

WEST VIRGINIA  
EARLY CHILDHOOD  
**PROVIDER**  
QUARTERLY



**A Strong Link in the  
Food Security Chain**

**Housing Instability in West Virginia**

**Hunger and Child Development**

Executive Editors:  
 Deidre Craythorne  
 Pam Roush  
 Jackie Newson  
 Brittany Doss

Editor-in-Chief:  
 Alyson Edwards

Associate Editor/Design and Layout:  
 Michelle Tveten Rollyson

Contributors:

Glenna Bailey, Stephanie Barnett, Center for the Study of Social Policy,  
 Karen Gilbert, Help Me Grow, Learn the Signs. Act Early., Gregg Oxley,  
 Michelle Romanek, Sr. Pat Murray, Renee Y. Stonebraker,  
 West Virginia Birth to Three, West Virginia Department of Education, West  
 Virginia Infant/Toddler Mental Health Association

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 Start State Collaboration Office; West Virginia Home Visitation Program and  
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Please refer to the following list to contact group publishers:

WV Department of Health & Human Resources/Bureau for Children and  
 Families/Division of Early Care and Education  
 350 Capitol Street, Charleston, WV 25301  
 (304)558-1885  
[www.wvchildcare.org](http://www.wvchildcare.org)

WV Office of Maternal, Child & Family Health/  
 WV Birth to Three System  
 350 Capitol Street, Charleston, WV 25301  
 (304)558-5388 | (800)642-8522  
[www.wvdhhr.org/birth23](http://www.wvdhhr.org/birth23)

WV Head Start State Collaboration Office  
 350 Capitol Street, Charleston, WV 25301  
 (304)558-4638

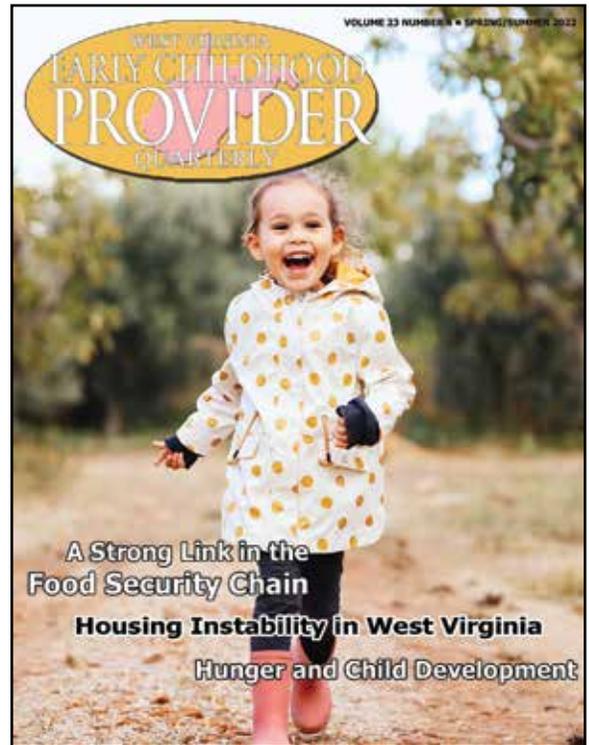
West Virginia Home Visitation Program  
 350 Capitol Street, Room 427, Charleston, WV 25301  
 (304)356-4408 | (800)642-8522  
<https://www.wvdhhr.org/wvhomevisitation/>

Editorial Offices

WV Early Childhood Training Connections and Resources  
 611 Seventh Avenue, Ste. 322, Huntington, WV 25701  
 (304)529-7603 | (888)WVECTCR  
 Fax: (304)529-2535  
[www.wwearlychildhood.org](http://www.wwearlychildhood.org)  
 Email: [TCR@rvcds.org](mailto:TCR@rvcds.org)

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# Beginning to Think About Health Equity and Families

Submitted by Gregg Oxley, CQI Consultant for West Virginia Home Visitation

If you work closely with families you've probably heard of health equity by now. If you haven't I'd like to offer you a brief look into what we talk about when this new term comes into the conversation. When we think of equity what are some things to come to your mind? Do you think of being fair? Impartial? You'd be correct! We want to treat each family we serve free from bias or favoritism, and while that is the start of a much larger conversation about public health and implicit bias, we can begin work on this from our own front doors.

An illustration showing several hands of different skin tones reaching towards a central point where several red puzzle pieces are being assembled. The background is a light teal color with small yellow and white confetti-like shapes. The hands are wearing various colored sleeves and cuffs, suggesting a diverse group of people working together.

So how can you get started? There are many online resources you can research about finding out your own biases. These tools help offer a closer look at ourselves and barriers that may exist without our knowledge.

Here is one example. In the book *Blindspot*, the authors reveal hidden biases based on their experience with the Implicit Association Test. Project Implicit is graciously hosting electronic versions of Blindspot's IATs. This is an online test of quick responses to a series of words and pictures. The test measures response time to the computer images as a proxy for implicit bias. <https://implicit.harvard.edu/implicit/>

Knowing the barriers to health our community and families face and beginning a conversation with ourselves and peers is a great way to begin to make a change. There is nothing wrong with starting small and taking your first steps by educating yourself and sharing with peers about the topic. The following link is a great quick article about what the CDC says about health equity to help further understand the importance of equity and explains a little more about how this is more than just a buzzword.

<https://www.cdc.gov/chronicdisease/healthequity/index.htm>

# A Strong Link in the Food Security Chain

Submitted by Michelle Romanek, CQI Consultant for West Virginia Home Visitation

Food insecurity is a recognized risk factor in our state. It simply means that a family may not have access to enough healthy food to thrive. In West Virginia, 1 in 5 children live in households that are food insecure.

Despite the availability of WIC, food banks, and other food resources, concurrent risk factors such as lack of transportation, geographic region, food deserts, and inadequate means of preparing food contribute to the high rate of food insecurity. The Ground Truth Project's Report for America highlighted this issue in their series *Going Hungry: Food Insecurity in West Virginia*.

The situation does not have to remain bleak. There are partnerships and collaborations all around our state engaged in tackling food insecurity and the issues that relate to it. If you are passionate about working together to feed families, there are a number of resources to help you begin.

West Virginia Foodlink, a project of the Food Justice Laboratory



housed in West Virginia University Center for Resilient Communities, is a hub that offers a list of resources, ways to engage policy leaders, resources to locate or begin “Nourishing Networks” in your region, and county profiles containing relevant data related to food insecurity.

These profiles highlight the demographics, economic indicators, food deserts, and key community contacts related to resources to help families in need overcome barriers to healthy food access. If funding has been offered for a particular food insecurity project, that infor-

mation can also be found in the county profiles. Food for All Coalitions are popping up statewide.

Start at <http://foodlink.wvu.edu/> to begin meeting the needs of those families you serve.

Resources:

[www.feedingamerica.org](http://www.feedingamerica.org)

<https://thegroundtruthproject.org/projects/going-hungry-food-insecurity-west-virginia-appalachia/>

<http://foodlink.wvu.edu/>

# Supper in a Sack Program Supports Healthy Eating

Submitted by Sr. Pat Murray, West Virginia Home Visitation Program,  
Special Projects Consultant



Many families within West Virginia have the need to learn about healthy eating. Supper in a Sack is a program that was developed to help provide families recipes and skills that they need to accomplish this. This program has been used by a number of Home Visitation programs throughout the state in various formats.

The program has several goals: teaching families cooking skills; teaching about nutrition; encouraging families to try some healthier foods; providing healthy recipes for families to use at home; and providing ideas for the use of leftovers.

The original format involved bring a group of about 6 parents together to an area that has a large kitchen. The full program is a six-week program. A full meal is prepared using a set of healthy recipes. Each parent is involved in preparing either the salad, entrée, vegetable, or dessert. After the food has been prepared and is cooking, there is an educational piece about proper nutrition. After the meal has been cooked, parents and staff eat together family style.

If an agency has found some funding to help with the program, then the food for that meal can be purchased and sent home so each family can try the meal on their own.

There are several West Virginia Home Visitation Programs that have had successful Supper in a Sack programs. For more information, contact Sr. Pat Murray, [srpatcsj@gmail.com](mailto:srpatcsj@gmail.com).

# *Hunger and Child Development:* **How Local BackPack Programs are Helping Children with Food Insecurities**

Submitted by Karen Gilbert, RN, BSN, Child Care Nurse Health Consultant, West Virginia Early Childhood Training Connections and Resources

“For children, food insecurity is particularly devastating. Not having enough healthy food can have serious implications for a child’s physical and mental health, academic achievement, and future economic prosperity. Research shows an association between food insecurity and delayed development in young children; risk of chronic illnesses like asthma and anemia; and behavioral problems like hyperactivity, anxiety, and aggression in school-age children” (Feeding America Network, Effects of Hunger/Feeding America, <https://www.feedingamerica.org/hunger-in-america/impact-of-hunger>).

Many local communities and schools have opted into the BackPack Program to help meet the needs of children who face food insecurities. As described by Feeding America Network, the program functions to “offer families free groceries for weekends and school breaks. Food backpacks include healthy, easy-to-prepare food for kid-friendly meals.” Statistics stated on [feedingamerica.org](https://www.feedingamerica.org), report that in 2020 BackPack programs served over 52



million meals. One such program takes place monthly in Hampshire County, WV. Volunteers from the community, in conjunction with the county school system, work together to collect donated foods, pack them into backpacks and then distribute to children as they leave school on Friday afternoons.

In an article written by Emma June Grosskopf for the *Hampshire Review*, a community volunteer for the BackPack program explains, “We pack (the bags) once every 3 weeks, the food that goes into the backpacks is aimed at feeding kids in the community who might not have solid meals over the weekend, when they’re not

at school” (Mar 30, 2022).

Many communities in rural West Virginia don’t have a wealth of monetary resources, but they are doing what they can to meet the food needs of the children in their localities through programs such as the BackPack Program. To find out more information about starting or volunteering in this program, the Feeding America Network states, “With over 11,000 BackPack Programs in our network, there is a backpack program or backpack buddies’ program near you. Find a weekend backpack program by asking your school district or local food bank.”

# Housing Instability in West Virginia

Submitted by Stephanie Barnett, WV Visitation Specialist, WVDHHR Office of Maternal, Child, and Family Health

## **Housing issues are still plaguing families across West Virginia.**

Many of our families are struggling with affordable, safe, and appropriately sized housing. The most common housing issue is a lack of affordable housing. In many areas across West Virginia, landlords have exponentially increased rents to reflect higher salaried migrant workers who are now traditionally accessing rentals, while median incomes remain at or below the poverty level. For example, a 2-bedroom apartment runs around \$1,400 month in Ohio County while the same sized apartment is around \$800 in Greenbrier County. Many landlords are requiring application and background check fees, first/last/security deposits up front prior to move in, and proof earning a minimum of three times the amount of rent in income per month.

## **Another issue is the lack of sufficient HUD housing and Section 8 across the state.**

Many counties do not have a local HUD office, and not all counties in West Virginia offer subsidized housing or Section 8 apartments. The counties that do offer HUD and Section 8 assistance often have extensive waiting lists. Several counties have reported wait lists of around 6 months to over 3 years. Another twist to the rental shortage

in our state is the amount of competition around open rentals, even rentals that are considered substandard. Many renters looking for affordable housing today lack the ability to pay large deposits, lack positive rental backgrounds, or may have insufficient work history to obtain affordable rentals.

## **All these problems together mean families in West Virginia often live in substandard housing.**

According to the 2021 Needs Assessment, 11.5 percent of housing across the state have issues such as lack of complete kitchen facilities, proper heating or plumbing, overcrowded, or are not structurally sound. In addition, 64 percent of West Virginia renters who are extremely low-income report being cost burdened by the cost of their housing. What little housing is available to families are often located in high crime areas or in areas that lack public transportation, well-funded schools, or are near grocery stores.

**With these multi layered issues, many families find themselves categorically homeless, meaning they are doubled up with other family or friends, couch surfing, or living at home with their parents.** Since these families have a place to lay their heads at night, it renders them

ineligible for rapid rehousing funds or other emergency housing funds. Doubling-up and couch surfing also may create a barrier for families who would otherwise be eligible for home visiting or Birth to Three services. Families who couch surf are also more likely to move frequently, which can make follow up difficult.

## **All these issues combined means assisting families in finding affordable housing is often a very time-consuming referral process.**

Establishing good partnerships with existing HUD and rental assistance agencies is a must, as well as good working relationships with homeless prevention programs and emergency shelters. While having relationships with community partners is one key to making housing connections for families, it won't completely solve the issue. We must all work together.

Resource:

“West Virginia.” National Low Income Housing Coalition, 2022, <https://nlihc.org/housing-needs-by-state/west-virginia>.

# Why Should WV Child Care Professionals Consider Infant Mental Health Endorsement?



**Myth: Endorsement is only for those who have lots of degrees and experience.**

**FACT:** Neuroscience tells us that the first three years of life are critical to lifelong health and well-being, making the role and responsibilities of home visiting professionals incredibly important to family and community success. The IMH Endorsement® recognizes professionals who work with or on behalf of infants, toddlers, and their families. It's the largest and most recognized IMH credentialing system in the United States, and it's available to you here in West Virginia! Anyone in the early childhood field can work toward earning Endorsement, including directors, supervisors, child care professionals, and service coordinators.

## Why should I pursue Endorsement?

**Good for You:** Earning IMH-E® enhances your credibility and confidence in working with or on behalf of infants, toddlers, and their families. You'll gain recognition and belong to a cross-systems, multi-disciplinary network of Endorsed professionals in WV.

**Good for Babies and Families:** Infants, toddlers, and families receive culturally sensitive, relationship-based early childhood services provided by a workforce that demonstrates a common set of core competencies.

**Good for Communities:** IMH-E® provides assurance to families that early childhood professionals meet high standards of care and are prepared to support optimal development of infants, young children, and their families.

**Good for Programs:** IMH-E® professionalizes the early childhood field and ensures consistency of professional standards across programs, no matter the curriculum, location, or services.

## The IMH Competencies® naturally align with Early Childhood work

**IMH-Endorsement® supports the belief that positive social-emotional development is foundational** to other learning, and that healthy development happens within the context of nurturing relationships and environments.

**IMH competencies® provide a professional development "road map"** for acquiring the knowledge and skills needed to attend to the often complex nature of early social and emotional development and parent-child relationships.

**Financial assistance is available for Endorsement.** Local Child Care Resource and Referral agencies have funds available to provide financial assistance for those seeking Endorsement within the Early Childhood field.

**For more information, please contact the West Virginia Infant/Toddler Mental Health Association or visit [www.nurturingwvbabies.org](http://www.nurturingwvbabies.org)**

Special thanks to the Wisconsin Alliance for Infant Mental Health for sharing information



# Mountaineer **RENTAL** Assistance Program [wvrentalassistance.com](http://wvrentalassistance.com)



**Real Help for  
West Virginia  
Renters is  
Here!**

**The Mountaineer Rental Assistance Program** is now open and accepting applications.

If you are a renter who is struggling to pay rent or utilities because of financial hardship during or due to the COVID-19 pandemic, you may be eligible for assistance.

### **Eligibility:**

To be eligible for assistance through the Mountaineer Rental Assistance Program, a renter household must meet all 3 of the following:

1. Have a household income no greater than 80% of area median income (AMI)\*
2. One or more member of the household must:
  - a. have qualified for unemployment

**OR**

  - b. experienced a financial hardship during or due to the COVID-19 pandemic
3. One or more members of the household must be at risk for homelessness or housing instability such as having a past due utility or rent notice or an eviction notice.

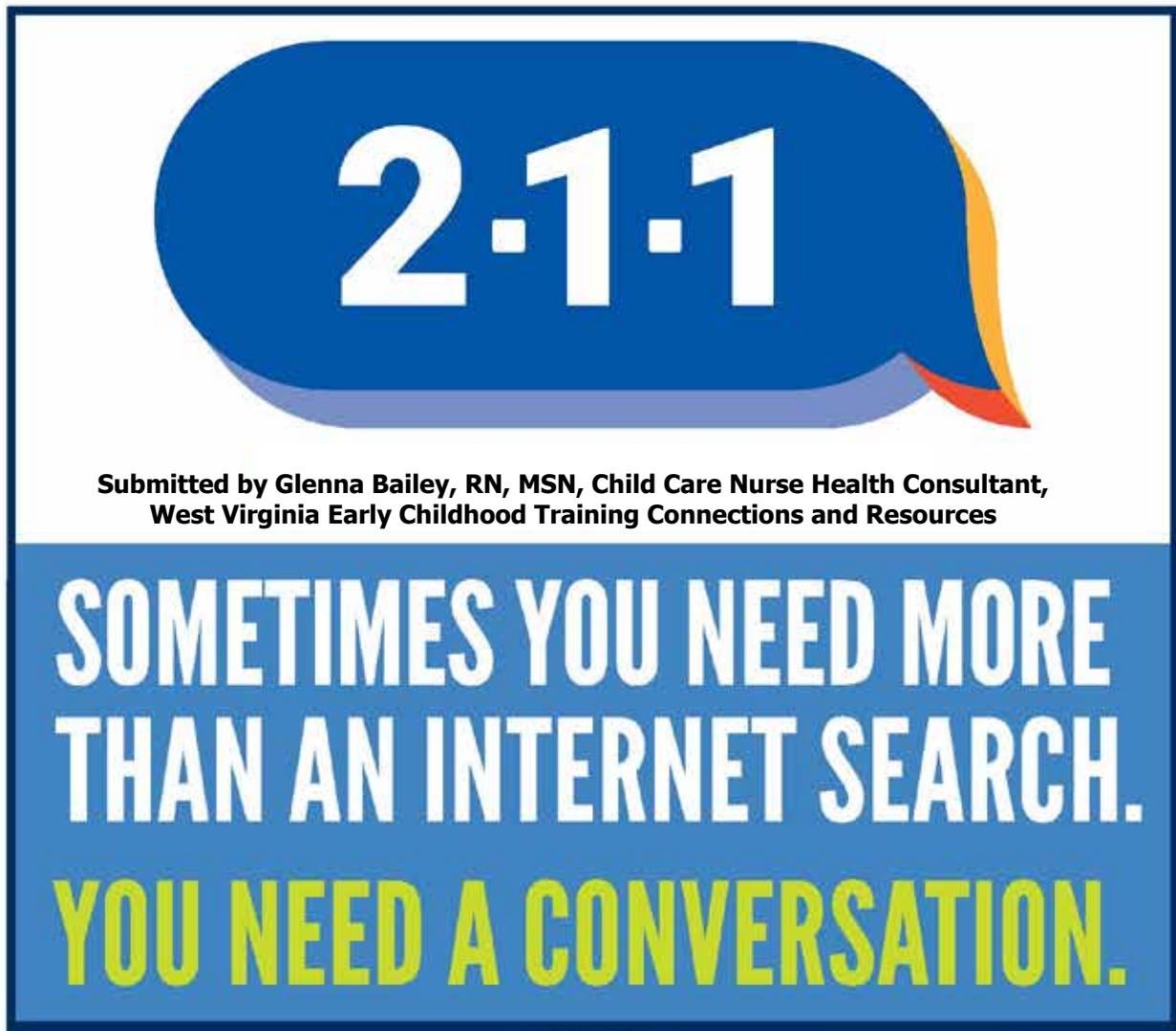
\* *To find the AMI for the West Virginia County you live in visit: [wvrentalassistance.com](http://wvrentalassistance.com)*

### **Eligible Expenses may include:**

- Past due and current rent beginning April 1, 2020 and up to three months forward rent for a maximum of 18 months.
- Past due and current water, sewer, gas, electric, trash, and home energy costs such as propane.
- A one-time \$300 stipend for internet expenses so you can use the internet for distance learning, telework, telemedicine and/or to obtain government services.

Please go to the website for more information:

**[wvrentalassistance.com](http://wvrentalassistance.com)**



In today's world people may need help in meeting their needs such as food and access to healthcare. With so many agencies and sources of aid, it can be a daunting task to find the right resources. West Virginia now has a service that uses an accurate and comprehensive database to help find those resources.

WV 211, a project of the West Virginia United Way Collaborative, offers health and human services information both online and by telephone. You can learn about specific programs, intake requirements, eligibility, operation hours and more. The database also has information on disaster related services. The service covers all 55 counties of West Virginia.

In 2021, WV 211 helped over 30,000 West Virginians. Call specialists answer calls 24 hours a day, seven days a week, 365 days a year. They can help connect individuals and families with food pantries, health care services, transportation, recovery and addiction, utility and eviction prevention assistance, and other services.

The service is free and simple to use. You can dial 2-1-1 on your phone or text your zip code to 898-211. Individuals can also self-search resources on the [wv211.org](http://wv211.org) website or live chat with one of the call specialists. All you need to get started is your zip code. All calls are confidential, and any information provided will remain private.

# Do you know a child who is not \*moving \*hearing \*seeing \* learning or \*talking like others their age?

By 3 months,  
Does your baby...

- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By 6 months,  
Does your baby...

- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By 9 months,  
Does your baby...

- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By 12 months,  
Does your baby...

- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By 18 months,  
Does your baby...

- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By 24 months,  
Does your baby...

- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

**Every child deserves a great start.**

WV Birth to Three supports families to help their children grow and learn.

To learn more about the  
WV Birth to Three services  
in your area, please call:

**1-866-321-4728**

Or visit [www.wvdhhr.org/birth23](http://www.wvdhhr.org/birth23)



WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.

# Food Insecurity in Early Childhood

Reprinted with permission from Center for the Study of Social Policy, Authored by Melanie Meisenheimer



## What Is Food Insecurity?

Food insecurity and hunger are related but not synonymous.<sup>1</sup> The concept of “food security” is used by the U.S. Department of Agriculture (USDA) to measure a household’s social and economic ability to access adequate food. The most common cause of food insecurity is poverty, but other factors – including housing costs, medical expenses and lack of access to grocery stores and other food retailers or culturally appropriate foods – can also impact food security. Food insecurity of any degree indicates a lack of resources needed to meet basic needs, and a risk of poorer health and wellness outcomes due to lower quality nutrition.

## Introduction

Because early childhood is such a crucial phase of physical and social-emotional development, food insecurity in the early years of life is particularly detrimental and can compound the effects of other risk factors associated with poverty, such as reduced access to health care and unstable or unsafe housing. Poor nutrition and food insecurity are associated with poorer physical and mental health in all age groups, but in young children they can deeply affect well-being and development in ways that can endure for a lifetime.

## Young Children and Their Families Experience High Rates of Food Insecurity

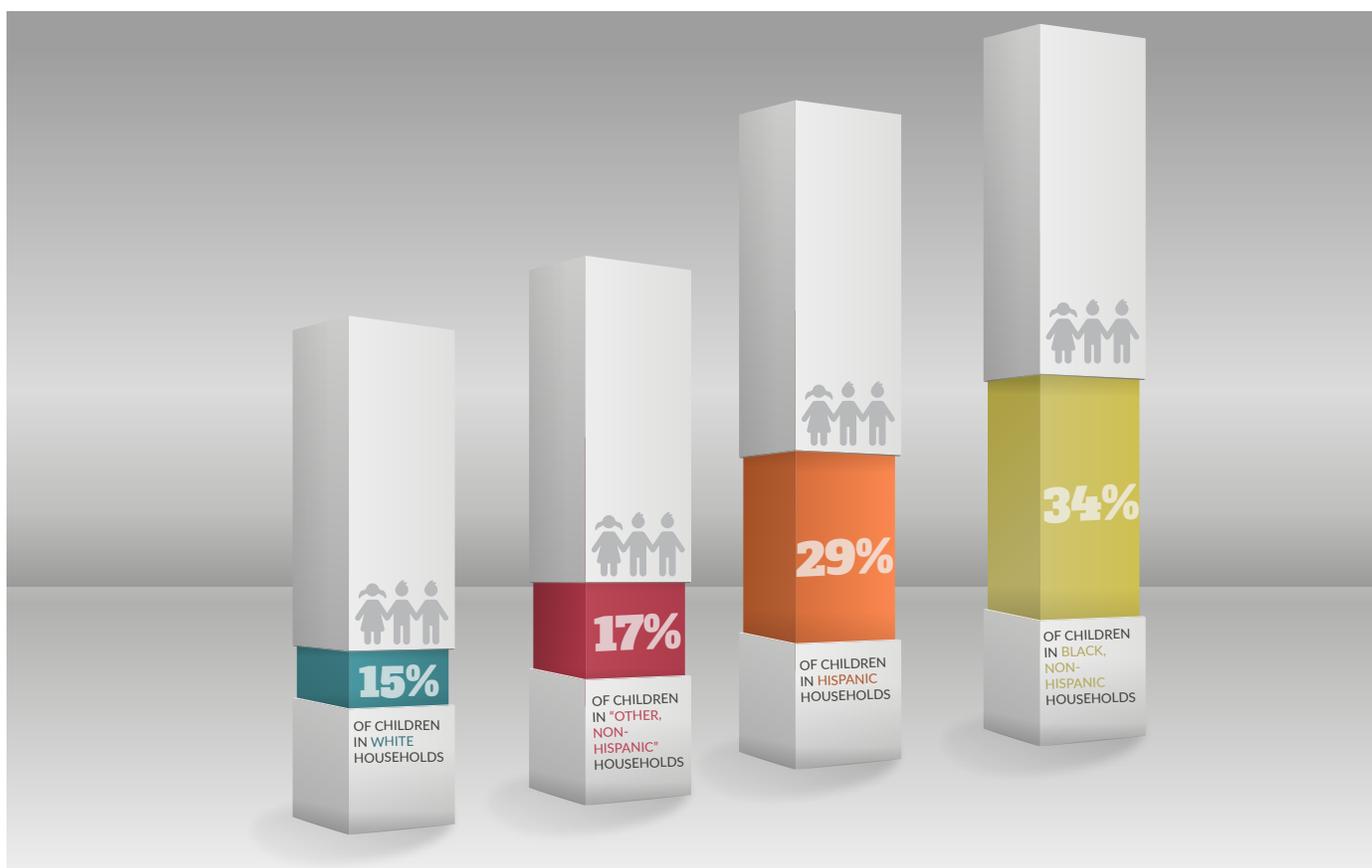
Despite America’s overall wealth and agricultural abundance, a significant proportion of the U.S. population struggles to consistently put enough nutritious food on the table. Nationwide, 48.1 million people lived in food insecure households in 2014, meaning that they were unable to consistently access enough nutritious food. Families with young children are particularly at risk of food insecurity. While 14 percent of all households

experienced food insecurity in 2014,<sup>2</sup> among households with children under age 6, the proportion jumps to 20 percent, or 1 in 5 households.<sup>3</sup> Among households with children headed by a single woman, the figure jumps again to 35 percent, or more than 1 in 3 households.<sup>4</sup>

While poverty is a strong predictor of food insecurity, food insecurity persists at income levels above the poverty line, meaning many families with young children may struggle in the shadows. Forty-one percent of individuals living in poverty experienced food insecurity in 2014,<sup>5</sup> in addition to over 12 million people whose incomes were between 100 and 185 percent of the federal poverty line in 2014.<sup>6</sup> Although these households are not officially considered “poor,” they can still struggle to provide adequate nutrition to their families.

Food security is foundational to overall health, wellness and economic stability – and essential

## Food Insecurity Among Children in the United States in 2014\*



\*Totals exclude households for which food security status is unknown because they did not give a valid response to any of the questions in the food security scale. In 2014, these exclusions represented 282,000 children (0.4 percent).

for children and families to thrive. As such, it's crucial that policymakers and service providers ensure that young children and their families have access to good nutrition. Without food security, we cannot fully achieve the outcomes we desire for all children and families in our communities. For this reason, it is worth examining the short-term and long-term options available to both policy makers and early childhood service providers.

### Food Insecurity in Early Childhood Contributes to Inequitable Outcomes and Opportunities

Food insecurity does not impact all children equally, contributing to an opportunity gap and racial disparities in outcomes. Children of color are more likely to experience food insecurity than their white counterparts, meaning they are also disproportionately impacted by the negative effects of poor nutrition on physical,

mental and social-emotional development in early childhood. In 2014:<sup>3</sup>

- 15 percent of children in white households lived with food insecurity
- 34 percent of children in black, non-Hispanic households lived with food insecurity
- 29 percent of children in Hispanic households lived with food insecurity
- 17 percent of children in "Other, non-Hispanic" households lived with food insecurity

By 2020 more than half of all children in the U.S. will be children of color,<sup>7</sup> and already half of all children under five are children of color.<sup>8</sup> In many localities across the U.S., this demographic shift took place years ago. Because of the close association between nutrition and healthy physical, cognitive and social-emotional development, early childhood providers and policymakers must consider the disproportionate impact food insecurity has upon young children of color.

## Food Insecurity, Nutrition and Development

### HEALTH

Good nutrition is a foundational building block of good health, and even brief disruptions in food security can affect a young child. Even marginal food security – a designation used by the USDA to indicate that a household is “getting by and able to provide nutritious food although families may experience difficulty or anxiety about doing so” – may be harmful to a young child’s health.<sup>9</sup> Marginal food security is a significant predictor of poor health status risk in children, and food insecurity in general puts children at greater risk of developing asthma.<sup>10</sup> More persistent food insecurity that significantly impacts a family’s nutrition or eating patterns during infancy and early childhood has also been associated with an increased risk of childhood obesity.<sup>11</sup> Even earlier in the lifespan, food insecurity is connected to gestational diabetes, low birth weight and maternal depression, all of which can also harm an infant’s physical health as well as that of the infant’s mother.<sup>12</sup>

### LEARNING AND ACADEMIC ACHIEVEMENT

Good nutrition is vital for brain development and learning in infancy and early childhood, and research has shown that food insecurity has a negative impact on children’s reading and mathematics performance.<sup>13</sup> Children in early education and preschool programs who are hungry or are stressed about when they will next be able to eat will struggle to stay awake, focus and learn. Poor or insufficient nutrition has been shown to put children at a disadvantage in learning and school-readiness. Furthermore, food insecurity is associated with iron deficiency in young children,<sup>14</sup> which puts them at risk of negative cognitive, behavioral and health consequences in the first years of life. As a result, poor nutrition can undermine children’s school-readiness, putting them at a disadvantage in the classroom before they even begin kindergarten. Because school-readiness has been identified as a predictor of later academic success, children who experience food insecurity in their first years may lack the same opportunities for academic success as their counterparts who do not experience food insecurity. Without an equal opportunity at academic success, children are less likely to grow up to have stable, well-paying jobs and may continue to be at risk of experiencing food insecurity into adulthood.

### SOCIAL-EMOTIONAL DEVELOPMENT

Young children’s social-emotional development can also be affected by the stressors associated with food insecurity, putting them at increased risk of behavioral and emotional problems, which in turn impacts their readiness for kindergarten and ability to succeed in school. Research on the effects of food insecurity on social-emotional health in young children is more limited, but does suggest that it is associated with adverse behavioral and mental health outcomes for children.<sup>15</sup> Furthermore, food insecurity is associated with poorer mental health in parents and caregivers – including depression and anxiety<sup>16</sup> – which can impact their ability to engage in nurturing interactions with their child, or to respond to stress the child experiences.

### Importance of Nutrition in Mitigating Lead Absorption

The ongoing water contamination crisis in Flint, Michigan highlights another reason service providers and policymakers should be concerned about food insecurity in early childhood: poor nutrition leads to increased absorption of toxins like lead in a young child’s body. Lead poisoning in infants and young children can lead to problems with learning, behavior, growth and development. Communities must prioritize protecting young children from sources of lead exposure, but for children who have already been exposed to lead, good nutrition may be able to mitigate possible damage. Diets rich in nutrients like calcium, iron and Vitamin C have been shown to protect children from lead poisoning, as has the practice of eating small, healthy meals throughout the day<sup>17</sup> – both of which are difficult to achieve while experiencing food insecurity.



## **Federal Nutrition Programs that Support Young Children and Their Families**

A number of existing federal nutrition programs can help buffer young children and their families from the negative financial and nutritional effects of food insecurity. Included among these programs are:

**The Supplemental Nutrition Program for Women, Infants and Children (WIC)** serves low-income pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children up to age 5. It provides monthly benefits to increase access to a “package” of food items considered nutritionally important for infants, young children and pregnant and postpartum women.

**The Supplemental Nutrition Assistance Program (SNAP)** is the largest federal nutrition program. It provides monthly nutrition benefits to low-income families and individuals that can be redeemed at authorized food retailers to purchase foods like fruits, vegetables, meat and dairy products.

**The Child and Adult Care Food Program (CACFP)** provides reimbursements for meals that meet federal nutrition requirements served at child care centers and family care homes. Eligibility is based on either the poverty status of the area or on the income of enrolled children.

**The National School Lunch Program (NSLP)** provides low-cost or free meals to children in public and nonprofit private schools and residential child care institutions.

**The School Breakfast Program (SBP)** provides financial assistance to states to offer breakfast for students at schools and residential child care institutions.

**The Summer Food Service Program (SFSP)** provides free meals that meet federal nutrition requirements at approved meal sites for school-age children during summer vacation, when school meals are unavailable.

## **Taking Action: Improving Food Security for Young Children and Their Families**

Because food insecurity operates at the household level and is the product of a number of interwoven social and economic factors, it must be addressed through a multi-faceted, multi-generational approach. This means that there is no single strategy that can be used to ensure all young children have the nutritious food they need to grow up healthy and thriving. Community organizations, coalitions, policymakers, early childhood service providers and others need to pursue a number of options that are available to fight food insecurity. Action steps are available to address both the immediate, short-term effects of food insecurity as well as longer-term strategies to prevent food insecurity from occurring. By working together within communities, as well as at the state and national levels, it is possible to prevent food insecurity and the toll it takes on young children and their families.

## **Options for Early Childhood Service Providers**

### **IMPROVE ACCESS TO FEDERAL NUTRITION PROGRAMS**

A number of federal nutrition programs can act as a buffer for families with young children against the economic and health consequences of food insecurity, allowing infants and young children to grow up healthy. Service providers and community organizations can work to ensure all of the children and families they serve have access to the nutrition benefits for which they are eligible. For example, early childhood providers can partner with local food access organizations, SNAP offices and WIC clinics to provide information in the appropriate languages to families they serve and to reinforce the message that nutrition assistance is available for all young children whose families may be struggling.

Providing such information may take an extra level of effort in communities with significant migrant, immigrant and refugee populations, as many of these families don't apply for nutrition assistance due to stigma, misconceptions about how immigration status impacts eligibility and fears about how applying for nutrition assistance may affect immigration status. While undocumented immigrants are not eligible for assistance under SNAP, they may apply for any documented or citizen members of their household. For example, if a five-person mixed-status household contains one undocumented parent, that household may apply for benefits for the four other household members who have regularized immigration status. Only the immigration status of those four individuals will be considered in the application process. Similarly, immigrant children are eligible for federally subsidized meals in schools and participating child care centers, and children in immigrant families can also benefit from WIC participation.

## ASSIST EARLY CARE AND EDUCATION PROVIDERS WITH CACFP PARTICIPATION

The Child and Adult Care Food Program (CACFP) provides reimbursements for meals and snacks that meet federal nutrition requirements served at child care centers and family care homes. Currently, more than 4 million children receive nutritious meals and snacks in their child care setting – either center-based care or in-home care – because their child care provider participates in CACFP. CACFP is a useful tool to equitably promote food security in early childhood. By providing free meals to all children in a child care setting, a child care provider can ensure a certain degree of food security and nutrition for all of the children in the provider's care, regardless of their families' incomes. This benefits children's health as well as their ability to learn and develop in the child care setting.

Additionally, participation in the program can promote financial stability for the provider, improving sustainability in the local child care system. However, becoming a CACFP provider and maintaining compliance with program rules can be a daunting process, particularly for in-home and smaller-scale child care providers. Local child care licensing agencies can partner with local food access organizations to connect child care providers with the training and technical assistance they may need to successfully participate in CACFP.

States can further promote better nutrition for children in early care and education programs by aligning licensing and Quality Rating and Improvement System (QRIS) standards with the new CACFP nutrition standards. Licensing agencies can make training and incentives available to providers who meet CACFP's nutrition standards. The recently updated CACFP standards improve the nutritional quality of meals served under the program, and child care providers could be encouraged to implement similar standards more widely in order to improve nutrition for all children in early care and education programs.

## IMPROVE ACCESS TO EMERGENCY FOOD ASSISTANCE

While communities must focus on systemic solutions to ultimately eliminate food insecurity and its causes in early childhood, it is also important that families immediately be connected to emergency nutrition assistance when needed. Federal nutrition programs can significantly decrease food insecurity for young children, but they are not always sufficient. For example, USDA Economic Research Service data from 2014 show that, among households participating in SNAP, 32 percent were forced to obtain food from a food pantry to put enough food on the table. Among households participating in WIC in the same year – all of which include young children or pregnant women – 23 percent needed emergency food assistance from a food pantry.<sup>18</sup>

Early childhood service providers and agencies can foster connections between providers in both the early childhood sector and the emergency nutrition assistance sector to make sure families are provided with information and assistance as needed. "Backpack Programs" – which send children home with a backpack of food to ensure they have enough to eat over the weekend, when they are not able to receive meals at school or preschool – are an example of this type of collaborative effort. Foodbanks and charitable food organizations across the country have begun operating backpack programs, like the Manna Food Project in Michigan, which operates a "Food 4 Kids" Backpack Program in partnership with a number of local schools, preschools and Head Start programs.<sup>19</sup> Regional food banks generally offer outreach materials and information on how families can obtain emergency food that can be distributed by early care and education providers, pediatric health care providers, and others who regularly work with young children and their families. Providing such information in a standardized and universal manner in a variety of languages ensures families are aware of where they can receive emergency assistance from food pantries or other providers, while also reducing the stigma and shame that can come from asking for assistance when it's needed.



States can further promote better nutrition for children in early care and education programs by aligning licensing and Quality Rating and Improvement System (QRIS) standards with the new CACFP nutrition standards. Licensing agencies can make training and incentives available to providers who meet CACFP's nutrition standards. The recently updated CACFP standards improve the nutritional quality of meals served under the program, and child care providers could be encouraged to implement similar standards more widely in order to improve nutrition for all children in early care and education programs.

## Options for Policymakers

### IMPROVE ECONOMIC WELL-BEING OF YOUNG CHILDREN AND THEIR FAMILIES

Food insecurity is in many ways a marker of whether families are able to meet their basic needs. Federal, state and local policies can therefore reduce the incidence of food insecurity by promoting economic stability for families. Such policies include higher minimum wage laws and fair scheduling requirements<sup>20</sup> that promote economic stability and prevent disruption in families' lives. Similarly, paid family and medical leave requirements and stronger, well-enforced protections for pregnant workers promote economic stability during periods of significant change and economic stress for families. Policymakers can also consider how to best help their constituents align their skills with the local job market through investment in workforce development programs, promoting economic growth in the community and stable employment for families.

Family-supportive work policies, in particular, can have a significant impact on food insecurity among young children. Family-supportive work policies like paid leave, fair scheduling and higher minimum wage laws are particularly important for low-income and part-time workers, who are disproportionately people of color and single heads of household. As previously noted, the rate of food insecurity among children of color is significantly higher than that among white children, and the rate among households with children headed by a single woman is 35 percent, more than double the rate of food insecurity for the all households in the U.S.<sup>21</sup> Family-supportive work policies can therefore go a long way toward reducing both food insecurity and inequity for children and their families.

Policymakers can also ensure children and families have access to affordable, high-quality child care for infants, toddlers and young children, easing a significant financial burden for many working families. Finally, policymakers can further promote families' economic stability through inclusive development. The creation, protection and maintenance of safe and affordable housing stock can ensure that children have a healthy, stable environment in which to grow-up and that their families are not overly burdened by high housing costs. Additionally, strengthened and accessible public transit systems can improve access to employment and services for low-income families.

### STRENGTHEN AND IMPROVE ACCESS TO EXISTING SUPPORTS

In addition to building communities that support families, policymakers can also ensure that existing programs that provide nutrition assistance for children and families with low incomes are strong and accessible. A number of options are available to states at the administrative level to ensure this goal, without need for legislative changes. States can streamline eligibility and recertification processes when possible to make sure unnecessary barriers don't prevent low-income families and children from receiving the nutrition assistance for which they are eligible.

#### State Options to Improve SNAP and WIC Accessibility

SNAP administrative options, in particular, offer states several options to improve access to nutrition benefits and address food insecurity at the household level. For example, online applications can make the SNAP application process significantly easier for some households, allowing households to apply outside of normal business hours and eliminating the need to take a trip to the local SNAP office, which can be distant or difficult to access without reliable transportation. As of 2015, 10 states did not offer an online SNAP application.<sup>22</sup> Other options include eliminating the use of asset limits in SNAP eligibility determinations through broad-based categorical eligibility – which 11 states have not yet adopted<sup>23</sup> – allowing for a simplified application process that does not unnecessarily burden or penalize low-income families.

States may also opt to simplify eligibility processes in WIC through the use of adjunctive eligibility. Adjunctive eligibility allows states to determine if applicants are eligible for WIC participation based on their participation in other means-tested programs, including SNAP, Medicaid or TANF.<sup>24</sup> Particularly with the expansion of Medicaid under the Affordable Care Act, adjunctive eligibility offers states an opportunity to make WIC applications less burdensome and ensure WIC is accessible to families of young children who are particularly likely to experience food insecurity.

Once families are enrolled in federal nutrition programs, states can also ensure that they are not unnecessarily removed from the program due to burdensome administrative processes. Options in this area include extending a family's certification period and simplifying reporting processes. Both SNAP and WIC allow states to offer extended certification periods,<sup>25 26</sup> reducing administrative burdens for both states and families.

While federal nutrition programs are a crucial support for families experiencing food insecurity, current benefit levels are frequently too low to completely eliminate the effects of food insecurity on young children and their families, as demonstrated previously by the proportion of families receiving nutrition assistance who must also make use of food pantries. States can opt to supplement the benefit levels established by federal legislation. For example, in 2016, the District of Columbia raised the minimum SNAP benefit for District residents from the federal minimum of \$16 per month to \$30 per month. Such a change improves protections for young children and families, particularly those who live in areas with a high cost of living, where a family's budget will be even more stretched.

## ADDRESS FOOD INSECURITY AS A HEALTH CONCERN

Food insecurity is a serious threat to the health and development of young children. By treating it as the serious health risk that it is, policymakers have an opportunity to make the most of existing health infrastructure and financing mechanisms to address food insecurity. The concept of "Food as Medicine" has taken root in communities across the nation, based on the argument that, if food insecurity can cause or exacerbate a number of physical and mental health conditions, treating food insecurity as a preventable health problem will ultimately improve health and reduce health care costs.

The Affordable Care Act introduced significant opportunities that support a public health approach to addressing food insecurity. A new rule<sup>27</sup> under the law clarifying the requirements for nonprofit hospitals to improve local community health in order to preserve their nonprofit tax status includes guidance that hospitals may meet this requirement by addressing social determinants of health<sup>28</sup>— including food insecurity — in the community. This provides a significant opportunity for collaboration between anti-hunger advocates and the health care sector to better address food insecurity among young children and their families.

Furthermore, by framing food insecurity as a health concern and nutrition assistance as a component of health care, health care providers can lessen the stigma associated with seeking nutrition assistance. This will make it more likely that food insecure children and families will seek and receive the support for which they are eligible. The following examples highlight work currently taking place at the state and local level to build a strong connection between good health and food security.

## Addressing Food Insecurity in the Pediatric Setting: Project DULCE

In recognition of the fact that families face a series of challenges in the first six months following the birth of a child, Project DULCE (Developmental Understanding and Legal Collaboration for Everyone) seeks to provide useful support for families of newborns by adding a trained Family Specialist to the team at the health centers where families already bring their babies for care. The DUCLE Family Specialist provides support to families with infants in the clinic setting during routine healthcare visits and also offers home visits, telephone, email and text-messaging support.

Among other supports, the Family Specialist screens families for needs related to social determinants of health, including food insecurity. Once a need is identified, the Family Specialist will work to connect the family to existing supports, like federal nutrition programs, with the support of a local Medical-Legal Partnership partner. Because the support of a Family Specialist is offered universally within the clinic, there is no stigma attached to participation. By operating in the clinic setting, Project DULCE reaches children and families who may otherwise have been missed by nutrition assistance outreach efforts. This model closes the loop between food insecurity and the health of young children by integrating both into the pediatric setting. Initial implementation of Project DULCE began in the spring of 2016 with support from CSSP at seven clinic sites in California, Florida and Vermont.



Welfare reform in 1996 imposed a lifetime ban on participation in SNAP for people convicted of a Federal or State felony offense involving the possession, use or distribution of a controlled substance. This provision has had a disparate impact on low-income families of color due to the disproportionate manner in which low-income communities of color have been targeted by drug laws and enforcement of those laws. This provision has frayed the safety net for individuals with a drug conviction and their families, even decades after a conviction occurred. State legislatures may opt out of the lifetime ban entirely or impose less severe restrictions. As of 2015, a lifetime ban remained in 12 states, with modified bans in 18 states. Eliminating these bans offers states an opportunity to lessen the disproportionate impact food insecurity has on low-income families of color and their children.

### **Standardizing screenings and supported referrals for food insecurity in healthcare settings: Health Care Partnerships Program, Oregon**

After learning that most healthcare providers in pediatric and family practice settings did not regularly screen their patients for food insecurity, but that 89 percent were willing to do so, the Childhood Hunger Coalition successfully piloted a clinic-based screening and patient assistance model for food insecurity, called Screen & Intervene. The Oregon Food Bank has since expanded the model statewide to about 250 health settings and to public health programs like Head Start and WIC clinics. Presently, all Migrant and Seasonal Head Start programs and WIC clinics in the state either implement or plan to implement food insecurity screenings and intervention. Several other Head Start sites have also implemented the model. By integrating both food insecurity screenings and a referral model to actively connect patients with nutrition assistance, Screen and Intervene allows providers to effectively and efficiently address food insecurity and its negative health effects among patients. Currently, advocates are working with the Oregon Primary Care Association and other health care allies to propose food insecurity screening and intervention as an Oregon Medicaid Performance Metric, which would encourage further implementation of Screen & Intervene across the state.

### **Reaching children and families at high-risk of food insecurity on-site: Arkansas Children's Hospital**

As a state, Arkansas has the second highest rate of food insecurity in the nation,<sup>29</sup> and as of 2014, 26 percent of children – more than 1 in 4 – in the state lived with food insecurity.<sup>30</sup> As the only pediatric medical center in the state, Arkansas Children's Hospital (ACH) has taken on childhood food insecurity by implementing several pilot projects to help the families and children it serves access the nutrition they need. ACH now serves as a meal site for the USDA Summer Food Service Program and the Child and Adult Care Food Program, offering a free, nutritious meal to any child who enters ACH to receive care or accompany a family

member. ACH also provides bags of emergency food for families to take home with the assistance of a local food pantry, and connects families to federal nutrition assistance through on-site counselors who can assist with the application process.

## **Conclusion**

The first months and years of a child's life are a developmentally critical period, setting the stage for health, academic success and the ability to thrive into adulthood. Good nutrition is foundational to healthy development in early childhood, meaning the negative effects of food insecurity can be particularly detrimental to young children. This makes it especially worrying that families with young children are among those most likely to experience food insecurity in the U.S. Children who experience food insecurity early in life do not have an equal opportunity to grow-up healthy and thrive, making food insecurity a driver of continued racial and economic inequities in early childhood.

Both policymakers and early childhood service providers are in a strong position to address and prevent food insecurity in early childhood. Early childhood service providers and local agencies can work together to improve access to nutrition programs – including by assisting early care and education providers with CACFP participation – and to emergency food assistance. Policymakers can make further inroads against food insecurity in early childhood by improving the economic well-being of families with young children, strengthening and improving access to existing nutrition assistance and addressing food insecurity as a health concern for young children and their families. Because both the immediate effects of food insecurity and its underlying causes must ultimately be addressed to truly improve outcomes for young children and their families, local leaders must consider long-term, multi-sector and multi-generational solutions to food insecurity.

## Endnotes

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## Concerned about your CHILD'S DEVELOPMENT?

**Help Me Grow**, a free developmental referral service, provides vital support for children from birth to age five including:

- Information and community resources to aid development
- Free developmental screening questionnaire
- Coordination with your child's doctor

Talk to a care coordinator and schedule a developmental screening for your child today.

**Help Me Grow: 1-800-642-8522**  
**[www.dhhr.wv.gov/helpmegrow](http://www.dhhr.wv.gov/helpmegrow)**



**Help Me Grow**  
West Virginia



# Parent Blocks

NEWSLETTER



“Providing resources to parents throughout West Virginia”

Volume 18, Issue 2, Spring/Summer 2022

## West Virginia Feed to Achieve Program

### Childhood Hunger in West Virginia

According to Feeding America, more than 1 in 5 children in West Virginia live in a household that is food insecure. Over 67 percent of school-aged children qualify for free or reduced-priced meals.

That translates to over 183,000 children whose family household income is below or nearly below the federal poverty level. Without adequate access to food, these children are at risk for health problems, obesity, nutrient deficiencies, and difficul-

ties with learning that can echo throughout a lifetime.

### What is West Virginia Feed to Achieve?

The West Virginia Legislature passed Senate Bill No. 663 in April 2013, creating the West Virginia Feed to Achieve Act. It focuses on improving the nutrition and health of West Virginia’s children. The need for the bill was simple: Every child needs nutritious meals in order to achieve his or her potential. The bill not only focuses on ensuring that all students have equal access to nutritious meals during the school day, but also allows for the creation of partnerships to provide meals outside the school day.

As West Virginians, we rise to the occasion to help others in need. There are countless individuals and organizations at the grassroots

WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; WV Head Start State Collaboration Office; Office of Maternal, Child and Family Health/West Virginia Birth to Three; and West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

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level who are working to combat poverty and feed hungry families. A key component of WV Feed to Achieve is to establish partnerships outside the school system to ensure children have access to food outside the school day: after school, weekends, during the summer months, holidays and snow days.

The West Virginia Department of Education Office of Child Nutrition was given the responsibility to oversee West Virginia Feed to Achieve. The initiative has been administered in two parts:

### **Part 1: Feeding children during the school day**

The West Virginia Department of Education serves as the State Agency responsible for operating the National School Lunch Program and School Breakfast Program in West Virginia and enters into an agreement with the USDA for this task. The WVDE then enters into agreements with each of the 55 county boards of education for program administration at the local level. Breakfast and lunch served at the local level remains the largest source of nutrition for students during the school day.

### **Part 2: Feeding children outside the school day**

#### National School Lunch Program Afterschool Snack

The afterschool snack component of the National School Lunch Program is a federally assisted snack service that fills the afternoon hunger gap for school children. USDA's Food and Nutrition Service administer the snack service at the federal level. At the state level, it is administered by state agencies. In West Virginia, this

is the West Virginia Department of Education. Snack service through this option is operated through agreements with local school food authorities (SFAs). SFAs are ultimately responsible for the administration of the snack service. The NSLP Afterschool Snack Service offers cash reimbursement to help schools provide a nutritional boost to children enrolled in afterschool activities. Participating SFAs receive cash subsidies from the USDA for each reimbursable snack they serve (up to one reimbursement per participant per day). In return, they must serve snacks that meet federal requirements and must offer free or reduced price snacks to eligible children. Thirty-four county school systems participated in the NSLP afterschool snack option last school year for a total of 775,302 nutritious snacks offered through this federal child nutrition option.

#### Child and Adult Care Food Program (CACFP) Afterschool Meals

CACFP meals and snacks give a nutritional boost to children, including teenagers through age 18, in eligible afterschool programs in lower income areas. When school is out and parents or guardians are still at work, children need a safe place to be with their friends, with structured activities, and supportive adults. There are no application forms for parents or guardians to complete. All afterschool meals and snacks are served in group settings, at no cost to the child or the child's family. USDA provides reimbursement for meals and snacks served in afterschool programs that are located at sites where at least half of the children in the school attendance area are eligible for free and reduced price school meals; educational and/

or enrichment activities are offered after the regular school day ends – or on weekends, holidays, or during times of the year when school is not in session; and serves nutritionally balanced meals and snacks that meet USDA's nutrition standards. For the 2016-17 school year, 250 feeding sites across West Virginia accessed this meal option to serve children through this federal child nutrition program.

#### Backpack Programs and Non-Traditional Feeding Support

The West Virginia Department of Education recognizes that non-traditional feeding programs are methods of providing food to students outside the school day. This is accomplished in communities across West Virginia in numerous capacities – through social and civic groups, faith-based initiatives, corporate partnerships, food pantries and food banks, and volunteer efforts. The West Virginia Feed to Achieve Act allows the WVDE to be part of the solution of feeding students in these non-traditional efforts. School-based food pantries and backpack programs are options for schools to make shelf-stable food available to students.

We encourage you to help serve your local students and communities by volunteering your time and efforts with organizations and charitable causes that seek to end childhood hunger in West Virginia. For more information on how you can help, contact the Office of Child Nutrition.

*-Reprinted from West Virginia Department of Education, <https://wvde.us/student-support-well-being/child-nutrition/feed-to-achieve/>*

# Gardening with Children

Throughout the last several years...with COVID, supply chain issues, and the increase cost of groceries...there has been a movement to grow our own food through home gardens.

Gardening with young children has many advantages. Not only will you have the opportunity to grow nutritious food, but children will also have the opportunity to learn about and explore the world around them.

Through gardening, children will:

## 1. **Learn about living things.**

Children will learn how to help take care of growing plants, compare and contrast different kinds of seeds, and explore sensory development through the texture of dirt and leaves.

**2. Practice motor skills.** By digging dirt, using tools, and watering plants, children will practice motor skills.

**3. How to work together as a team.** By gardening together as a family, children learn how to work together, helping to accomplish a common goal of creating a successful garden.

## Roasted Asparagus with Balsamic Vinegar

Submitted by Renee Y. Stonebraker, RS, Child Care Health Educator,  
West Virginia Early Childhood Training Connections and Resources



### Ingredients:

- 1 pound fresh asparagus, trimmed
- 2 tablespoons balsamic vinegar
- 2 tablespoons olive oil
- 1 tablespoon honey
- salt and pepper to taste

### Directions:

1. Preheat oven to 450 degrees F.
2. Place asparagus in a gallon zip lock bag.
3. Add vinegar, oil, honey, and salt and pepper to bag. Toss asparagus around in the bag to coat well.
4. Place asparagus on cookie sheet. Bake 10-15 minutes.

Reference: [www.justapinch.com](http://www.justapinch.com)

# Concerned about Development?

## How to Get Help for Your Child



Talking to the doctor is the first step toward getting help for your child if you are concerned about his or her development (how your child plays, learns, speaks, acts, or moves). **Don't wait.** Acting early can make a real difference!

### 1 Make an appointment with your child's doctor

- When you schedule the appointment, tell the doctor's staff you have concerns about your child's development that you would like to discuss with the doctor.

### 2 Complete a milestone checklist

- Before the appointment, complete a milestone checklist by downloading CDC's free [Milestone Tracker mobile app](#) from the App Store or Google Play or printing a paper checklist from [www.cdc.gov/Milestones](http://www.cdc.gov/Milestones).
- Write down your questions and concerns; take these with you to the doctor's appointment.

### 3 During the doctor's appointment

- **Show the completed milestone checklist to the doctor**
  - > If your child **is** missing milestones, point them out, and share any other concerns that you have.
  - > If your child **is not** missing milestones but you still have concerns, tell the doctor about them.
- **Ask the doctor for developmental screening for your child**
  - > Developmental screening is recommended whenever there is a concern. It gives the doctor more information to figure out how best to help your child.
  - > For more information about developmental screening, go to [www.cdc.gov/DevScreening](http://www.cdc.gov/DevScreening).
- **Ask the doctor if your child needs further developmental evaluation**
  - > If your child does, ask for a referral and call right away. If you have difficulty getting an appointment, let the doctor know.

### 4 Make sure you understand what the doctor tells you, and what to do next

- Before you leave the appointment, check the notes you have written and make sure all of your questions have been answered.
- If you do not understand something, ask the doctor to explain it again or in a different way.
- When you get home, review your notes and follow the steps the doctor has given you. Remember, you can always contact the doctor's office if you have any questions.

## You Know Your Child Best

If your child's doctor has told you to "wait and see," but you feel uneasy about that advice:

Talk with others (doctor, teacher, another provider) to get a second opinion

### AND

Call for a free evaluation to find out if your child can get free or low-cost services that can help.

- **If your child is under age 3:** Call your state's early intervention program. Find the phone number at [www.cdc.gov/FindEI](http://www.cdc.gov/FindEI).

- **If your child is age 3 or older:** Call the local public elementary school.

**You do not need a doctor's referral to have your child evaluated for services.**

Find more information, including what to say when you make these important calls, visit [www.cdc.gov/Concerned](http://www.cdc.gov/Concerned).

**Don't wait.**  
Acting early can make a real difference!



[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)

1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.



Download CDC's free Milestone Tracker app

