Children need healthy, nutritious food to grow, develop, and learn. Poor nutrition can lead to a variety of problems in children, including excessive weight gain and obesity. Childhood obesity can in turn be a precursor to many health problems, from Type II diabetes to heart disease. Those who have access to healthy, nutritious food are more likely to succeed academically and economically in adulthood and have better overall health outcomes than children who do not have healthy, nutritious food. Federal nutrition programs play a critical role in providing cost-effective food programs for infants and school-age children throughout the year. With the Child Nutrition Reauthorization, Congress has the opportunity to build upon the Healthy, Hunger-Free Kids Act and apply learnings from COVID-19 to continue strengthening child nutrition programs that help decrease food insecurity and obesity among children.

An Overview of Obesity in Indiana

Obesity among children has significant short- and long-term consequences on health outcomes, and this issue is steadily spreading among Hoosier youth. Over the past few years, Indiana has seen a 7 percentage point increase in overweight or obese children ages 10 to 17.

As Indiana’s percentage of overweight or obese children has increased, its national ranking has conversely decreased. Indiana is one of the lowest-ranked states for obesity percentages in the country with a current ranking of 47th by the Annie E. Casey Foundation.¹ Since 2016, Indiana’s ranking for obesity has fallen 24 spots. Among the Annie E. Casey Foundation’s 16 data indicators for child well-being, obesity is Indiana’s lowest ranking.³

Indiana has the second-highest percentage of youth ages 10 to 17 who are overweight or obese compared to our neighboring states: Kentucky (36.9%), Indiana (36.6%), Ohio (34.4%), Michigan (30.1%), and Illinois (29.3%). We tie with Kentucky for the lowest ranking among our neighboring states.²

Although childhood obesity is increasing for all Hoosier children, its prevalence is higher in non-White populations. The reasons for the differences in prevalence of childhood obesity among groups are complex, but two likely variables are socioeconomic status and environment. As discussed in IYI’s 2021 KIDS COUNT® Data Book, Hoosier youth of color...
disproportionately live in poverty in Indiana. Families living in poverty often have limited access to healthy foods and spaces for physical activity. As well, low-income families have easier access to high-fat foods dense with energy – foods such as sugars, cereals, potatoes, and processed meat products – because these foods are more affordable and last longer than fresh vegetables and fruits and lean meats and fish. The outcome of limited income and access to healthy options is disparities among race and ethnicity and income for children who are overweight or obese.

- Hoosier youth who are White, non-Hispanic had the lowest obesity rate (33.0%) in 2018-2019 from the National Survey for Children’s Health, followed by Hispanic (42.3%) children. Obesity rates were significantly higher for Hoosier youth who are Black (58.0%).
- Households with income 0–99% of the Federal Poverty Level had obesity rates for children ages 10 – 17 (45.4%), 11.9 percentage points higher than households with income 400% or more than the Federal Poverty level (33.5%).

One area of data limitations for obesity is location. At this time, disaggregation of childhood obesity by urban, suburban, or rural locale is unavailable. This type of data disaggregation could provide insight into how place influences children’s health outcomes and help inform policy and practice.

### Areas with Residents More than 1 Mile (Urban) or 20 miles (Rural) from the Nearest Supermarket by Census Tract, Indiana: 2019

![Map showing areas with residents more than 1 mile or 20 miles from the nearest supermarket by census tract, Indiana: 2019.](source: U.S. Department of Agriculture)

### Children’s Food Insecurity in Indiana

In 2019, 239,540 (15.3%) Hoosier children struggled with food insecurity, which means about 1 in 6 children struggled with hunger or did not know when their next meal would be. Food deserts generally defined residential areas with limited access to affordable and healthy foods. Moreover, food deserts are measured by the distance between residencies and grocery stores. The term “food swamp” describes neighborhoods where there are more unhealthy food options than healthy alternatives and illustrates access to healthy food is essential.

- An average meal in Indiana costs $2.74. Indiana’s annual food budget shortfall is about $400 million.
- Healthcare costs associated with food insecurity are $166 per person in Indiana.
- The percentage of counties in Indiana with limited access to healthy foods ranges between 1% and 14%. Those with limited access are low-income individuals who do not live close to a grocery store or have access to a reliable food source.
- In Indiana, there are 2.9 farmers markets per 100,000 residents. 11.7% of farmers markets accept SNAP benefits, and 40.6% accept WIC Farmers Market Nutrition Program Coupons.
- An individual’s proximity to grocery stores is connected to his/her consumption of fruits and vegetables. Those who live within 0.5 miles of a store saw an increase in produce availability by 8.8%.
- Living in food deserts and swamps can be correlated with adult obesity rates, suggesting that the balance among fast-food restaurants, convenience stores, and grocery stores is a more important determinant of aggregate obesity levels than other food outlets, including supercenters, farmers’ markets or specialized food stores.
As discussed above, families living in poverty tend to have limited access to healthy, nutritious food options and often live in food deserts and swamps. In Indiana, this also coincides with urban and rural areas. In Indiana's urban areas, there is overlap between food deserts and formerly redlined neighborhoods. One of the legacies of the federal redlining policies of the 1930s is greater social vulnerability among present day residents. Redlining made it difficult, if not impossible, for residents in specific neighborhoods (often those with high minority or immigrant populations) to buy or refinance homes. As these areas declined, retailers, including grocery stores, left, which created less access to healthy food for residents. These neighborhoods also had less access to parks and other green spaces, meaning fewer places to exercise. All of those factors combined to create an environment conducive to poorer health outcomes for families and children.\textsuperscript{12}

For more information on the connection between historical redlining and present day social vulnerability, please check out this \textit{resource} from the University of Richmond. It is an interactive tool that connects the redlined maps of Indiana’s cities to current census tract data.

Additionally, this \textit{resource} from Indiana University is an interactive map of food deserts in Indiana by census tract. It also shows the disaggregation of the population living in food deserts across the state.

\textbf{COVID’s Effect on Children’s Food Insecurity}

Because unemployment can negatively affect a household’s food security status, as it is difficult to meet basic household food needs without a steady income, the economic recession caused by COVID also exacerbated rates of food insecurity. COVID caused food insecurity among children to increase from 1 in 7 children in 2019 to 1 in 5 children in 2020 nationally.\textsuperscript{13}

- Indiana’s projected child food insecurity percentage follows the national trend. In 2020, Indiana’s child food insecurity percentage increased by 4.2 percentage points to 19.5\% - nearly 1 in every 5 Hoosier children.
- 2021’s projected child food insecurity percentage decreased to 16.6\%.\textsuperscript{14}
- To see projected child food insecurity by county, please visit this \textit{resource}.

As of July 5, 2021, 14\% of Hoosier households with children reported sometimes or often not having enough food to eat in the past week via the U.S. Census Bureau. The time between weeks May 28 – June 9, 2020 had the highest percentage of households with children who sometimes or often did not have enough food to eat in the past week at 19\%. Throughout the pandemic, households with children who sometimes or often did not have enough food to eat in the past week ranged between 8\% and 19\%.\textsuperscript{15}

\textbf{Households with Children that Sometimes or Often Did not Have Enough Food to Eat in the Past Week, Indiana: April 23, 2020 – July 5, 2021}

Source: \textit{KIDS COUNT®} Data Center
Nutrition In Schools

Across the nation, children consume up to 50% of their daily calories at school. The options, therefore, that are available at school significantly influence a child’s overall nutrition. For example, schools that offer additional fruit options saw a 9.3% increase of fruit consumption among students. Healthy meals provided at school affect the prevalence of obesity among children. Additionally, students who have access to healthy food during school breakfast and lunch are more likely to perform better academically. Students who eat a healthy breakfast at school have higher scores on standardized math tests by 17.5% and attend 1.5 more days of school per year compared to students who do not have healthy school breakfast. These early academic achievements have a long-lasting impact on student success, such as more likely to graduate from high school and more earning potential as adults.

- 69.7% of Hoosier families indicated “always” being able to afford to eat good nutritious meals.
- Children in households with an income between 100 – 199% FPL are less likely to afford to eat good nutritious meals (56.9%) than their peers at or above 400% FPL (91.6%).
- 29.4% of Indiana secondary schools allow students to purchase soda pop or fruit drinks from vending machines or at the school store, canteen, or snack bar.

Through the U.S. Department of Agriculture (USDA), the Food and Nutrition Service supports farm-to-school activities for schools to offer local produce for their students. During 2019, nationally, 85% of all public and private school food authorities who participated in the National School Lunch Program had one or more farm-to-school activities. About 20% of the overall food purchases of the farm-to-school activities were local foods during 2019. There is no universal definition for “local” foods used by all schools, the most common definition of local foods was produced within the state.

Child Nutrition Reauthorization

Every five years, Congress reauthorizes the National School Lunch Program (NSLP), School Breakfast Program (SBP), and other child nutrition programs through a process called Child Nutrition Reauthorization (CNR). The last time Congress reauthorized these programs was in 2010, when it passed the Healthy, Hunger-Free Kids Act. Congress started the process in the 2015-2016 session, but it never crossed the finish line, partly due to policy differences between the House and Senate versions of the bill. Congress plans to take up CNR this year.

The School Breakfast Program (SBP) and the National School Lunch Program (NSLP) are federal programs that provide free and reduced-price meals to low-income children throughout the school year. The USDA Summer Food Services Program provides meals to low-income children during the summer months. Nationally, utilization of the SBP and NSLP programs has increased over the past decade, though many children struggle with food insecurity during summer breaks and holidays. To qualify for free meals, a family must be at no more than 130% of the Federal Poverty Level (FPL) or 185% of the FPL for reduced-price meals. Based on family circumstances, several groups are automatically eligible for free or reduced-price meal benefits, including TANF and SNAP recipients, SSI and Medicaid recipients at adult daycare, foster children, and children enrolled in Head Start, at-risk after-school centers, or an emergency shelter.

- During 2019-2020, 536,155 students participated in the school lunch program, a 29.0% decrease from 2016 (754,995).
- Indiana has seen a decrease in cash payments for the school lunch program from 2016 ($262,117,269) to 2020 ($191,937,523) of $70,179,746.
- 227,579 students participated in the school breakfast program in Indiana during 2020, an 18.9% decrease from 2016 (280,446).
- In 2020 the average daily attendance in Indiana for the Summer Food Service Program was 241,928, an increase of 333% from 2016 (55,841) and 100% increase from 2019 (48,461).
- 31.2% of Indiana’s school districts participated in farm-to-school programs during 2014.
- 44.8% of middle and high schools in Indiana offered a salad bar during 2016.

During 2020, the U.S. Department of Agriculture extended child nutrition waivers to allow schools and other local program operators to leverage the Summer Food Service Program (SFSP) and the Seamless Summer Option (SSO) to provide no cost meals to all children. In October 2020, the Trump Administration expanded flexibilities to allow free meals to continue to be available to all children throughout the entire 2020-2021 school year. Thus, data for free and reduced-price meals for 2020-2021 are not available as all children, regardless of income level, were able to receive free meals.
Locally:

- **Participate in the Community Eligibility Provision**: The Community Eligibility Provision (CEP) allows high-poverty schools and districts to provide breakfast and lunch at no charge to all students. It was designed to increase access to nutritious food for low-income children, decrease stigma associated with participating in school meals, and reduce the administrative burden for schools by eliminating the need to process meal applications and track students’ meal charges. Any school or district with at least 40% of “identified students” (e.g., those who receive SNAP or TANF, who are homeless or in foster care, or enrolled in Head Start) are eligible to participate. Participating schools and districts use direct certification to determine their identified student percentage and, therefore, no longer have to collect meal applications each year from students and families to provide free meals to all students. CEP has shown benefits for students previously eligible and ineligible for free or reduced-price meals, which indicates that families may have needed meal assistance despite earning above the cutoff. Moreover, CEP helps schools eliminate paperwork related to school meals, unpaid meal debt, and meal shaming. During the 2018-2019 school year, 70% of eligible schools in Indiana participated in the CEP program, indicating that almost one-third of schools eligible for CEP are not taking advantage of its benefits. For strategies to implement CEP, see this resource.

- **Conduct SNAP education and offer application assistance in schools**: Many households that are eligible for SNAP do not participate because they are unaware that they are eligible, or they do not know how to apply. For many communities, schools are ideal for sharing this information. This can also help schools and districts implement a targeted strategy to increase the number of children directly certified for free school meals. School social workers or counselors, as well as community partners, can help disseminate SNAP eligibility information to families, and assist with completing applications. Schools can do the following to increase families’ awareness of and access to SNAP benefits:
  - Distribute SNAP information with back-to-school forms and report cards,
  - Post information on the school district’s food service webpage,
  - Share information through email blasts, and
  - Provide application assistance at parent nights, afterschool programs, and other school events.

Statewide:

- **Adapt the Healthy Food Financing Initiative to support projects improving access to fresh, healthy foods in underserved rural and urban areas**: Modeled on Pennsylvania’s Fresh Food Financing Initiative funded through U.S. Departments of Health and Human Services and Treasury, the federal Healthy Food Financing Initiative (HFFI) provides grants and loans to help construct new and renovated grocery stores, farmers markets, corner stores, food hubs, and urban farms. HFFI grants are made as one-time investments of capital into a food retail or food enterprise project, with the goal of helping them to overcome cost and other barriers to entry in underserved areas across the country. Projects can include a variety of aspects of retail or enterprise development, renovation, or expansion. In addition, several states, such as Michigan and Ohio, and cities, such as New Orleans, have developed HFFI programs based on the public–private model of investment in food access. Additional strategies for improving the food retail environment can be found here.

- **Align state childcare regulations with national standards for serving fruits and vegetables, physical activity, and avoiding sugar among preschoolers**: Per the Centers for Disease Control and Prevention’s analysis of the National Resource Center for Health and Safety in Child Care and Early Education’s (NRC), Indiana’s state childcare regulations (for licensed child care centers, large or group family child care homes, and small family child care homes) are not aligned with the national nutrition standards for serving fruits and vegetables, physical activity, and for avoiding sugar. The standards specify that children be served a variety of fruits, especially whole fruits and vegetables, specifically dark green, orange, deep yellow, and root vegetables. Standards specify that preschoolers should be allowed 90 to 120 minutes of moderate-to–vigorous–intensity physical activity per eight-hour day. Aligning Indiana’s state regulations with national standards for nutrition and physical activity will help ensure every Hoosier child has a strong foundation for his/her/their long-term health.

Nationally:

- **Maintain COVID-related flexibility waivers in the next Reauthorization**: In recognition of the need for flexibility to serve children safely and effectively during the pandemic, the USDA extended several waivers and implemented several new waivers for the 2021-2022 school year. These waivers included:
  - **Meal Times Waiver**: Allowing meals to be served to kids outside traditional times to maximize flexibility for meal pick-up (Extended through June 2021);
  - **Non-congregate Feeding Waiver**: Allowing meals to be served in non-group settings to support social distancing;
• **Parent/Guardian Meal Pick-Up Waiver**: Allowing parents/guardians to pick-up meals and bring them home to their children; and

• **Seamless Summer Option (SSO) and Summer Food Service Operations**: Allowing SFSP and Seamless Summer Option operations through June 30, 2021.

During the pandemic, Congress allowed non-school food providers to offer alternative delivery models to kids. Keeping this flexibility post-COVID-19 will provide more access to food for kids beyond school. Congress can allow kids to consume meals off-site, which would enable communities to adopt innovative program models to reach children who lack access to a summer feeding site.

• **Allow organizations to operate one meal program all year**: Currently, community-based organizations must switch between operating the Summer Food Service Program (SFSP) and the Child and Adult Care Food Program (CACFP) to provide meals during the summer and after school. Congress can allow organizations to operate one meal program all year, instead of switching between operating SFSP during the summer and CACFP during the school year, to eliminate duplicative administrative processes and ensure organizations are able to focus on feeding kids.

• **Align the area eligibility requirement for summer feeding and educational programs to allow more learning programs to offer meals in the summer**: The area eligibility test works best in population-dense areas, but in suburban and rural areas where children travel greater distances to get to school or in areas with greater socioeconomic diversity, communities may have many children in need but fail to meet the area eligibility test. Reducing the area eligibility threshold from 50% of area children eligible for free or reduced-price school meals to 40% would allow more community providers to offer meals in the summer. This change would reduce sponsors’ paperwork, increasing their likelihood of participation and allowing them to focus on site enrichment activities and nutritious meals. Also, allowing more programs to offer meals in the summer means more children can receive meals without having to go too far from home.

• **Increase CEP investment to allow more high-poverty schools to participate**: CEP helps reduce red tape and administrative costs for schools, increase participation in school meals, and eliminate school meals debt. Schools, groups of schools, and school districts with about two-thirds of their student body eligible for free or reduced-price school meals are able to implement community eligibility. The reimbursement is based on counting a subset of low-income children within the school: certified recipients receive free school meals without an application (such as children whose household participates in SNAP or who are homeless). This subset of students eligible for free school meals is called the Identified Student Percentage (ISP); a school’s ISP must be at least 40%. The ISP is currently multiplied by 1.6 to determine the percentage of meals reimbursed at the free rate. With the ISP multiplier currently capped at 1.6, only schools with ISPs of 62.5% or above are fully reimbursed for all meals served; schools with ISPs between 40% and 62% must cover the gap in reimbursement themselves, thus disincentivizing adopting this provision. An increase of the multiplier to 1.8 would enable full reimbursement for schools with ISPs above 55.5%. This federal policy change could increase the likelihood of CEP adoption for an estimated additional 2100 new schools and extend meal access to more than 1 million children.

An increase of the free meal rate multiplier to 1.8 would enable full reimbursement for schools with Identified Student Percentages above 55.5%.

### Calculating Federal Reimbursements under the Community Eligibility Provision (CEP), U.S.: 2018

#### Determining the Federal reimbursement for school meals:

- **Number of meals served per month × free claiming percentage (defined above) = Number of meals reimbursed at the free rate (FRM)**

- **FRM × free rate reimbursement = Dollar reimbursement for free meals ($ free)**

- **(Total number of meals served per month – FRM) × paid rate reimbursement = Dollar reimbursement for paid meals ($ paid)**

- **Total Federal reimbursement = $ free + $ paid**

#### Annual reimbursement rates (school year 2017–2018)

<table>
<thead>
<tr>
<th></th>
<th>Lunch</th>
<th>Breakfast</th>
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<tbody>
<tr>
<td>Share of free and reduced price lunches served</td>
<td>Free</td>
<td>Paid</td>
</tr>
<tr>
<td>Less than 60%</td>
<td>$3.23</td>
<td>$0.31</td>
</tr>
<tr>
<td>60% or more</td>
<td>$3.25</td>
<td>$0.33</td>
</tr>
<tr>
<td>Maximum rate</td>
<td>$3.40</td>
<td>$0.39</td>
</tr>
</tbody>
</table>

Source: U.S. Department of Agriculture
Redlining Past: Social Vulnerability and the Legacy of Food Deserts in the United States


Within 0.5 Mile Have Improved Dietary Behaviors?

Costs of Food Insecurity

Indiana


Fruits and Vegetables.

Food Insecurity in Indiana

No Kids Hungry (n.d.). No Kid Hungry Starts with Breakfast.


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Rogus, et. al. (2017). Measuring Micro-Level Effects of a New Supermarket: Do Residents Within 0.5 Mile Have Improved Dietary Behaviors?


University of Richmond (n.d.). Not Even Past: Social Vulnerability and the Legacy of Redlining.


KIDS COUNT Data Center (2021). Households with Children that Sometimes or Often Did Not Have Enough Food to Eat in the Past Week in Indiana.


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