Early Childhood Nutrition Security

State-level Approaches to Addressing Nutrition Insecurity for Children Ages 0 to 3

Report Summary: This report explores the approaches three states take towards improving the nutrition of infants, young children, and their families. ASTHO conducted key-informant interviews with New York, Connecticut, and Illinois to further understand how they address infant and early childhood nutrition security for children ages 0 to 3, as well as barriers and facilitators to successful implementation. Interviews provided valuable insights into supports and resources needed to advance nutrition security for this population at the state level.

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Background

Nutrition security is defined by the United States Department of Agriculture (USDA) as, "consistent and equitable access to healthy, safe, and affordable foods essential to optimal health and well-being." Attaining optimal nutrition security is a critical concern especially for populations at increased risk of experiencing adverse health outcomes. In the United States, there are significant racial and socioeconomic disparities in nutrition security with approximately 37% of Native American, 25% of non-Hispanic Black, and 20% of Hispanic families facing low or very low food security compared to 14% of all families nationally. Additionally, one in five families with incomes below 185% of the federal poverty threshold ($27,549 for four people) is food insecure. Families with children are disproportionately impacted compared to those without children (12% vs. 9%). Despite public health efforts, childhood nutrition insecurity remains a prevalent issue.

The first 1,000 days (conception through about two years of age) is considered the most critical period of growth and development. Nutrition status during this time may significantly influence children's physical, social, cognitive, and behavioral development as well as risk of chronic diseases like obesity and diabetes. Thus, it may be difficult for children to recover from the negative influences of early malnutrition on brain development and health.

Health officials and their agencies have influence and authority over many aspects of nutrition security including policy development, program coordination, continuous quality improvement, and more. Additionally, health agencies receive federal and state or island funds to collaborate with national, state, and local partners to implement public health programs that advance nutrition and healthy eating in the perinatal period, infancy, and early childhood, including home visiting, Title V, and health promotion programs. Some of these programs, such as the State Physical Activity and Nutrition Program (SPAN), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the Child and Adult Care Food Program (CACFP), support the nutritional well-being of perinatal individuals, infants, and children of all ages in diverse healthcare, early care and education, school, workplace, and other community settings.

Where health agencies and officials lack authority, it is crucial for them to leverage partnerships with and influence other stakeholders to advance nutrition security. ASTHO can utilize its experience providing capacity building and technical assistance to state and island health agencies and implementing learning collaboratives, as well as its strong relationships with relevant federal agencies and national organizations, to advance nutrition security and nutrition equity for all perinatal individuals, parents, and children. Furthermore, ASTHO can support health agencies in finding innovative ways to integrate nutrition security into preexisting services and programs.

ASTHO conducted key informant interviews with three states to further understand how they address infant and early childhood nutrition security for children ages 0 to 3, as well as barriers and facilitators to successful implementation. Interviews provided valuable insights into supports and resources needed to advance nutrition security for this population at the state level.

New York

State Action

New York implements policy, system, and environmental change strategies to improve nutrition security for children aged 0 to 3. Their approach to advancing nutrition for this population focuses on addressing disparities in infant human milk feeding and increasing access to nutritious foods in early care and education (ECE) settings. To further understand their efforts, ASTHO conducted a key informant interview with individuals from CDC's State Physical Activity and Nutrition (SPAN) program within the New York State Department of Health, Bureau of Community Chronic Disease Prevention. Below are key factors related to the state's action towards advancing nutrition security for infants and young children ages 0 to 3, impactful partnerships that have facilitated this progress, challenges, next steps, and advice for other states embarking on their journey to improve nutritional outcomes for this population.

- New York SPAN leads Creating Healthy Schools and Communities, 2021 – 2026, a state-funded project with 25 local partners working in high-need communities to implement evidence-based strategies to improve access to healthy foods and opportunities to be physically active. One of the project strategies focuses on improving policies, practices, and environments for physical activity and nutrition in early care and education (ECE) settings statewide. Local partners provide training and technical assistance around nutrition best practices for infants and young children ages 0 to 5 at ECE sites run by providers in child care centers or family day care homes. Local partners also support ECE sites to implement recommended strategies to support infant human milk feeding and earn Department of Health designation as Breastfeeding Friendly.
- New York SPAN leads Breastfeeding, Chestfeeding, and Lactation Friendly New York, 2023 – 2028 , a state-funded project with nine local partners representing hospital systems, universities, and nonprofit organizations across the state, to reduce breast/chestfeeding health disparities and increase breast/chestfeeding, specifically exclusive human milk feeding. Toward this aim, the project strives to increase policies and practices across community settings (health care practices, worksites, lactation support groups, and community and public spaces) to improve breast/chestfeeding continuity of care at the local level.
- State policies such as Medicaid expansion that includes lactation education, support, and supplies beyond 90-days postpartum and workplace lactation protections help to increase nutrition security for infants and young children.
- A previous round of SPAN funding in New York (2018 – 2023) significantly increased the number of community sites with lactation supports in place. During this program timeframe, 48 medical practices and 194 child care settings earned breastfeeding friendly designation, 223 worksites received breastfeeding recognition, and 26 new Baby-Cafes were opened. Collectively these sites benefited over 78,000 New York State residents, including infants and young children. Outpatient healthcare settings can significantly influence an individual's decision to breast or chestfeed, and healthcare providers have a unique role in helping families meet their breast and chestfeeding goals. To support healthcare practices in implementing policies and protocols supportive of infant human milk feeding, New York SPAN administers a Breastfeeding Friendly Practice Designation program to support healthcare practices across the state with implementing the Ten Steps to a Breastfeeding Friendly Practice.

Impactful Partnerships

New York leverages partnerships with state, local, and community stakeholders to provide quality and comprehensive services that aid in advancing nutrition security for children aged 0 to 3.

- Strong partnerships with local grantees are foundational to New York's infant and early childhood nutrition work. These partners, which include health systems, universities, and nonprofit organizations, are funded to implement nutrition strategies at the local level. Additionally, New York SPAN values connections with other programs across the Department of Health that are working to advance the health of this population.
- New York SPAN collaborates with partners across the state, including other state agencies and statewide systems, that are working in early care and education. The team works to creatively embed nutrition and physical activity into these agencies and systems to maximize the reach and effectiveness of the initiative.
- New York SPAN provides nutrition training to staff at Child Care Resources and Referral agencies across the state. Trained staff then facilitate trainings with child care providers statewide.

Barriers

- Lack of diversity in the New York State lactation workforce presents challenges in addressing disparities in breast and chestfeeding.
- Agency procurement policies may make it difficult for community-based organizations to gain access to funding that could allow them to serve communities at greatest risk of experiencing nutrition insecurity.
- Current state and federal funding structure is a barrier to developing a more coordinated approach across state agencies and programs to promote nutrition security among infants and early childhood.

Next Steps

New York has been awarded SPAN funding for 2023 – 2028. The New York SPAN program will continue investing in breastfeeding and ECE strategies and continue to strengthen relationships with local partners to improve continuity of care. In addition to sustaining existing initiatives, New York will implement new projects.

- New York SPAN will work to increase awareness of Medicaid policies that support lactation counseling, supplies, and services.

Recommendations

- Identify infant and early childhood nutrition as a priority in New York State. Engage in strategic planning to align nutrition security efforts for this population across the Department of Health and other agencies.
- Utilize monitoring and evaluation, population-level health, and project data to drive program planning efforts related to infant and early childhood nutrition.

- Highlight the connections between infant and early childhood nutrition and intradepartmental programming to educate partners on how the work they are doing contributes to advancing nutrition security for this population.

Conclusion

New York is committed to advancing nutrition security for children aged 0 to 3 through chronic disease prevention efforts and state-funded initiatives. By prioritizing access to the infant's optimal first foods and leveraging partnerships across various sectors, New York has made significant strides in addressing nutrition security challenges. However, sustained progress requires continued collaboration and dedicated state resources. New York's approach underscores the importance of aligning nutrition initiatives with broader health goals, ultimately contributing to improved outcomes for infants, young children, and families across the state.

Connecticut

State Action

Connecticut has made great strides in addressing and establishing an infrastructure to bolster nutrition security for its youngest residents. To further understand their efforts, ASTHO conducted a key informant interview with an individual from the Connecticut Department of Public Health. Below are key factors related to the state's action towards advancing nutrition security for infants and young children ages 0 to 3, impactful partnerships that have facilitated this progress, challenges, and advice for other states embarking on their journey to improve nutritional outcomes for this population.

- In addition to providing supplemental foods to infants and young children, the Connecticut WIC program has specific strategies and objectives in place to enhance nutrition security through local WIC offices. Such priorities include increasing enrollment of pregnant individuals and the reduction of overweight and obesity in infants and young children. Local WIC agencies are asked to report annually on indicators related to these topics.
- Connecticut Department of Public Health collaborated with local WIC offices and nutritionists to develop training, tools, and messaging to help facilitate conversations around nutrition and healthy weight between staff and families. For instance, the Tell Me More tool assists in the identification of health behaviors and strategies that may contribute to or help mitigate overweight and obesity in populations at greatest risk of poor nutritional outcomes.
- Connecticut Department of Public Health recognizes breastmilk as the ideal "first food" for infants. It has been engaging the Connecticut Food Policy Council in discussions to integrate breastfeeding access and support into the state's overall food policy plan.
- Connecticut Department of Public Health values the contributions and lived experience of community leaders working with communities to improve nutritional outcomes for infants, young children, and their families.
- Connecticut Department of Public Health participated in a statewide pandemic workgroup to educate participants about the key differences between SNAP and WIC. The workgroup produced educational material titled Maximizing Your WIC and SNAP Benefits which highlighted eligibility,

benefits, and allowable food items for both programs. Additionally, the material included grocery shopping tips and program reminders.

- Connecticut Department of Public Health plans to bolster training opportunities and expand baseline knowledge of cross-cutting topics for WIC staff. This will increase understanding of how various issues like intimate partner violence or mental health might impact the nutritional well-being of infants, young children, and their families.

Impactful Partnerships

Connecticut prioritizes formalizing collaborative partnerships and structural processes to provide continuous, holistic services that improve nutritional outcomes for infants, young children, and their families.

- Head Start is a federally funded program that provides education, health, and social services to families of a lower socio-economic status who have children ages 0 to 5. Despite matching eligibility requirements for WIC and Head Start, only 50% of Connecticut families are co-enrolled in both programs. The WIC and Head Start Better Together Collaboration Project is a formal partnership between Connecticut's state and local WIC and Head Start programs. The project aims to increase enrollment and retention in both programs and leverage program resources to improve nutrition security and school readiness. Better Together prioritizes interagency data sharing and increased collaboration and communication between local agencies. From 2014 – 2018, participating WIC and Head Start agencies successfully increased collaboration, data sharing, interagency program referrals and referral tracking, interagency program information exchange, and coordination of nutrition education and outreach.

- WIC is uniquely positioned to identify and support perinatal mental health issues. Mothers who are not experiencing adverse mental health outcomes are more likely to utilize WIC benefits and to initiate and continue breastfeeding. Connecticut Department of Public Health partners with the state Office of Early Childhood home visiting programs to implement a protocol to increase screening and referrals related to maternal mental health. This partnership was initiated in 2015 after USDA revised the WIC Nutrition Risk Criterion #361 Depression and #361 Supplement, which included best-practice guidance for implementing maternal depression screening through state and local WIC programs.

Barriers

- WIC encounters families at numerous touchpoints from pregnancy through early childhood. This provides an opportunity to be flexible and responsive to the specific needs of a family over time. However, it can be difficult for staff to understand the role a family's seemingly-unrelated circumstances might play in nutritional access or outcomes. Educating WIC staff about the importance of providing holistic services and resources to families is essential.

- Discussing sensitive topics related to health behaviors and nutritional outcomes with families without appearing judgmental can be challenging. Both families and staff may experience discomfort during these conversations. Staff training and education may help alleviate this issue.

- Data collection has been challenging and inconsistent due to issues like the Coronavirus public health emergency, which allowed WIC programs to waive certain data requirements.

- Lack of available federal and state funding to implement new or sustain existing initiatives to improve the nutritional well-being of infants and young children.

Recommendations

- Collaborate with, fund, and leverage the expertise of community organizations and leaders who are working with communities to advance nutrition security for the state's youngest, most vulnerable residents.
- Incorporate sustainability plans into funded projects so that initiatives may continue even if a funding stream ends. Consider incorporating initiatives into alternate programs with similar performance objectives to ensure continuity of resources and supports for families.
- Collaborate with other programs and agencies to strengthen referral processes and ensure a holistic, comprehensive approach to meeting the needs of infants, young children, and their families.
- Provide staff with comprehensive training opportunities on topics including nutrition education and other relevant cross-cutting topics such as intimate partner violence prevention and perinatal mood and anxiety disorders (PMAD). This multifaceted approach will equip staff with foundational insights into the diverse factors influencing nutrition security, especially for families with infants and young children.

Conclusion

Connecticut's strategic partnerships have played a crucial role in advancing sustainable nutrition security for infants and young children aged 0 to 3. Through community engagement and interagency collaboration, Connecticut has implemented innovative solutions to address the complex challenges of nutrition insecurity for this population. As Connecticut strives to advance nutrition security, continued investment in partnerships and initiatives will be essential to sustain and expand the reach of Connecticut's efforts to ensure the health and well-being of its youngest residents.

Illinois

State Action

Illinois has identified children as being at greatest risk of nutrition insecurity compared to other residents. While nutrition insecurity nearly doubled for all Illinois residents during the Coronavirus pandemic, it tripled for households with children during this period. This is particularly concerning due to the negative implications poor nutrition has on the health and well-being of young children.

To further understand Illinois' efforts towards combating nutrition insecurity for infants, young children, and their families, ASTHO conducted a key informant interview with individuals from the Division of Population Health Management in the Illinois Department of Public Health's Office of Women's Health and Family Services. While the Illinois Department of Human Services (DHS) primarily oversees the state's 0 to 3 nutrition initiatives, the Office of Women's Health and Family Services has instituted innovative approaches to addressing nutrition through their maternal and child health work.

Below are key factors related to the state's action towards advancing nutrition security for infants, young children, and their families, impactful partnerships that have facilitated this progress, challenges, and advice for other states embarking on their journey to improve nutritional outcomes for this population.

- The Moms and Babies Program is a partnership between the Decatur Correctional Center, TASC, Inc. of Illinois, and a network of community partners. The program allows pregnant women with sentences of two years or less to keep their babies with them in prison. Moms and Babies is designed to strengthen bonding between the mother-baby dyad and to connect the pair to critical resources such as WIC, SNAP, and medical insurance. The Office of Women's Health and Family Services works with these women to provide hands-on breastfeeding and prenatal supplies, support, and education.
- The Office of Women's Health and Family Services facilitates warm referrals between women in the Moms and Babies Program and WIC. Additionally, it advocates on behalf of the women to ensure they receive all services and resources that they are eligible for.
- The Moms and Babies Program ensures that participants have a scheduled appointment with WIC upon their release to promote continuity of nutritional services for the infant.
- The Office of Women's Health and Family Services also provides breastfeeding education for incarcerated pregnant and postpartum women who are not eligible for the Moms and Babies Program. Women are provided with a breast pump so they are able to express human milk for their infant even while they are separated from one another. A designated person can collect the milk from the correctional facility every two weeks. The Office of Women's Health and Family Services is working on an initiative that will allow women to ship breastmilk home to their infant if they live more than four hours away from the facility.

Impactful Partnerships

The Illinois Department of Public Health seeks to leverage working relationships and partnerships with other state and local agencies to advance the health and well-being of mothers, infants, and young children.

- Funding constraints require strong interagency partnerships to fully meet the nutritional needs of infants, young children, and their families. The Illinois Department of Human Services and the Illinois Department of Public Health HIV Office have both been instrumental in purchasing breast pumps and supplies for mothers in the Moms and Babies program.
- Developing strong interagency connections with partners like WIC and DHS has helped the Office of Women's Health and Family Services facilitate referrals between the correctional facility and critical resources.

Barriers

- Lack of available federal and state funding to implement new or sustain existing initiatives to improve the health and well-being of women and young children.
- The Office of Women's Health and Family Services has encountered challenges providing services to the Moms and Babies Program due to staff turnover at the Decatur Correctional Center. It remains amenable to the schedule of the correctional center and highlight the benefits and cost effectiveness of the program to avoid a lapse in services for participating mothers and babies. The

Office of Women's Health and Family Services is working on a memorandum of understanding (MOU) to formalize this partnership and alleviate this issue.

- Pregnant incarcerated women have inadequate access to vitamins and nutritious foods during pregnancy which may negatively impact fetal development.
- Participants in the Moms and Babies Program have inadequate access to nutritional supplemental foods for the infant or young child between the ages of six months and two years old. Additionally, caregivers (staff tasked with caring for the mothers and babies who participate in the program) are not always aware of nutrition recommendations for infants, which may have negative impacts on health and well-being. The Office of Women's Health and Family Services is considering developing educational materials for caregivers and mothers related to infant nutrition.
- Priorities shifted for most agencies during the Coronavirus pandemic. As a result, many interagency partnerships are not as strong as they once were. The Office of Women's Health and Family Services is working to rebuild these key partnerships, particularly with local agencies like WIC and county health departments, to holistically meet the needs of the women and young children that they serve.

Recommendations

- Network, collaborate, and engage in peer sharing with state and local agencies doing similar work. Connecting with other entities promotes interagency learning and brainstorming. Additionally, this is an ideal avenue to help states navigate project-related challenges and adapt strategies that have proven to be effective in other jurisdictions.
- Integrate nutrition education and support into existing programming to engage a wide-ranging audience and promote consumer awareness.
- Develop educational materials for staff and parents that highlight nutrition recommendations and discuss the nutritional needs of pregnant women, infants, and young children.
- Educate agencies on the role prenatal nutrition plays in fetal development and infant health.

Conclusion

Illinois has enacted innovative approaches to improve the health of infants and young children. The Office of Women's Health and Family Services identified a need to support nutritional outcomes of 0- to 5-year-olds in the Moms and Babies Program and has diligently worked to provide quality and effective services to this population despite a lack of designated funding. Appropriate funding mechanisms and strong, collaborative partnerships are imperative to advance nutrition security for vulnerable populations like infants, young children, and pregnant and postpartum women facing unique circumstances such as incarceration.