national collaborative for infants & toddlers

Nutrition Security

Fast Facts

To provide you with the best science and to reduce review time, please find the following science-approved facts for use in your campaigns and materials. After each fact you will also find fast facts based on the science that can be cut and pasted word-for-word without need for additional science review.

Definitions

- **Special Supplemental Nutrition for Women, Infants, and Children (WIC):** A federal program that provides healthy foods, personalized nutrition education, breastfeeding support, and referrals to other services to support those who are currently pregnant, recently pregnant, or breastfeeding, and babies and kids under 5.
- **Child and Adult Care Food Program (CACFP):** A federal program that provides reimbursement for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, day care homes, and adult day care centers. CACFP also provides reimbursements for meals served to children and youth participating in afterschool care programs, children residing in emergency shelters, and adults over the age of 60 or living with a disability and enrolled in day care facilities.
- **Nutrition security:** An individual or household condition of having equitable and stable availability, access, affordability, and utilization of foods and beverages that promote well-being and prevent and treat disease.

Nutrition and Child Development

FACT 1

Research from the PN-3 Policy Impact Center indicates that the prenatal period through the first 3 years of a person's life profoundly shapes lifelong health and well-being. During this critical period, good nutrition is essential for healthy growth and development. When families experience food insecurity, children are at greater risk of malnutrition, which can negatively affect physical health, cognitive development, and emotional well-being.

Fast Facts:

- The prenatal period through the first three years of life is a critical period when the foundation for a child's lifelong health and well-being is built.
- Good nutrition during this time supports healthy physical growth and brain development.
- Malnutrition in early childhood can lead to long-term challenges, including poorer physical health, delays in cognitive development, and difficulties with emotional well-being.
- Strong starts matter. Not having access to healthy foods in the earliest years can have lifelong consequences.
- When families can't reliably access nutritious food, young children may miss critical building blocks for their health and development.
- The first three years shape a lifetime—and good nutrition is one of the most powerful tools we have to support a child's healthy development

Sources:

Hamner HC, Nelson JM, Sharma AJ, et al. Improving Nutrition in the First 1000 Days in the United States: A Federal Perspective. Am J Public Health. 2022;112(S8):S817-S825. doi:10.2105/AJPH.2022.307028

Likhar A, Patil MS. Importance of Maternal Nutrition in the First 1,000 Days of Life and Its Effects on Child Development: A Narrative Review. Cureus. 2022;14(10):e30083. Published 2022 Oct 8. doi:10.7759/cureus.30083

Prenatal-to-3 Policy Impact Center. Why do we focus on the prenatal-to-3 age period? Understanding the importance of the earliest years. PN-3 Policy Impact Center. Published 2023. Accessed December 15, 2025. https://pn3policy.org/why-do-we-focus-on-the-prenatal-to-3-age-period-understanding-the-importance-of-the-earliest-years/

FACT 2

During the first 1,000 days, from conception through a child's second birthday, the brain grows more rapidly than any other time in life. Research shows that nearly 80% of a child's brain's maximum volume development occurs during this critical time. Proper nutrition provides essential building blocks for this growth, while insufficient nutrition, defined as the absence of key nutrients and/or "toxic stress" caused by food insecurity, can cause lasting, irreparable damage to a child's developing brain and body.

Fast Facts:

- The first 1,000 days shape 80% of a child's maximum brain size. Nutrition in this window can build—or break— lifelong potential.
- A child's brain grows faster in the first 1,000 days than at any other time. Good nutrition fuels that growth.
- Proper nutrition in the first 1,000 days is essential—without it, the brain and body can suffer lasting harm.
- Nearly 80% of maximum brain size development happens by age 3. Food insecurity puts that growth at risk.
- Strong brains start early. The first 1,000 days demand proper nutrition to support healthy development.

Sources:

1,000 Days. Good Nutrition Is Essential to Brain Development in the First 1,000 Days. 2021. Available at: https://thousanddays.org/wp-content/uploads/1000Days-Nutrition_Brief_Brain-Think_Babies_FINAL.pdf

Deoni SCL, Dean DC III, Joelson S, et al. Socioeconomic disparities in infant brain development are related to differences in parental language input and diet. Nature. 2022;610: 482–488. Available at: https://www.nature.com/articles/s41586-022-04554-y

Likhar A, Patil MS. Importance of Maternal Nutrition in the First 1,000 Days of Life and Its Effects on Child Development: A Narrative Review. Cureus. 2022;14(10):e30083. Published 2022 Oct 8. doi:10.7759/cureus.30083

FACT 3

Nutrition is a critical determinant of a child's development. Adequate nutrition before and during pregnancy, throughout lactation, infancy, and early childhood can have lasting effects on birth outcomes and overall health, including promoting long-term cardiovascular health.

Fast Facts:

- Good nutrition—from pregnancy through early childhood—can set the stage for a child's lifelong health.
- Nutrition in the earliest stages of life can influence everything from birth outcomes to long-term heart health.
- Healthy beginnings start with healthy nutrition. It can support development before birth and can promote health for years to come.
- What a child receives nutritionally—starting in the womb—has lasting effects on development and long-term well-being.
- Early nutrition isn't optional—it's foundational. It can influence development, birth outcomes, and lifelong cardiovascular health.

Sources:

Kim L, Duh-Leong C, Nagpal N, et al. Supporting early childhood routines to promote cardiovascular health across the life course. Curr Probl Pediatr Adolesc Health Care. 2023;53(5):101434. doi:10.1016/j.cppeds.2023.101434.

Likhar A, Patil MS. Importance of maternal nutrition in the first 1,000 days of life and its effects on child development: A narrative review. Cureus. 2022;14(10):e30083. Published October 8, 2022. doi:10.7759/cureus.30083.

FACT 4

Research shows that food insecurity is linked to sub-optimal child development through multiple mechanisms, including decreased quantity of food, compromised food quality, and heightened stress and anxiety for both children and parents. One study found that early childhood food insecurity in infancy and toddlerhood is associated with reductions in cognitive and social-emotional skills in kindergarten, with increasing episodes of food insecurity linked with poorer kindergarten outcomes.

Fast Facts:

- Food insecurity affects more than meals—it can affect a child's development, learning, and emotional well-being.
- When young children face food insecurity, their cognitive and social-emotional skills can suffer before they even reach kindergarten.
- Lack of enough food, poor food quality, and the stress of not knowing when you'll eat next all can disrupt healthy child development.
- Early food insecurity is associated with lasting consequences—more episodes in infancy and toddlerhood are linked to poorer outcomes in kindergarten.
- Food insecurity in a child's earliest years can slow brain development and impact how they learn, think, and manage emotions.
- When families struggle to consistently access enough nutritious food, children's learning and emotional development can suffer.
- Gaps in food quantity, food quality, and the stress of not knowing if there will be enough to eat all can disrupt healthy child development.
- Limited access to nutritious food in the earliest years is linked to weaker cognitive and social-emotional skills by kindergarten.
- Kids who experience repeated periods without enough nutritious food may face greater challenges when they enter school.
- A child's brain and emotional growth can be vulnerable when their earliest years include stress and uncertainty about having enough to eat.

Sources:

Johnson AD, Markowitz AJ. Associations between household food insecurity in early childhood and children's kindergarten skills. Child Dev. 2018;89(2):e1–e17. doi:10.1111/cdev.12764

Gallegos D, Eivers A, Sondergeld P, Pattinson C. Food Insecurity and Child Development: A State-of-the-Art Review. Int J Environ Res Public Health. 2021;18(17):8990. doi:10.3390/ijerph18178990

FACT 5

Healthy eating begins early. Exposure to healthy food flavors in utero through lactation into early childhood may play a key role in shaping children's preferences for healthy food. When solid foods are introduced, children's food preferences are influenced by parent feeding practices and by broader environmental factors such as television advertisements and physical environments like checkout areas stocked with unhealthy foods.

Fast Facts:

- Healthy eating starts early—even before birth. The flavors babies experience in the womb, through breastmilk, and in early childhood can help shape their future food preferences.
- From pregnancy to early childhood, early exposure to healthy food flavors may build a child's taste for nutritious foods.
- When healthy food flavors show up early—during pregnancy, lactation, and beyond—kids may be more likely to enjoy healthy foods as they grow.
- A child's tastes develop early. Healthy food flavors in the womb, during breastfeeding, and at the start of solid foods can help nurture healthy eating habits.
- Parents' feeding practices and a child's environment shape what they learn to like. Early exposure to healthy foods can make those choices easier later on.

Sources:

Beckerman JP, Alike Q, Lovin E, Tamez M and Mattei J (2017) The Development and Public Health Implications of Food Preferences in Children. Front. Nutr. 4:66. doi: 10.3389/fnut.2017.00066

Food Security

FACT 6

In 2024, 13.7% of U.S. households, or about 18.3 million households, experienced food insecurity. These numbers include 33.8 million adults and 14.1 million children. Among households with children under age 6, the food insecurity rate was even higher at 17.8%.

Fast Facts:

- In 2024, millions of U.S. families struggled to access enough nutritious food—including more than 14 million children.
- About 18 million U.S. households didn't always have enough to eat in 2024—and families with very young children were hit even harder.
- More than 33 million adults and 14 million children lived in homes where getting enough nutritious food wasn't guaranteed in 2024.
- Families with children under age 6 faced especially higher rates of not having enough food in 2024—affecting nearly 18% of these households compared to households without children.

Source:

Rabbitt MP, Reed Jones M, Hales LJ, Suttles S, Burke MP. Household Food Security in the United States in 2024. U.S. Department of Agriculture, Economic Research Service; 2025. ERR 358. Available from: https://ers.usda.gov/sites/default/files/_laserfiche/publications/113623/ERR-358.pdf

FACT 7

In 2023, 17.1% of children under age 3, or nearly 2 million children, lived in food-insecure households. The amount of food-insecure households varied by state, with some states seeing as many as 1 in 4 children under 3 (25%) experiencing food insecurity.

Fast Facts:

- Too many families—especially those with babies and toddlers—experienced real challenges putting enough healthy food on the table in 2023.
- In 2023, nearly 2 million children under age 3 lived in households that didn't always have enough food.
- 17% of babies and toddlers—roughly 1 in 6—did not always have enough food to eat.
- Food insecurity isn't the same everywhere: in some states, as many as 1 in 4 children under 3 experienced not having enough food in 2023.
- The early years are a critical time for growth and development, making reliable access to nutritious food especially important.

Source:

Luis Nuñez, Sherman A. Nearly 2 Million Young Children in the U.S. Lived in Food-Insecure Households in 2023. Center on Budget and Policy Priorities; 2024. Available from: https://www.cbpp.org/research/food-assistance/nearly-2-million-young-children-in-the-us-lived-in-food-insecure

FACT 8

Food insecurity—and child food insecurity—exists in every county and congressional district but food insecurity rates among the overall population varied from 6% to 30% in 2023. In some areas, child food insecurity rates reach as high as 47%. The highest concentrations of food insecurity are in the South and rural communities: Nearly 9 out of 10 high food insecurity counties are in the South, and nearly 9 out of 10 are rural.

Fast Facts:

- Food challenges for families exist everywhere—in every county and every congressional district across the country.
- Local food insecurity rates vary widely, ranging from about 6% to as high as 30% of households.
- In some communities, child food insecurity rates are especially severe, with up to 47% of children affected.
- The burden of child food insecurity isn't evenly distributed: the South and rural communities experience the highest rates.
- Nearly 9 out of 10 counties with the highest levels of child food insecurity are in the South, and nearly 9 out of 10 counties are also in rural areas.

Source:

Feeding America. Map the Meal Gap 2025 Report. Feeding America; 2025. Accessed December 15, 2025. https://www.feedingamerica.org/sites/default/files/2025-05/Map%20the%20Meal%20Gap%202025%20Report.pdf

FACT 9

Food insecurity varies by race and ethnicity, reflecting racial disparities. Households headed by American Indian and Alaska Native individuals (23.3%), multiracial American Indian–White (21.7%), Black (21.0%), multiracial combinations (18.4%), multiracial Black–White (18.0%), Hispanic (16.9%), and Native Hawaiian or Pacific Islander (15.6%) all had significantly higher food insecurity rates than the national average (11.1%) from 2016 to 2021. In contrast, households headed by white individuals (8.0%) and Asian individuals (5.4%) had significantly lower food insecurity rates than average.

Fast Facts:

- Reliable access to enough food differs widely across communities in the United States.
- Some groups of households face significantly higher rates of food insecurity than the national average, reflecting long-standing barriers to equitable health.
- Some households experience higher rates of food insecurity, highlighting uneven access to resources and support.
- Differences in food insecurity rates by race and ethnicity underscore how barriers continue to influence which communities face the greatest challenges in securing enough food.

Source:

US Department of Agriculture, Economic Research Service. Food insecurity rates vary by race and ethnicity, 2016–21. Published February 2024. Accessed December 15, 2025. https://www.ers.usda.gov/data-products/charts-of-note/chart-detail?chartId=108925

Food and Nutrition Assistance Program Participation

FACT 10

In the 30 days before December 2024, 58.9% of food-insecure households reported receiving assistance from at least one of the three largest federal food and nutrition assistance programs. Among these households, 43.4% participated in SNAP, 29.2% had children receiving free or reduced-price school lunch, and 7.9% received WIC benefits. However, 41.1% of food-insecure households reported not receiving assistance from any of these programs.

Fast Facts:

- In the month leading up to December 2024, a little more than half of households that struggled to get enough food received support from at least one major federal food and nutrition program.
- Among food-insecure households receiving support, the largest share—about 4 in 10—participated in SNAP, the Supplemental Nutrition Assistance Program.
- Nearly 3 in 10 children living in food-insecure households received free or reduced-price school meals.
- Nearly 8% of food-insecure households received benefits from WIC, which supports pregnant and postpartum women, infants, and young children.
- About 41% of households facing challenges getting enough to eat did not receive help from SNAP, free or reduced-price school lunch, or WIC.

Source:

Rabbitt MP, Reed Jones M, Hales LJ, Suttles S, Burke MP. Household Food Security in the United States in 2024 (Economic Research Report No. 358). U.S. Department of Agriculture, Economic Research Service; December 2025. https://ers.usda.gov/sites/default/files/_laserfiche/publications/113623/ERR-358.pdf

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
WIC Participation

FACT 11

In 2024, WIC served about 6.7 million people each month, including nearly 1.5 million infants, 3.7 million children ages 1 to 4, and more than 1.5 million pregnant and postpartum people. Infants comprised 22.6% of all participants, children ages 1 to 4 accounted for 55.3%, and pregnant and postpartum people made up 22.2%.

Fast Facts:

- In 2024, WIC supported more than 6.7 million people across the country.
- In 2024, WIC supported nearly 1.5 million infants, 3.7 million children ages 1 to 4, and more than 1.5 million pregnant and postpartum people.
- Children aged 1 to 4 made up the largest share of WIC participants—about 55%.

Source:

Kessler C, Bryant A, Munkácsy K, Maxson S, Ressler D, Saluja R, Farson Gray K. National- and State-Level Estimates of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibility and WIC Program Reach in 2023. U.S. Department of Agriculture, Food and Nutrition Service. 2025. https://www.fns.usda.gov/research/wic/eer/2023

FACT 12

In 2023, WIC served an estimated 56% of those who were eligible. Coverage rates[1] were highest for WIC-eligible infants (82.3%) and postpartum non-breastfeeding women (76.6%) but continued to be lower for WIC-eligible children (47.9%) and pregnant women (49.3%).

Fast Fact:

- In 2023, WIC reached just more than half of the people who were eligible—about 56%.

Source:

Kessler C, Bryant A, Munkácsy K, Maxson S, Ressler D, Saluja R, Farson Gray K. National- and State-Level Estimates of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibility and WIC Program Reach in 2023. U.S. Department of Agriculture, Food and Nutrition Service. 2025. https://www.fns.usda.gov/research/wic/eer/2023

1 The coverage rate is the percentage of the eligible population participating in WIC.

FACT 13

A large share of Medicaid and SNAP participants do not participate in WIC despite being eligible. Only 32.0% of WIC-eligible Medicaid participants participate in WIC, and only 57.6% of WIC-eligible SNAP participants participate in WIC.

Fast Facts:

- Many people who qualify for WIC but are already enrolled in other assistance programs aren't taking part in WIC.
- Only about 1 in 3 Medicaid participants who are eligible for WIC actually participate (32%).
- Among people receiving SNAP who are eligible for WIC, just a little more than half (57.6%) are enrolled in WIC.
- Millions of eligible families are missing out on benefits that support healthy pregnancies, infants, and young children.

Source:

Kessler C, Bryant A, Munkácsy K, Maxson S, Ressler D, Saluja R, Farson Gray K. National- and State-Level Estimates of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibility and WIC Program Reach in 2023. U.S. Department of Agriculture, Food and Nutrition Service. 2025. https://www.fns.usda.gov/research/wic/eer/2023

FACT 14

WIC coverage rates vary significantly across geographies, ranging from around 40% in some states to over 70% in others. Coverage is also higher in metropolitan areas (61.1%) compared to nonmetropolitan areas (24.0%).[2]

Fast Facts:

- WIC participation looks very different depending on where families live. Coverage rates range widely—from about 40% in some states to more than 70% in others.
- Families in metropolitan areas are far more likely to be enrolled in WIC: about 61% of eligible participants in metro regions take part in WIC compared to 24% in nonmetropolitan areas.
- In nonmetropolitan communities, coverage is only 24%, meaning most eligible families are not connected to the program.
- Differences in WIC participation by geography highlight significant geographic gaps in access, awareness, or availability of WIC services.

Sources:

Kessler C, Bryant A, Munkácsy K, Maxson S, Ressler D, Saluja R, Farson Gray K. National- and State-Level Estimates of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibility and WIC Program Reach in 2023. U.S. Department of Agriculture, Food and Nutrition Service. 2025. https://www.fns.usda.gov/research/wic/eer/2023

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2 Urbanicity is based on the CPS ASEC measure of metropolitan status (U.S. Census Bureau, n.d.-a),which uses the Office of Management and Budget (2021) metropolitan designations and classifies residences as metropolitan or nonmetropolitan.

FACT 15

WIC coverage rates vary by race and ethnicity, with the highest participation among Hispanic/Latino individuals (66% in 2023) and Black-only, non-Hispanic individuals (about 53%). Infants born to Black and Hispanic mothers experience poorer health outcomes compared to those born to white mothers. Evidence shows that prenatal WIC participation is associated with improved health among Black and Hispanic infants, highlighting WIC's potential to reduce racial and ethnic disparities in infant outcomes.

Fast Facts:

- WIC participation rates differ significantly across communities, with some groups enrolling at much higher rates than others.
- Research shows that certain groups of infants historically experience poorer health outcomes than others, especially around birth, and prenatal WIC participation may reduce racial and ethnic disparities in these outcomes.
- Evidence shows that enrolling in WIC during pregnancy is linked to healthier outcomes for infants who face poorer health outcomes.
- Data demonstrates WIC's strong potential to help narrow gaps in infant health and support more equitable outcomes across communities.

Sources:

Kessler C, Bryant A, Munkacsy K, Maxson S, Ressler D, Saluja R, Farson Gray K. National and State Level Estimates of WIC Eligibility and WIC Program Reach in 2023. Vol I. Westat; 2025. U.S. Department of Agriculture, Food and Nutrition Service. Available at: https://fns prod.azureedge.us/sites/default/files/resource files/wic eer2023 report.pdf

Testa A, Jackson DB. Race, ethnicity, WIC participation, and infant health disparities in the United States. Ann Epidemiol. 2021;58:22–28. doi:10.1016/j.annepidem.2021.02.005

WIC and Nutrition

FACT 16

WIC is associated with healthier food purchases and improved diets for pregnant people and children. Children participating in WIC have better dietary quality compared to nonparticipants, and research suggests that longer participation in WIC is associated with higher diet quality scores through early childhood.

Fast Facts:

- WIC helps families buy healthier foods, leading to better nutrition for pregnant people and young children.
- Children enrolled in WIC have better overall diet quality than those who are not enrolled.
- Research shows that the longer children participate in WIC, the healthier their diets become.
- WIC can support healthy growth, development, and better eating habits.

Sources:

Au LE, Thompson HR, Ritchie LD, Sun B, Zimmerman TP, Whaley SE, Reat A, Sankavaram K, Borger C. Longer WIC participation is associated with higher diet quality and consumption of WIC eligible foods among children 2 5 years old. J Acad Nutr Diet. 2024;125(10):1443 1457.e1. doi:10.1016/j.jand.2024.11.012

Caulfield LE, Bennett WL, Gross SM, et al. Maternal and child outcomes associated with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Agency for Healthcare Research and Quality; April 2022. Comparative Effectiveness Review No. 253. Available from: https://www.ncbi.nlm.nih.gov/books/NBK579797/

U.S. Department of Agriculture, Food and Nutrition Service. WIC Infant and Toddler Feeding Practices Study-2: Ninth Year Report. USDA. 2025. Available from: https://www.fns.usda.gov/research/wic/itfps2/ninth-year

FACT 17

Between 2005 and 2018, the percentage of fruit consumed as whole fruit and the proportion of milk consumed as low-fat or nonfat milk increased significantly among children participating in WIC, but not among income-eligible nonparticipants. These data suggest that changes in the WIC food package in 2009—to include more whole fruits and vegetables, whole grains, and lower-fat milk to better align with healthy eating guidelines—positively impacted the diets of children participating in WIC.[3]

Fast Facts:

- From 2005 to 2018, children participating in WIC made notable improvements in what they ate and drank, especially when it came to whole fruits and low-fat or fat-free milk.
- From 2005 to 2018, children participating in WIC ate more whole fruit and drank a higher proportion of low-fat or nonfat milk—changes not seen among similar children who were eligible for WIC but not enrolled.
- Dietary improvements among children are linked to updates to the revised WIC food package in 2009, which added more whole fruits and vegetables, whole grains, and lower-fat dairy options.
- Research suggests WIC policy changes are associated with improved diets of participating children, helping set healthier eating patterns early in life.

Source:

Fryar CD, Wambogo EA, Scanlon KS, Terry AL, Ogden CL. Trends in Food Consumption Among Children Aged 1-4 Years by Participation in the Special Supplemental Nutrition Program for Women, Infants, and Children, United States, 2005-2018. The Journal of Nutrition, Volume 153, Issue 3, March 2023, Pages 839-847, doi.org/10.1016/j.tjnut.2023.01.016.

3 USDA's April 2024 WIC update (to be fully implemented by April 2026) broadens access to healthier foods, reduces added sugars, strengthens breastfeeding support, increases produce benefits, aligns packages with current nutrition science, and gives states more flexibility to tailor options to participants' cultural and dietary needs.

FACT 18

Increasing WIC's fruit and vegetable benefit (cash value benefit or cash value voucher) led to a measurable improvement in fruit and vegetable intake, with children consuming about one-third cup more fruits and vegetables per day. In North Carolina, WIC participants surveyed reported that the increase allowed their families to eat a wider variety of fruits and vegetables. In California, the increase led to a greater amount and variety of fruits and vegetables redeemed.

Fast Facts:

- Increasing WIC's fruit and vegetable benefit led to a measurable boost in children's fruit and vegetable intake.
- After increasing WIC's fruit and vegetable benefit, children ate about one-third cup more fruits and vegetables per day, a meaningful improvement for early nutrition.
- In North Carolina, WIC families reported that the higher fruit and vegetable benefit helped them introduce more types of fruits and vegetables at home.
- In California, families redeemed more fruits and vegetables—and a wider variety—after the WIC fruit and vegetable benefit increased.
- Research shows that enhancing WIC's fruit and vegetable benefit improves what children eat, supporting healthier growth and habits.

Sources:

Anderson CE, Au LE, Yepez CE, Ritchie LD, Tsai MM, Whaley SE. Increased WIC Cash Value Benefit is associated with greater amount and diversity of redeemed fruits and vegetables among participating households. Curr Dev Nutr. 2023;7(9):101986. doi:10.1016/j.cdnut.2023.101986

Duffy EW, Vest DA, Davis CR, Hall MG, De Marco M, Ng SW, Taillie LS. "I think that's the most beneficial change that WIC has made in a really long time": Perceptions and awareness of an increase in the WIC Cash Value Benefit. Int J Environ Res Public Health. 2022;19(14):8671. doi:10.3390/ijerph19148671

FACT 19

One study found that when children age out of and lose WIC, the overall quality of their diet declines by nearly 20%, with three-quarters of this decrease coming from reduced consumption of WIC-targeted, healthier foods.

Fast Facts:

- When children "age out" of WIC and lose access to the program, their overall diet quality drops by nearly 20%. Most of that decline—about three-quarters—comes from eating fewer of the healthier foods that WIC helps families afford.
- WIC plays a major role in supporting healthier eating habits and losing WIC can lead to an immediate decline in children's nutrition.

Source:

Smith TA, Valizadeh P. Aging out of WIC and child nutrition: Evidence from a regression discontinuity design. Am J Agric Econ. 2024;106(2):904 924. doi:10.1111/ajae.12410

WIC and Food Security

FACT 20

WIC participation is associated with improved household food security for pregnant and postpartum people and children. One study estimates that WIC reduced the prevalence of child food insecurity by at least 3.6 percentage points (a 20% decrease). Additionally, earlier and longer participation in WIC for pregnant women and children is linked to reduced odds of household food insecurity.

Fast Facts:

- WIC participation can help stabilize families' access to food, especially for pregnant women, new mothers, and young children.
- Research shows that WIC reduced the rate of children living in homes without enough food by about 3.6 percentage points—a 20% improvement.
- Enrolling in WIC early in pregnancy—and staying enrolled longer—further reduces the chances that a household will struggle to get enough to eat.
- WIC may play an important role in strengthening family well-being by reducing food insecurity and financial strain related to basic needs.

Sources:

Kreider B, Pepper JV, Gundersen C, Jolliffe D. Identifying the effects of WIC on food insecurity among infants and children. South Economic Journal. 2012. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1002/soej.12078

Metallinos-Katsaras E, Gorman KS, Wilde P, Kallio J. A longitudinal study of WIC participation on household food insecurity. Maternal and Child Health Journal. 2011. Available from: https://pubmed.ncbi.nlm.nih.gov/20455015/

Tsai MM, Anderson CE, Whaley SE, Yepez CE, Ritchie LD, Au LE. Associations of increased WIC benefits for fruits and vegetables with food security and satisfaction by race and ethnicity. Prev Chronic Dis. 2024;21:230288. doi:10.5888/pcd21.230288

FACT 21

WIC participation may have lasting impacts on household food security through childhood. A nine-year longitudinal study found that household food insecurity declined significantly during participating children's early years until age 6 then rose slightly at age 9. However, household hunger and child food insecurity remained lower at age 9 among families that continued participating in WIC either through the caregiver, another child, or both.

Fast Facts:

- WIC participation is associated with food security into later childhood.
- A long-term study following families for nine years found that household hunger among families participating in WIC declined dramatically from pregnancy or postpartum to age 6.
- By the time children reached age 9, families that continued participating in WIC (either through the caregiver, another child, or both) still had lower levels of struggling to get enough food compared to similar families who were no longer enrolled.
- WIC may support lasting improvements in family stability and well-being, not just short-term support.

Source:

U.S. Department of Agriculture, Food and Nutrition Service. WIC Infant and Toddler Feeding Practices Study-2: Ninth Year Report. USDA. 2025. Available from: https://www.fns.usda.gov/research/wic/itfps2/ninth-year

FACT 22

Household food insecurity increases when children become age-ineligible for WIC (reaching 61 months or 5 years old). However, the eligibility loss impacts women in the household more than children: while children experience a small change in food insecurity and nutrition, women in the household experience increased food insecurity and reduced caloric intake. This suggests that when households lose WIC benefits, mothers may reduce their intake to help protect their children from food insecurity.

Fast Facts:

- When children turn 5 and become too old for WIC, household stability around having enough food gets worse.
- Mothers appear to be more affected when children age out of WIC eligibility: after WIC benefits end, women in the household experience higher levels of not having enough to eat and reduced caloric intake while children see only small changes in their nutrition or access to food. This pattern suggests that when WIC ends, mothers may sacrifice their own intake to protect their children.
- When WIC ends, mothers may sacrifice their own intake to protect their children from hunger.

Sources:

Arteaga I, Heflin C, Gable S. The impact of aging out of WIC on food security in households with children. Children and Youth Services Review. 2016;69:82–96. doi:10.1016/j.childyouth.2016.07.015.

Bitler M, Currie J, Hoynes HW, Ruffini KJ, Schulkind L, Willage B. Mothers experience greater food insecurity when children age out of WIC. Center for Poverty & Inequality Research, University of California, Davis. Published 2023. Accessed December 15, 2025. https://poverty.ucdavis.edu/post/mothers-experience-greater-food-insecurity-when-children-age-out-wic

Bauer KW, Berger AT, Pan L, et al. Socioeconomic disparities in food insecurity among U.S. households with children. J Acad Nutr Diet. 2022;122(4):730-739.e4. doi:10.1016/j.jand.2021.12.007.

WIC and Child Outcomes

FACT 23

Research demonstrates that maternal participation in WIC is linked to improved maternal health and birth outcomes, including better diet quality during pregnancy, reduced risk of inadequate gestational weight gain, lower risk of preterm delivery and low birth weight, and decreased infant mortality.

Fast Facts:

- WIC participation during pregnancy is linked to better health for mothers and their babies.
- Research shows that women enrolled in WIC have healthier diets during pregnancy, supporting better overall nutrition.
- WIC participation is associated with a lower risk of gaining too little weight during pregnancy, which is important for healthy fetal growth.
- Studies find that WIC is associated with a lower chance of preterm birth and low birth weight, two major drivers of infant health complications.
- WIC participation is linked to lower infant mortality, highlighting its powerful role in supporting healthy pregnancies and newborns.

Source:

Caulfield LE, Bennett WL, Gross SM, et al. Maternal and child outcomes associated with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Agency for Healthcare Research and Quality; April 2022. Comparative Effectiveness Review No. 253. Available from: https://www.ncbi.nlm.nih.gov/books/NBK579797/

FACT 24

Early WIC participation is associated with cognitive and academic benefits that persist in the school years. Prenatal and early childhood exposure to WIC is associated with significantly stronger cognitive development, and children who receive WIC during these periods perform better on assessments, such as reading achievement, compared to siblings who do not receive WIC in utero.

Fast Facts:

- WIC participation during pregnancy and early childhood is associated with improved cognitive development.
- Children exposed to WIC before birth and in their early years show significantly stronger cognitive development.
- Benefits from WIC participation continue into the school years: children who received WIC early in life perform better on academic assessments, including reading achievement.
- Research comparing siblings shows that children who were exposed to WIC in utero outperform their siblings who were not, underscoring WIC's unique impact on learning and development.
- WIC may play an important role in supporting early brain growth, school readiness, and long-term academic success.

Source:

Jackson MI. Early childhood WIC participation, cognitive development and academic achievement. Soc Sci Med. 2015;126:145-153. doi:10.1016/j.socscimed.2014.12.018

FACT 25

One study showed that maternal participation in WIC increased preventive care use within the first year of life, including increased child visits and immunizations.

Fast Fact:

- WIC can help connect families to essential healthcare in a baby's first year.
- When mothers participate in WIC, their infants are more likely to receive recommended well-child visits.
- Babies in WIC families also have higher rates of immunizations, helping protect them during the most vulnerable stage of life.
- WIC does more than improve nutrition—it also can support preventive healthcare that sets children up for a healthier start.

Source:

Bersak T, Sonchak L. The impact of WIC on infant immunizations and health care utilization. Health Serv Res. 2018;53(Suppl 1):2952 2969. doi:10.1111/1475-6773.12810

FACT 26

The prevalence of obesity among toddlers ages 2 to 4 participating in WIC declined from 15.9% in 2010 to 14.4% in 2020. During this time period, obesity prevalence among these toddler participants significantly declined in 28 of 56 U.S. states and territories.

Fast Facts:

- Obesity among toddlers ages 2 to 4 participating in WIC declined from 15.9% in 2010 to 14.4% in 2020, showing measurable improvement in child obesity prevalence over time.
- Across the country, obesity rates among WIC-participating toddlers significantly declined in 28 of 56 U.S. states and territories between 2010 and 2020.
- The decline in obesity among young children enrolled in WIC highlights the program's role in supporting healthy nutrition during a critical period of growth and development.
- Investments in WIC can help prevent obesity early in life, reducing long-term health risks and supporting lifelong well-being for children.

Source:

Centers for Disease Control and Prevention. Fast Facts: Obesity Among Children in WIC. Published January 29, 2026. Accessed March 11, 2026. https://www.cdc.gov/obesity/data-and-statistics/facts-about-obesity-among-young-children-enrolled-in-wic.html

Barriers to WIC Participation

FACT 27

In 2023, WIC served an estimated 56% of those who were eligible. However, many WIC participants may exit the program before they are no longer eligible for benefits, as suggested by declining coverage rates as children age. A review of existing research identified common barriers to WIC participation, including a lack of awareness in certain populations or regions, stigma and fear, limited food options, inconsistent food quality, and lack of cultural relevance in food offerings.

Fast Facts:

- Only about half of eligible families participate in WIC. In 2023, WIC reached an estimated 56% of those who qualified.
- Many families seem to leave WIC earlier than they need to. Participation tends to drop as children get older, even though they are still eligible for benefits.
- Research shows several common reasons families do not join or stay in WIC, including:
  - Not knowing they qualify or that WIC is available in their community
  - Feeling stigma or fear about seeking assistance
  - Limited or inconsistent food options at stores
  - Concerns about food quality
  - Food packages that do not match families' cultural preferences[4]

Sources:

Figueroa R, Purkait T, Saltzman J, Frederick G, Owoputi I, Liu R, Salas J, Baker K. Barriers and Enablers to WIC Participation: Review of Evidence From Studies Published Between 2019 and 2024. AJPM Focus. 2025;4(1):100444. doi:10.1016/j.focus.2025.100444

Kessler C, Bryant A, Munkácsy K, Maxson S, Ressler D, Saluja R, Farson Gray K. National- and State-Level Estimates of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibility and WIC Program Reach in 2023. U.S. Department of Agriculture, Food and Nutrition Service. 2025. https://www.fns.usda.gov/research/wic/eer/2023

4 USDA's April 2024 WIC update (to be fully implemented by April 2026) made a concerted effort to address these concerns, including broadening access to healthier foods, reducing added sugars, strengthen breastfeeding support, increasing produce benefits, aligning packages with current nutrition science, and giving states more flexibility to tailor options to participants' cultural and dietary needs.

Child and Adult Care Food Program (CACFP)
CACFP Participation

FACT 28

In FY 2024, approximately 4.4 million children and 116,000 adults received CACFP meals and snacks on an average day, totaling more 1.7 billion meals over the year. Over the course of the year, more than 1.3 billion meals were served in child care centers, compared to 327 million meals in day care homes.

Fast Facts:

- Millions of children rely on CACFP every day. In FY 2024, the program provided meals and snacks to about 4.4 million children and 116,000 adults on an average day.
- Over the full year, CACFP delivered a huge volume of nutrition support—more than 1.7 billion meals.
- Most CACFP meals were served in child care centers, which provided over 1.3 billion meals in FY 2024. Day care homes also played an important role, serving 327 million meals over the year.

Sources:

Economic Research Service. Child Nutrition Programs – Child and Adult Care Food Program. U.S. Department of Agriculture. Updated August 5, 2025. Accessed December 18, 2025. https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/child-and-adult-care-food-program

U.S. Department of Agriculture, Food and Nutrition Service. Child and Adult Care Food Program: Child Care Summary. Published 2024. Accessed February 21, 2026. https://fns-prod.azureedge.us/sites/default/files/resource-files/ccsummar-1.pdf

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FACT 29

In FY 2019-2020, only 36.5% of all licensed child care centers participated in CACFP, with participation rates varying widely by state and ranging from as low as 15.2% to as high as 65.3%. In low-income areas, the average CACFP participation rate was 57.5%, which was lower than the SNAP coverage rate (82%) but similar to the average WIC participation rate (56.9%).

Fast Facts:

- Only about one-third of licensed child care centers take part in CACFP. In FY 2019–2020, just 36.5% of centers participated.
- CACFP participation varies dramatically by state—from as low as 15.2% to as high as 65.3% in FY 2019-2020.
- Child care centers in low-income communities participate in CACFP at higher rates, averaging 57.5%, but this is still lower than SNAP coverage in those areas (82%).
- CACFP participation in low-income areas (57.5%) is similar to WIC's, which averaged 56.9% participation.

Source:

Andreyeva T, Moore TE, da Cunha Godoy L, Kenney EL. Federal Nutrition Assistance for Young Children: Underutilized and Unequally Accessed. Am J Prev Med. 2024;66(1):18–26. doi:10.1016/j.amepre.2023.09.008

FACT 30

In 2019, 61% of eligible child care centers and 67% of eligible day care home providers participated in CACFP. CACFP underutilization means many children may miss out on CACFP-subsidized meals and centers may forgo significant federal funding. One study estimated that underuse in Connecticut alone resulted in centers missing $30.7 million in federal funding in 2019 and suggests that about 20,300 children missed out on CACFP meals.

Fast Facts:

- Many eligible providers participate in CACFP, but not all. In 2019, about 61% of eligible child care centers and 67% of eligible day care homes took part in the program.
- Underuse of CACFP means children may miss out on healthy meals.
- When providers don't participate, kids lose access to CACFP-subsidized meals and snacks they would otherwise receive.
- Nonparticipation in CACFP means that child care center providers are forgoing significant federal funding. One study estimated that, in Connecticut alone, child care centers missed out on $30.7 million in federal CACFP funding in 2019 due to underutilization.
- Underuse of CACFP may directly affect children's nutrition. One study suggests that about 20,300 children in Connecticut may have missed out on CACFP meals in 2019.

Sources:

Andreyeva T, Sun X, Cannon M, Kenney EL. The Child and Adult Care Food Program: Barriers to Participation and Financial Implications of Underuse. J Nutr Educ Behav. 2021;54(4):327–334. doi:10.1016/j.jneb.2021.10.001

U.S. Department of Agriculture, Food and Nutrition Service. Provider Participation in the Child and Adult Care Food Program. Published 2023. Accessed December 18, 2025. https://www.fns.usda.gov/research/cacfp/provider-participation.

FACT 31

The maximum SNAP benefit does not cover the cost of a moderately priced meal in 99% of U.S. continental counties and Washington, D.C., leaving many families to face food insecurity. The national average maximum SNAP benefit was $2.84 per meal, which fell $0.57 short of the average meal cost of $3.41 in 2024.

Fast Facts:

- CACFP may play an important role in supporting Hispanic and Black (non-Hispanic) children. In 2019, participating child care centers were more likely to enroll Hispanic and Black children than centers that did not take part in the program.
- CACFP centers served more Hispanic children. On average, a larger share of Hispanic children attended CACFP-participating centers compared with non-participating ones.
- Participating centers enrolled a higher proportion of Black children than centers not in CACFP.
- CACFP may have an important role in reaching communities disproportionately affected by food insecurity.

Source:

U.S. Department of Agriculture, Food and Nutrition Service. Child and Adult Care Food Program Participation Among U.S. Childcare Providers: Summary. Published June 2024. Accessed December 18, 2025. https://fns-prod.azureedge.us/sites/default/files/resource-files/ops-cacfp-participation-childcare-providers-summary-june24.pdf.

FACT 32

One study found that key facilitators of CACFP participation for family child care homes include simple enrollment processes, sponsor-provided technical assistance and software, and state-level incentives that support outreach and compliance. Stakeholders, sponsors, and providers also recommend educating child care providers about CACFP, expanding outreach to rural areas, and providing additional funding to support sponsors and raise reimbursement rates as strategies to improve CACFP uptake.

Fast Facts:

- Family child care homes are more likely to participate in CACFP when enrollment processes are simple, clear, and not overly burdensome.
- Sponsor-provided technical assistance, training, and user-friendly software can help support family child care providers in enrolling in and maintaining CACFP participation.
- State-level incentives that support outreach and help providers meet compliance requirements can play an important role in increasing CACFP participation.
- Educating family child care providers about CACFP benefits, eligibility, and enrollment processes can help improve program uptake.
- Targeted outreach and support for rural family child care homes can help increase CACFP participation in underserved communities.
- Additional funding for CACFP sponsors and increased reimbursement rates can be key strategies for expanding access and sustaining provider participation.

Source:

Erinosho T, Jana B, Loefstedt K, Vu M, Ward D. Facilitators and barriers to family child care home participation in the U.S. Child and Adult Care Food Program (CACFP). Prev Med Rep. 2022.

FACT 33

One study found that key facilitators of CACFP participation for independent child care centers include improving state agency communication through phone support and website updates, providing additional and improved training, providing support on nutrition standards and administrative review, offering online forms, and reducing and streamlining paperwork.

Fast Facts:

- Independent child care centers are more likely to participate in CACFP when state agencies provide reliable phone support and maintain clear, up-to-date websites for guidance and communication.
- Additional and higher-quality training can help independent child care centers better understand CACFP requirements and participate with greater confidence.
- Clear support on meeting nutrition standards and navigating administrative reviews can help reduce confusion and lower barriers to CACFP participation for child care centers.
- Offering online forms and digital systems can help make CACFP participation more efficient and less time-consuming for independent child care centers.
- Reducing and streamlining paperwork can remove a major administrative burden that discourages independent child care centers from enrolling in or staying in CACFP.

Source:

Lee DL, Homel Vitale E, Marshall SK D, Hecht C, Beck LT, Ritchie LD. Child and Adult Care Food Program Participation Benefits, Barriers and Facilitators for Independent Child Care Centers in California. Nutrients. 2022;14(21):4449. doi:10.3390/nu14214449

CACFP and Nutrition

FACT 34

Child care sites participating in CACFP generally provide more nutritious meals and snacks than non-participating sites. CACFP sites serve more fruits and vegetables, and fewer sugary drinks, sweets, and snack-type items.

Fast Facts:

- CACFP participation is linked to better nutrition quality in child care settings, helping kids receive healthier meals throughout the day.
- CACFP sites tend to offer healthier meals and snacks.
- Studies show that child care programs participating in CACFP generally serve more nutritious foods than those that do not.
- Children at CACFP sites tend to get more healthy food. Participating programs serve more fruits and vegetables than non-participating programs.
- Participating CACFP programs tend to limit less-healthy options. Compared with non-participating sites, CACFP programs serve fewer sugary drinks, sweets, and processed snack-type items.

Sources:

Kenney EL, Poole MK, Cradock AL. Differences in nutrition quality of meals and snacks served in child care centers and family child care homes participating in CACFP. J Acad Nutr Diet. 2020;120(6):923–933. doi:10.1016/j.jand.2020.02.002.

Ritchie LD, Boyle M, Chandran K, et al. Participation in the Child and Adult Care Food Program is associated with more nutritious foods and beverages in child care. J Acad Nutr Diet. 2012;112(6):913–918. doi:10.1016/j.jand.2012.03.019.

FACT 35

Children cared for by providers participating in CACFP have better overall diets and consume more vegetables, fruit, and whole grains on days when they are in child care than on days when they are not.

Fast Facts:

- Children in CACFP-participating child care have healthier diets overall during time in care.
- Children consume more vegetables, fruits, and whole grains when they are in the care of CACFP-participating providers than when they are not.
- CACFP participation helps support access to nutritious foods during the hours children spend in care.

Source:

U.S. Department of Agriculture, Food and Nutrition Service. Study of Nutrition and Activity in Child Care Settings (SNACS-II): Child and Adult Care Food Program. Published 2023. Accessed December 18, 2025. https://www.fns.usda.gov/research/cacfp/snacs2.

CACFP and Food Security

FACT 36

CACFP participation is linked to improved food security for young children. Attending a child care provider that participates in CACFP is associated with the lower risk of household food insecurity, and children receiving meals from child care providers likely participating in CACFP are less likely to live in a food-insecure household compared to children whose meals are provided by parents.

Fast Facts:

- CACFP can help protect young children from food insecurity. Studies show that children in the care of CACFP-participating providers are associated with a lower risk of household food insecurity.
- Children who get their meals from providers likely participating in CACFP are less likely to live in food-insecure households than children whose meals are supplied by their parents.
- Participation in CACFP may help strengthen the nutrition safety net for families, ensuring children have reliable access to healthy meals in child care.
- Kids in child care programs that take part in CACFP are more likely to have enough food at home.
- When children get their meals from a CACFP-participating provider, their families may face a lower risk of struggling to afford food.
- Children who eat meals supplied by these child care programs are less likely to live in a food-insecure household than children who rely on meals brought from home.

Sources:

Arteaga I, Heflin C, Gable S. The Impact of Participation in the Child and Adult Care Food Program on Food Security and Child Health. Soc Serv Rev. 2014;88(3):245–269. doi:10.1086/679760.

Ettinger de Cuba S, Bovell-Ammon A, Knowles M, et al. Child Care Feeding Programs Associated With Food Security and Health for Young Children From Families With Low Incomes. JAMA Netw Open. 2023;6(6):e2312345. doi:10.1001/jamanetworkopen.2023.12345.

CACFP and Child Outcomes

FACT 37

Among children from low-income households, participation in CACFP is associated with healthier nutrition environments and may be linked to lower prevalence of both overweight and underweight.

Fast Facts:

- For children in families with low incomes, being in a child care program that uses CACFP helps create healthier food and nutrition environments.
- CACFP participation is linked to healthier weight status, with fewer children being either overweight or underweight.
- Children in CACFP-participating programs tend to have more balanced nutrition than those not in the program.

Source:

Korenman S, Abner KS, Kaestner R, Gordon RA. The Child and Adult Care Food Program and the nutrition of preschoolers. Early Child Res Q. 2013;28(2):325–336. doi:10.1016/j.ecresq.2012.07.007.

FACT 38

One study found that children who receive meals from child care providers likely participating in CACFP have lower odds of being in fair or poor health and of being admitted to the hospital from the emergency department compared to children whose meals are provided by parents.

Fast Facts:

- Kids who eat meals provided by child care programs in CACFP are less likely to be in fair or poor health compared to kids who bring meals from home.
- Kids who eat meals provided by child care programs in CACFP have lower chances of being admitted to the hospital after an emergency room visit.

Source:

Ettinger de Cuba S, Bovell-Ammon A, Knowles M, et al. Child Care Feeding Programs Associated With Food Security and Health for Young Children From Families With Low Incomes. JAMA Netw Open. 2023;6(6):e2312345. doi:10.1001/jamanetworkopen.2023.12345.

Barriers to CACFP Participation

FACT 39

Research suggests that several factors hinder CACFP participation for child care providers, including the need to collect family income eligibility information, extensive administrative paperwork, difficulty meeting eligibility requirements, the need for provider training, and concerns about administrative (nonfood) costs. Non-participating centers also have limited knowledge about the program and eligibility.

Fast Facts:

- Many child care providers find it hard to participate in CACFP because the process can be complicated.
- Providers often have to collect income paperwork from families, which can be burdensome.
- CACFP requires a lot of administrative paperwork that can hinder participation.
- Some CACFP providers struggle to meet all the eligibility rules or don't get the training they need.
- CACFP providers worry about nonfood costs, like the extra time and staff needed to manage the program.
- Child care centers that aren't in CACFP often have limited awareness of how the program works—or that they might even qualify.

Source:

Kenney EL, Sun X, Cannon M, Andreyeva T. Barriers to Participation in the Child and Adult Care Food Program and Implications for Policy. Am J Public Health. 2023;113(12):1448–1456. doi:10.2105/AJPH.2023.307473.