



**Food Sufficiency** is one of twenty Maternal and Child Health (MCH) **National Performance Measures (NPMs)** for the Title V MCH Services Block Grant to States Program. This NPM aims to increase the percent of children ages 0 through 11 whose households were food sufficient in the past year.

The [What Works Evidence Accelerators](#) provide background information and a summary of effective strategies to advance each of the NPM topic areas. The strategies support government and school assistance programs as well as community-based initiatives and policy changes to ensure consistent and equitable access to affordable and healthy food for children and their families.

**Overview.** Food sufficiency, or the ability of a household to consistently afford and access nutritious foods,<sup>1</sup> is the focus of this NPM, although there are many related concepts.\* Food insufficiency and food insecurity both are due to insufficient resources to meet basic needs, but their meanings are different.<sup>2</sup> *Food insecurity* is the limited or uncertain availability of safe and nutritionally adequate foods, or the limited or uncertain ability to acquire acceptable foods in socially acceptable ways (without using emergency food supplies, scavenging, or stealing).<sup>3</sup> *Low food security* is reduced quality, variety, or desirability of diet, but with little or no indication of reduced food intake.<sup>3</sup> *Food insufficiency* is considered a more severe form of food insecurity (“very low food security”) and measures whether a household generally has enough to eat.<sup>3</sup>

Food insufficiency can manifest in various ways, such as households lacking consistent access to enough food, skipped meals, or reliance on unhealthy food options. Access to sufficient nutritious food is critical for healthy development. Poor nutrition affects every demographic, but historically underserved communities bear the burden of diet-related disease, such as obesity and diabetes.<sup>4</sup> Research has established an association between food scarcity and poor child health outcomes and diminished well-being.<sup>5</sup> Food insecurity among children is associated with poor health status, mental health concerns, behavioral and socio-emotional issues, and poor educational performance and academic outcomes.<sup>6,7,8</sup>

Families experiencing food insufficiency may participate in programs such as the Supplemental Nutrition Assistance Program (SNAP) or the Special

Supplemental Nutrition Program for Women, Infants, and Children (WIC) program to aid in making food more affordable. Participation in SNAP and WIC during childhood has long-term benefits helping to improve food security across the life course.<sup>9</sup> Increased access to school meal programs among children at risk for food insufficiency can also help ensure adequate nutrition and mitigate health issues.<sup>10</sup>

**Data.** This NPM is measured through data collected from the [National Survey for Children’s Health \(NSCH\)](#). In 2022, 69.6% of households with young children aged 0-5 could always afford to eat good nutritious meals while 26.4% of households could always afford enough to eat but not always the kinds of foods that were healthy.<sup>11</sup> For households with children aged 6-11, 67.2% could always afford to eat good nutritious meals while 27.4% could always afford enough to eat but not always the kinds of foods that were healthy.<sup>11</sup>

### Social Determinants of Health (SDOH).

[SDOH](#), such as income, education, employment and community resources, play a major role in influencing a family’s ability to access and afford nutritious food. Healthy food may be hard to find or too expensive to afford. Households with lower incomes often face barriers to obtaining high-quality meals. Employment and income are potentially limiting financial resources that families can allocate towards a healthy diet.<sup>12</sup>

Strategies to address food sufficiency require an equity-focused, SDOH-based approach including:

- Implementing policies focused on increasing income, such as raising the minimum wage, to directly impact a family’s ability to afford enough nutritious food.<sup>13</sup>

For [Food Sufficiency](#), there are 11 evidence-based strategies from [MCHbest](#) and 4 field-based practices from [Innovation Hub](#) (see page 3)

- Ensuring families have access to safe and affordable housing to free up financial resources to afford enough nutrient-dense food.<sup>14</sup>
- Promoting nutrition education and health literacy programs, such as SNAP-Ed, to empower families and support healthy eating.<sup>15,16</sup>
- Ensuring benefits for food assistance programs are adequate to support healthy eating patterns, such as permanent increases to the purchasing power of SNAP benefits.<sup>16</sup>

**Health Equity.** Systemic racism in the U.S. significantly contributes to food hardships, disproportionately impacting communities of color.<sup>17</sup> For example, Black children are nearly three times more likely to live in a household with low food security than White children.<sup>9</sup> Efforts to promote [health equity](#) must ensure all who have been historically underserved, marginalized, and/or adversely affected by poverty and inequality achieve food sufficiency.<sup>18</sup>

Strategies to address food sufficiency and promote an equitable food system include:

- Improving access to programs like SNAP and WIC to ensure broader coverage and support, and reducing barriers to participation by streamlining enrollment practices, having a single application, and expanding online shopping options.<sup>16,19</sup>
- Expanding the reach of the emergency food network in remote, rural, Tribal, and/or low-income areas to increase access to food.<sup>16</sup>
- Supporting change in the food environment by reducing the price of healthy products and increasing access to healthy options, such as affordable, local, seasonal produce at farmers' markets.<sup>20</sup>
- Providing cultural competency training for healthcare professionals to help address the food needs of children and families from diverse backgrounds while tailoring dietary interventions to the specific cultural and linguistic needs of communities to overcome barriers to access.<sup>21</sup>

**Children with Special Health Care Needs (CSHCN).** The relationship between food sufficiency and [CSHCN](#) is of paramount importance, as proper nutrition plays a critical role in their overall well-being

and development. In 2022, data from the NSCH revealed that 69.4% of non-CSHCN families and 58.4% of CSHCN families reported always being able to afford good nutritious meals.<sup>22</sup> Ensuring food sufficiency for CSHCN requires a comprehensive approach that considers both the specific nutritional needs associated with their health conditions and the potential financial strains placed on families who may require additional resources to meet these needs.<sup>23</sup>

**Key Resources.** Efforts to address food sufficiency in the U.S. involve analyzing the effectiveness of government assistance programs like SNAP and school food assistance programs. Other interventions with successful outcomes have focused on improving access to nutrient-rich food, community-based initiatives, and policy changes targeting social and economic factors influencing food hardships.<sup>24</sup>

Search the [Established Evidence database](#) for peer-reviewed research articles related to strategies for increasing food sufficiency.

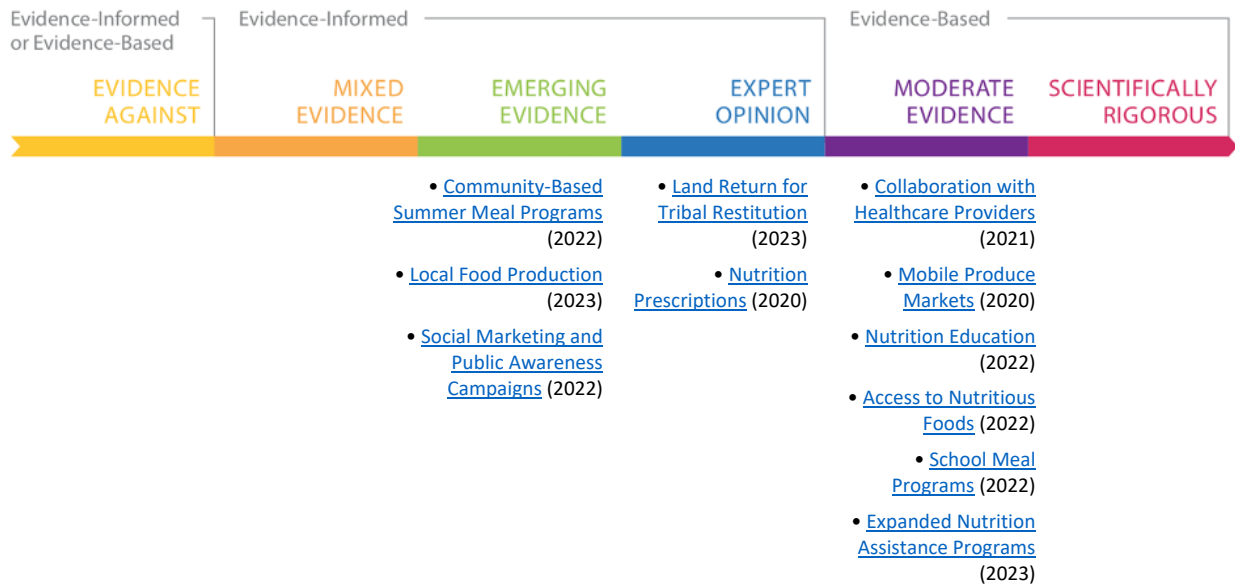
Find [field-based resources](#) focused on increasing food sufficiency relevant to Title V programs in the [MCH Digital Library](#).

**Partnership and the Role of Title V.** Title V agencies can help improve child food sufficiency by:

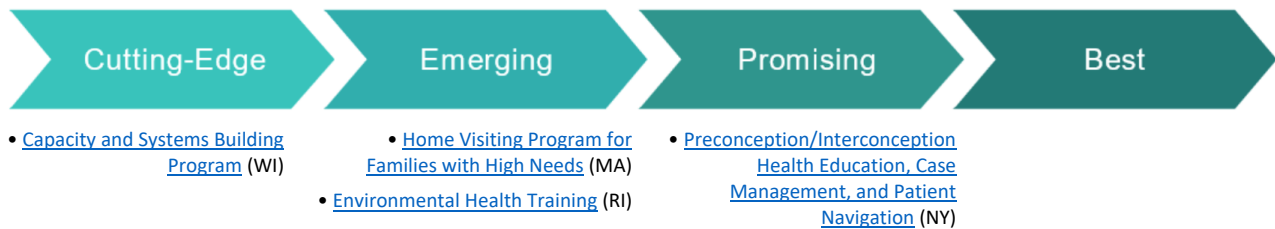
- **Conducting Needs Assessment and Data Collection** to further understand the intersection of food insufficiency, SDOH, and health outcomes, and tailor interventions to address the specific needs of vulnerable populations.<sup>7,25</sup>
- **Supporting Outreach and Education** by providing clear, relevant, and culturally appropriate nutrition education materials and making connections to resources for nutritious food to empower families to make informed choices.<sup>16,25</sup>
- **Building Partnerships and Collaborations** with organizations and local health departments that utilize food banks, community gardens, healthcare providers, and social service agencies to help mitigate food hardships in communities.<sup>25</sup>
- **Educating Policymakers and Informing Policy Changes** that address the SDOH and root causes of food insufficiency, such as poverty, income inequality, lack of education, and limited access to affordable housing.<sup>25</sup>

**Food Sufficiency Strategies.** This page summarizes the latest strategies and practices that have emerged as potential approaches for increasing the percent of children ages 0 through 11 whose households were food sufficient in the past year. It provides a framework to identify, understand, and implement “what works” in creating new Evidence-based/informed Strategy Measures (ESMs). Use the links below to access strategy and practice details, approaches, supporting evidence, outcomes, and examples of how Title V agencies are either using these strategies directly or adopting components of the intervention that address this NPM.

**Evidence-Based/Informed Strategies.** 11 strategies have emerged from studies in the scientific literature as being effective in advancing the NPM. They can be adopted or adapted to meet your program needs. More information on these strategies can be found in the MCH Evidence Center’s [MCHbest](#) database.



**Field-Based Practices.** 4 practices from state-/community-based programs have emerged as potential approaches for advancing the NPM for specific communities or populations. They can be used as models to meet your program needs. More information can be found in the Association of Maternal and Child Health Program’s (AMCHP’s) [Innovation Hub](#).



In addition, the following programs have been identified as promising approaches from the field:

- [Healthy Corners](#) (Washington, DC). DC Title V has an objective to reduce the percent of children living in households that were food insecure from 7.5% to 4.2% by 2026. Strategies include: providing free healthy foods to families through pop up markets located in food insecure areas; building capacity among corner stores to increase inclusion of healthy foods in their stores; and increasing access to fruits and vegetables.
- [State Action Plan for Nutrition Security](#) (North Carolina). NC Title V has an objective to decrease the percent of children living in food insecure homes from 20.9% to 17.5% by 2025. NC Department of Health and Human Services has a multi-pronged state plan to advance nutrition security from 2023-2024 through three key strategies: 1) increasing the reach of nutrition programs like SNAP and WIC, 2) building connections between health care and nutrition supports, and 3) increasing breastfeeding support and rates. The state action plan outlines 8 initiatives to support the goal of advancing nutrition security in NC.

**Key Findings.** The following are key findings emerging from the literature:

1. Enhanced WIC and SNAP benefits and services have significantly reduced food insecurity rates by providing increased access to nutritious foods and essential resources for low-income families and individuals.<sup>26,27,28</sup>
2. School meal programs play a vital role in providing nutritious meals to children. Evidence supporting an increase in participation rates, reduction of stigma associated with free and reduced-price meals, and expanding afterschool and summer meal programs have proven effective.<sup>29,30,31</sup>
3. Collaborating with community-based organizations and grassroots initiatives can help reduce food insecurity including food banks, food rescue programs, community kitchens, and initiatives that foster local food production and distribution.<sup>32,33,34</sup>
4. Engaging healthcare providers, such as pediatricians and family doctors, in screening for and addressing food insufficiency is an effective method to help identify at-risk families and connect them to appropriate resources and support.<sup>35,36,37</sup>

### Discussion: Research, Practice, Partnership.

**Research.** Multiple strategies are emerging as potential approaches to advance this NPM, but they have not been studied with enough rigor to be included in the evidence-based continuum. Additional research is needed to verify outcomes, but initial studies have shown promise of these strategies in MCH settings:

- Implementing policies that address income inequality, and providing income support, to help reduce household food insecurity.<sup>38,39</sup>
- Utilizing early childhood programs, such as Head Start, to help families develop increased knowledge and skills to support a healthy lifestyle.<sup>40</sup>
- Identifying and addressing structural barriers that contribute to food insufficiency, such as lack of affordable housing, transportation challenges, and limited availability of healthy food options in certain neighborhoods, to help create more equitable food environments.<sup>41</sup>

**Practice.** The following tools can be used to translate evidence to action to advance this NPM:

- [Community Food Security Assessment Toolkit](#) (Economic Research Service). This resource provides standardized measurement tools for assessing food security.
- [Food and Nutrition Security Primer](#) (Association of State Public Health Nutritionists). This resource aims to deepen understanding of food and nutrition security terms.
- [Hunger Vital Sign™](#) (Children’s HealthWatch). This validated 2-question tool helps to identify households at risk for food insecurity.

**Partnership.** The following organizations focus efforts on advancing food sufficiency:

- [National Center for Chronic Disease Prevention and Health Promotion](#). Provides resources and case studies to improve food security.
- [American Academy of Pediatrics](#). Houses research and recommendations to improve the lives of children facing food insecurity.
- [Association of State Public Health Nutritionists](#). Provides leadership on food and nutrition policy, programs, and services.



### Frameworks and Tools for “What Works.”

Use this accelerator to strengthen current or new programs that align with multiple MCH frameworks across domains and settings. Access toolkits related to these frameworks for additional resources:

- [MCH Evidence Framework](#)
- [Blueprint for Change for CYSHCN](#)
- [Maternal Health Toolkit](#)
- [Life Course and Social Determinants Brief](#)

**Need More Help?** [Contact us for training and technical assistance](#) customized to your needs.



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\* **Note.** Terminology is changing quickly in this field. [Nutrition security](#) is an emerging concept that complements efforts to increase food security by emphasizing the co-existence of food insecurity and diet-related diseases and disparities.<sup>2</sup> It is defined as consistent and equitable access to healthy, safe, and affordable foods that promote optimal health and well-being. In 2021, the U.S. Department of Agriculture (USDA) began using the term, *nutrition security*, to signify the agency's commitment to describing actions to address food security and health on their webpages and communications.<sup>2</sup> The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) use the term *food and nutrition security* more often than food insecurity.<sup>2</sup> This document focuses on *food sufficiency* since it is the term used in the Title V Maternal and Child Health Services Block Grant Guidance documents and the construct measured in the National Survey of Children's Health.

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