



OCTOBER 2025

Improving Childhood Nutrition in the U.S. through Innovation and Efficiency

Authors:
Karah Mantinan, MPH, RD; So O'Neil, MS; Josh DeLung, MA, UXC, FCX, CAITL

Contents

OVERVIEW..... 2

EXECUTIVE SUMMARY 2

FEDERAL INTERAGENCY ENGAGEMENT AND ADMINISTRATION PRIORITY ALIGNMENT 3

PRENATAL & INFANCY (0–1 YEAR) 6

 Touchpoints 6

 Pain Points 6

 Alternative Support Pathways..... 6

EARLY CHILDHOOD (1–5 YEARS)..... 6

 Touchpoints 6

 Pain Points 7

 Alternative Support Pathways..... 7

SCHOOL AGE (6–12 YEARS)..... 7

 Touchpoints 7

 Pain Points 7

 Alternative Support Pathways..... 8

ADOLESCENCE (13–18 YEARS) 8

 Touchpoints 8

 Pain Points 8

 Alternative Support Pathways..... 8

CROSS-CUTTING PAIN POINTS & ALTERNATIVE SOLUTIONS 9

 Administrative & Policy Challenges 9

 Community-Driven Solutions for Alternative Supports 9

AREAS FOR ASSESSMENT AND ALIGNMENT 9

KEY TASK AREAS FOR ASSESSMENT 10

Overview

This journey map and response plan provide an easy-to-understand overview of how children in the U.S. access nutritious food and related health supports, considering a child's health from pregnancy through adolescence. It is grounded in expert input from public health practitioners at Altarum (a nonpartisan, nonprofit entity with decades of experience advising agencies on state and federal public health programs). It highlights touchpoints across federal, state, local, nonprofit, and private sectors; identifies pain points; and notes alternative paths families may turn to in lieu of or in addition to government support. It also considers how shifts in federal policy may impact public health and nutrition programs and explores opportunities to find innovative pathways to strengthen the nutrition safety net for children in America and increase self-sufficiency for families.

We also propose the establishment of the **Nutrition and Essential Supports Transformation (NEST) Center**, with the goal of increasing program efficiency across the federal government and aiding communities in finding innovative ways to help American families live healthier lives through access to and information about nutritious foods.

Executive Summary

Altarum, a nonprofit organization focused on improving public health, works primarily with government agencies at the federal, state, and local levels to plan, implement, and evaluate the impact of health programs. Seeing the evolving landscape of public health and the laudable new initiatives to make American children healthier, we believe that the best approach forward is to improve education and access to healthful foods by:

1. **Identifying emerging partnerships, pathways, and opportunities** to provide children and their families with access to nutritious food and health resources through federal, state, and local agencies.
2. **Increasing self-reliance and supplemental help** for children and families through coordinated education about, and deployment of, alternative supports, such as employer benefits and local nutrition incentive programs.
3. **Accurately understanding the highest-impact areas for improvement** in the childhood nutrition journey through transparent, rigorous research and human-centered design.

Federal Interagency Engagement and Administration Priority Alignment

Child nutrition and health touchpoints span multiple federal agencies, often overlapping across developmental phases.

The U.S. Department of Agriculture (USDA)—through the Food and Nutrition Service (FNS)—administers the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), the Child and Adult Care Food Program (CACFP), the National School Lunch Program (NSLP), the School Breakfast Program (SBP), the Summer Food Service Program (SFSP, also known as SUN Meals), and the Summer Electronic Benefit Transfer (Summer EBT, also known as SUN Bucks), which appear in nearly every stage of the journey. WIC is especially important for the pregnancy and infant stages of development.

FNS also administers the Supplemental Nutrition Assistance Program Education (SNAP-Ed), an evidence-based nutrition education and obesity prevention program that reaches youth and adults eligible for SNAP. However, pursuant to the passage of the 2025 budget reconciliation bill, funding for SNAP-Ed will be eliminated effective October 1, 2026.

SNAP is a through-line across all stages in the childhood nutrition journey, as it provides ongoing household grocery benefits (including infant formula and most staple foods) when income/resource rules are met and directly certifies children for free school meals without extra paperwork.

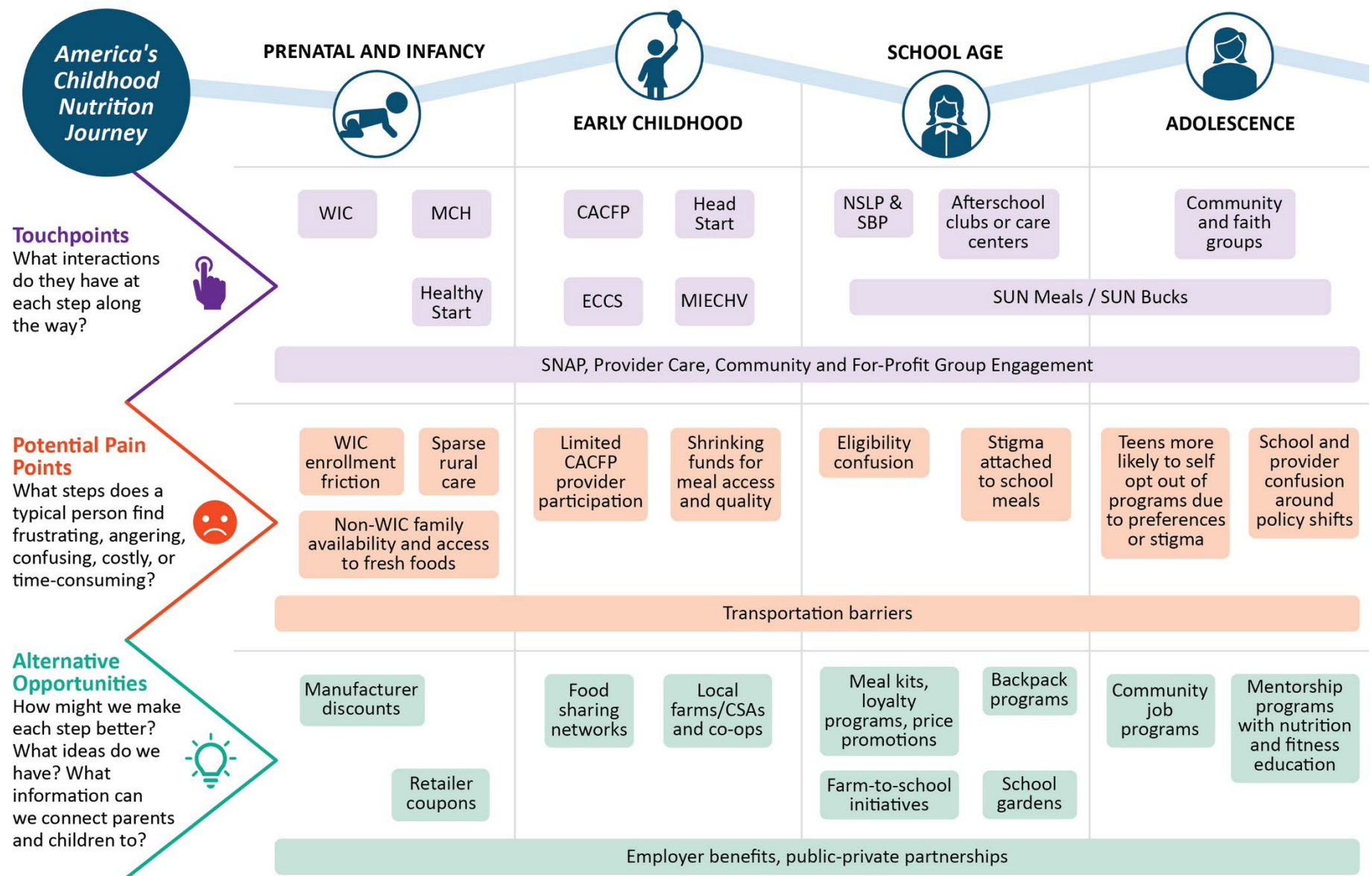
The USDA's National Institute of Food and Agriculture (NIFA) supports research, education, and extension programs in food and agriculture. The Gus Schumacher Nutrition Incentive Program (GusNIP), overseen by NIFA, funds nutrition incentive programs that help SNAP participants purchase more fruits and vegetables, produce prescription programs, and a national training, technical assistance, and evaluation center. The Expanded Food and Nutrition Education Program (EFNEP) is also funded by NIFA and administered by land-grant universities.

The Department of Health and Human Services (HHS), via the Health Resources and Services Administration (HRSA) and its Maternal and Child Health Bureau, leads Early Childhood Comprehensive Systems (ECCS); Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Healthy Start, and Title V programs, such as fetal and newborn screenings and workforce development programs. Additionally, the Administration for Children and Families administers Head Start and Temporary Assistance for Needy Families (TANF).

The Centers for Disease Control and Prevention (CDC) supports nutrition surveillance, chronic disease prevention, and school health initiatives. They do this by funding state and local programs, conducting population health surveys, and providing technical assistance to schools and communities to promote healthier eating patterns, increase physical activity, and reduce risk factors for obesity and related chronic conditions.

The Department of Education engages children through school wellness policies, farm-to-school efforts, and partnerships with USDA for meal programs. Overlapping touchpoints—particularly WIC/SNAP in early years, CACFP/Head Start in preschool, and NSLP/SBP paired with healthcare screenings—create natural leverage points for joint action, such as curriculum updates, teacher training, incentive programs tied to initiatives like the revived Presidential Fitness Test, and communication campaigns aimed at healthier behaviors.

Given recent changes to government agencies and programs, such as the elimination of SNAP-Ed, we propose an inventory and assessment to identify new and emerging pathways to work with key leaders across federal agencies (e.g., FNS, NIFA, HRSA, select CDC programs, and the Department of Education) on maximizing the impact of nutrition programs. The goals of this assessment would be to align policies and programs for maximum benefit to a healthier America, streamline efforts to create efficiencies, and address cross-cutting barriers like access and quality. The assessment would underscore a commitment to restoring children’s vitality, reducing chronic disease risk, making nutritious food the easy, affordable choice for every family, and ensuring the readiness of America’s children to contribute to public service, commercial technological advancements, and other important societal needs well into adulthood. This alignment will support better public health outcomes and more self-reliant communities.





Prenatal & Infancy (0–1 year)

Touchpoints

- **Healthcare:** OB/GYNs, pediatricians, hospital lactation consultants (guidance, referrals).
- **WIC:** tailored food package, breastfeeding support, formula access, and referrals for pregnant/postpartum, infants, and children up to age 5.
- **Title V MCH & Healthy Start:** connections to local supports.
- **SNAP:** household grocery benefits including infant formula.
- **EFNEP:** nutrition education program for low-income families and youth.
- **Community & For-Profit:** nonprofits, pantries, faith groups; pharmacy/grocer coupons.
- **TANF:** financial assistance during and after pregnancy.

Pain Points

- Enrollment friction for WIC (paperwork, documentation, appointment access).
- Access gaps: sparse WIC-authorized retailers and pediatric care in rural areas.
- Affordability of formula/fresh foods for families not connected to WIC/SNAP.
- Lack of awareness and educational opportunities.

Alternative Support Pathways

- Employer benefits (parental leave, wellness stipends).
- Manufacturer/retailer discounts and coupons.
- Nutrition incentive programs (e.g., Double Up Food Bucks).
- Food as medicine/produce prescription programs.



Early Childhood (1–5 years)

Touchpoints

- **CACFP:** reimburses healthy meals/snacks in childcare and early education programs.
- **Head Start/Early Head Start:** comprehensive services; programs often leverage CACFP.
- **ECCS (Early Childhood Comprehensive Systems):** strengthens prenatal-to-three systems and referrals.
- **MIECHV (Home Visiting):** trained visitors help with goals, including nutrition and connections to services.
- **EFNEP:** nutrition education program for low-income families and youth.

- **Healthcare:** ongoing growth/nutrition monitoring and referrals.
- **Community/For-Profit:** food banks, mutual-aid, grocer donations, occasional meal-kit discounts.
- **SNAP:** backbone grocery benefit for eligible households.

Pain Points

- Limited CACFP participation among providers; rural availability uneven.
- Transportation barriers to childcare and assistance sites.
- Funding reductions can shrink meal access/quality.
- Head Start staffing and funding shortages limiting capacity to meet demand.

Alternative Support Pathways

- Family/peer food-sharing networks.
- Local farms/CSAs and co-ops offering discounted produce boxes.
- Nutrition incentive programs (e.g., Double Up Food Bucks).
- Food as medicine/produce prescription programs.



School Age (6–12 years)

Touchpoints

- **NSLP & SBP:** subsidized meals in public schools; the Community Eligibility Provision (CEP) may offer meals to all in high-poverty schools as a federal option under the Health, Hunger-Free Kids Act of 2010 that allows schools and districts in those areas to serve free breakfast and lunch to all students without requiring individual applications. Some states offer universal free school meals to all children regardless of income with the support of additional state funding.
- **After-School:** snacks/meals via schools, Boys & Girls Clubs, YMCAs, faith-based organizations.
- **EFNEP:** nutrition education program for low-income families and youth.
- **Summer:** SFSP/SUN Meals at community sites; rural areas may use non-congregate options; SUN Bucks (Summer EBT) ~ \$120 per eligible child each summer.
- **Healthcare:** pediatricians/dentists screen and refer.
- **SNAP:** household benefit and pathway to direct certification for school meals.

Pain Points

- Eligibility confusion for free/reduced-price meals; shifting rules.
- Stigma attached to school meals, especially among older kids.
- Food quality concerns amid tight budgets.
- Lack of nutrition education.

Alternative Support Pathways

- School gardens and farm-to-school initiatives.
- Weekend backpack programs run by nonprofits/faith groups.
- Employer family benefits (stipends, grocery credits).
- Grocery/retail discounted meal kits, loyalty programs, price promotions.
- Nutrition incentive programs (e.g., Double Up Food Bucks).
- Food as medicine/produce prescription programs.



Adolescence (13–18 years)

Touchpoints

- **High Schools:** meal programs continue; participation may drop due to stigma/scheduling.
- **Community & Faith Groups:** after-school snacks, teen-focused pantries, youth programs.
- **Healthcare:** school nurses/clinics address adolescent nutrition needs.
- **EFNEP:** nutrition education program for low-income families and youth.
- **For-Profit:** budget-oriented groceries and meal solutions marketed to teens/families.
- **Summer:** SFSP/SUN Meals and SUN Bucks continue when school is out.
- **SNAP:** ongoing household benefit; supports direct certification where applicable.

Pain Points

- Teen engagement: opt-outs due to stigma or taste preferences.
- Summer access: fewer sites or transportation challenges limit uptake.
- Policy/funding shifts create uncertainty for schools and providers.
- Lack of nutrition education.

Alternative Support Pathways

- Community job programs offering meal stipends.
- Mentorship/youth groups integrating nutrition and fitness education.
- Nutrition incentive programs (e.g., Double Up Food Bucks).
- Food as medicine/produce prescription programs.
- Universal lunch programs.

Cross-Cutting Pain Points & Alternative Solutions

Administrative & Policy Challenges

- Complex enrollment across multiple agencies with differing rules.
- Policy instability and funding changes create uncertainty.
- Shifting federal priorities.
- Managing various state waivers and flexibilities pertaining to federal nutrition programs.
- Loss of institutional knowledge with federal workforce restructuring.

Community-Driven Solutions for Alternative Supports

- Mutual aid networks and peer-to-peer food support.
- Public-private partnerships (corporate donations, nutrition education).
- State and local food policy councils and food hubs improving access to healthy food across communities.
- Nutrition incentive programs (e.g., Double Up Food Bucks).
- Food as medicine/produce prescription programs.
- Farmers markets and Community Supported Agriculture (CSAs).

Areas for Assessment and Alignment

1. **Improving Food Quality in Schools:** Encourage rigorous safety and nutrition data transparency and remove ultra-processed foods from schools. Support districts in improving procurement, recipes, and student engagement to shift toward minimally processed, nutrient-dense options.
2. **Promoting Whole, Nutrient-Dense Diets:** Enhance efforts around access, affordability, and time, in addition to education. Help families navigate cost constraints, proximity to fresh foods, kitchen equipment, and time to cook with alternative supports and working across agencies to design policy that support self-reliance while also ensuring appropriate supports to families for produce and staple proteins; promote practical, budget-aware cooking skills and backing community solutions (co-ops, pantries, prepared-meal pickups) that respect family time and circumstances. Center on making healthy choices easier through price, convenience, and availability.
3. **Highlighting Environmental Factors Contributing to Chronic Diseases:** Provide more education and supports resulting from scientifically rigorous inquiry into environmental contributors to chronic disease while maintaining transparency about methods and evidence. These may also include initiatives around the built environment (e.g., walkability of urban areas), transportation access in rural areas, air quality, chronic stress and Adverse Childhood Experiences (ACE), vector-borne diseases, artificial light exposure, and more.

4. **Reforming Federal Food Policies:** Convene interagency experts to re-evaluate subsidies and incentives to favor production and procurement of healthier foods across child-serving settings. Recommend policy and legislative updates to agency leadership and Congress that aim to improve access to alternative pathways to federal funding for all, as well as reduce barriers to government supports for those who need it most.

Key Task Areas for Assessment

Based on the pain points identified in the journey map, we believe the following scope of work will support efforts to align and advance administration priorities across nutrition programs throughout childhood and identify gaps and pain points:

Task Area 1: Identify new and emerging pathways to work with key leaders across federal agencies

- a) Conduct an inventory of the restructured federal workforce and associated programs to evaluate the remaining resources following a significant reorganization. Assess potential areas of alignment, as well as gaps and pain points.
- b) Engage with key stakeholders to identify existing gaps and emerging opportunities, and support designated agency leads in convening members to establish a working group dedicated to coordinating critical activities across agencies. Work with appointed leaders at the new Administration for a Healthy America as needed to coordinate efforts and ensure efficiency.
- c) Facilitate working group discussions and identify priorities for a one-stop-shop training and technical assistance (T/TA) center.
- d) Engage state, local, and community-based organizations to align efforts on an ongoing basis.

Task Area 2: Human-Centered Design

- a) Conduct qualitative and quantitative research studies to confirm or refute journey map hypothesis, finalize overview of confirmed pain points and bright spots, and propose a prioritized action plan with detailed strategies, tactics, timelines, and metrics for improving the childhood nutrition experience and adolescent public health. Involve representative groups from communities across the country in a national study with nuanced insights across regions and key socioeconomic or demographic groups.

Task Area 3: Nutrition and Essential Supports Transformation (NEST) Center

- a) Informed by Task Area 1 and 2, apply food, nutrition, and other public health expertise to determine the need for a new federal interagency T/TA center that serves as a one-stop shop for disseminating resources and information about the overlapping programs and support provided by each agency. If deemed necessary, the Center will also focus on education about alternative supports that parents and families can seek out to improve self-reliance and supplement federal programs.

- b) If supported by the findings from Task Area 2, design and develop a website that will disseminate food and nutrition information; other educational supports for schools, parents, and families; nutrition transparency data; and consolidated pathways to federal and alternative supports in one place.
- c) Provide a method for tracking T/TA engagements aligned with key performance indicators for measuring the Center's impact.

Task Area 4: Ongoing NEST Support

- a) Continuously refine resources and supports for stakeholders, program recipients, and communities.
- b) Provide intensive targeted T/TA to local leaders, community groups, parents, and schools.
- c) Develop new digital resources for dissemination that educate T/TA providers, stakeholders, and families on key health topics (including developing and accessing alternative supports) for children and teens.
- d) Conduct targeted media campaigns to promote healthier behaviors, nutrition education, and access to alternative supports within low-income and other key populations.