poverty, and act as a stimulus for local economies. Yet, despite significant growth and success in expansion efforts, the programs are still reaching too few eligible people. More must be done to increase participation and strengthen the federal nutrition programs in the Southern Region.



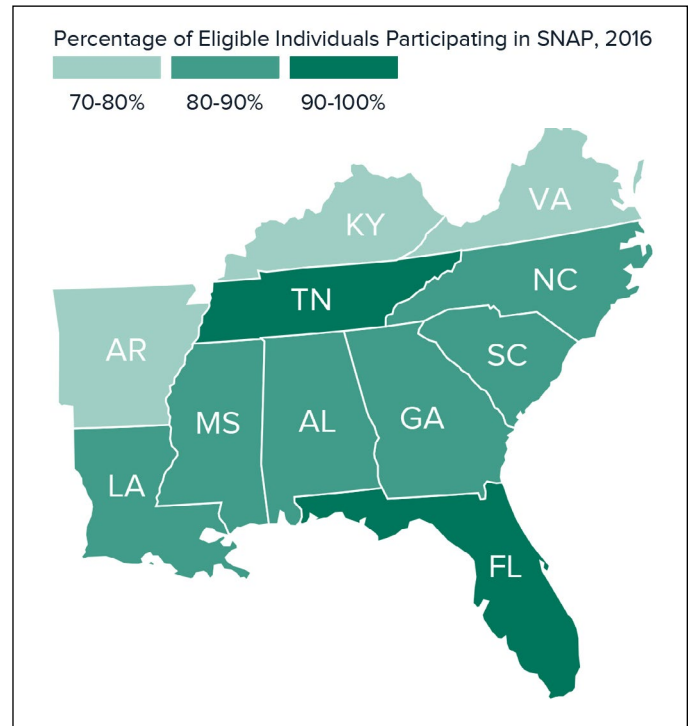
Supplemental Nutrition Assistance Program (SNAP)

SNAP (formerly “food stamps”) is the largest nutrition assistance program administered by the U.S. Department of Agriculture (USDA). SNAP serves as the first line of the nation’s public policy defense against hunger and undernutrition as well as an effective anti-poverty initiative. SNAP has a critical role, not just in reducing food insecurity, but in improving the health of the nation, especially among the most vulnerable Americans. SNAP provides nutrition benefits to supplement the food budget of low-income families so they can purchase healthy food.

SNAP Participation

Over \$15 billion in federal funding supported SNAP in the Southern Region in fiscal year (FY) 2018. Average monthly participation in SNAP in the Southern Region was almost 10 million in FY 2018, but participation has decreased 28.2 percent in the last five years (FY 2013–2018). This decline is consistent with the trend in the rest of the U.S. but is of greater magnitude; the rest of the U.S. experienced only a 21.5 percent decrease in participation in the last five years.

Figure 8



SNAP improves the health of adults by reducing:

- reports of fair/poor health status
- metabolic syndrome risk
- depression risk
- poor glucose control
- cost-related medication nonadherence
- office-based & outpatient visits
- sick days
- nursing home admissions & costs
- hospital admissions & costs
- health care spending



Participation rates of eligible individuals in FY 2016 varied widely among states in the Southern Region with a low of 72 percent in Arkansas to a high of 93 percent in Tennessee. When compared to all U.S. states, three Southern Region states, Arkansas (46), Virginia (43), and Kentucky (42) ranked in the top 10 states for worst participation rates and no Southern Region states ranked in the top 10.¹⁰ Figure 8 depicts in a map the participation rates of eligible individuals by Southern Region state.

Program Access Index (PAI) is a ratio of SNAP participants to low-income population. PAI helps show how well SNAP is reaching a state's low-income population.¹¹ Among Southern Region states, five states have PAI greater than the national average of 73.2 percent, including Alabama (74.6 percent), Louisiana (76.8 percent), Tennessee (78.2 percent), Georgia (78.8 percent), and Florida (80.9 percent). Table 7 provides additional data on SNAP funding, participation, and access in the Southern Region.

Table 7

Southern Region States: SNAP/Food Stamp Program Participation, Benefits, and Funding, by State								
State	Average Monthly Participation (FY 2018) ¹	Change in Participation in Last 5 Years (FY 2013–FY 2018) ¹	Average Monthly Benefit per Person ¹	Participation Rate of Eligible Persons (FY 2016) ²	National Participation Rate Rank (Best to Worst)	Participation Rate of Eligible Working Poor (FY 2016) ²	Program Access Index (PAI) – Ratio of SNAP participants to low-income population (FY 2017) ³	Federal Funding for SNAP/Food Stamps, in Thousands (FY 2018) ¹
Alabama	667,043	-26.1%	\$129	87%	22	79.0%	74.6%	\$1,032,065
Arkansas	354,917	-27.9%	\$108	72%	46	68.0%	59.5%	\$460,334
Florida	2,649,741	-24.9%	\$127	92%	15	75.0%	80.9%	\$4,035,386
Georgia	1,332,675	-31.4%	\$132	86%	24	74.0%	78.8%	\$2,115,101
Kentucky	502,241	-39.3%	\$123	76%	42	71.0%	67.3%	\$739,298
Louisiana	749,560	-14.6%	\$135	84%	27	76.0%	76.8%	\$1,214,658
Mississippi	420,873	-35.9%	\$120	83%	31	74.0%	71.2%	\$605,780
North Carolina	1,228,424	-22.0%	\$126	86%	24	78.0%	63.7%	\$1,863,657
South Carolina	558,722	-33.0%	\$127	80%	36	73.0%	69.5%	\$854,653
Tennessee	832,130	-36.6%	\$131	93%	13	79.0%	78.2%	\$1,307,248
Virginia	654,882	-28.7%	\$128	75%	43	70.0%	65.0%	\$1,002,380
Southern Region	9,951,208	-28.2%	\$128	—	—	—	—	\$15,230,560
Rest of U.S.	25,689,142	-21.5%	\$131	—	—	—	—	\$40,246,136
U.S.	35,702,612	-23.5%	\$130	85%	—	75.0%	73.2%	\$55,621,884

¹ Average participation, benefits, and funding data from U.S. Department of Agriculture, Food and Nutrition Service SNAP program data website.

² SNAP participation rates from Reaching Those In Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2016, by Karen E. Cunyningham, Mathematica Policy Research, for USDA/FNS, March 2019.

³ SNAP Program Access Index (PAI) from Calculating the Supplemental Nutrition Assistance Program (SNAP) Program Access Index: A Step-By-Step Guide, U.S. Department of Agriculture, Food and Nutrition Service.

Nationally, SNAP serves greater percentages of households with Black or Hispanic heads of household (24.2 percent and 18.8 percent, respectively), than households with White heads of household (8.8 percent). While the percentage of households getting SNAP in all Southern Region states (other than Virginia) were higher than the national average (11.3 percent), the percentage of Southern Region households headed by White individuals getting SNAP were under the national average (8.8 percent) in all but Kentucky (12.3 percent), Florida (11.1 percent), Tennessee (10.5 percent), Louisiana (9.0 percent), and Arkansas (8.9 percent), with state by state percentages available in Table 8. The Black-White racial gaps in SNAP participation may impact perceptions of the program and its public support in this region.

Strategies to Improve SNAP Participation

Compared with other states, the Southern Region states make less use of options that provide greater eligibility and access to SNAP. Southern Region states could increase SNAP participation by implementing the following strategies.

- **Take the Broad-Based Categorical Eligibility (BBCE) Option:** Forty states and the District of Columbia take the BBCE option to adjust or eliminate the SNAP federal asset limits (\$2,250 for most households; \$3,500 for households with seniors or people with disabilities). Among the 10 remaining states that do not take the BBCE option, four are Southern Region states (Arkansas, Mississippi, Tennessee, and Virginia), meaning a higher proportion of Southern Region states do not take the BBCE option than the proportion of states that do not take the BBCE option in other geographic areas in the rest of the country.¹² Southern Region states should take the BBCE Option to increase the number of individuals eligible to receive SNAP benefits in their state.
- **Raise Gross Income Limits:** States can increase SNAP gross income limits from 130 percent of the federal poverty level up to 200 percent. States should use this authority to allow more individuals struggling to put food on the table to qualify for SNAP benefits.

Table 8

Southern Region States: Percentage of Households Participating in SNAP, by Race and Ethnicity and State, 2018

State	All Households	Household Head by Race and Ethnicity		
		Hispanic	Black	White
Alabama	13.3%	21.0%	26.3%	8.2%
Arkansas	11.4%	8.3%	24.6%	8.9%
Florida	13.8%	23.5%	27.9%	11.1%
Georgia	11.9%	11.5%	21.6%	7.3%
Kentucky	13.2%	16.3%	22.7%	12.3%
Louisiana	15.0%	13.5%	28.0%	9.0%
Mississippi	14.8%	16.1%	25.5%	8.4%
North Carolina	11.6%	16.4%	23.4%	7.7%
South Carolina	11.4%	13.6%	24.2%	6.7%
Tennessee	13.0%	15.3%	24.9%	10.5%
Virginia	7.9%	9.1%	16.6%	5.7%
Southern Region	12.4%	19.3%	24.1%	9.0%
Rest of U.S.	11.0%	18.7%	24.3%	8.8%
U.S.	11.3%	18.8%	24.2%	8.8%

Source: Table S2201, U.S. Bureau of the Census, 2018 American Community Survey.

Only three Southern Region states use this strategy; eight of the 18 states that make no adjustment to the SNAP gross income limit are accounted for by this 11-state region. This likely contributes to a lack of access for many low-income working families with children in the Southern Region whose significant out-of-pocket expenses for child care and shelter would render them, according to their net income, as being sufficiently low-income enough to qualify for SNAP benefits.

- **Extend eligibility for Able-Bodied Adults Without Dependents (ABAWD):** SNAP benefits for ABAWDs are limited to three months in a 36-month period unless the individual documents sufficient hours of work or other qualifying activities. States in the Southern Region

should protect unemployed and underemployed ABAWDs in areas with insufficient jobs through the use of area waivers for ABAWD time limits and available discretionary exemptions. A smaller proportion of Southern Region states use waivers than do states in the rest of the U.S. In the second quarter of FY 2020, seven (Alabama, Arkansas, Florida, Mississippi, North Carolina, South Carolina, and Tennessee) of the 19 states nationally that have no area waivers of the time limit on ABAWDs are in the Southern Region.¹³ States in this region were among those dropping the waivers earlier in the recovery from the last recession when compared to other states, even though many of their counties remained on the U.S. Department of Labor's list of labor surplus areas.

■ **Support SNAP outreach and application**

assistance: Barriers to SNAP participation can include lack of program awareness, confusion regarding eligibility, and difficulty applying. One way to reduce these barriers is to conduct SNAP outreach and application assistance projects. These projects exist throughout the Southern Region, but with varying degrees of support and capacity. Pathways into SNAP also vary across the region, with less local office access in some states and greater reliance on nonprofit community partners to help people navigate the application process.

- **Streamline SNAP access via technology:** Online applications, call centers, SMS messaging, mobile apps, and other technologies should be employed by SNAP agencies to improve access to SNAP. Southern Region states have made some uses of technology to streamline SNAP access. As of 2018, Georgia was the only one of the 11 Southern Region states without an online SNAP application; Alabama was the only Southern Region state that did not use a call center for SNAP. As of 2018, Kentucky and Louisiana were among a minority of states with SMS messaging for SNAP. Thirty-six states and the District of Columbia had neither SMS messaging nor mobile app for SNAP capacity, and nine were from the 11 Southern Region states.¹⁴

- **Provide information in multiple languages:** SNAP serves a linguistically diverse population and SNAP resources should be offered in multiple languages to reduce barriers to participation. Each of the 11 websites for the Southern Region states offers SNAP information in English and Spanish, and some offer assistance in more languages. States in this region posting SNAP information in the most languages are Georgia, North Carolina, and Virginia.

- **Conduct cross-program coordination:** SNAP agencies should coordinate with other assistance programs to maximize participant enrollment and support. SNAP agencies in the Southern Region vary regarding their coordination with other programs. For example, BBCE involves applying certain standards from the Temporary Assistance for Needy Families (TANF) program to SNAP cases. South Carolina pioneered coordination with the Social Security Administration to seamlessly enroll Supplemental Security Income participants into SNAP. Some version of the “Combined Application Project” strategy is taken by 16 other states, six of which are in the Southern Region (Florida, Kentucky, Louisiana, Mississippi, North Carolina, and Virginia). No state in the Southern Region has yet adopted a “Heat and Eat” strategy to leverage higher federal SNAP allotments by coordinating with investments in Low-Income Home Energy Assistance Program payments or similar aid payments.¹⁵

- **Apply for Disaster SNAP:** Southern states are among those hit most frequently by hurricanes and other natural disasters and should leverage SNAP resources to help individuals and communities during recovery. After Hurricane Katrina in 2005, Florida and Louisiana developed online preregistrations for Disaster SNAP (D-SNAP) benefits; on two occasions, Florida has been granted authority to conduct D-SNAP interviews over the phone (the first time was in the wake of litigation over lack of reasonable accommodations for D-SNAP applicants with disabilities at post-Hurricane Irma D-SNAP sites). In the last three years, D-SNAP and replacement benefits have assisted Southern Region state residents affected by Hurricanes Irma, Florence, Michael, and Dorian; flooding; tornadoes; and power outages.^{16,17}

COVID-19 Considerations

Since the onset of COVID-19, SNAP agencies have had to adjust operations to meet increased applications for assistance and comply with social distancing protocols.

Southern Region states have asked USDA for waivers of regular SNAP rules to issue newly enacted COVID-19 emergency SNAP allotments and streamline operations for customers and caseworkers.

All 11 Southern Region states have issued the temporary emergency SNAP allotments, and most have indicated plans to do so in the coming months while the pandemic health declaration applies. All Southern Region states have been approved to adjust SNAP interview requirements. A majority of the 11 states have extended certification periods and/or waived periodic reporting requirements. Five of the 11 states have waivers to suspend collection of SNAP over-issuance claims; two have waivers allowing the caseworker to document in the file that an applicant

verbally approved information, i.e., without requiring a recording of that telephonic communication.

Southern Region states are among those that have requested broader flexibility from USDA, such as suspension of college eligibility rules and adjustments to SNAP verification requirements, but have often been denied.

Only one state in the Southern Region (Alabama) was approved in 2016 to participate in the SNAP online purchasing pilot. In the wake of COVID-19, the number of states, in addition to the District of Columbia, that have been approved has grown to 36, including Florida, Georgia, Kentucky, North Carolina Tennessee, and Virginia.^{18,19}

Some of the streamlining waivers and innovations could improve SNAP customer service if continued beyond the context of COVID-19. Table 9 outlines SNAP waivers by Southern Region state.

Table 9

SNAP: COVID-19 Waivers in Southern Region States (05/25/2020)								
State	Emergency Allotments to Current SNAP Households	Emergency Allotments to Current SNAP Households (acknowledged)	Extend Certification Periods	Waive Periodic Reporting	Adjustments to Interview Requirements	Telephonic Signature	Temporary Suspension of Claims Collection	Online SNAP Purchase Pilot
Alabama	X	X			X			X
Arkansas	X	X	X		X	X		
Florida	X	X		X	X			X
Georgia	X		X	X	X		X	X
Kentucky	X		X		X			X
Louisiana	X	X	X	X	X			
Mississippi	X	X	X	X	X		X	
North Carolina	X	X	X	X	X		X	X
South Carolina	X	X			X		X	
Tennessee	X				X		X	X
Virginia	X	X	X	X	X	X		X

Source: <https://www.fns.usda.gov/disaster/pandemic/covid-19/snap-waivers-flexibilities>

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

WIC is a federal nutrition program that 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. WIC is an important resource for the Southern Region states, improving participants' health, dietary intake, and birth and health outcomes; supporting learning and development; and helping to protect against obesity. In addition, WIC improves the variety and availability of healthy foods in low-income communities with participating stores. Yet significant gaps in participation remain.

WIC Participation

In the Southern Region, an average of 1.6 million women, infants, and children participated in WIC each month in fiscal year (FY) 2019. More than \$1.4 billion in WIC funding

flowed into the Southern Region to support the purchase of healthy foods and nutrition education focused on increasing the confidence of parents in feeding practices, food choices, and smart healthy shopping. However, WIC reached only slightly less than half those eligible for the program. Expanding WIC has the potential to bring considerably more funding into the Southern Region states.

Similar to participation in the Supplemental Nutrition Assistance Program (SNAP), participation in WIC is decreasing in the Southern Region, but the decrease in WIC is at a lower magnitude than the rest of the U.S. From FY 2014–2019, the Southern Region's five-year percent decline (-18.1 percent) in average monthly participation was smaller than the decline (-23.5 percent) in the rest of the U.S. All states in the Southern Region saw decreases in five-year participation during this time period, but only

Table 10

Southern Region States: Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in FY 2019, by State

State	Average Monthly Participation				5-Year Percent Change in Average Monthly Participation (FY 2014–FY 2019)	Federal Funding for WIC (FY 2019)
	Total	Women	Infants	Children		
Alabama	115,410	27,873	31,411	56,127	-11.9%	\$99,235,089
Arkansas	67,231	17,258	19,933	30,040	-19.3%	\$60,810,335
Florida	429,378	103,467	107,952	217,958	-8.0%	\$356,737,113
Georgia	202,914	52,023	57,267	93,624	-25.2%	\$179,851,365
Kentucky	94,296	22,069	26,122	46,105	-22.5%	\$82,205,198
Louisiana	103,170	27,060	31,764	44,346	-20.9%	\$104,806,107
Mississippi	78,543	18,445	22,900	37,198	-9.9%	\$74,053,546
North Carolina	206,788	50,735	53,672	102,381	-18.9%	\$179,844,611
South Carolina	84,596	21,962	26,070	36,565	-25.3%	\$81,183,838
Tennessee	112,155	29,711	34,463	47,981	-27.1%	\$108,710,181
Virginia	109,469	26,697	30,113	52,658	-24.3%	\$80,816,754
Southern Region	1,603,950	397,300	441,667	764,984	-18.1%	\$1,408,254,137
Rest of U.S.	4,624,004	1,083,439	1,134,737	2,405,828	-23.5%	\$4,063,080,504
U.S.	6,400,402	1,515,583	1,610,404	3,274,415	-22.5%	\$5,736,712,675

Sources: Average monthly WIC participation data from WIC Data Tables, U.S. Department of Agriculture, Food and Nutrition Service website. WIC federal funding data from WIC Funding and Program Data, U.S. Department of Agriculture, Food and Nutrition Service website.

Tennessee (-27.1 percent), South Carolina (-25.3 percent), Georgia (-25.2 percent), and Virginia (-24.3 percent) had decreases of greater magnitude than the rest of the U.S. Table 10 outlines additional WIC participation and funding data by Southern Region state. Declining birth rates and relative improvements in the economic conditions explain some of the decline in participation nationally and in the Southern Region states. But the decline also reflects, in part, a drop in the share of eligible women and children who are actually participating in the Southern Region states.

WIC coverage rates represent the percentage of eligible women, infants, and children actually participating in the program. As displayed in Table 11, WIC coverage rates are lower in the Southern Region (48.3 percent) when compared to the rest of the U.S. (51.5 percent). Only Mississippi (54.7 percent) and Alabama (52.6 percent) have WIC coverage rates that are higher than the rest of the U.S. Almost 2 million eligible individuals, mostly children, are not enrolled in WIC in the Southern Region. These children are missing out on the many established benefits of WIC. Figure 9 compares WIC coverage rates of Southern Region states.

The WIC Program

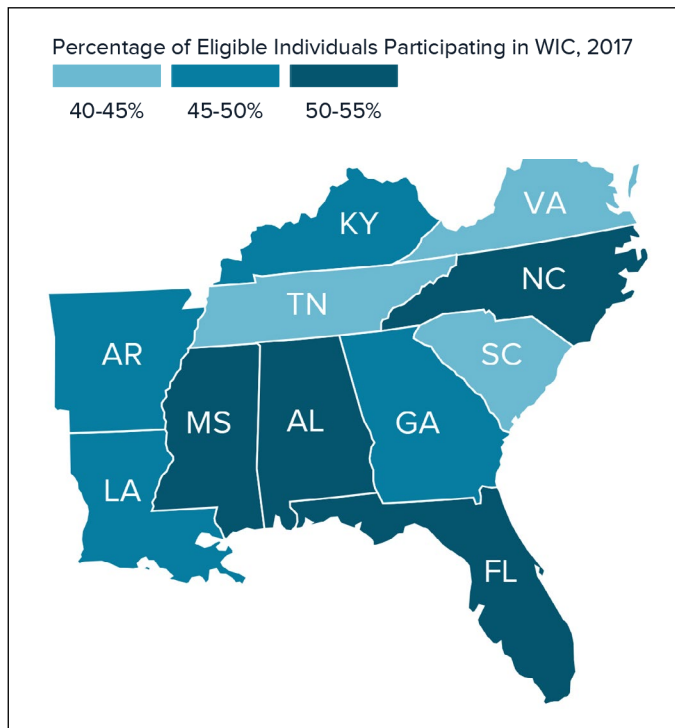
- reduces food insecurity;
- alleviates poverty;
- supports economic stability;
- improves dietary intake;
- protects against obesity;
- improves birth outcomes;
- improves health outcomes;
- reduces health care costs;
- supports learning and development; and
- improves retail food environments.



Table 11

Southern Region States: WIC Coverage Rates, by State, Calendar Year 2017				
State	Number of WIC Participants	Number Eligible for WIC	WIC Coverage Rate	National Rank (Best to Worst)
Alabama	122,657	233,113	52.6%	11
Arkansas	76,048	156,252	48.7%	24
Florida	462,817	908,771	50.9%	16
Georgia	232,429	500,128	46.5%	33
Kentucky	107,041	216,964	49.3%	19
Louisiana	118,470	252,345	46.9%	31
Mississippi	84,724	155,003	54.7%	6
North Carolina	228,903	445,957	51.3%	14
South Carolina	98,059	227,089	43.2%	38
Tennessee	134,149	312,747	42.9%	40
Virginia	119,876	284,062	42.2%	42
Southern Region	1,785,173	3,692,431	48.3%	—
Rest of U.S.	5,246,107	10,178,121	51.5%	—
U.S.	7,184,078	14,072,148	51.1%	—

Figure 9



WIC serves an ethnically and racially diverse population. WIC coverage rates by race and ethnicity (see Table 12) show systemic differences in who accesses WIC. The majority — eight (Arkansas, Florida, Georgia, Kentucky, Louisiana, South Carolina, Tennessee, and Virginia) — of the 11 Southern Region states have lower coverage rates among Hispanic individuals than the national average (60.4 percent). However, the situation is reversed when it comes to coverage rates for White-Only Non-Hispanic individuals: eight (Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, and Tennessee) out of the 11 Southern Region states serve a higher percentage of White-Only Non-Hispanic than the national average (40.9 percent). Only three Southern Region states (Alabama, Florida, and Mississippi) have a higher coverage rate for Black-Only and Other Non-Hispanic individuals than the national average (53.2 percent).

Nationally and by state, Hispanic individuals generally had the highest coverage rates. Black-Only and Other Non-Hispanic individuals had the second-highest coverage rates. White-Only Non-Hispanic individuals had the lowest

coverage rates. Consistent with national patterns, WIC coverage rates are higher for Hispanic individuals than White-Only Non-Hispanic individuals in all Southern Region states except Kentucky, which has equal coverage rates. Similarly, the coverage rates for Hispanic individuals exceeds the rate for the Black-Only and Other Non-Hispanics in all Southern Region states except Georgia and South Carolina. Kentucky and Tennessee differ from the national trend in that their WIC coverage rates are higher for White-Only Non-Hispanic individuals compared to Black-Only Non-Hispanic individuals. (USDA reports WIC coverage in three race/ethnicity categories. As per USDA, “The Black-Only Non-Hispanic and Other Non-Hispanic categories were combined because of sample size concerns.”)

Table 12

Southern Region States: WIC Coverage Rates by Race and Ethnicity and State, Calendar Year 2017				
State	WIC Coverage Rate			
	All Races	Hispanic	Black-Only and Other Non-Hispanic	White-Only Non-Hispanic
Alabama	52.6%	81.7%	57.9%	43.0%
Arkansas	48.7%	50.0%	46.3%	49.6%
Florida	50.9%	56.9%	56.3%	38.8%
Georgia	46.5%	46.4%	49.6%	41.9%
Kentucky	49.3%	51.4%	41.8%	51.4%
Louisiana	46.9%	53.4%	49.4%	42.1%
Mississippi	54.7%	61.8%	57.0%	49.7%
North Carolina	51.3%	62.0%	50.7%	45.1%
South Carolina	43.2%	44.9%	47.5%	38.0%
Tennessee	42.9%	48.4%	43.1%	41.5%
Virginia	42.2%	50.4%	43.4%	36.6%
U.S.	51.0%	60.4%	53.2%	40.9%

Source: National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017, U.S. Department of Agriculture, Food and Nutrition Service.

Strategies to Improve WIC Participation

Many eligible families not participating in WIC face significant barriers to reaching the much-needed benefits WIC offers. WIC State agencies, advocates, and partners are implementing a variety of strategies to combat barriers and improve WIC participation, but more can be done to effectively reach and serve more of those who are eligible, including a culturally and linguistically diverse population, and a new generation of technologically savvy mothers.

■ Engage a diversity of families in a WIC dialogue:

WIC State and local agencies need a comprehensive plan for engaging in a productive dialogue around the program's strengths and opportunities for improvement from the perspectives of the diversity of current and past WIC participants, and eligible but never participating families. Advocates in Georgia have focused on ensuring that WIC parents' voices and perspectives are heard and inform decisions on how WIC will operate. The Atlanta Community Food Bank conducted a series of focus groups, in English and Spanish, with WIC parents and parents eligible but not participating. The focus group participants represented the diversity of eligible families in Georgia, including parents from underserved communities of color. The findings have informed the WIC State agency and a community coalition formed to promote WIC improvements. Asset mapping with WIC clinic locations facilitated the needs assessment. Consistent with the federal requirement for states to solicit feedback on their state plans, all State agencies should post their State WIC plans for review to facilitate dialogue. Currently, none do.

- ### ■ Reach and serve rural populations:
- State and local agencies should focus on specialized outreach, policies, and services that can be used to help overcome the unique barriers and maximize participation faced by families living in rural areas. Six out of the 11 Southern Region states are considered rural. Reducing the time and distance that must be traveled to participate in WIC is crucial. Promoting convenient locations, promising and delivering quick services, and featuring options (such as online or mail-in nutrition education) for



keeping the required in-clinic visits to a minimum are all ways to increase access to WIC in rural communities. Arkansas, one of the most rural of the Southern Region states, aims to reduce unnecessary visits by bundling appointments for multiple participants in the family into one clinic visit.

■ Improve the WIC clinic experience:

Recommendations include minimizing wait times, streamlining appointments, improving customer service, addressing language barriers, and eliminating unnecessary clinic visits. In addition, it is helpful to establish convenient WIC clinic hours and locations, employ satellite offices and mobile units, and offer transportation assistance. Mississippi has been successful in increasing WIC participation through partnering with other agencies, including MOUs with Medicaid, SNAP, and Head Start. Through WIC and Head Start's "The Easy Choice" initiative, WIC provides on-site enrollment and benefits issuance to Head Start parents at 50 Head Start centers across Mississippi. South Carolina uses a mobile WIC clinic in a van to serve as a satellite clinic offering more convenient locations.

WIC agencies that offer nutrition education offsite decrease barriers to WIC participation by reducing the amount of time participants need to spend in the WIC clinic. Another benefit is keeping participants engaged throughout their certification period. Among the Southern Region states, Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, South Carolina, Tennessee, and Virginia offer online nutrition education through state-specific or third-party education modules.

■ **Maximize the value of the children’s WIC food**

package: Parents identify dissatisfaction with the WIC food package for children 1 to 4 years old, including the limited range of authorized food options, brands, and child-friendly choices in some state food lists. State WIC agencies can work with WIC participants to evaluate the state’s WIC food packages and potential improvements available with existing federal regulations. Based on feedback from WIC clients, some Southern Region states have chosen to enhance their children’s food package to increase the retention of young children in their WIC program. Virginia increased participant satisfaction by revamping their food package to include yogurt and whole-grain pasta; allow all varieties of beans, peas, and lentils; and allow national brands of peanut butter, cheese, and hot and cold breakfast cereals. South Carolina also improved their food package to make it more appealing to families with children.

■ **Enhance the WIC shopping experience:** Providing access to WIC electronic benefit transfer (EBT), a WIC shopping app, and agency-specific shopping guides can improve participants’ experiences when shopping for WIC-eligible foods by reducing confusion surrounding eligible foods and limiting embarrassing check-out experiences. Per federal mandate, all WIC agencies are to transition to EBT by 2020. In the Southern Region, Georgia and Mississippi are late and are among the last states in the country to implement EBT. Making sure WIC shoppers have access to timely assistance is key. In Knoxville, Tennessee, the popular “Call the WIC Lady SOS” campaign invites WIC participants to call or text the local WIC agency if they have a question or complaint while shopping. WIC customers regularly text questions with pictures of



the food items attached. The University of Tennessee has worked with WIC and a local grocery store to pilot online ordering for WIC.

- **Modernize WIC with technology:** Various technologies offer opportunities to streamline appointment scheduling, document review, and communicate with applicants and participants. These advances can improve the perception and reality of WIC as a modern and efficient program, and attract more families for the duration of their eligibility. Using technologies — such as social media and mobile phone applications are widespread, but not universal. Unfortunately, WIC participants and applicants cannot schedule appointments or start an application on the WIC website for any Southern Region WIC agency except Virginia.
- **Enhance WIC outreach and promotion:** Barriers to WIC participation include lack of awareness and misconceptions about who is or is not eligible. One way to reduce this barrier is to implement positive and practical outreach and promotion on multiple platforms, including web-based and social media outlets. Louisiana has rolled out a new, innovative, and positive branding and marketing campaign with an upscale tone of a healthy lifestyle site and local culture to increase WIC participation (<https://louisianawic.org/>). Outreach should



be targeted to underserved communities of diverse racial and ethnic populations. State WIC websites, often the first stops for people seeking information, should be in multiple languages. The North Carolina and Virginia websites are only available in English.

COVID-19 Considerations

The COVID-19 pandemic has created unprecedented barriers to WIC. When clinics across the country were shut down abruptly, WIC lost the capacity to have in-person appointments, and the WIC rules offered no alternative method of delivering services. The Families First Coronavirus Response Act expanded USDA's authority to allow alternative methods of delivering services (e.g., enrolling people via phone or internet) by granting states waivers for requirements presenting a barrier (e.g., waiving the requirement that all participants must be physically present in the WIC clinic to enroll or re-enroll). State WIC agencies can apply for waivers from USDA granting flexibilities to provide services and issue benefits.

Preserving access to WIC during COVID-19 is crucial for the health and well-being of mothers, infants, and children who rely on WIC's healthy food benefits and nutrition and breastfeeding support. Expanding services to the many newly eligible families is also vital during this time. States in the Southern Region, along with states throughout the U.S., have used waivers to ensure safe WIC access during COVID-19. Here are recommended strategies.

Offer phone and online services: WIC participants need to have the option to enroll or be recertified remotely via phone or online. All of the Southern Region states are offering remote services having waived the physical presence requirement, along with the requirement for height, weight, and blood work.

Employ options for flexibilities in WIC food package redemption and relax minimum stocking requirements: With the exception of Mississippi, all of the Southern Region states are offering WIC shoppers additional food package choices if the usual product is unavailable. The most common waivers allow participants to choose full or low-fat milk if non-fat milk is not available (Arkansas, Florida, Georgia, Kentucky, Louisiana, North Carolina, South Carolina, Tennessee, and Virginia), and to choose a larger (up to 24 ounces) loaf of whole-grain bread when the usual one-pound loaf of bread is not available (Alabama, Arkansas, Florida, Georgia, North Carolina, and Tennessee). Additional package sizes are offered for juice in North Carolina and Tennessee, and canned fish in Tennessee. South Carolina also offers flexibility on fat content in yogurt, and allows participants to choose canned or frozen fruits and vegetables instead of fresh produce for infants 9–11 months old. Flexibility regarding food choices and minimum stocking requirements allow WIC shoppers and retailers to maximize food package choices when food supply chains are overburdened and disrupted by the current health emergency. USDA has so far been unwilling to issue a waiver to allow WIC online ordering during COVID-19.

Use options to extend certification periods: To avoid creating unnecessary hardship on current participants during the COVID-19 pandemic, State WIC agencies should use a waiver to extend certification periods for 90 days for children. Under the usual rules, a child is only certified for one year. By extending the certification period, WIC agencies streamline access and ensure the child continues to receive WIC benefits. Only Arkansas, Florida, and North Carolina extend certifications for children. USDA denied the same states' waiver request to provide extended certification periods for pregnant women, infants, and children with special medical needs.

Table 13 outlines the COVID-19 WIC waivers approved in the Southern Region states.

WIC waivers include the following:

- **Physical Presence Waiver:** Participants can enroll and re-enroll in WIC without visiting a WIC clinic, and defer height, weight, and blood work requirements.
- **Remote Benefit Issuance Waiver:** Participants do not need to pick up WIC benefits in person; WIC agencies can remotely issue benefits to any participant (or parent/caretaker or proxy).
- **Food Package Substitution Waivers:** WIC agencies can expand allowable package sizes, forms, and types of food on the allowable WIC foods list to adapt to limited availability.
- **Four-Month Benefits Issuance Waivers:** WIC agencies can issue up to four months of benefits at a time rather than the current three-month limit.
- **Minimum Stocking Requirements Waivers:** Authorized WIC vendors have additional flexibilities in the numbers and types of WIC-approved foods they must stock.
- **Extended Certification Waiver:** WIC agencies can extend the certification period for up to 90 days for a child enrolled in WIC.

Table 13

WIC: Select COVID-19 Waivers in Southern Region States (05/25/2020)						
State	Physical Presence Waiver (includes lab work)	Remote Benefit Issuance Waiver	Food Package Substitution Waiver	Minimum Stock Requirements Waiver	Four-Month Issuance Waiver	Extended Certification for Children Wavier
Alabama	x	x	x			
Arkansas	x	x	x	x	x	x
Florida	x	x	x			x
Georgia	x	x	x	x		
Kentucky	x	x	x			
Louisiana	x	x	x		x	
Mississippi	x	x		x		
North Carolina	x	x	x			x
South Carolina	x	x	x	x		
Tennessee	x	x	x	x		
Virginia	x	x	x			

Source: <https://www.fns.usda.gov/disaster/pandemic/covid-19/wic-waivers-flexibilities>

School Breakfast Program and National School Lunch Program

School Breakfast Program (SBP)

SBP makes it possible for school children in the U.S. to receive a nutritious breakfast every school day. The benefits of this program are many: decreased food insecurity; a lower probability of overweight and obesity; improved student behavior; fewer school absences and visits to the school nurse; and decreased emotional and behavioral problems.

SBP provides per meal cash reimbursements from the federal government to public and nonprofit private schools and residential childcare institutions. Any student attending a school that offers the program can eat breakfast, but children from families with incomes at or below 130 percent of the federal poverty level are eligible for free school meals, and children from families with incomes between 130–185 percent of the federal poverty

level qualify for reduced-price meals and can be charged no more than 30 cents per breakfast.

SBP Participation

SBP remains underutilized in Southern Region states, as well as nationwide, with just over half (57.5 percent) of the low-income children who eat school lunch are also eating school breakfast in the U.S.

The Southern Region has a higher ratio of schools offering breakfast per 100 schools offering lunch (98.2) than the ratio in the rest of the U.S. (92.4). This means that nearly 20,000 Southern Region schools participated in SBP in the 2018–2019 school year. These schools were supported by \$1.3 billion in federal funding to serve over 4.2 million students each day on average as shown in Tables 14 and 15.

Table 14

Southern Region States: School Breakfast Program Participation in School Year 2018–2019, by State				
State	School Participation in School Breakfast		Federal Funding for School Breakfast	School Breakfast Mandate in Law (Yes/No)
	Number of Schools	Ratio of Schools Offering Breakfast per 100 Offering Lunch		
Alabama	1,429	97.4	\$79,599,063	No
Arkansas	1,069	99.3	\$55,618,691	Yes
Florida	3,910	98.8	\$281,087,914	Yes
Georgia	2,326	98.1	\$195,953,039	Yes
Kentucky	1,271	97.6	\$95,412,852	No
Louisiana	1,440	95.3	\$89,634,570	Yes
Mississippi	844	94.8	\$63,860,535	No
North Carolina	2,521	98.6	\$134,776,434	Yes
South Carolina	1,191	99.7	\$81,151,405	Yes
Tennessee	1,775	98.3	\$113,724,444	Yes
Virginia	1,955	100.1	\$95,123,449	Yes
Southern Region	19,731	98.2	\$1,285,942,396	—
Rest of U.S.	70,856	92.4	\$3,077,568,143	—
U.S.	90,587	93.6	\$4,392,973,193	—

Sources: *School Breakfast Scorecard, 2018–2019 School Year* (February 2020), Food Research & Action Center. Federal funding data from U.S. Department of Agriculture, Food and Nutrition Service website.

Table 15

Southern Region States: Average Daily Participation in School Breakfast Program, School Year 2018–2019, by State

State	Average Daily Student Participation			10-Year Change in Free & Reduced-Price Participation	Free & Reduced-Price Participation per 100 (Lunch)	National Rank (Best to Worst)
	Total	Free & Reduced-Price	Paid			
Alabama	271,986	229,960	42,026	28.5%	60.2	19
Arkansas	193,125	159,276	33,849	21.9%	66.5	6
Florida	866,293	762,038	104,255	53.2%	51.5	40
Georgia	650,086	548,478	101,608	19.5%	61.3	15
Kentucky	326,207	292,773	33,434	52.1%	67.4	5
Louisiana	294,931	271,145	23,786	32.6%	59.4	21
Mississippi	197,740	180,493	17,247	1.3%	60.5	17
North Carolina	451,038	383,888	67,150	26.9%	58.1	24
South Carolina	267,798	227,651	40,147	13.1%	62.5	12
Tennessee	381,329	316,379	64,950	35.4%	64.9	7
Virginia	357,952	282,822	75,130	62.8%	61.9	13
Southern Region	4,258,485	3,654,903	603,582	32.8%	59.4	—
Rest of U.S.	10,386,603	8,780,072	1,606,531	43.4%	56.8	—
U.S.	14,645,088	12,434,975	2,210,113	40.1%	57.5	—

Source: *School Breakfast Scorecard, 2018–2019 School Year* (February 2020), Food Research & Action Center.

The Food Research & Action Center’s (FRAC) national benchmark for SBP is to reach 70 low-income students with school breakfast for every 100 who eat school lunch. No state in the Southern Region met this benchmark in the 2018–2019 school year, but the Southern Region outperforms the rest of the U.S. by reaching 59.4 low-income students with school breakfast for every 100 who ate school lunch, compared to 56.8 in the rest of the U.S.

All Southern Region states, except Florida, rank in the top half of states for the ratio of school breakfast-to-school lunch participation, and Kentucky (67.4), Arkansas (66.5), and Tennessee (64.9) are in the 10 best states. No Southern Region state is in the bottom 10 for this measure. Figure 10 compares the school breakfast-to-school lunch participation ratios of Southern Region states in a map. These data show Southern Region SBP participation is relatively strong, but the value in improving participation rates can be quantified through the number of federal dollars states would receive if participation improved.

Figure 10

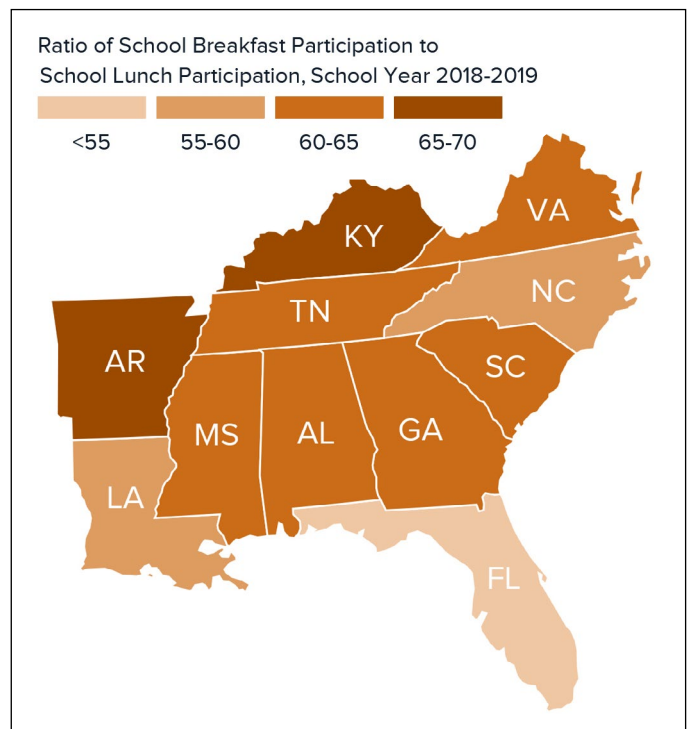


Table 16

Southern Region States: Additional Students Served School Breakfast and Federal Dollars States Would Receive If Breakfast to Lunch Student Participation Ratio Reached 70:100 in School Year 2018–2019, by State				
State	Actual Free & Reduced-Price (F&RP) Students in SBP per 100 in NSLP	National Rank (Best to Worst)	Additional F&RP Students if 70 SBP per 100 NSLP	Additional Annual Funding if 70 SBP per 100 NSLP F&RP Students
Alabama	60.2	19	37,223	\$10,811,958
Arkansas	66.5	6	8,463	\$2,458,172
Florida	51.5	40	273,242	\$79,366,984
Georgia	61.3	15	77,653	\$22,555,464
Kentucky	67.4	5	11,216	\$3,257,849
Louisiana	59.4	21	48,189	\$13,997,305
Mississippi	60.5	17	28,364	\$8,238,704
North Carolina	58.1	24	78,931	\$22,926,646
South Carolina	62.5	12	27,183	\$7,895,782
Tennessee	64.9	7	24,677	\$7,167,819
Virginia	61.9	13	37,079	\$10,770,043
Southern Region	59.4	—	652,220	\$189,446,725
Rest of U.S.	56.8	—	2,065,431	\$599,934,150
U.S.	57.5	—	2,698,762	\$783,894,336

Source: *School Breakfast Scorecard, 2018–2019 School Year* (February 2020), Food Research & Action Center.

If the Southern Region had reached 70 low-income students with school breakfast for every 100 who eat school lunch, then in the 2018–2019 school year, the Southern Region would have received \$190 million additional federal dollars and would have served an additional 652,000 children. Florida would have had the highest increase in federal dollars among Southern Region states, with an additional \$80 million, and serving an additional 273,000 children. Additional federal dollars that each Southern Region state would have received can be found in Table 16.

National School Lunch Program (NSLP)

NSLP makes it possible for all school children in the U.S. to receive a nutritious lunch each school day. It offers parents an affordable, convenient way to ensure their children get the nutrition they need to learn and thrive. Research shows that when a child’s nutritional needs are met, the child is

more attentive in class, and has better attendance and fewer disciplinary problems.

NSLP Participation

Any public school, nonprofit private school, or residential child care institution can participate in NSLP and receive federal funds for each lunch served. In the 2018–2019 school year, NSLP provided over \$3.5 billion to serve 7.7 million students at 20,000 schools in the Southern Region. Six million of those students received free or reduced-price school meals, increasing affordability and access to food for this population. Details on NSLP participation and funding by Southern Region state are listed in Table 17.

In the 2018–2019 school year, many Southern Region states had a greater proportion of students who received free and reduced-price lunch: 79 percent of students in the Southern Region received free and reduced-price lunch, compared to 72 percent in the rest of the nation.

Table 17

Southern Region States: National School Lunch Program Participation in School Year 2018–2019, by State					
State	Students			Number of Schools Participating	Federal Funding for School Lunch
	Total	Free and Reduced-Price	Paid		
Alabama	499,983	381,690	118,293	1,467	\$214,638,069
Arkansas	311,992	239,627	72,365	1,077	\$136,045,111
Florida	1,728,466	1,478,971	249,495	3,959	\$895,124,385
Georgia	1,175,868	894,473	281,395	2,370	\$529,911,153
Kentucky	513,820	434,270	79,550	1,302	\$232,258,747
Louisiana	545,422	456,192	89,230	1,511	\$249,050,188
Mississippi	354,643	298,367	56,276	890	\$170,248,390
North Carolina	833,183	661,170	172,013	2,557	\$376,306,674
South Carolina	472,941	364,049	108,892	1,194	\$210,589,928
Tennessee	641,134	487,223	153,911	1,805	\$284,533,144
Virginia	703,147	457,001	246,146	1,954	\$254,641,221
Southern Region	7,780,599	6,153,033	1,627,566	20,086	\$3,553,347,010
Rest of U.S.	21,507,474	15,466,591	6,040,883	76,695	\$8,893,471,560
U.S.	29,288,073	21,619,624	7,668,449	96,781	\$12,575,852,008

Sources: *School Breakfast Scorecard, 2018–2019 School Year* (February 2020), Food Research & Action Center. Federal funding data from U.S. Department of Agriculture, Food and Nutrition Service website.

Within the Southern Region, Florida, Georgia, and North Carolina are the largest states with the greatest numbers of students and schools participating in the program, whereas Arkansas, Mississippi, and South Carolina have the lowest numbers of participating students and schools.

Strategies to Improve School Breakfast and School Lunch Program Participation

A number of Southern Region states have implemented best practices for increasing participation in NSLP and SBP, and those that have not could increase participation by following the lead of the other states in their region that have implemented one or more of the strategies listed below.

- Mandate requiring high-poverty schools to offer free breakfast and all schools to operate SBP:**
 State legislatures can ensure that low-income children

have access to free school breakfast by requiring high-poverty schools to offer free breakfast to all students. Florida is currently the only Southern Region state that has passed similar legislation. An additional opportunity for state legislatures to increase school breakfast participation is to require all or some school districts and schools to operate SBP. Seven Southern Region states have passed this type of legislation: Arkansas, Florida, Georgia, Louisiana, South Carolina, Tennessee, and Virginia.

- Prioritize breakfast after the bell programs:** One of the best strategies to increase school breakfast participation is to implement innovative models, such as breakfast in the classroom or “grab and go.” States can support these programs by mandating that some or all schools implement an innovative model or by providing funding to schools to support these programs. Florida encourages schools to implement alternative models, and Virginia provides additional state funding

for breakfasts served using an innovative model.

- **Allocate state funding to eliminate the reduced-price copayment for school breakfast:** States can eliminate the reduced-price fee category so that children up to 185 percent of the federal poverty level are able to receive free school meals. North Carolina is currently the only Southern Region state that has made this investment.
- **Broad implementation of community eligibility:** Community eligibility is an option for high-poverty schools to provide breakfast and lunch at no charge to all students. Community eligibility reduces administrative paperwork for schools; increases school meal participation by removing stigma; maximizes federal reimbursements; and makes it easier to implement breakfast after the bell models that have been proven to increase participation in the program. In the 2019–2020 school year, six Southern Region states (Georgia, Kentucky, Louisiana, North Carolina, South Carolina, and Tennessee) had 70 percent or more eligible school districts take up the option. Yet many eligible schools and school districts, in the Southern Region and in the U.S. as a whole, have not adopted community eligibility.

- **Require some or all public schools to operate NSLP:** State legislatures can ensure that children have access to school lunch by requiring schools to operate NSLP. Georgia, Louisiana, North Carolina, South Carolina, and Tennessee have passed this type of legislation.
- **Maximize direct certification to improve low-income student access to school meals:** Direct certification, an electronic data-matching process, is an important tool for ensuring that low-income children receive free breakfast and lunch without barriers. School districts benefit from the reduction in the number of school meal applications that they must process as more students are determined as being eligible for free school meals through direct certification. This results in greater administrative savings for the district, which allows them to put those resources into improving meal quality and service. Additionally, community eligibility — a beneficial federal option for high-poverty school districts to offer school meals at no cost to all students — is built on direct certification. Nine of the 11 Southern Region states, Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, North Carolina, South Carolina, and Tennessee, have met the U.S. Department of Agriculture’s (USDA’s) benchmark



of directly certifying 95 percent or more of students participating in the Supplemental Nutrition Assistance Program (SNAP).²⁰

COVID-19 Considerations

When schools closed in response to COVID-19, school districts shifted to providing meals through the Summer Nutrition Programs, either through NSLP’s Seamless Summer Option or the Summer Food Service Program (SFSP). USDA issued a number of waivers to allow schools and other sponsors to successfully operate these Summer Nutrition Programs. For more information on these waivers, see the Summer Nutrition Programs section.

In addition, USDA issued waivers to support school meal operations by extending the community eligibility deadlines to give states and school districts more time and flexibility, and to ease some of the administrative requirements. All Southern Region states have implemented these waivers. Some of the waivers are listed below. In addition, Table 18 outlines waivers applicable to school meals by Southern Region state.

- **Community Eligibility Deadline Waiver:** Extends the state and school district community eligibility deadlines (i.e., giving schools up to June 30 to set their Identified Student Percentage, and up to August 31 to choose to participate in community eligibility for the 2020–2021 school year).
- **Child Nutrition Monitoring Waivers:** Provides flexibility for some monitoring requirements to comply with social distancing recommendations.
- **60-Day Reporting Requirements Waiver:** Extends the reporting deadline for January and February 2020.

Table 18

School Meals: COVID-19 Waivers in Southern Region States (05/13/2020)			
State	Community Eligibility Deadlines	Child Nutrition Monitoring Requirements Waiver	60-Day Reporting Requirements Waiver
Alabama	x	x	x
Arkansas	x	x	x
Florida	x	x	x
Georgia	x	x	x
Kentucky	x	x	x
Louisiana	x	x	x
Mississippi	x	x	x
North Carolina	x	x	x
South Carolina	x	x	x
Tennessee	x	x	x
Virginia	x	x	x

Source: USDA FNS: <https://www.fns.usda.gov/disaster/pandemic/covid-19/cn-waivers-flexibilities>

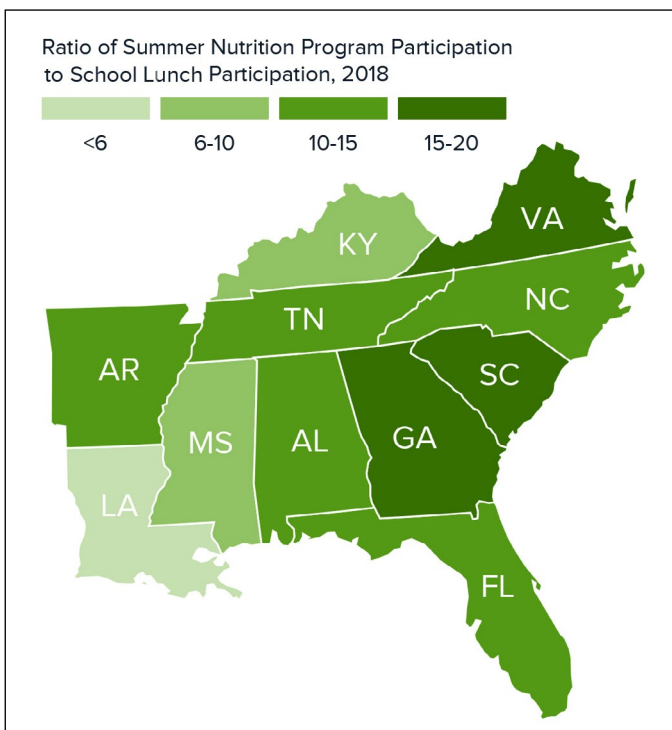


Summer Nutrition Programs

The Summer Nutrition Programs are designed to replace the School Breakfast Program (SBP) and National School Lunch Program (NSLP) when schools close for the summer or during extended breaks for year-round school years. They also can be used during unanticipated school closures, and it is predominantly these programs that schools, as well as nonprofit organizations and local government agencies, are using to feed school children during the school closures created by COVID-19.

The Summer Nutrition Programs, which includes the Summer Food Service Program (SFSP) and the Seamless Summer Option through NSLP, provide free meals and snacks to children 18 and under at sites in low-income communities or that serve primarily low-income children. Prior to COVID-19, most summer meal sites provide educational, enrichment, or recreational activities that keep children learning, active, and safe when school is not in session.

Figure 11



Summer Nutrition Programs Participation

The Southern Region states, like most states, serve only a fraction of the children who rely on free or reduced-price school meals during the school year. Transportation barriers, the limited summer programming for low-income children, and lack of awareness of the program all contribute to the limited reach of the Summer Nutrition Programs. While Southern Region states are reaching many children with nutritious summer meals, there are many more who are not benefiting.

Nearly one-third of SFSP sites are located in Southern Region states: 15,727 sites compared to 48,699 sites nationally. Over 750,000 students in the Southern Region benefitted from the Summer Nutrition Programs on an average day in July 2018, and \$125 million in federal funding supported access to food provided by SFSP that same year. Participation in the Summer Nutrition Programs in the Southern Region is growing faster than in the rest of the U.S. The change in average daily participation (ADP) for the Summer Nutrition Programs rose 17.5 percent in the Southern Region in the past 10 years whereas it fell 6.4 percent in the rest of the U.S. over this time period, as seen in Table 19.

Despite this growth, most of the states in the Southern Region continue to fall behind the rest of the U.S. in Summer Nutrition Programs participation. The rest of the U.S. reached 14.6 low-income students with Summer Nutrition Programs for every 100 who ate NSLP lunch during the school year, compared to only 13.4 in the Southern Region. Three Southern Region states, Louisiana, Mississippi, and Kentucky, are in the bottom 10 states for worst Summer Nutrition Programs participation, but three states, Georgia, South Carolina, and Virginia, are in the top half of nationwide states. Figure 11 compares participation in the Summer Nutrition Programs to school year NSLP lunch among all Southern Region states.

Table 19

Southern Region States: Summer Nutrition Participation, July 2018, by State									
State	Average Daily Student Participation in July	July Summer Food Service Participation	July National School Lunch Participation in Free and Reduced-Price Lunch	Change in Average Daily Summer Nutrition Participation in Last 10 Years	Summer Nutrition Participation as a Ratio to Regular Year Free and Reduced-Price School Lunch Participation	National Rank (Best to Worst)	Number of Summer Food Service Sponsors	Number of Summer Food Service Sites	
Alabama	36,351	31,771	4,580	25.2%	10.3	36	109	1,006	
Arkansas	24,246	12,860	11,387	12.2%	10.9	34	97	330	
Florida	194,458	168,172	26,286	26.5%	13.5	29	143	3,688	
Georgia	146,746	56,810	89,937	46.1%	17.2	14	83	1,270	
Kentucky	35,528	34,773	755	-13.1%	8.9	41	152	1,928	
Louisiana	24,918	22,730	2,188	-13.3%	5.8	50	71	443	
Mississippi	24,034	22,143	1,892	93.9%	8.4	45	123	590	
North Carolina	90,724	62,679	28,045	12.1%	14.4	27	131	2,093	
South Carolina	54,749	31,707	23,043	-31.9%	16.0	21	77	1,723	
Tennessee	69,516	34,149	35,367	73.9%	14.5	26	48	1,343	
Virginia	64,294	53,897	10,397	1.5%	15.1	24	133	1,309	
Southern Region	765,566	531,690	233,877	17.5%	13.4	—	1,167	15,723	
Rest of U.S.	2,092,456	1,326,957	765,499	-6.4%	14.6	—	4,408	32,976	
U.S.	2,858,022	1,858,647	999,375	-1.0%	14.1	—	5,575	48,699	

Source: *Hunger Doesn't Take a Vacation: Summer Nutrition Status Report 2019*, Food Research & Action Center.

Table 20

Southern Region States: Additional Summer Nutrition Participation and Federal Dollars States Would Receive If Summer Nutrition to NSLP Ratio Reached 40:100, 2018, by State					
State	Average Daily Student Participation in July	Summer Nutrition Participation as a Ratio to Regular Year Free and Reduced-Price School Lunch Participation	Additional Low-Income Children Served if Participation Ratio Reached 40:100	Additional Federal Dollars State Would Receive if Participation Ratio Reached 40:100	Federal Funding for Summer Food Service Program
Alabama	36,351	10.3	105,139	\$8,517,013	\$8,533,809
Arkansas	24,246	10.9	64,853	\$5,253,559	\$3,107,779
Florida	194,458	13.5	379,733	\$30,761,233	\$37,357,142
Georgia	146,746	17.2	195,198	\$15,812,505	\$13,815,853
Kentucky	35,528	8.9	124,073	\$10,050,852	\$9,126,974
Louisiana	24,918	5.8	145,795	\$11,810,484	\$7,310,662
Mississippi	24,034	8.4	90,266	\$7,312,201	\$7,261,382
North Carolina	90,724	14.4	162,149	\$13,135,295	\$12,383,965
South Carolina	54,749	16.0	81,972	\$6,640,347	\$7,811,612
Tennessee	69,516	14.5	121,792	\$9,866,065	\$9,153,891
Virginia	64,294	15.1	105,466	\$8,543,533	\$9,798,375
Southern Region	765,566	13.4	1,576,435	\$127,703,087	\$125,661,443
Rest of U.S.	2,092,456	14.6	3,666,196	\$296,989,332	\$283,449,542
U.S.	2,858,022	14.1	5,242,631	\$424,692,423	\$416,011,997

Sources: *Hunger Doesn't Take a Vacation: Summer Nutrition Status Report 2019*, Food Research & Action Center. Federal funding data from U.S. Department of Agriculture, Food and Nutrition Service website.

The Food Research & Action Center's (FRAC) national benchmark for Summer Nutrition Programs participation is to reach 40 low-income students with Summer Nutrition Programs for every 100 who ate school lunch during the previous school year. No state in the Southern Region met this benchmark, or even half of this benchmark, in July 2018. This highlights the need to improve Summer Nutrition Programs participation in the Southern Region, and the value of doing so is illustrated by the additional federal dollars that states would have received in 2018 if participation had reached this benchmark. Improving the Summer Nutrition Programs participation ratio to 40 to 100, the Southern Region would more than double the federal funding received for the program from \$126 million to \$254 million, and participation would grow by nearly 1.6 million children. Table 20 provides additional details on Summer Nutrition Programs participation and funding.

Strategies to Improve Summer Nutrition Programs Participation

A number of Southern Region states have implemented some best practices for increasing participation in the Summer Nutrition Programs, including the ones listed below.

- **Mandate participation in the Summer Nutrition Programs:** One opportunity to increase the number of sites serving meals is for state legislatures to mandate that low-income school districts and schools (those in which at least 50 percent of students qualify for free or reduced-price meals) operate the Summer Nutrition



Programs. The Southern Region has only one state that has taken advantage of this opportunity for summer: Florida.

- **Allocate state funding for summer programming:** Structured summer enrichment and educational activities provide an important foundation on which strong Summer Nutrition Programs can be built. Eighteen states have prioritized summer and afterschool learning by allocating funding to support such programs. In the Southern Region, this includes South Carolina. Florida earmarks a limited amount of funding for specific programs, and Georgia is one of six states that uses funds from Temporary Assistance for Needy Families (TANF) to support programming.
- **Request rescinded SFSP waivers:** In fall 2018, the U.S. Department of Agriculture (USDA) rescinded several SFSP policy memos in response to an SFSP audit conducted by the USDA Office of the Inspector General. The majority of State SFSP agencies submitted a formal request to maintain some or all of the waiver options on behalf of sponsors in their state, but a handful of states did not. Arkansas and Mississippi did not apply for any waivers for Summer 2019, and Mississippi reported that they would not use any of the rescinded waivers in summer 2020.
- **Outreach campaigns led by state agencies:** Many states have seen success in connecting more families to summer meals by marketing the program under cohesive branding. Two examples of state-coordinated outreach campaigns in the Southern Region include Alabama's [Break for a Plate](#) and Florida's [Summer Break Spot](#).

COVID-19 Considerations

The Summer Nutrition Programs have played a critical role during COVID-19. In addition to allowing school districts and other sponsors to serve meals through the Summer Nutrition Programs during unanticipated school closures, USDA issued many temporary flexibilities through nationwide state-based waivers that states could implement to ensure children are able to safely receive meals while maintaining social distancing during

COVID-19. Below is a list of some of these waivers. In addition, Table 21 outlines waivers applicable to Summer Nutrition Programs by Southern Region state.

- **Area Eligibility Waiver:** Allows meals through the Summer Nutrition Programs to be offered at sites that do not meet the 50 percent area eligibility requirement.
- **Meal Times Waiver:** Allows meals to be served outside traditional times to maximize flexibility for meal pick up.
- **Non-Congregate Feeding Waiver:** Allows meals to be served in a non-group setting (i.e., allowing for “grab and go” and delivered meals).
- **Parent/Guardian Meal Pick-Up Waiver:** Allows parents/guardians to pick up meals for the child without the child being present.
- **Child Nutrition Monitoring Waivers:** Provides flexibility for some monitoring requirements to comply with social distancing recommendations.
- **60-Day Reporting Requirements Waiver:** Extends the reporting deadline for January and February 2020.

Table 21

Summer: COVID-19 Waivers in Southern Region States (6/5/2020)											
State	Meal Times Waiver	Non-Congregate Feeding Waiver	Area Eligibility Waiver	Meal Pattern Waiver	Parent/Guardian Meal Pick-Up Waiver	Child Nutrition Monitoring Waiver	60-Day Reporting Requirements Waiver	Unanticipated School Closures Waiver	Eligibility for Closed Enrolled Sites	First Week Site Visits	Offer Versus Serve (Regular Summer)*
Alabama	X	X	X	X	X	X	X	X	X	X	X
Arkansas	X	X	X	X	X	X	X	X	X	X	X
Florida	X	X	X	X	X	X	X	X		X	X
Georgia	X	X	X	X	X	X	X	X	X	X	X
Kentucky	X	X	X	X	X	X	X	X	X	X	X
Louisiana	X	X	X	X	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X	X	X	X	X	X
North Carolina	X	X	X	X	X	X	X	X	X	X	X
South Carolina	X	X	X	X	X	X	X	X	X		
Tennessee	X	X	X	X	X	X	X	X	X	X	X
Virginia	X	X	X	X	X	X	X	X	X	X	X

Source: USDA FNS: <https://www.fns.usda.gov/disaster/pandemic/covid-19/cn-waivers-flexibilities>

*Offer Versus Serve (OVS) is already available to schools through the Summer Food Service Program and the Seamless Summer Option through NSLP. Without a waiver, it is not available to non-school summer food sponsors.

Child and Adult Care Food Program (CACFP)

CACFP is a federal nutrition program that supports nutritious meals and snacks for eligible children who are enrolled at participating child care centers, family child care homes, afterschool programs, and homeless shelters.

The majority of CACFP participants are preschool-aged children. Young children at participating family child homes, child care centers, or Head Start programs can receive up to two meals and a snack that meet the U.S. Department of Agriculture's (USDA) nutritional standards. Unlike school meals, providers using CACFP must serve all children enrolled in care. CACFP improves preschoolers' nutrition, reduces obesity, strengthens the quality of early care, and helps boost and stabilize child care providers' income and services. The program funds provide an economic stimulus as money flows directly into the economy to buy food and pay for food service labor, and helps to sustain child care providers through this economic downturn.

CACFP also offers the Afterschool Meal Program to help reduce childhood hunger in low-income communities, and support the establishment, growth, and quality of afterschool enrichment programs. Through this program, suppers and snacks can be provided at sites in areas where at least half of the children are certified to receive free or reduced-price school meals. Children from struggling families can receive a healthy meal after school, on weekends, and during school holidays, instead of returning home hungry, often to empty cupboards. The meal also helps draw children into programs that keep them safe, engaged, and learning while their parents are working.

Federal Child Nutrition Programs



Reduce food insecurity



Alleviate poverty



Improve nutrition & health outcomes



Protect against obesity



Boost learning and development



Support economic stability

The Afterschool Meal Program only became available nationwide in 2010 and is still a relatively new option.

Participation in CACFP continues to grow each year in most Southern Region states, but there still remain many opportunities to expand and increase program participation.



CACFP Participation

In the Southern Region, participation (average daily attendance) in CACFP has increased over the past 10 years to 1.1 million children in fiscal year (FY) 2019. CACFP supported over 34,000 child care centers and family child care homes with almost \$1 billion in federal funding to the Southern Region, as seen in Table 22. However, there are still many more centers, homes, and programs that should be participating in CACFP. Much-needed funding and benefits are being left on the table.

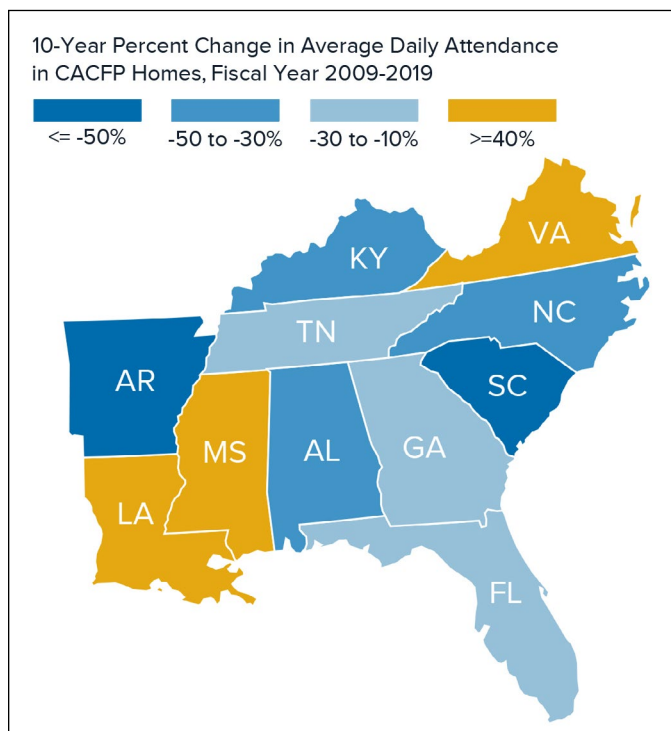
Although overall participation increased, Table 23 shows participation in family child care homes has decreased in the Southern Region (-2.4 percent) as well as in the rest of the U.S. (-24.1 percent.) The 10-year percent change in participation in family child care homes varies greatly between Southern Region states: Virginia had a 67.6 percent increase whereas Arkansas had a 56.5 percent decrease. Eight of the 11 Southern Region states —

Table 22

Southern Region States: Federal Funding for CACFP, FY 2019, by State	
State	Federal Funding for CACFP
Alabama	\$62,155,299
Arkansas	\$50,155,816
Florida	\$285,557,002
Georgia	\$123,245,768
Kentucky	\$45,820,389
Louisiana	\$89,794,549
Mississippi	\$48,577,980
North Carolina	\$99,403,740
South Carolina	\$35,711,166
Tennessee	\$64,949,207
Virginia	\$48,283,805
Southern Region	\$953,654,721
Rest of U.S.	\$2,454,874,631
U.S.	\$3,433,282,866

Source: Data provided by U.S. Department of Agriculture, Food and Nutrition Service.

Figure 12



Alabama (-39.8 percent), Arkansas (-56.5 percent), Florida (-17.1 percent), Georgia (-29.3 percent), Kentucky (-41.9 percent), North Carolina (-35.6 percent), South Carolina (-53.4 percent), and Tennessee (-18.9 percent) — had a decrease in family child care home participation in CACFP. Figure 12 displays a map to further compare the Southern Region states' 10-year (2009–2019) percent change in average daily participation (ADP) in CACFP homes.

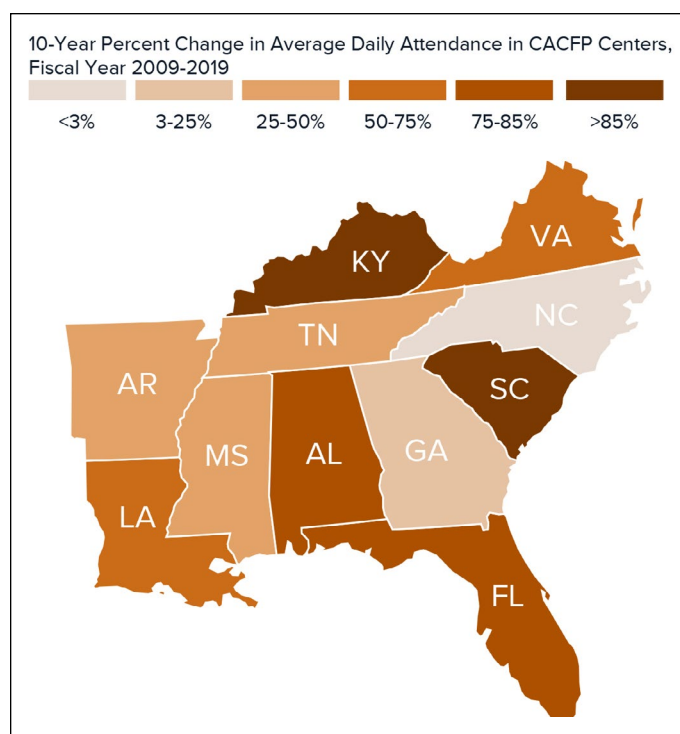
Participation in CACFP child care centers has increased almost 50 percent (48.3 percent) in the Southern Region over a 10-year period, which is slightly higher than the rest of the U.S. (44.8 percent). All Southern Region states saw an increase over a 10-year average in daily attendance at child care centers, ranging from 2.6 percent in North Carolina to 98.3 percent in Kentucky. Growth in CACFP participation in five of the 11 Southern Region states — Arkansas (25.9 percent), Georgia (10.6 percent), Mississippi (31.8 percent), North Carolina (2.6 percent), and Tennessee (34.9 percent) — were below the increase in the rest of the U.S. (44.8 percent). Figure 13 displays a map to further compare the Southern Region states' 10-year (2009–2019) percent change in average daily participation (ADP) in CACFP centers.

Table 23

Southern Region States: Child and Adult Care Food Program (CACFP), FY 2019, by State						
State	Family Child Care Homes			Child Care Centers		
	Number	Average Daily Attendance	10-Year Percent Change in Average Daily Attendance	Number	Average Daily Attendance	10-Year Percent Change in Average Daily Attendance
Alabama	598	3,560	-39.8%	1,057	63,751	83.0%
Arkansas	255	2,236	-56.5%	940	45,806	25.9%
Florida	1,699	10,818	-17.1%	4,688	300,646	83.4%
Georgia	1,138	15,777	-29.3%	2,018	126,427	10.6%
Kentucky	226	2,276	-41.9%	1,263	77,526	98.3%
Louisiana	8,801	43,653	46.0%	892	50,030	73.8%
Mississippi	837	4,021	63.8%	816	46,459	31.8%
North Carolina	1,317	9,446	-35.6%	2,157	114,793	2.6%
South Carolina	411	3,076	-53.4%	692	45,688	89.8%
Tennessee	954	7,933	-18.9%	1,291	66,781	34.9%
Virginia	1,448	19,586	67.6%	1,288	75,857	65.9%
Southern Region	17,681	122,381	-2.4%	17,100	1,013,763	48.3%
Rest of U.S.	72,620	548,123	-24.1%	47,389	2,865,369	44.8%
U.S.	90,301	670,504	-20.9%	64,489	3,879,132	45.7%

Source: Data provided by U.S. Department of Agriculture, Food and Nutrition Service

Figure 13



CACFP Afterschool Meal Program Participation

Over 300,000 children in the Southern Region benefitted from afterschool suppers on an average weekday in October 2018. This was an increase of nearly 35,000 children from the prior year.

When comparing participation from October 2017 to October 2018, participation rates are growing faster in the Southern Region than in the rest of the country, up by 12.2 percent in the Southern Region compared to 9.8 percent in the rest of the U.S. Four states — Alabama, Georgia, Mississippi, and North Carolina — experienced supper increases greater than 33 percent during this time period. Arkansas, Louisiana, and Virginia are the exceptions, seeing decreases in supper participation by 0.9 percent, 4.5 percent, and 14.3 percent, respectively.

Table 24

Southern Region States: Average Daily Participation (ADP) in Child and Adult Care Food Program (CACFP) Suppers ¹ Compared to Free and Reduced-Price National School Lunch Program (NSLP), ² October 2017 and 2018, by State								
State	October 2017			October 2018			Change in Ratio	Percent Change in Supper ADP
	Supper ADP	Lunch ADP	Ratio of Supper ADP to Lunch ADP ³	Supper ADP	Lunch ADP	Ratio of Supper ADP to Lunch ADP ³		
Alabama	24,461	395,071	6.2	32,588	392,426	8.3	2.1	33.2%
Arkansas	14,679	247,153	5.9	14,548	245,830	5.9	0.0	-0.9%
Florida	107,445	1,804,224	6.0	119,397	1,483,435	8.0	2.0	11.1%
Georgia	17,695	946,132	1.9	24,764	895,963	2.8	0.9	39.9%
Kentucky	17,219	441,388	3.9	20,164	441,599	4.6	0.7	17.1%
Louisiana	20,333	473,075	4.3	19,427	468,387	4.1	-0.2	-4.5%
Mississippi	2,619	317,407	0.8	3,942	307,848	1.3	0.5	50.5%
North Carolina	11,719	690,196	1.7	16,186	695,354	2.3	0.6	38.1%
South Carolina	15,686	370,034	4.2	18,197	361,799	5	0.8	16.0%
Tennessee	30,182	533,436	5.7	31,265	485,250	6.4	0.7	3.6%
Virginia	24,897	459,124	5.4	21,335	456,270	4.7	-0.7	-14.3%
Southern Region	286,936	6,677,240	4.3	321,814	6,234,160	5.2	0.9	12.2%
Rest of U.S.	934,006	15,790,483	5.9	1,025,521	15,654,005	6.6	0.7	9.8%
U.S.	1,220,942	22,467,723	5.4	1,347,335	21,888,165	6.2	0.8	10.4%

¹ Average daily participation in CACFP supper is calculated by dividing the total number of suppers served in October of each year by each state's average number of days of service in NSLP in October.

² Average daily free and reduced-price participation in the National School Lunch Program in October is calculated by dividing the number of free and reduced-price lunches served by each state's average number of days of service in NSLP in October.

³ Ratio of supper to lunch is the average daily number of children participating in a supper program per 100 children participating in free or reduced-price school lunch.

Source: *Afterschool Suppers: A Snapshot of Participation* (October 2019), Food Research & Action Center

Despite the overall increase in supper participation, the Southern Region falls behind the rest of the U.S. in the measure of supper ADP as a ratio to National School Lunch Program (NSLP) free and reduced-price lunch ADP. The Southern Region serves just 5.2 children supper for every 100 low-income children who participated in school lunch, compared to 6.6 to 100 for the rest of the U.S. However, three Southern Region states, Alabama (8.3

to 100), Florida (8.0 to 100), and Tennessee (6.4 to 100), have higher ratios of afterschool supper ADP to NSLP lunch ADP than the U.S. average (6.2 to 100). Table 24 provides additional details on CACFP supper participation and changes in participation from 2017–2018. Figure 14 provides a visual representation of afterschool supper ADP to Lunch ADP ratios by Southern Region state.

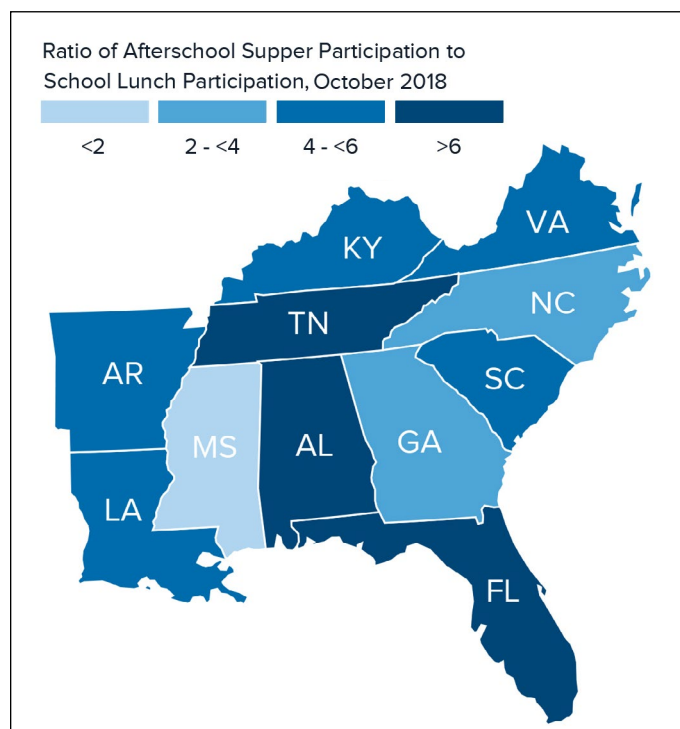
Table 25

Southern Region States: Additional Supper ADP and Federal Reimbursement if Supper to NSLP Ratio Reached 15:100, and CACFP and NSLP Snacks ADP, 2018, by State

State	Current Supper ADP	Total Supper ADP if Supper to NSLP Ratio Reached 15:100	Additional Supper ADP if Supper to NSLP Ratio Reached 15:100	Additional Federal Reimbursement Dollars if Supper to NSLP Ratio Reached 15:100	CACFP Snacks ADP	NSLP Snacks ADP
Alabama	32,588	58,864	26,276	\$1,709,333	12,001	11,987
Arkansas	14,548	36,875	22,326	\$1,452,361	10,031	9,079
Florida	119,397	222,515	103,118	\$6,708,043	21,242	119,732
Georgia	24,764	134,394	109,630	\$7,131,693	18,905	66,048
Kentucky	20,164	66,240	46,075	\$2,997,312	4,890	8,358
Louisiana	19,427	70,258	50,831	\$3,306,684	1,118	26,732
Mississippi	3,942	46,177	42,236	\$2,747,521	4,626	6,993
North Carolina	16,186	104,303	88,118	\$5,732,241	8,007	24,031
South Carolina	18,197	54,270	36,072	\$2,346,596	6,200	32,066
Tennessee	31,265	72,788	41,522	\$2,701,120	19,057	27,002
Virginia	21,335	68,441	47,105	\$3,064,297	16,304	9,456
Southern Region	321,814	935,124	613,310	\$39,897,201	122,384	341,483
Rest of U.S.	1,025,521	2,348,101	1,322,580	\$86,036,791	223,853	859,188
U.S.	1,347,335	3,283,225	1,935,890	\$125,933,989	346,237	1,200,671

Source: *Afterschool Suppers: A Snapshot of Participation* (October 2019), Food Research & Action Center

Figure 14



Continued increase in supper participation within the Southern Region is needed to meet the Food Research & Action Center’s (FRAC) national benchmark of reaching 15 children with afterschool supper for every 100 low-income children who participate in school lunch. If the Southern Region had met this benchmark in 2018, an additional \$40 million in federal reimbursement would have been provided to the Southern Region and an additional 613,000 children would have been served, as seen in Table 25.

CACFP afterschool snacks also support good nutrition and food security in the population it serves. Participation in CACFP Snacks is high in the Southern Region with over half of all CACFP Snack ADP coming from the Southern Region in 2018.

Strategies to Improve CACFP Participation

Current participation rates demonstrate that participation in CACFP Programs needs to improve. A broad range of partners can productively engage in expanding and strengthening CACFP, including advocates, parents, allies from the early care and education community, and nutrition and health sectors by implementing the following strategies.

- **Collaborate to enhance services:** Partners can conduct CACFP outreach, promote best practices for cross-sector collaboration, share or create nutrition materials and trainings, address gaps created by State agency capacity issues, and encourage and plan state summits, workgroups, and meetings. Coalitions that have included State agencies have hosted CACFP summits in Alabama and Virginia. These summits provided an excellent forum to hear from providers, parents, and a full range of partners about the facilitators and barriers to CACFP participation and success. State child care subsidy and licensing agencies should establish systems to refer all providers to CACFP and share newly licensed and certified provider information with the CACFP agency to facilitate outreach.
- **Promote program eligibility and sponsorship:** State agencies should extend CACFP program eligibility to all licensed and regulated family child care. When appropriate, CACFP can extend eligibility to license-exempt family child care homes that meet federal, state, or local approval standards. Many of these homes serve children from low-income families and receive child care subsidy funds. Many working families earning low wages use license-exempt family child care because of the flexibility that it provides households with demanding work schedules. Furthermore, immigrant families often cite family child care as the best choice for receiving culturally relevant care. Virginia has extended CACFP to this type of care which accounts, in part, for their higher participation rate. In addition, many state agencies in the Southern Region have encouraged the use of community-based sponsoring organizations to sponsor child care centers that need

some extra help to be able to participate successfully in CACFP. States utilizing this successful strategy include Arkansas, Florida, North Carolina, and South Carolina.

- **Maximize meals served:** One way to improve the impact that CACFP has is for participating sites to serve suppers instead of, or in addition to, snacks. Thousands of afterschool programs located in low-income communities provide food during afterschool hours through NSLP or CACFP, yet are only serving a snack, even though they are eligible to serve a supper. Florida, Georgia, Louisiana, Mississippi, North Carolina, and South Carolina all served more NSLP snacks in October 2018 than CACFP suppers, meaning students are missing out. One of the simplest strategies to reduce student hunger and improve nutrition is for these programs to provide supper. If the program extends long enough, both supper and a snack could be offered.

COVID-19 Considerations

CACFP programs provide critical access to meals and snacks, which is especially relevant during COVID-19 where economic hardship and the closing of schools and child care create barriers to food access. While many family child care homes and child care centers have been closed in light of COVID-19, participation in CACFP at child care locations is expected to ramp up as people return to work. Throughout the COVID-19 pandemic, it remains important to make sure that child care providers offering care to essential workers have quick access to CACFP. In addition, there should be coordination with CACFP as a key resource in state and local efforts to leverage child care and Head Start funding from the CARES Act to support families and offer quality care during COVID-19.

The Families First Coronavirus Response Act allowed USDA to issue a number of nationwide waivers to support providing CACFP meals that states could implement, and states also could apply for additional waivers that provide flexibilities needed to continue to deliver CACFP services while complying with appropriate COVID-19 safety measures. All states in the Southern Region have made use of the non-congregate, meal times, and parent/guardian meal pickup waivers to allow child care centers, family child care homes, and afterschool programs to

offer “grab and go” and meal delivery. In recognition of the difficult circumstances and the need for social distancing, all states in the Southern Region are using the 60-Day Reporting Requirements Waiver, most (eight states in the Southern Region) are using the CACFP State Agency Monitoring Requirements Waiver, many (seven states in the Southern Region) are using the Child Nutrition Monitoring Waiver, and a few (only three states in the Southern Region) are waiving the CACFP sponsor monitoring requirements.

Nationwide waivers of particular importance include temporarily postponing the requirement to offer educational and enrichment activities at supper sites and the congregate site requirement, which most states in the Southern Region took up. Arkansas was the only state that did not take up the activity waiver. USDA also provided guidance that suppers could be served along with the breakfast and lunches available through the Summer Nutrition Programs, which is not allowed during normal Summer Nutrition Programs operations. This allows schools and community-based organizations to offer more substantial options to fully meet children’s nutritional needs and replace the meals that children would have received if schools were open.

Below are descriptions of some of the waivers. In addition, Table 26 outlines waivers by Southern Region state.

- **Meal Times Waiver:** Allows meals to be served outside traditional times to maximize flexibility for meal pick up.
- **Non-Congregate Feeding Waiver:** Allows meals to be served in a non-group setting (i.e., allowing for “grab and go” and delivered meals).
- **Afterschool Activity Waiver:** Pauses the requirement for enrichment activities to accompany afterschool meals and snacks.
- **Parent/Guardian Meal Pick-Up Waiver:** Allows parents/guardians to pick up meals for the child without the child being present.
- **Child Nutrition Monitoring Waivers:** Provides flexibility for some monitoring requirements to comply with social distancing recommendations.
- **60-Day Reporting Requirements Waiver:** Extends the reporting deadline for January and February 2020.

Table 26

CACFP: COVID-19 Waivers in Southern Region States (05/25/2020)									
State	Meal Times Waiver	Non-Congregate Feeding Waiver	Afterschool Activity Waiver	Meal Pattern Waiver	Parent/Guardian Meal Pick-Up Waiver	Child Nutrition Monitoring Waiver	60-Day Reporting Requirements Waiver	CACFP State Agency Monitoring Requirements Waiver	CACFP Sponsor Monitoring Requirements Waiver
Alabama	x	x	x	x	x	x	x	x	
Arkansas	x	x		x	x		x		
Florida	x	x	x	x	x	x	x	x	
Georgia	x	x	x	x	x	x	x	x	
Kentucky	x	x	x	x	x		x	x	x
Louisiana	x	x	x	x	x	x	x		
Mississippi	x	x	x	x	x		x	x	x
North Carolina	x	x	x	x	x		x		x
South Carolina	x	x	x	x	x	x	x	x	
Tennessee	x	x	x	x	x	x	x	x	
Virginia	x	x	x	x	x	x	x	x	

Source: USDA FNS: <https://www.fns.usda.gov/disaster/pandemic/covid-19/cn-waivers-flexibilities>

CONCLUSION

The high levels of poverty, food insecurity, and inequity in Southern Region states have serious consequences for the health and well-being of children and adults living in that area. Beyond individuals and families, these consequences also have costly implications for the economy. Fortunately, solutions exist to help tackle these challenging issues, including increased utilization of the federal nutrition programs. The Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, School Breakfast Program, National School Lunch Program, Summer Nutrition Programs, and Child and Adult Care Food Program are important, effective, and widely available interventions to improve the health and well-being of vulnerable Americans while supporting the economy. Research demonstrates that these programs can reduce food insecurity, alleviate poverty, support economic stability, improve dietary intake and health, protect against obesity, and boost learning and development. The federal nutrition programs are an important source of support in the Southern Region's states; however, there are serious gaps in participation. Policy recommendations in this report will allow state and local governments, schools, child care providers, community-based and faith-based organizations and others to connect more people to the federal nutrition programs so they can be healthy and productive, and thrive. With the COVID-19 pandemic, the federal nutrition programs provide critical pathways to support and improve the health and economy across the Southern Region's states, which is more crucial now than ever before.



TECHNICAL NOTES AND SOURCES

Economic and Food Security, Equity, and Health

Income and Poverty

Median Household Income: Table DP03, U.S. Bureau of the Census, ACS: <https://data.census.gov/cedsci/table?hidePreview=true&table=DP03&tid=ACSDP1Y2018.DP03&lastDisplayedRow=144&q=DP03%3A%20SELECTED%20ECONOMIC%20CHARACTERISTICS&g=0100000US,.04000.001>.

Poverty and Low-Income Status:

Table B17024, U.S. Bureau of the Census, ACS: <https://data.census.gov/cedsci/table?hidePreview=true&table=B17024&tid=ACSDT1Y2018.B17024&lastDisplayedRow=11&q=B17024%3A%20AGE%20BY%20RATIO%20OF%20INCOME%20TO%20POVERTY%20LEVEL%20IN%20THE%20PAST%2012%20MONTHS&g=0100000US,.04000.001>.

Economic Security and Equity

State Minimum Wage: The state minimum wage values are from the U.S. Department of Labor (effective January 1, 2020): <https://www.dol.gov/agencies/whd/minimum-wage/state>.

Earned Income Tax Credit (EITC): EITC information comes from “States Can Adopt or Expand Earned Income Tax Credits to Build a Stronger Future Economy,” Erica Williams, Samantha Waxman, and Juliette Legendre, Center on Budget and Policy Priorities, updated March 9, 2020: <https://www.cbpp.org/research/state-budget-and-tax/states-can-adopt-or-expand-earned-income-tax-credits-to-build-a>.

White-Minority Wage Equity: White-minority wage equity is the percent difference in earnings between White workers and workers of color of similar age, level of education, and occupation. Data from JustSouth Index 2018, Jesuit Social Research Institute, Loyola University New Orleans: <http://www.loyno.edu/jsri/news/study-loyola-university-new-orleans-jesuit-social-research-institute-issues-2018-justsouth-inde>.

White-Minority Employment Equity: White-minority employment equity is the gap in unemployment rates between white and minority workers. Data from JustSouth Index 2018, Jesuit Social Research Institute, Loyola University New Orleans: <http://www.loyno.edu/jsri/news/study-loyola-university-new-orleans-jesuit-social-research-institute-issues-2018-justsouth-inde>.

Food Security

Food Insecure and Very Low Food Secure Households: Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2019. Household Food Security in the United States in 2018, ERR-270, U.S. Department of Agriculture, Economic Research Service. At the state level, to compensate for smaller sample sizes and higher standard errors, the Food Research & Action Center (FRAC) uses the U.S. Department of Agriculture’s (USDA’s) three-year averages from 2016–2018 for the state estimates. View the full report here: <https://www.ers.usda.gov/publications/pub-details/?pubid=94848>.

Food Insecure and Very Low Food Secure Households, by Race/Ethnicity: FRAC’s analysis of 2016–2018 Current Population Survey Food Security Supplement (CPS-FSS) data. Margins of error for the FRAC tables are listed in the report’s online chart book. Read more about the data and find links for downloading datasets here: <https://www.ers.usda.gov/data-products/food-security-in-the-united-states/>.

Definitions of Food Insecurity: USDA measures food insecurity only as it is related to financial constraints. Food-secure households have access at all times to enough food for an active, healthy life. Food-insecure households do not have access to enough food to fully meet basic needs at all times. Food-insecure households are further classified into categories of low and very low food security, based on the severity of their circumstances

Adults in households with low food security are so limited in resources to buy food that they are running out of food, reducing the quality of food their family eats, feeding their children unbalanced diets, skipping meals so their children

can eat, or taking other steps that impair adequacy of the family's diet.

Households with very low food security are those in which adults have decreased the quality and quantity of food they consume because of a lack of financial resources to the point where they are likely to go hungry at times, or in which children's intake has been reduced due to a lack of family financial resources, to the point that children are likely to go hungry at times.

Community and Environmental Determinants

Limited Access to Healthy Food: The share of low-income people (less than or equal to 200 percent of the federal poverty level) that do not live within 10 miles of a grocery store in rural areas or within one mile in nonrural areas (2015 U.S. Department of Agriculture Food Environment Atlas data). Data accessed 2020 via Disrupting Food Insecurity, Urban Institute: <https://apps.urban.org/features/disrupting-food-insecurity/>.

Health Disparities

Low Birthweight

Low birthweight is birthweight of less than 2,500 grams. Data from Births: Final Data for 2018, Supplemental tables, National Vital Statistics Reports, Vol. 68, No. 13, November 27, 2019: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13_tables-508.pdf.

Infants Ever Breastfed

Percent of infants born in 2015 that were ever breastfed. Data from Breastfeeding Report Card, United States, 2018, Centers for Disease Control: <https://www.cdc.gov/breastfeeding/data/reportcard.htm>.

Obesity

Adult Obesity Rate: Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight. Data from America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2020: <https://www.americashealthrankings.org/explore/annual/measure/Obesity/state/ALL>.

Diabetes

Percentage of adults who reported being told by a health professional that they have diabetes (excluding prediabetes and gestational diabetes). Data from America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2020: <https://www.americashealthrankings.org/explore/annual/measure/Diabetes/state/ALL>.

Disparity in Health Status

Difference between the percentage of adults ages 25 and older with at least a high school education compared with those without who reported their health is very good or excellent. Data from America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation: https://www.americashealthrankings.org/explore/annual/measure/healthstatus_disparity/state/ALL.

Federal Nutrition Programs

Data obtained from the U.S. Department of Agriculture Food and Nutrition Service (USDA FNS). Unless otherwise noted, the published data can be found at <https://www.fns.usda.gov/data-and-statistics>. The rest of the data are from USDA, Office of Budget and Program Analysis, or are unpublished data obtained by the FRAC from USDA.

Supplemental Nutrition Assistance Program (SNAP)

SNAP Average Monthly Participation; Average Benefit Per Person; Federal Funding: Participation numbers for SNAP/food stamps are preliminary average monthly participation numbers for fiscal year (FY) 2019. Administrative costs represent only the federal share, not state funds, and also do not include federal money for education and training programs sometimes included in the administrative cost category by USDA: <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.

SNAP Participation Rates: Reaching Those in Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2016, by Karen E. Cunnyngham, Mathematica Policy Research, for USDA FNS, March 2019. Report and data can be accessed at: <https://www.fns.usda.gov/snap/reaching-those-need-estimates-state-supplemental-nutrition-assistance-program-participation-rates-fy>.

SNAP Program Access Index (PAI): Calculating the SNAP Program Access Index: A Step-By-Step Guide: <https://www.fns.usda.gov/snap/calculating-supplemental-nutrition-assistance-program-snap-program-access-index-step-step-guide>.

SNAP Participation by Race/Ethnicity: FRAC analysis of 2018 American Community Survey Public Use Microdata Area (ACS PUMS) data. Read more about the data here: <https://www.census.gov/programs-surveys/acs/technical-documentation/pums/documentation.html>.

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

WIC Participation: Average monthly participation in fiscal year (FY) 2019 obtained from the U.S. Department of Agriculture Food and Nutrition Service (USDA FNS) WIC program data website: <https://www.fns.usda.gov/pd/wic-program>. Data for FY 2014 (for 5-year change) obtained by the FRAC from USDA FNS.

WIC Federal Funding: Total federal funding in FY 2019 obtained from USDA FNS website: <https://www.fns.usda.gov/wic/wic-funding-and-program-data>.

WIC Coverage Rates: Data from: [National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017](#), USDA FNS, December 2019.

School Breakfast Program (SBP) and National School Lunch Program (NSLP)

The number of participating students is reported for the 2018–2019 school year (September 2018–May 2019), and are estimates generated by the U.S. Department of Agriculture (USDA) from states’ reports of meals served. The number of participating schools were reported by

states to USDA in October 2018 for the 2018–2019 school year. Federal funding levels are preliminary data for the 2018–2019 school year. Federal funding amounts for the federal school breakfast and lunch programs consist of reimbursements to states for meals. These numbers do not include commodities given to states for use in school meals or any state funding provided for these programs.

The estimated participation ratios are based on the number of children receiving a free or reduced-price breakfast on an average school day, divided by the number receiving free or reduced-price lunch on an average school day. FRAC estimated how many additional children would be served free or reduced-price school breakfast if each state achieved a ratio of 70 children receiving a free or reduced-price school breakfast for every 100 receiving a free or reduced-price school lunch, and how much in additional federal reimbursements the state would receive as a result. The information on school breakfast legislative mandates comes from a survey conducted by FRAC in 2019 of state school food officials. All of this information can be found in FRAC’s report *School Breakfast Scorecard, School Year 2018–2019* at: <https://frac.org/research/resource-library/school-breakfast-scorecard-2018-2019-school-year-february-2020>.

Summer Nutrition Programs

Participation numbers are reported for July 2018. “Summer Nutrition” participation refers to the combination of child participation in the Summer Food Service Program (SFSP) in July and student participation in free and reduced-price meals under the National School Lunch (NSLP) Program in July. This combination gives a fuller picture of how effectively children are being fed in the summer months.

FRAC estimated the participation rate by dividing the number of children participating in summer nutrition programs on an average day in July 2018 by the number of children receiving a free or reduced-price school lunch during the previous school year. FRAC then estimated how many additional children would be served in the summer — and how much in additional federal reimbursements the state would have received — if each state had reached 40 children with the Summer Nutrition Programs for every 100 participating in free or reduced-price school lunch during the year. For additional information on summer nutrition

programs, see FRAC's report *Hunger Doesn't Take a Vacation: Summer Nutrition Status Report 2018*: <https://frac.org/research/resource-library/hunger-doesnt-take-a-vacation-summer-nutrition-status-report-2019>.

Child and Adult Care Food Program (CACFP)

CACFP Child Care Homes and Centers: FRAC obtained FY 2019 data from the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS). Data do not include adult participation. The number of child care centers and average daily attendance for centers include Head Start programs. Unlike participation data in the National School Lunch Program (NSLP) and School Breakfast Program (SBP), average daily attendance is not adjusted for absenteeism.

Afterschool Nutrition Programs: Afterschool nutrition program data are collected from USDA FNS and from a survey of state child nutrition officials conducted by FRAC. The data do not include the Afterschool Nutrition Programs in Puerto Rico, Guam, the Virgin Islands, or Department of Defense schools. They also do not include Outside School Hours Care Centers (OSHCC), due to data limitations. The data are based on meals and snacks served in October of each year. For additional information on afterschool nutrition programs, see FRAC's report, *Afterschool Suppers: A Snapshot of Participation* (October 2019): <https://frac.org/research/resource-library/afterschool-suppers-a-snapshot-of-participation-october-2019>.

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