

# Free school meals for all may reduce childhood obesity, while easing financial and logistical burdens for families

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School meals are critical to child health. Research has shown that [school meals can be more nutritious](#) than meals from other sources, such as meals brought from home.

A recent study that one of us conducted found the quality of [school meals](#) has steadily improved, especially since the 2010 [Healthy, Hunger-Free Kids Act](#) strengthened nutrition standards for school meals. In fact, by 2017, another study found that school meals provided the [best diet quality](#) of any major U.S. food source.

Many American families became familiar with universal free school meals during the COVID-19 pandemic. To ease the financial and logistical burdens of the pandemic on families and schools, the [U.S. Department of Agriculture issued waivers](#) that allowed schools nationwide to provide free breakfast and lunch to all students. However, these [waivers expired](#) by the 2022–23 school year.

Since that time, there has been a substantial increase in schools participating in the [Community Eligibility Provision](#), a [federal policy](#) that allows schools in high poverty areas to provide free breakfast and lunch to all attending students. The policy became available as an option for low-income schools nationwide in 2014 and was part of the [Healthy, Hunger-Free Kids Act](#). By the 2022-23 school year, [over 40,000 schools](#) had adopted the Community Eligibility Provision, an increase of more than 20% over the prior year.

We are [public health researchers who](#) study the health effects of nutrition-related policies, particularly those that alleviate poverty. Our newly published research found that the Community Eligibility Provision was associated with a net [reduction in the prevalence of childhood obesity](#).

## Improving the health of American children

President Harry Truman [established the National School Lunch Program](#) in 1946, with the stated goal of protecting the health and well-being of American children. The program established permanent federal funding for school lunches, and participating schools were required to provide free or reduced-price lunches to children from qualifying households. Eligibility is [determined by income](#) based on federal poverty levels, both of which are [revised annually](#).

In 1966, the [Child Nutrition Act](#) piloted the [School Breakfast Program](#), which provides free, reduced-price and full-price breakfasts to students. This program was later made permanent through an amendment in 1975.

The [Community Eligibility Provision](#) was piloted in several states beginning in 2011 and became an option for eligible schools nationwide beginning in 2014. It operates through the national school lunch and school breakfast programs and expands on these programs.

The policy allows all students in a school to receive free breakfast and lunch, rather than determine eligibility by individual households. Entire schools or school districts are eligible for free lunches if at least 40% of their students are directly certified to receive free meals, meaning their household participated in a means-based safety net program, such as the [Supplemental Nutrition Assistance Program](#), or the child is identified as runaway, homeless, in foster care or enrolled in Head Start. Some states also [use Medicaid for direct certification](#).

The Community Eligibility Provision increases school meal participation by [reducing the stigma](#) associated with receiving free meals, eliminating the need to complete and process applications and extending access to students in households with incomes above the eligibility threshold for free meals. As of 2023, the eligibility threshold for free meals is 130%

of the federal poverty level, which amounts to US\$39,000 for a family of four.

## **Universal free meals and obesity**

We analyzed whether providing universal free meals at school through the Community Eligibility Provision was associated with lower childhood [obesity](#) before the COVID-19 pandemic.

To do this, we measured [changes in obesity prevalence](#) from 2013 to 2019 among 3,531 low-income California schools. We used over 3.5 million body mass index measurements of students in fifth, seventh and ninth grade that were taken annually and aggregated at the school level. To ensure rigorous results, we [accounted for differences](#) between schools that adopted the policy and eligible schools that did not. We also followed the same schools over time, comparing obesity prevalence before and after the policy.

We found that schools participating in the Community Eligibility Provision had a [2.4% relative reduction](#) in obesity prevalence compared with eligible schools that did not participate in the provision. Although our findings are modest, even small improvements in obesity levels are notable because effective strategies to reduce obesity at a population level [remain elusive](#). Additionally, because obesity [disproportionately affects](#) racially and ethnically marginalized and low-income children, this policy could contribute to reducing health disparities.

The Community Eligibility Provision likely reduces [obesity prevalence](#) by substituting up to half of a child's weekly diet with healthier options and simultaneously [freeing up more disposable income](#) for low-to-middle-income families. Families receiving free breakfast and lunch save approximately \$4.70 per day per child, or \$850 per year. For low-income families, particularly those with multiple school-age children,

this could result in meaningful savings that families can use for other health-promoting goods or services.

## **Expanding access to school meals**

Childhood obesity [has been increasing over](#) the past several decades. Obesity often [continues into adulthood](#) and is linked to a range of [chronic health conditions and premature death](#).

Growing research is showing the benefits of universal free school meals for the health and well-being of children. Along with our study of California schools, other researchers have found an association between universal free school meals and reduced obesity in [Chile](#), [South Korea](#) and [England](#), as well as among [New York City schools](#) and [school districts](#) in [New York state](#).

Studies have also linked the Community Eligibility Provision to [improvements in academic performance](#) and [reductions in suspensions](#).

While our research observed a reduction in the prevalence of obesity among schools participating in the Community Eligibility Provision relative to schools that did not, obesity increased over time in both groups, with a greater increase among nonparticipating schools.

Universal free meals policies may slow the rise in childhood obesity rates, but they alone will not be sufficient to reverse these trends. Alongside universal free meals, identifying other population-level strategies to reduce obesity among children is necessary to address this public health issue.

As of 2023, [several states have implemented their own](#) universal free school meals policies. States such as California, Maine, Colorado, Minnesota and New Mexico have pledged to cover the difference

between school meal expenditures and federal reimbursements. As more states adopt their own universal free meals policies, understanding their effects on [child health](#) and well-being, as well as barriers and supports to successfully implementing these programs, will be critical.

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