

1-1-2021

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Maryah Stella Fram

Edward A. Frongillo Jr.  
*University of South Carolina*, [efrongil@mailbox.sc.edu](mailto:efrongil@mailbox.sc.edu)

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### Publication Info

Published in *Journal of the Academy of Nutrition and Dietetics*, Volume 121, Issue 1, 2021, pages S74-S77.

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# Moving Beyond Giving Free Food: Specific Targeting and Tailoring in Response to Child Food Insecurity

Maryah Stella Fram, PhD, MSW, LMSW; Edward A. Frongillo, PhD



## ARTICLE INFORMATION

### Article history:

Submitted 11 December 2019

Accepted 20 July 2020

### Keywords:

Child food insecurity

School-based intervention

School meals

Backpack program

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<https://doi.org/10.1016/j.jand.2020.07.024>

**T**HE VIRGINIA 365 PROJECT<sup>1</sup> AIMED TO ADDRESS A serious problem—food insecurity among children—through a rigorous evaluation of a deeply intuitive theory of change: that food insecurity is about not having enough food, so providing additional food will reduce food insecurity. To improve access and take-up and reduce stigma,<sup>2</sup> Virginia 365 universally distributed free food to children and families in low-income schools, using after-school suppers and sending home food backpacks for the weekends—strategies that have become increasingly popular in schools across the country.<sup>3–6</sup> Counter to hypotheses, the evaluation of Virginia 365 found that the intervention led to higher food insecurity among households, adults, and children,<sup>2</sup> with the only positive outcome being that prevalence of very low food security among children (VLFS-C) was lower in the intervention condition than in the control condition.

The demonstration took place from 2016 to 2017 when the national prevalence of food insecurity was declining,<sup>7</sup> and in Virginia 10.1% of households reported food insecurity, with

4.8% reporting VLFS.<sup>8</sup> This was a time of economic recovery, including in Virginia, where unemployment rates had fallen in the project areas to between 4.3% and 5.9% and then remained stable during the time of the intervention.<sup>1</sup> Among the households in the study location at baseline, 71% reported income <130% of the federal poverty line, 35% were food insecure, 47% had received benefits from the Supplemental Nutrition Assistance Program in the past 30 days, and 11% had received assistance from a food pantry, emergency kitchen, or community program.<sup>1</sup> About 84% of children participated in the National School Lunch Program and 74% participated in the School Breakfast Program.<sup>1</sup>

Both the full evaluation report<sup>1</sup> and the article by Burke and colleagues<sup>2</sup> in this issue address challenges in the intervention design, implementation, and evaluation and measurement that might explain the unexpected outcomes. We focus here on the nature of child food insecurity, the mechanisms through which it impacts families and children, and implications for effective intervention.

## FOOD INSECURITY, THE NEED FOR MORE FOOD, AND IMPLICATIONS FOR TARGETING AND TAILORING

To reduce child food insecurity, Virginia 365 used universal targeting to provide more food to children and their families, but child food insecurity is not a universal experience, even among children in food-insecure households. Nearly 14% of US households with children experience some food insecurity,<sup>8</sup> and those households are characterized by a range of psychosocial and economic stressors that can compromise children's well-being.<sup>9–15</sup> In general, dietary quality is similar, however, for children in food-secure and food-insecure households,<sup>16</sup> and few households with children—about 0.6% at some point in the last year and between 0.09% and 0.12% on any given day—are VLFS-C, reporting that children missed a meal or experienced hunger.<sup>8</sup> Therefore, universal provision of additional food to children is not well aligned with the nature of the food insecurity challenges that most children face. Specifically targeted provision of additional food can be an appropriate component of effective intervention for the small group of children experiencing VLFS-C, which might be why the one positive outcome of Virginia 365 was limited to children experiencing VLFS-C. The Virginia 365 intervention led to the prevalence of VLFS-C being significantly lower than in the control condition, a 0.7-percentage

### Statement of Potential Conflict of Interest

See page S77.

### Funding/Support

This article is published as part of a supplement supported by the U.S. Department of Agriculture, Food and Nutrition Service.

point difference in VLFS-C post intervention. This difference is relatively large in relation to the overall prevalence (3% at baseline) and therefore promising, but given what we know about the nature of VLFS-C, the provision of free food likely was insufficient to meet the needs of this high-risk population, even if it addressed the most serious nutritional needs.

We must determine the combination of intervention components that best meets the needs of VLFS-C families through research grounded in an understanding that food insecurity is about more than food. Children who experience hunger and food shortages also experience fear, stigma, shame, and responsibility for helping the family to acquire and manage food resources,<sup>15,17</sup> and those experiences can be exacerbated by programs that draw attention to a child's food hardships, make children responsible for food problems, or disrupt children's confidence in their parents' ability to meet food needs.<sup>3,15,17</sup> VLFS and VLFS-C households are also characterized by unmet medical care needs<sup>18</sup>; negative employment experiences<sup>19</sup>; lower perceived access to food shopping and to healthy foods in particular<sup>20</sup>; disability; and physical and mental health challenges,<sup>21</sup> all requiring resources beyond the direct provision of food. Specific rather than universal targeting that identifies children in VLFS-C households and responds to their unique needs would allow for more intensive and multidomain intervention tailored for this high-need population. Specific targeting and tailoring are important not only to ensure that the highest-risk children receive optimal service and supports, but also because, as the Virginia 365 evaluation indicates, the universal provision of food can cause harm when families who do not need it are offered free food.

## MESSAGING AND OTHER CONSEQUENCES OF GIVING FREE FOOD

The Virginia 365 evaluation found that participation in the intervention condition was associated with higher prevalence of food insecurity among households, adults, and children. Burke and colleagues<sup>2</sup> suggested one possible explanation is that the receipt of additional food from the school made parents re-evaluate their food situation, leading to more reports of food insecurity by “highlight[ing] that the food was needed in the first place.” We agree that the program likely conveyed influential messages to families about their food situation, but given how few children in the United States need more food, we propose an alternative explanation of the nature and impact of those messages.

All project schools at baseline and follow-up, in both conditions, distributed free food—school breakfasts and lunches—to eligible children at least. The Virginia 365 intervention added that children were fed an extra supper at school and sent home prepackaged foods for children's weekend and holiday consumption. This additional food was offered to all children, regardless of whether there were indications that the family needed it. In doing so, this intervention also sent home powerful implicit messages to parents that school staff thought their child needed more food than parents were providing. Because the majority of parents were already meeting their children's nutritional needs (as reflected in the 3% of the study population that reported reductions in food quality or quantity to children), these messages might have been confusing, causing parents to re-evaluate and make negative appraisals of an adequate

food situation rather than, as Burke and colleagues<sup>2</sup> suggest, highlighting pre-existing deficiencies in that food situation. In this way, providing free food becomes a social influence,<sup>22</sup> moving the goal post on appraising food insecurity so that parents perceive a gap—not enlightening them to the difference between what they have and what they need but instead communicating a difference between what they have and what others (including experts and trusted school staff) think they should have to adequately feed their child.

If children in food-insecure households generally were not getting enough to eat, moving that goal post might be wise from a public-health perspective; sometimes parents do not fully understand what their children need to develop optimally. But most children in the United States are at greater risk of eating too much of a low-quality diet than not enough.<sup>23,24</sup> If the Virginia 365 program had provided highly nutritious foods that can be perceived to be less affordable for low-income families,<sup>25,26</sup> for example, fresh fruits and vegetables, then moving the goal post on dietary quality might have led to positive changes even among families that had an adequate quantity of food. But the food backpacks that were sent home contained more of the foods on which many low-income families already rely, such as canned pastas and meats, applesauce, and shelf-stable milk.<sup>1</sup> The message that came home with these backpacks was that children needed the foods that were sent home, even for those who already had enough of those types of foods.

In addition to confusing messages about how much food was enough, the Virginia 365 intervention could have led to higher prevalence of food insecurity by exacerbating family feelings of stress and distress. Poverty carries stigma in US society,<sup>27,28</sup> and having school staff doubt a family's ability to provide sufficient food might have caused embarrassment, stress, and shame about the food situation. These feelings might have inherently harmed the well-being of children and families<sup>3</sup> and might have shaped responses to the food security assessment items, because some items ask specifically about feelings of worry and people appraise threats and challenges differently when they are experiencing stress.<sup>29</sup>

The Virginia 365 evaluation provides important information about the impact of the intervention on child and household food insecurity, and it sheds light on how schools themselves change when they are transformed into “food hubs,”<sup>1</sup> taking on responsibility for feeding children even beyond the confines of the school day. Schools made a range of adaptations to deliver the intervention,<sup>1</sup> including some schools shortening the instructional day to make time to serve supper; use of teacher, counselor, and administrative staff time to deliver supper and to distribute food backpacks; and facing challenges with handling unwanted food. Although teachers and school administrators expressed concern about these challenges, they also reported satisfaction at being able to “. . . find a way to make it work.”<sup>1(p24)</sup> The evaluation report quoted a participating staff member who asserted that “nutrition is as important as education.”<sup>1(p26)</sup> This statement is true in general, but perhaps not if you are a school. The Virginia 365 program provides a set of processes through which schools can become food hubs, demonstrating the deep commitment and capacity of teachers and volunteers to come together to meet the complex needs of vulnerable children. The evaluation of this intervention suggests, however, that this commitment and capacity could be

better directed toward other ways to promote children's health, well being, and academic development.

### MOVING TO USEFUL INTERVENTION STRATEGIES

Virginia 365 was an important demonstration project, providing a rigorous test not just of its intervention strategy, but of the underlying assumption that if we give children and families additional free food, they will benefit. The Virginia 365 evaluation provides compelling evidence that offering free food is not benign and should only be undertaken when there is clear evidence that more food is needed to promote child and family well-being.

The Virginia 365 evaluation points to the need for developing, testing, and scaling up interventions that are grounded in nuanced, complex, and holistic understanding of the nature of child food insecurity, the family and community contexts in which it occurs, and the mechanisms through which food insecurity hurts children. Specific targeting of food-based interventions to children who need more food is possible and has been piloted<sup>30</sup> using a brief child self-report screener for food insecurity<sup>31</sup> with in-depth assessment to follow up with children who indicate they are experiencing hunger or insufficient amounts of food. Flowing from that in-depth assessment, children were provided individualized benefit packages, including combinations of individual and group counseling, family outreach and support, material assistance, and when appropriate, additional free food. The aim was to provide children with individualized services in ways that protected their privacy, directly addressed their concerns and food-related needs, and attended to issues of stigma both through strength-based, affirming interactions between service providers and children and families and by tailoring services to align with each child's preferences on how best to protect their privacy. This depth of intervention was possible because the small group of children experiencing food hardship was targeted, but it was also challenging, particularly in the context of expectations—from schools and community partners that helped to provide free food backpacks—that additional free food provision should be the norm rather than the exception in high-poverty schools. Further development of this targeted intervention strategy could be useful, particularly if the lessons from Virginia 365 are taken to heart and schools step back from the mass distribution of free food and invest instead in more nuanced strategies, including holistic intervention for children in VLFS-C households and the development and evaluation of an array of resources to address the challenges that lead different families to experience VLFS-C. New thinking about interventions is needed as well, both to reduce child food insecurity and to prevent it from hurting children. Such interventions should draw on what is known about children's and parents' experiences at the nexus of food insecurity and school systems,<sup>32</sup> with possible foci on parenting supports, employment assistance and improved wages, mental health services to address child and parent stress and anxiety, and material assistance to address housing deficiencies (eg, broken refrigerator) and improve food access (eg, transportation to grocery), all while acknowledging families' capabilities to provide food for their children. At least in the United States, most children in food-insecure homes do not need additional free food. They need parents, families, and helping systems empowered with a range of resources and opportunities to

strengthen financial stability, enrich family functioning, and nurture children's nutrition and development.

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### AUTHOR INFORMATION

M. S. Fram is an associate professor and PhD program coordinator, College of Social Work, University of South Carolina, Columbia and E. A. Frongillo is a professor and director, Global Health Initiatives, Department of Health Promotion, Education, and Behavior, at the Arnold School of Public Health, University of South Carolina, Columbia.

Address correspondence to: Maryah Stella Fram, PhD, MSW, LMSW, College of Social Work, University of South Carolina, 1512 Pendleton St, Room 328, Columbia, SC, 29208. E-mail: [fram@mailbox.sc.edu](mailto:fram@mailbox.sc.edu)

### STATEMENT OF POTENTIAL CONFLICT OF INTEREST

No potential conflict of interest was reported by the authors.

### FUNDING/SUPPORT

This article is published as part of a supplement supported by the US Department of Agriculture, Food and Nutrition Service. The evaluations were funded by the US Department of Agriculture (USDA) Food and Nutrition Service under contract no. AG-3198-C-14-0019. The findings and conclusions in this publication are those of the authors and should not be construed to represent any office of USDA or US Government determination or policy.

### AUTHOR CONTRIBUTIONS

M. S. Fram and E. A. Frongillo wrote the first draft and contributed to all revisions.