Universal Free School Meals: An Opportunity to Promote Health Equity

Mariel Le Page

October 2024

Executive Summary

Food insecurity contributes to a variety of acute and chronic health conditions including asthma, obesity, type 2 diabetes, depression, poor sleep, and suicidal ideation. In Washington State, one in seven children are food insecure. There are significant gaps in current law which leave older students and those living above the federal poverty line without guaranteed access to free school meals. In addition, the application process and concerns about stigma present barriers to utilizing the current system. As a result, not all students who face food insecurity benefit from free school meals.

The universal provision of free meals promotes health and equity. It removes barriers such as the application process, concerns about disclosing income or immigration status, and concerns over stigma. In addition, universal programs have been linked to improved educational, behavioral, and nutritional outcomes. Nutrition interventions are often overlooked as a means of chronic disease management and prevention. Child nutrition programs can influence food choices and help establish healthy eating habits. This school year, nearly 70% of Washington's K-12 students attend a school offering universal free meals. The expansion of this program to include all students, regardless of age or demonstrated need, can address childhood food insecurity and promote healthy outcomes by ensuring that all students have access to two nutritious meals per school day.

KEY FACTS

1 in 7 children in

Washington face food insecurity

Washington spent

\$1.03

Billion on excess

healthcare costs associated with food insecurity in 2016

More than 30% of

Washington's students do not currently attend a school offering universal access to free school meals

8 states have passed

legislation to extend universal free school meals to all students

Context

Individuals who face food insecurity have higher healthcare utilization and healthcare expenditures than their food secure peers. ^{6,7} In Washington State, excess healthcare costs associated with food insecurity were over \$1.03 billion in 2016. ⁶ Food security is not just a question of quantity, but also quality. Individuals who lack access to nutritious foods have negative health outcomes, as witnessed by the link between food insecurity, chronic health conditions, and obesity. ^{8,9} Single parent households and non-white households are more likely to be food insecure. ¹⁰ The excess healthcare costs associated with food insecurity can be attributed to chronic disease management, an increase in diet-related diseases, and the cost of delayed treatment. Food insecurity represents a preventable source of increased healthcare costs.

Previous discussions on universal free school meals have focused on the educational benefits but may have underestimated the impact on health outcomes. Universal meal programs have been found to have a positive impact on childhood obesity and improve diet quality. 11,12,13 These benefits extend to all students, not just those in food insecure households. In Washington, efforts to expand access to free meals have met resistance due to the associated costs. However, failure to consider the long-term health impacts of food insecurity and lack of access to nutritious foods is short-sighted.

Critique of Current Policy

Washington cannot rely solely on federal programs that subsidize meals based upon need. Due to the high cost of living in Washington, wages are also higher, disqualifying many needy families from federal benefits. In addition, not all who would qualify apply for assistance. During the COVID-19 pandemic, free school meals were available to all children, regardless of need. As a result, the number of food insecure households dropped in 2021, but quickly rebounded as this benefit ended. Since then, Washington has passed legislation that drastically increased the number of students eligible for free school meals. However, the current policy has some gaps, most notably for older students and those with household incomes above the federal poverty level. Closing these gaps is necessary to ensure all students have reliable access to nutritious meals and the associated health benefits of food security.

Recommendations

The legislature made significant progress toward providing universal access to free school meals through the passage of HB 1238/ SB 5339 (2023), but these targeted interventions fall short of promoting equitable access to nutritious meals.

- Consider the opportunity to prevent diet-related chronic health conditions when factoring the true cost of funding school meals
- Fund the expansion of Washington's program to include all public K-12 schools

Sources Consulted

- Nagata, J. M., Palar, K., Gooding, H. C., Garber, A. K., Whittle, H. J., Bibbing-Domingo, K., & Weiser, S. D. (2019). Food insecurity is associated with poorer mental health and sleep outcomes in young adults. *Journal of Adolescent Health*, 65(6), 805-811. https://doi.org/10.1016/j.jadohealth.2019.08.010
- 2. Thomas, M. M. C., Miller, D. P., & Morrisey, T. W. (2019). Food insecurity and child health. *Pediatrics* 144(4): e20190397. https://doi.org/10.1542/peds.2019-0397
- 3. Feeding Washington. (n.d.). *Washington State hunger facts*. https://feedingwashington.org/learn-about-hunger/
- 4. Washington Office of Superintendent of Public Instruction. (n.d.). Adjusting funding to maintain access to no-cost school meals, 2025-27 operating budget decision package. https://ospi.k12.wa.us/sites/default/files/2024-09/p14-2025-adjusting-funding-maintain-access-no-cost-school-meals.pdf
- Hecht, A. A., Pollack Porter, K. M., & Turner, L. (2020). Impact of the community eligibility provision of the healthy, hunger-free kids act on student nutrition, behavior, and academic outcomes: 2011-2019. American Journal of Public Health 110(9), 1405-1410. https://doi.org/10.2105/AJPH.2020.305743
- 6. Berkowitz, S. A., Basu, S. B., Gundersen, C., & Seligman, H. K. (2019). State-level and county-level estimates of health care costs associated with food insecurity. *Preventing Chronic Disease*, *16*, https://doi.org/10.5888/pcd16.180549
- 7. Boswell Dean, E., French, M. T., & Mortensen, K. (2020). Food insecurity, healthcare utilization, and health care expenditures. *Health Services Research*, 55(S2), 883-893. https://doi.org/10.1111/1475-6773.13283
- 8. Carvajal-Aldaz, D., Cacalon, G., & Ordonez, C. (2022). Food insecurity as a risk factor for obesity: A review. *Frontiers in Nutrition 9*, article 1012734. https://doi.org/10.3389/fnut.2022.1012734
- Weaver, L. J. & Fasel, C. B. (2018). A systematic review of the literature on the relationships between chronic diseases and food insecurity. *Food and Nutrition Sciences*, 9, 519-541. https://doi.org/10.4236/fns.2018.95040
- Rabbitt, M. P, Reed-Jones, M., Hales, L. J., & Burke, M. P. (2024). Household food security in the United States in 2023 (Report No. ERR-337). U.S. Department of Agriculture, Economic Research Service. https://www.ers.usda.gov/webdocs/publications/109896/err-337.pdf?v=7856.3
- 11. Localio, A. M., Knox, M. A., Basu, A., Lindman, T., Pinero Walkinshaw, L., & Jones-Smith, J. C. (2024). Universal free school meals policy and childhood obesity. *Pediatrics*, *153*(4), 1-9. https://doi.org/10.1542/peds.2023-063749
- 12. Simmons, M., Hildebrand, D., & Joyce, J. (2022). Impact of child nutrition programs offered in schools on daily nutrition and dietary quality. *Journal of Child Nutrition and Management*, 46(1).
- Cohen, J. F. W., Hecht, A. A., McLoughlin, G. M., Turner, L., &Schwartz, M. B. (2021). Universal school meals and associations with student participation, attendance, academic performance, diet quality, food security, and body mass index: A systematic review. *Nutrients*, 13(3). https://doi.org/10.3390/nu13030911

Contact Information

Mariel Le Page is a school nurse at a high poverty school in south King County. She is currently an MSN student at Northwest University's Buntain School of Nursing.

Mariel.lepage23@northwestu.edu