****

**Make America Healthy Again Commission:**
**Improve Child Health by Protecting and Strengthening the Federal Nutrition Programs**

In February 2025, the president signed an Executive Order that established the [Make America Healthy Again (MAHA) Commission](https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-establishes-the-make-america-healthy-again-commission/). The Commission is tasked with investigating and addressing the root causes of America’s escalating health crisis, with an initial focus on childhood chronic diseases. Within 180 days, the Commission will use the findings from the assessment to create a strategy aimed at improving the health of America’s children.

While the Commission works on its recommendations, we submit these evidence-based proposals grounded in years of science and fact, and we look forward to collaborating to ensure that no one in America goes hungry and that all have access to the proven federal nutrition programs that prevent hunger and improve health.

**Food Insecurity and Poverty Cause Poor Health Outcomes**

In the U.S., approximately 47.4 million people live in food-insecure households, including 13.8 million children.[[1]](#endnote-2) Food insecurity — defined as the lack of consistent access to enough nutritious food for an active, healthy life[[2]](#endnote-3) — is a critical issue linked to poor dietary quality and an increased risk of diet-related diseases, including cardiovascular disease, diabetes, and certain types of cancer.[[3]](#endnote-4) Not surprisingly, research shows that household food insecurity is a strong predictor of higher health care utilization and increased health care costs.[[4]](#endnote-5),[[5]](#endnote-6)

The Supplemental Nutrition Assistance Program (SNAP), the School Meals Programs, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the afterschool and summer meals programs, and the Child and Adult Care Food Program (CACFP) provide access to vital nutrition, particularly for children, preventing hunger and improving short-term and long-term health outcomes.

The MAHA Commission must include and prioritize protecting and strengthening the federal nutrition programs as a core component of any strategy developed to decrease chronic disease, extend life expectancy, reduce cancer, and address health care costs.

 **SNAP Is Our Country’s Most Effective Tool to Combat Child Hunger**

SNAP provides monthly benefits to eligible individuals and families to purchase food. As the country’s largest anti-hunger program, SNAP provides a critical foundation for healthy growth and development and is one of the most effective tools to combat food insecurity among children. Research consistently shows that SNAP improves child and caregiver health, supports better nutrition, and reduces risks of anemia, obesity, hospitalizations, and child maltreatment.[[6]](#endnote-7) Children in families receiving SNAP are healthier, develop more appropriately for their age, and are better prepared emotionally and academically than those in similar families not enrolled. SNAP also strengthens a family’s ability to meet medical needs without sacrificing essentials such as food or housing. Children receiving SNAP often have better overall health and academic outcomes than eligible non-recipients.

A multi-city study found that among families with young children, those participating in SNAP — compared to eligible non-participants — were significantly less likely to report poor child health (8 percent), developmental risk (18 percent), underweight children (3 percent), household food insecurity (28 percent), child food insecurity (33 percent), and trade-offs between health and household expenses (27 percent). These findings show SNAP’s strong impact on child health, development, and family well-being. Historical data from the rollout of SNAP between 1961 and 1975 also showed a 6 percent drop in very-low birthweight births in counties with the program.[[7]](#endnote-8) Long-term studies further reveal that children who received SNAP were less likely to develop metabolic syndrome as adults, and for women, more likely to achieve economic self-sufficiency.[[8]](#endnote-9) Strengthening SNAP is a powerful and cost-effective public health strategy, especially considering food insecurity costs the U.S. economy over $160 billion annually in excess health care expenses.[[9]](#endnote-10), [[10]](#endnote-11)

**Recommended Action:** To build upon the pivotal impact SNAP has on the health and well-being of our nation, the Commission should:

1. **Increase participation in SNAP**. With 1 out of 8 eligible individuals not enrolled[[11]](#endnote-12), increasing SNAP participation is a key strategy to reduce food insecurity and prevent obesity, particularly in low-income communities, according to public health experts. The 2010 White House Task Force on Childhood Obesity also made a similar finding and recommended boosting participation through creative outreach, streamlined applications, improved customer service, and policies that reduce enrollment barriers for families and children.[[12]](#endnote-13)
2. **Improve SNAP benefit levels so people can afford adequate diets, including healthier foods**. Shifting from the Thrifty Food Plan (TFP) to the Low-Cost Food Plan would better align SNAP benefits with the true cost of a nutritious diet, as research — even after the 2021 TFP update — shows that current benefit levels remain insufficient to support consistent access to healthy food, particularly in high-cost areas.
3. **Provide financial incentives for SNAP participants to purchase fruits and vegetables.** These incentives reduce out-of-pocket costs and boost demand for healthy foods, helping overcome cost, quality, and access barriers — especially as 61 percent of SNAP participants report that affordability is the biggest barrier to eating a healthy diet.[[13]](#endnote-14)
4. **Support SNAP use at farmers’ markets, Community Supported Agriculture (CSA), and other farm-to-consumer venues by increasing the number of authorized retailers and improving outreach, education, and transportation**. Expanding access to these venues can boost healthy food consumption among low-income populations, addressing barriers like limited availability, affordability, and awareness while providing significant economic and public health benefits.
5. **Fully fund SNAP Nutrition Education (SNAP-Ed) to equip participants with the skills and knowledge to make healthy food choices on a limited budget and adopt active lifestyles**. Strengthening science-based education through direct teaching, outreach materials, and community initiatives will further improve diets and promote health among low-income Americans.
6. **Increase access to healthy, affordable foods in underserved communities by expanding supermarket availability and improving transportation options**. About 18.8 million people — 6.1 percent of the U.S. population — live in low-income areas located more than 1 mile (urban) or 10 miles (rural) from a supermarket, limiting their ability to access healthy foods and increasing obesity risk, especially among SNAP participants.[[14]](#endnote-15)

**School Meals Are the Healthiest Source of Food for America’s Children**

School meals are critical investments in our nation’s health and security. Reaching nearly 30 million children each school day, school breakfast and lunch ensure students are well-nourished and ready to learn.[[15]](#endnote-16) Research shows that school meals are the healthiest source of food for children, nutritionally surpassing meals from other sources.[[16]](#endnote-17),[[17]](#endnote-18) Children who participate in school meals have better diet quality — consuming more fruits, vegetables, milk, and whole grains, than peers who do not participate.[[18]](#endnote-19),[[19]](#endnote-20) School breakfast in particular has been associated with increased intakes of vital nutrients, such as vitamin A, vitamin C, calcium, and phosphorous, while protecting against childhood obesity.[[20]](#endnote-21) Participating in school lunch also supports micronutrient consumption, with school lunch participants having better intakes of vitamin D, vitamin B6, calcium, phosphorous, and zinc than non-participants.[[21]](#endnote-22)

The nutritional content of school meals has improved significantly over the last decade due to evidence-based nutrition standards that every school much follow.[[22]](#endnote-23) Providing roughly half of children’s daily caloric needs, school breakfast and lunch are powerful proponents for a healthy childhood. Research shows that policies that increase students’ access to school meals, such as the Community Eligibility Provision, and initiatives that support schools’ abilities to purchase and prepare healthful foods increase schools’ ability to cook meals from scratch and reduce the amount of processed foods served in schools while supporting healthy weights in childhood.[[23]](#endnote-24),[[24]](#endnote-25) ,[[25]](#endnote-26),[[26]](#endnote-27) Additionally, providing school districts with funding to support “farm to school“ efforts has proven positive outcomes, including an increase in consumption of fruits and vegetables in school meals and access to better quality foods.[[27]](#endnote-28) Increasing children’s access to school meals, while strengthening schools’ abilities to serve nutritious and appealing meals, will further improve children’s health. Strategic national investments in school meals programs will help ensure students across the country have access to the nutrition they need to thrive in the classroom and beyond.

**Recommended Action:** To build upon the impact that the School Meals Programs have had on the health and well-being of our nation, the Commission should recommend: (1) a nationwide Healthy School Meals for All policy that allows all schools to offer school breakfast and lunch to all students at no charge so more children are able to experience the health benefits linked to school meal participation; (2) increasing the federal reimbursements rate for school meals so schools have the resources necessary to further improve meal quality and appeal; (3) supporting Breakfast After the Bell and other innovative meals service models that increase participation, particularly in school breakfast which serve significantly fewer children than school lunch; (4) funding and policies that allow schools to cook from scratch and incorporate local agricultural products; and (5) ensuring that students have enough time during the school day to eat school breakfast and lunch.

**Research Shows WIC Improves Health Outcomes**

WIC provides critical nutrition and health support to pregnant and postpartum women, infants, and children up to the age of 5. It is a proven and cost-effective program that improves the health of women and children.[[28]](#endnote-29),[[29]](#endnote-30) Proper nutrition during pregnancy and the first five years of life is imperative for the healthy growth and development of every child.[[30]](#endnote-31)

WIC provides nutritious food, nutrition education, breastfeeding support, and referrals to health care and social services. Receiving WIC in the critical early years of life helps ensure that children have good nutrition to support key development milestones and primes them for a healthier life. In addition, WIC participation during pregnancy has been associated with improved birth outcomes, which includes a lower risk of preterm birth and low birth weight.[[31]](#endnote-32)

WIC improves dietary intake, supports learning and development, and as a result, reduces health care and other costs. The relatively short window for WIC eligibility and the rapid development of children in their early years make WIC a critical piece to overall health and development.

**Recommended Action:** To build upon the impact that WIC has on the health and well-being of our nation, the Commission should recommend: (1) continuing the science-based food packages WIC provides as currently enacted — including provisions that increase access to fruits and vegetables; (2) increasing efficiency by modernizing and streamlining WIC through efforts like those to make remote certification permanent; and (3) supporting efforts to increase the awareness of WIC.

**Summer Nutrition Programs Combat Food Insecurity and Weight Gain When School Is Out**

During the summer, many children and adolescents experience increased food insecurity, weight gain, and learning loss, compromising their health and ability to thrive during summer break and beyond.

The Summer Nutrition Programs help ensure children, especially those in families with low incomes, have access to [meals and snacks paired with enrichment programs](https://frac.org/wp-content/uploads/summer-nutrition-and-enrichment-programs.pdf) when school is not in session. By providing access to these meals and activities, the programs help children maintain or even improve their nutritional status during the summer months.

**Recommended Action:** To build upon the impact that the Summer Nutrition Programs have had on the health and well-being of our nation, the Commission should recommend: (1) updating the summer nutrition meal pattern to improve the quality of the meals served; (2) allowing all sites to serve a third meal; (3) reducing the area eligibility threshold from 50 percent to 40 percent; and (4) providing additional federal funding for summer programs to create a platform for providing summer meals and to support physical activity and nutrition education.

**Summer EBT Has a Proven Track Record of Success**

The Summer EBT Program, [in conjunction with the traditional summer meals programs,](https://frac.org/wp-content/uploads/Summer-EBT-and-Summer-Nutrition-national.pdf) is a key nutrition support for children when school is out, providing families with approximately $120 on an Electronic Benefit Transfer (EBT) card per eligible child per summer to help with food costs during the summer months. Summer EBT is a proven method to [decrease food insecurity and improve nutrition](https://frac.org/wp-content/uploads/frac-facts-summer-ebt-program.pdf). This summer, 38 states and the District of Columbia, five territories, and five Tribal organizations have opted to participate in the program. Summer EBT is a vital program that ensures that children have access to the nutrition they need during the summer months.

**Recommended Action:** To build upon the impact that Summer EBT has had on the health and well-being of our nation, the Commission should recommend: (1) increasing the Summer EBT per child benefit to give families more resources to purchase healthy foods; (2) requiring every state to participate in Summer EBT so all eligible children receive benefits; and (3) fully funding the state administrative costs of operating Summer EBT.

**Afterschool Snacks and Meals Fill in Nutrition Gaps for Children**

The Afterschool Nutrition Programs offer nutritious meals and snacks to children participating in educational and enrichment activities after school. These programs contribute to the healthy growth and development of children by providing them with nutritious snacks and meals when school is out so that they can be engaged during afterschool activities. Reimbursable meals and snacks served through the Afterschool Nutrition Programs must meet federal nutrition standards, which means that students have continued access to whole grains, milk, and fruits and vegetables.

**Recommended Action:** To build upon the impact that the Afterschool Nutrition Programs have had on the health and well-being of our nation, the Commission should recommend: (1) making it easier to operate by allowing school nutrition departments to serve suppers through the National School Lunch Program and Summer Food Service Program sponsors to provide suppers and snacks during the school year; (2) lowering area eligibility from 50 percent to 40 percent so more communities are able to participate; (3) encouraging sponsors to serve suppers instead (or in addition to) snacks; and (4) providing funding for afterschool programs to create a platform for serving suppers after school and to support physical activity and nutrition education.

**The Child and Adult Care Food Program Supports Healthy Eating Right From the Start**

The healthy food provided by CACFP makes a substantial contribution toward meeting the nutritional needs of children in child care from households with low incomes. In fact, studies show that children in CACFP receive meals that are nutritionally superior to those served to children in comparable child care settings without CACFP. It also plays an important role in improving the quality of child care programs and in making them more affordable for parents with low incomes.

**Recommended Action:** To build upon the impact that CACFP has had on the health and well-being of our nation, the Commission should recommend: (1) allowing all sites to serve a third meal so children have access to the nutrition they need while they are at child care; (2) increasing the reimbursement for snacks and meals, so child care centers and homes can serve healthier and more appealing meals and snacks; (3) eliminating tiering to increase the number of child care homes that participate; and (4) reducing the administrative paperwork burden, so more child care centers and homes participate in the program.

**Accessible, Fully Funded Federal Nutrition Programs Are Key to Improving Health in America**

To effectively address the root causes of childhood chronic disease and support the Commission’s goal of improving the health of America’s children, the MAHA Commission must prioritize the protection and expansion of federal nutrition programs. These programs — SNAP, WIC, school meals, summer and afterschool nutrition programs, and CACFP — not only alleviate hunger and food insecurity, but are proven, cost-effective tools that improve health outcomes across the lifespan. The Commission has a critical opportunity to reduce childhood chronic disease, improve academic and developmental outcomes, and build a healthier future for all children by protecting and strengthening these proven nutrition programs.

 **Endnotes**

1. Rabbitt, M. P., Reed-Jones, M., Hales, L. J., & Burke, M. P. (2024).*Household food security in the United States in 2023* (Report No. ERR-337). U.S. Department of Agriculture, Economic Research Service. [https://doi.org/10.32747/2024.8583175.ers](https://search.nal.usda.gov/discovery/fulldisplay?context=L&vid=01NAL_INST:MAIN&docid=alma9916546833607426)  [↑](#endnote-ref-2)
2. United States Department of Agriculture ERS, Food Security in the U.S., [Food Security in the U.S. Economic Research Service](https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us)  [↑](#endnote-ref-3)
3. Gundersen, C., & Ziliak, J. P. (2015). Food insecurity and health outcomes. *Health Affairs*, 34(11), 1830–1839. <https://doi.org/10.1377/hlthaff.2015.0645>   [↑](#endnote-ref-4)
4. Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*, 187(14), E429–436. [↑](#endnote-ref-5)
5. Berkowitz, S. A., Basu, S., Meigs, J. B., & Seligman, H. (2017). *Food insecurity and health care expenditures in the United States, 2011– 2013*. Health Services Research, published online ahead of print. [↑](#endnote-ref-6)
6. Kaczor, K., Bruce, C., Ettinger de Cuba, S., & Frank, D. A. (2023). *Nourishing futures: Strengthening child health through SNAP* [Issue brief]. Children’s HealthWatch. <https://childrenshealthwatch.org/wp-content/uploads/CHW-SNAP-overview-2023-final-2.pdf> [↑](#endnote-ref-7)
7. Almond, D., Hoynes, H. W., & Schanzenbach, D. W. (2011). Inside the war on poverty: The impact of food stamps on birth outcomes. *The Review of Economics and Statistics*, 93(2), 387–403. <https://doi.org/10.1162/REST_a_00089> [↑](#endnote-ref-8)
8. Hoynes, H., Schanzenbach, D. W., & Almond, D. (2016). Long-run impacts of childhood access to the safety net. *American Economic Review*, 106(4), 903–934. <https://doi.org/10.1257/aer.20130375> [↑](#endnote-ref-9)
9. Children’s HealthWatch. (2018). *Household food insecurity positively associated with increased hospital charges for infants*. <https://childrenshealthwatch.org/household-food-insecurity-positively-associated-with-increased-hospital-charges-for-infants/> [↑](#endnote-ref-10)
10. Gearan, E. C., & Fox, M. K. (2020). Updated nutrition standards have significantly improved the nutritional quality of school lunches and breakfasts. *Health Affairs*, 39(7), 1241–1249. <https://doi.org/10.1377/hlthaff.2020.00110> [↑](#endnote-ref-11)
11. Vigil, A., & Rahimi, N. (2024, October). *Trends in Supplemental Nutrition Assistance Program participation rates: Fiscal Year 2020 and Fiscal Year 2022*. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support. <https://fns-prod.azureedge.us/sites/default/files/resource-files/ops-snap-trendsfy20-fy22-report.pdf> [↑](#endnote-ref-12)
12. White House Task Force on Childhood Obesity. (2010). *Solving the problem of childhood obesity within a generation: Report to the president*. <https://letsmove.obamawhitehouse.archives.gov/sites/letsmove.gov/files/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf> [↑](#endnote-ref-13)
13. Nutrition Assistance Program Report Food and Nutrition Service Office of Policy Support. (2021). *Barriers that constrain the adequacy of Supplemental Nutrition Assistance Program (SNAP) allotments: In-depth interview findings.* <https://fns-prod.azureedge.us/sites/default/files/resource-files/SNAP-Barriers-QualitativeReport.pdf> [↑](#endnote-ref-14)
14. U.S. Department of Agriculture, Economic Research Service. (2025, January 8). Food Access Research Atlas: Documentation. <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation> [↑](#endnote-ref-15)
15. Hayes, C., FitzSimons, C. (2024). *The reach of school breakfast and lunch during the 2023–2024 school year*. Food Research & Action Center. <https://frac.org/wp-content/uploads/Reach-Report-2025.pdf> [↑](#endnote-ref-16)
16. Liu J, Micha R, Li Y, Mozaffarian D. Trends in food sources and diet quality among U.S. children and adults, 2003–2018. *JAMA Netw Open.* 2021;4(4):e215262. doi:10.1001/jamanetworkopen.2021.5262 [↑](#endnote-ref-17)
17. U.S. Department of Agriculture. (2021). *Lunches consumed from school are the most nutritious*. Available at: <https://fns-prod.azureedge.us/sites/default/files/resource-files/SNMCS_infographic5_SchoolLunchesAretheMostNutritious.pdf> [↑](#endnote-ref-18)
18. Vernarelli, J. A., & O’Brien, B. (2017). A vote for school lunches: School lunches provide superior nutrient quality than lunches obtained from other sources in a nationally representative sample of U.S. children. *Nutrients*, *9*(9), 924. <https://doi.org/10.3390/nu9090924> [↑](#endnote-ref-19)
19. Au, Lauren E. et al. (2018). Eating school meals daily is associated with healthier dietary intakes: The healthy communities study. *Journal of the Academy of Nutrition and Dietetics, 118*(8), 1474 - 1481.e1. [https://www.jandonline.org/article/S2212-2672(18)30077-7/abstract](https://www.jandonline.org/article/S2212-2672%2818%2930077-7/abstract) [↑](#endnote-ref-20)
20. Food Research & Action Center. (2016). *Breakfast for health*. <https://frac.org/wp-content/uploads/breakfastforhealth-1.pdf> [↑](#endnote-ref-21)
21. U.S. Department of Agriculture Food and Nutrition Service. (2019). *School nutrition and meal cost study. Summary of findings*. <https://fns-prod.azureedge.us/sites/default/files/resource-files/SNMCS_Summary-Findings.pdf> [↑](#endnote-ref-22)
22. Updated nutrition standards have significantly improved the nutritional quality of school lunches and breakfasts. *Journal of the Academy of Nutrition and Dietetics* Volume 120, Issue 3, March 2020. <https://www.sciencedirect.com/science/article/abs/pii/S2212267219315576> [↑](#endnote-ref-23)
23. Localio, A. M., Knox, M. A., Basu, A., Lindman, T., Walkinshaw, L. P., & JonesSmith, J. C. (2024). Universal free school meals policy and childhood obesity. *Pediatrics*. American Academy of Pediatrics (AAP). [https://doi.org/10.1542/peds.2023- 063749](https://doi.org/10.1542/peds.2023-%20063749) [↑](#endnote-ref-24)
24. Davis, W., & Musaddiq, T. (2018). Estimating the effects of subsidized school meals on child health: Evidence from the Community Eligibility Provision in Georgia schools. *SSRN Electronic Journal*. Elsevier B.V. <https://doi.org/10.2139/ssrn.3155354> [↑](#endnote-ref-25)
25. <https://uconnruddcenter.media.uconn.edu/wp-content/uploads/sites/2909/2025/03/Processed-foods-in-schools-Research-Brief.pdf> [↑](#endnote-ref-26)
26. [Assessing Expanded Free School Meals in NY - Hunger Solutions New York](https://hungersolutionsny.org/assessing-expanded-free-school-meals-in-ny/#overview) [↑](#endnote-ref-27)
27. <https://fns-prod.azureedge.us/sites/default/files/resource-files/2023FarmToSchoolCensusReport_v3.pdf> [↑](#endnote-ref-28)
28. Colman, S., Nichols-Barrer, I. P., Redline, J. E., Devaney, B. L., Ansell, S. V., & Joyce, T. (2012). *Effects of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): A review of recent research*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis. [↑](#endnote-ref-29)
29. Fox, M. K., Hamilton, W., & Lin, B. H. (2004). *Effects of food assistance and nutrition programs on nutrition and health*: Volume 3, literature review. Washington, D.C.: U.S. Department of Agriculture, Economic Research Service, Rural and Food Economics Division. [↑](#endnote-ref-30)
30. Shankar, P., Chung, R., & Frank, D. A. (2017). Association of food insecurity with children’s behavioral, emotional, and academic outcomes: A systematic review. *Journal of Developmental and Behavioral Pediatrics*, 38(2), 135–150. [↑](#endnote-ref-31)
31. Chorniy, A. V., Currie, J., & Sonchak, L. (2018). *Does prenatal WIC participation improve child outcomes?* NBER Working Paper Series, 24691. [↑](#endnote-ref-32)