

TOGETHER AT THE TABLE: SUPPORTING THE NUTRITION, HEALTH, AND WELL-BEING OF GRANDFAMILIES



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Key Facts and Findings

8 million children

live with a relative other than their parent who is the head of the household.

About 2.5 million children

are being raised by a relative or close family friend and do not have a parent living in the household.

More than 2.4 million grandparents

are householders who are responsible for grandchildren living with them.

One in four grandparent-headed households experiences food insecurity.

The rate of food insecurity for grandparent-headed households (25%) is

more than 60 percent higher

than the rate for all households with children (15%).

The rate of food insecurity for older (60+) grandparent-headed households (22%) is

more than three times higher

than the rate of comparable households with no children (7%).

Only 42 percent of grandparent-headed households with grandchildren under age 18 and no parent present and with low incomes participated in SNAP in 2019.

For a more detailed explanation of these data and the sources used please see Appendix B.

Key Recommendations for Federal Policy, State and Local Practice, and Research

Federal Policy Recommendations

- **Support the development and sustained use of quality kinship navigator programs.** Provide multi-year federal funding to help states and tribes develop, operate, and evaluate kinship navigator programs that meet evidence-based standards.
- **Support the Supplemental Nutrition Assistance Program (SNAP)** by improving benefit adequacy permanently and improving access for grandfamilies by creating a “child-only” SNAP benefit.
- **Make SNAP benefits more convenient**, including allowing the purchase of hot, prepared foods, expanding the Restaurant Meals Program, and increasing the availability of online purchasing.
- **Ensure automatic access to free and reduced school meals for children living in grandfamilies** and expand healthy free school meals for all.
- **Help grandfamilies cover meal costs when school is out** through a nationwide Summer EBT Program.
- **Restore the option for child care centers and homes to serve an additional meal** through the Child and Adult Care Food Program (CACFP).
- **Support and enhance the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**, including improving outreach for grandfamilies and making WIC modernization, access enhancements, and enhanced levels of fruit and vegetable benefits permanent.
- **Create joint meal programs for grandfamily caregivers and the children they raise.**
- **Recognize tribal sovereignty in the administration of all federal nutrition programs.**
- **Enhance the Food Distribution Program on Indian Reservations (FDPIR)**, including allowing concurrent access to FDPIR and SNAP and child nutrition programs.
- **Improve access and adequacy for Temporary Assistance for Needy Families (TANF)** for grandfamilies.
- **Require federal food and nutrition programs to develop strategies to promote race equity and address disparities**, including promoting the equitable treatment of grandfamilies.

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“Food insecurity is real. It impacts grandfamilies in different ways. The lack of food is scary—to think that you may not have enough food is a stress factor for kinship caregivers when they are already under a lot of stress.”

— *Karen Gillespie, executive director, Generations Together*

National, State, Tribal, and Local Practice Recommendations

- **Increase and evaluate outreach to grandfamilies regarding food and nutrition supports.**
- **Provide technology supports for kinship families** to lessen the digital divide for low-income and older adult caregivers and ensure access to online food and nutrition program applications and services.
- **Ensure kinship navigator programs and the Grandfamilies & Kinship Support Network National Technical Assistance Center** provide accurate and up-to-date information about food assistance programs.
- **Encourage programs funded through the National Family Caregiver Support Program (NFCSP) to provide services to help connect grandfamilies to food and nutrition supports.**
- **Implement SNAP policies to better serve grandfamilies.** States can build on lessons learned from the temporary COVID-19 adjustments, such as reduced frequency of recertification and accommodating telephonic signatures.

Research Recommendations

- **Collect more food insecurity data specific to grandfamilies of all types, including those headed by grandparents, as well as other relatives and family friends.**
- **Work with tribes to better understand food insecurity trends among American Indian and Alaska Native grandfamilies.**
- **Study the utilization and efficacy of the federal nutrition programs for grandfamilies of all types, including those headed by grandparents, as well as other relatives and family friends.**



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“Grandfamilies are a vital resource for our children, our communities, and our nation. They face many challenges. Hunger and food insecurity should not be among them. We must ensure they have the resources they need to have nutritious meals that support growth, learning, and good health among all members of grandfamilies.”

— **Donna Butts, executive director, Generations United**

Introduction

When Alice Carter got a call from the Wyoming Department of Family Services (DFS) telling her that her daughter’s parental rights had been severed from her grandson, they asked if she would take him. Alice had three days to decide. She chose to step up and raise him, a decision that was transformative for her grandson and kept him out of foster care. At the time, Alice was a welder, a job that required her to travel to work sites, and she made good money. She had managed to save a bit for retirement, but raising her grandson meant that she had to quit her job because she couldn’t find reliable care for her grandson while she was away at job locations. Her grandson was her top priority, and she went to court to obtain guardianship of him. She was not offered any type of support or services to help raise him.

Being unemployed, she went through her savings all too quickly as she paid for legal fees, rent, food, and the other basic expenses of raising her grandson. She had a very difficult time finding a job, especially one that paid enough to cover child care while she worked. She didn’t know where to go for help. “At one point we were eating nothing but rice,” says Alice.

Before long, DFS called again, asking her to take her granddaughter as well. She wanted to do the right thing and prevent her granddaughter from

entering foster care, so she said yes again, but still, no support was offered.

Alice is a member of the Lakota Sioux tribe, but she and her grandchildren were living off the reservation and her grandchildren are not enrolled in the tribe. Therefore, they were not eligible for any tribal supports.

Alice wanted to care for her grandchildren and was glad they were all together, but she was struggling. She lost their home because she couldn’t pay the rent. She became desperate for help. “The food bank at the church was the only place that would help me,” Alice says.

For more than a year, they lived in her car and struggled to find food. It had long-term effects on all three of them. “My granddaughter doesn’t like to talk about it,” says Alice. “She was ashamed.”

Eventually, Alice found a new job, housing, and help through a grandfamilies support program which profoundly changed their lives for the better. Thanks to Alice, her granddaughter now lives independently, and her grandson lives with her due to his severe kidney disease as a result of his mother’s substance use while she was pregnant with him. Alice now works to help other grandfamilies in Wyoming, making their paths easier than hers.

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“I tried to appear at friends’ houses around dinner time so they would include my grandchildren in the dinner. They got so they would eat pretty much anything even if they didn’t like it. Sometimes people would give us food that had been in their refrigerator for two weeks, but it was better than nothing. Someone gave us a bag of oranges and we ate nothing but oranges for four days.”

— **Alice Carter, grandfamily caregiver who raised two grandchildren**

Even though Alice’s experiences happened decades ago, they are indicative of the struggle to put food on the table that, sadly, far too many grandfamilies still face due to a lack of awareness, misconceptions, and not being able to find someone who understands them and can help. Looking back, it seems that Alice and her grandchildren should have been eligible for the Supplemental Nutrition Assistance Program (SNAP) (previously called Food Stamps), but after being told they did not qualify several times, she stopped trying. Like Alice, too many grandfamilies do not access the food and nutrition support they may be eligible for—and that

needs to change. This report provides information on available nutrition programs, strategies to overcome obstacles to participation, and actions needed to address hunger and food insecurity among grandfamilies.

There are 2.5 million children in the U.S. who are living in households without a parent present and headed by a grandparent like Alice, or another relative (great-grandparent, aunt or uncle, sibling, cousin, etc.), or a close family friend—inside or outside the child welfare system.¹ These families are often called “kinship families” or “grandfamilies.”



CHILDREN THRIVE IN GRANDFAMILIES, ESPECIALLY WITH SUPPORT

Compared to children in non-relative foster care, children being raised by relatives have more stability, higher levels of permanency, better behavioral and mental health outcomes, and report that they “always felt loved.” They are more likely to maintain connections with their siblings and preserve their cultural heritage. In addition to the many benefits for the children, caregivers report benefiting from their caregiving role, often citing an increased sense of purpose. Birth parents can also value their children remaining connected to family and friends. Research also indicates that children in grandfamilies that receive services and supports, such as kinship navigator programs for financial and legal assistance, housing, health services, and food and nutrition benefits experience *better* outcomes than those raised in grandfamilies not receiving such supports.

Source: Generations United. “Children Thrive in Grandfamilies.” 2018.
<https://www.gu.org/resources/children-thrive-in-grandfamilies>

Decades of research repeatedly confirm that children who cannot remain with their parents thrive when raised by relatives and close family friends, especially when they get the support they need.² Some support for Alice’s grandfamily would have gone a long way for all of them. Sadly, Alice and her grandchildren are not alone.

While grandfamilies are extremely beneficial for both family members and their communities, some, like Alice’s grandfamily, struggle with challenges—many of which can lead to difficulty putting adequate nutritious food on the table. **One in four grandparent-headed households experiences food insecurity.**³

Additionally, children in grandfamilies may have experienced extreme mental and physical trauma, hunger, and food insecurity prior to coming to the grandfamily. These experiences leave indelible imprints on the children. This trauma can lead to eating disorders and complicated beliefs, needs, habits, and preferences surrounding food, which add a layer of concern and complication for grandfamily caregivers struggling to provide the nutritious meals and snacks that children need.

Hunger is a broad term used in this report to describe a household’s struggles to put food on the table. Food insecurity is measured at the household level and refers to an economic and social condition of having limited or uncertain access to adequate food.⁴ In essence, being food insecure means that a household does not have the resources they need to have consistent and reliable access to enough food for all members of the household to live an active, healthy life.⁵

Food insecurity can negatively affect a child’s ability to learn and grow. Many diet-related diseases, such as diabetes, hypertension, heart disease, and obesity, have been associated with food insecurity.⁶ Research indicates food insecurity can impact health outcomes, as well as underuse of prescribed medications, more hospitalizations, higher health care utilization, and increased health care costs.⁷

According to the U.S. Department of Agriculture (USDA) Economic Research Service (ERS), in 2021, approximately 34 million people lived in households experiencing food insecurity.⁸ Limited by a lack of money or other resources, these households across the nation struggled at some time during the year to put enough food on the table for all household

UNDERSTANDING FOOD INSECURITY

FOOD SECURITY

- Access at all times to enough nutritious food for an active, healthy life
- Always enough of the kinds of food you want to eat



FOOD INSECURITY

Low food security

- Reduced quality/variety of foods
- Worry about food running out

Very low food security

- Reduced quality/variety of foods
- Multiple signs of disrupted eating/ reducing intake
- Sometimes or often not enough to eat

Source: U.S. Department of Agriculture, Economic Research Service 2022

members. “Getting healthy, nutritious food is hard for many of the grandfamilies that we serve,” says Karen Gillespie, executive director of Generations Together, a community-based program serving grandfamilies in Georgia. “Most of the families have some type of diabetes or other health issues. So, they have to be very careful of their menus and what they prepare for themselves. They have to figure out how they can get on their limited income and budgets.”

Households with certain characteristics experience disproportionate rates of hunger and food insecurity, and significant portions of grandfamily households have these characteristics as well, including households with:

- Children present
- Financial challenges
- People who are Black, African American,⁹ Hispanic/Latino,¹⁰ American Indian,¹¹ and Alaska Native¹²
- People who have disabilities
- Certain older adults
- Certain geographic factors
- Reduced access to nutritious food sources

Clearly, grandfamilies have children in the home, which, alone, puts them at higher risk of food insecurity. **But the rate of food insecurity among grandparent-headed households with grandchildren (25%) is more than 60 percent higher than the rate for all households with**

children (15%).¹³ This report will probe deeper into the various reasons that grandfamilies experience such significant rates of food insecurity, examining the characteristics listed above and the challenges that lead many to go without sufficient, good quality, nutritious food.

To explore strategies that address food insecurity among grandfamilies, the report describes the crucial federal food and nutrition support programs and outlines the challenges and barriers that prevent far too many grandfamilies from receiving benefits. Creative state and local programs addressing food insecurity for grandfamilies are also highlighted. And included in the report are key recommendations for federal legislative actions, state and local policy and practice changes, and research recommendations.

The need for basic nutrition and adequate food is universal, and every grandfamily deserves a fair chance to be healthy, grow, and thrive. The long-term implications of food insecurity are so dangerous for grandfamilies, and for their communities, that it is critically important they receive needed food and nutrition supports. We, as a nation, must ensure no grandfamily goes hungry. Choosing between paying the rent, paying for needed medicine, and feeding themselves and the children in their care should never be an issue. No grandfamily should struggle to put food on the table.



“Many of the children in grandfamilies we serve have been through trauma—they may have eating disorders, like hoarding food because they never knew when they’d get food again, or eating too much, or restricting food and not eating enough—perhaps as a way to feel a sense of control in their lives. Some were not introduced to a variety of healthy foods when they were young. The eating disorders we see even in very young children are heartbreaking; it’s based on what they have lived through.”

— *Janet Salo, kinship navigator, Minnesota Kinship Navigator Program*

KEY DEFINITIONS

GRANDFAMILIES TERMINOLOGY

Grandfamilies are surrounded by many complex systems. The terminology can be confusing and complex and is not always uniformly interpreted. We have provided definitions for the purposes of this report. Here are a few key terms.

- **Grandfamilies and Kinship Families:** We use the terms “grandfamilies” and “kinship families” interchangeably to mean families in which “kin” (such as grandparents, or other adult family members, including great-grandparents, aunt, uncles, cousins or siblings) or family friends who have a close emotional relationship with the child (such as godparents, aunts, uncles, and others who are not related by blood/birth, marriage or adoption, and are sometimes known as “fictive kin”) are raising children *with no parents in the home*. These families can be either inside or outside the child welfare system. Grandfamilies that consist of grandparents and grandchildren are often referred to as “grandparents raising grandchildren.”
- **Kin Caregiver, Kinship Caregiver, or Grandfamily Caregiver:** These terms are used interchangeably to describe the adult who is raising the child in a grandfamily or kinship family. They are also sometimes referred to as “extended family members.” “Grandparent-caregivers” is often used if the grandfamily caregiver is a grandparent.
- **Grandparent-Headed Households:** Households in which the grandparent is the householder or “household reference person” as defined by the U.S. Census Bureau and there is at least one grandchild under the age of 18 living in the home.
- **Grandparents Responsible for Grandchildren:** Grandparent householders who report being responsible for a grandchild living with them.

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“We’ve been getting food for the last two months. So, we count the days until we get a message in our email to come and pick up food because we have some hungry babies. I’m a stay-at-home mom right now, so that’s 3 meals a day and snacks in between every day, so this is a huge help for us, and we appreciate it greatly.”

— Kristie Brown, grandfamily caregiver raising a great-niece and great-nephew as well as her own two children (she has four children ages seven and under), who picked up food at a grandfamilies food distribution site in Alabama

Food and Nutrition Challenges Through the Eyes of Grandfamilies

What are the key food and nutrition challenges that you and other grandfamilies you know have experienced while raising a relative's or friend's children?



Eugene Vickerson, Hawkinsville, Georgia: I began raising my grandson when he was seven years old and my granddaughter when she was 16 months old. My grandson's mother had given him a

lot of fast foods and unhealthy snacks like french fries and soda. My grandson has ADHD (attention deficit hyperactivity disorder) and it was difficult to keep him away from sugar, which made his hyperactivity worse. He wanted to eat like his friends. My granddaughter came to me younger, so she grew up eating what I eat, and fully embraced a plant-based diet. But when she qualified for free meals in preschool, they said they couldn't give her the plant-based diet due to federal guidelines.

(Editor's note: There is a plant-based milk alternative in the Child and Adult Care Food Program (CACFP) program that provides meals to child care centers, and the school lunch program also offers that option. Mr. Vickerson reports that his school did not provide it, though.)



Linda Lewis, Oklahoma City, Oklahoma: I've been raising my great-grandson since he was born, and my great-granddaughter since she was three years old. They are now ages eight and nine. About

seven months ago I was in a bad car accident and then I fell and fractured my femur. Since then, I can't cook much because I can't stand up long. Before that, I would make an African soup with vegetables in it—that's the only way I can get them to eat spinach. I've taught the kids to use the microwave, and some of my family brings us food sometimes. The kids don't seem to be aware that we are short

on food a lot—unless we are out of milk, and they have to wait until the beginning of the month. It's a constant effort to keep food on the table and we need multiple food sources to do that.



Kathy Coleman, Baton Rouge, Louisiana: We were fortunate that my husband still worked. But raising six grandchildren made a huge difference in our budget. When we had six children in

school, five of them were able to get free lunches and I'm going to tell you that was a tremendous help—both financially and to make sure the children had a nutritious meal.

What community or government resources are helpful with food and nutrition needs?

Linda Lewis: I live off my Social Security, and they get TANF. It's tight. I have to buy school uniforms and shoes out of that too. We get SNAP, but the benefit amount is low and that doesn't go nowhere. So, I end up going to a couple of food banks—food pantries—once a month and you know some of them give you good fresh vegetables and stuff and then some give you canned food and meat ... and you make it stretch. I get Meals on Wheels and they are good and that helps a lot. WIC was helpful, but the kids have outgrown that. Sometimes the church has a table for food donations, or they make a meal and bring it to us once a month. The kids get school breakfast and lunch during the year, and the daycare in the summer gives them lunch and a snack, but I have to make them breakfast.

Kathy Coleman: We do food distributions at least once a month, where we have food that doesn't cost anything to the grandfamilies, and we literally pass it out to them—since COVID, we bring them out in wagons to their car. They don't even have to get out of their car and they're able to pick up supplies and

stuff. We're also real close here with United Cajun Navy and they've been donating things to us like formula, water, baby food, stuff like this that our families need, and we're also partnered with the Food Bank to do diapers and formula—which is very expensive, but the babies need it so bad. So, we've been able to help a lot of these families.



Alice Carter, Cheyenne, Wyoming:

When my grandkids started school, they got free lunches, even when we were homeless, and that was a big help. Sometimes at the end of the school day the teacher would

give us the extra bags of food. I think they were making those extra bags for us. One day a teacher had a gift card she said she found; she asked if I could use it. I think they probably took up a collection and bought it. When my grandson was 13 and my granddaughter was eight, I got involved with Casey Family Programs' grandparents raising grandchildren. They helped me get guardianship and then I got a stipend every month that helped a lot, and the kids got health insurance.

What barriers have you experienced, or do you think other grandfamilies might experience, when trying to access food/nutrition benefits and supports?

Kathy Coleman: When you're a grandparent or caregiver raising children who are not your own, you don't always meet the low-income eligibility in their state to qualify for SNAP or FITAP (Louisiana's TANF program) or anything like that. And in doing so, it hinders you from having the ability to have the nutritious food that you want and enough food to feed the family.

Eugene Vickerson: The school lunch program hasn't been helpful to us because of dietary needs. I tried to work with the school and the [nutrition] counselor; it was complicated. At first, they said they could accommodate the plant-based diet for my granddaughter, but then they backed off and wouldn't supply plant-based milk, or protein alternatives, for example. Eventually, I gave up and did without the benefits, which was frustrating because we needed those benefits to help raise my grandchildren.

Linda Lewis: WIC was very, very helpful—the kids got cheese, milk, beans, tuna, and fresh vegetables, too, at one WIC store. But that ended at age five. And their SNAP benefits didn't increase when the kids lost WIC. There was nothing to make up for that and the kids just eat more as they grow. Also, the Department of Human Services counts my Social Security income as income for the children. That doesn't seem fair. And now the SNAP payment increase we had from the pandemic is gone.

What do people need to know about nutritional needs, food insecurity, and hunger for grandfamilies?

Eugene Vickerson: The commitment, the true commitment to eliminate hunger, you have to look at it as if you're trying to save your children. You're trying to save your grandchildren. You're trying to keep them safe in terms of food, in terms of what's on the table. If you look at it like that, I think you come up with some different ideas and a different intensity and sense of urgency.

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“I've had calls from people in our support group who would literally call us at 9:00 p.m., just sobbing. They didn't have anything for the children to have for breakfast.”

— **Kathy Coleman, grandfamily caregiver raising grandchildren and director, Grandparents Information Center of Louisiana**

Linda Lewis: Kids eat a lot. They need a lot. I know there are people way worse off than me, but it *is* hard sometimes. SNAP benefits just aren't enough. When they started getting more due to COVID, I tried to stock up on canned goods and we got some meat. But that won't last long.

Alice Carter: I want America to know that it isn't healthy to eat grilled cheese sandwiches all the time. Sometimes we had to do that so they could get school clothing or so I could pay the light or gas bill—and rent. We had to make tough choices. But I felt ashamed. And I will always wonder: If we could have had healthier food during that bad time, would my grandson not have had kidney failure?

Kathy Coleman: You know, if you only have \$10 to spend, you really can't afford to go out and buy stuff for a healthy salad. You can buy beans and rice and chicken nuggets. It would be a whole lot cheaper, but it's not really beneficial to the children. But when you're in that situation, where all you're trying to do is feed these little babies' hungry tummies, you do whatever you can to stretch your money and, to be quite honest, sometimes it's not the most nutritional food. And I think it would help grandfamilies eat more healthy foods if there was a way we could get more people to garden, whether it be individuals or just organizations around, to where the food is more readily available and nutritious food is available.

How could food and nutrition support for grandfamilies be improved?

Linda Lewis: I think they should give kids WIC at least until they are 10 years old. They don't stop growing when they are five years old. I'd also like them to look closer at what the kids are eating in school meals—check the sugar content and be more aware of good nutrition.

Eugene Vickerson: I think people should continue to have a choice of what they buy with SNAP, but I think people should also be educated so that they can make educated choices about healthier foods. People should learn about healthy alternatives, and plant-based diets should be taught as a viable option. Nutrition needs to be adjusted to new information and new beliefs and new concepts.

Kathy Coleman: A lot of my close friends and a lot of the grandparents here in this area have really, really, hard issues getting access to programs. SNAP is not easy to get when a child comes into other people's care. If there was a way to do these federal programs where the benefits go easily to the children regardless of who they're living with, then that would empower these families to be able to feed their children better. But as long as the system is broken it affects the babies and it's really, really sad.

Alice Carter: Grandfamilies need advocates. After my experience raising my grandchildren, I started Wyoming Kinship Advocacy in 2004. Now, I'm working at the City of Cheyenne Youth Alternatives. I advocate for grandfamilies like mine. Now, if children in grandfamilies in Wyoming have low incomes they can get free meals, and they get pretty much the same services that children in foster care or kids who live with their parents can get. My background gives me a unique perspective to help these grandfamilies.

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“I think that as a grandparent it is important to do what I can to help my grandchild to establish healthy eating habits as much as possible. I do the best I can.”

— **Charlotte Stephenson, grandfamily caregiver**

What advice do you have for other grandfamilies?

Eugene Vickerson: Get the children you're raising started on healthy eating when they are young, so it's what they are used to, like my granddaughter. It was so easy because that's how I eat, and she ate what I eat. We ate salads, hummus, pumpkin seeds, and other stuff, and she loved it. She always loved it. When I couldn't get the school to give her plant-based meals for her free meals, I began making her meals, and put in her beverage and her salad. You know what was so beautiful about it? She was so excited about having salad. I don't want to destroy the myths, but it's not complicated. You know, children usually eat what they know, and they eat with their parents or caregivers eat.

Linda Lewis: Wherever you live, look for the food pantries; they are there. Don't let your pride keep you from feeding your kids, pride will keep us from things—at one time I was too proud, but I got past that.

Alice Carter: Raising grandchildren is going to hurt your budget. It's going to change how you look at the world. But now, you have options—you can apply for SNAP, WIC, school meals, TANF child-only grants. Emotionally, when you can't offer things for your grandchildren, it's hard. I felt really bad because I couldn't figure out how to make it work for quite some time. I didn't get mired in the shame, but I was so concerned health-wise. I struggled to convince myself, "OK Alice, it's going to be ok." And we got through it. So will you.

Kathy Coleman: Here in Louisiana everybody groups together shoulder to shoulder, and where there's a need we try to step in, especially when it comes to hunger. So don't be afraid to ask for help. We're all in this together.

STATE CAMPAIGNS FOR FREE SCHOOL MEALS FOR ALL

PROFILE

California, Maine, Massachusetts, and Vermont have already passed Healthy School Meals for All (HSMA) legislation, offering healthy breakfast and lunch to all students at no charge. Other states are considering similar bills. Legislation in Massachusetts and Vermont provides HSMA for the 2022-2023 school year. Nevada is providing HSMA for the 2022-2023 school year through a non-legislative means. HSMA would be a game-changer for many

grandfamilies, especially those who may be above the income eligibility guidelines for free or reduced-price meals or have trouble completing a school meal application, as well as those who fear stigma associated with being labeled "low income" among peers. HSMA not only supports students' food security, but also improves nutrition, health, academic performance, and eliminates school meal debt.

Source: Food Research & Action Center. "Raise Your Hand for Healthy School Meals for All."
<https://frac.org/healthy-school-meals-for-all>

Note: School Meal Debt: When students who are not certified for free school meals arrive in the cafeteria without cash in hand or in their school meal account, they are given meals but they accrue school meal debt. School meal debt is a challenge for the majority of school districts.

The Impact of Hunger and Food Insecurity on Grandfamilies

Why Are Grandfamilies at Disproportionate Risk of Food Insecurity?

Many of the characteristics and challenges of grandfamilies can make them more at risk of experiencing hunger and food insecurity. Examining these characteristics deepens our knowledge of the reasons that grandfamilies are disproportionately at risk of hunger and food insecurity.

The following household characteristics are related to increased risk of food insecurity that often—or always, in the case of children present in the home—intersect with grandfamilies.

Households with Children Present

Households with children experience much higher rates of food insecurity,¹⁴ therefore grandfamilies

are inherently at higher risk. Census data provide a picture of homes where grandparents are the householders and are responsible for children living with them. Similar data are not available for other relative caregivers or close family/friends who are raising others' children.

Food Insecurity Rates by Presence of a Grandchild

As delineated in the chart below analyzing grandparent-headed households in which the grandparents are aged 40 and older and are responsible for grandchildren under age 18 in the home and no parents are present, we find that:

- **One in four** grandparent-headed households experiences food insecurity.
- The rate of food insecurity for households headed by a grandparent raising a grandchild (25%) is more than **60 percent higher** than the rate for all households with children (15%).

FOOD INSECURITY RATES BY PRESENCE OF A CHILD OR GRANDCHILD UNDER AGE 18

Age 40+ grandparent-headed households with grandchildren and no parents **25%**

Age 40+ adult-headed households with no minor or adult children **8%**

All households with children **15%**



Sources:

Food Research & Action Center analysis of 2020 Current Population Survey data.

Food Research & Action Center analysis of 2020 Current Population Survey data.

U.S. Department of Agriculture, Economic Research Service. "Household Food Security in the United States". 2021.

ers.usda.gov/publications/pub-details/?pubid=102075

- The rate of food insecurity for households headed by a grandparent raising a grandchild (25%) is **three times higher** than the rate of food insecurity among comparable households with no minor or adult children present (8%).

Food Insecurity Rates by Age of Grandparents

Regardless of the age of the adult householder, **households with a grandchild and no parent present in the home experience food insecurity at higher rates**, as illustrated in the chart below examining grandparent-headed households with grandchildren under age 18 in the home and no parents present. Among these households:

- Grandparents who are ages 50-59 and raising grandchildren experience food insecurity at **more than double the rate** of comparable households with no children (29% versus 12%).
- Most striking, grandparents who are aged 60 and older raising grandchildren experience food insecurity at a rate that is **three times higher** than comparable households with no children (22% versus 7%).¹⁵ About 46 percent of grandparents responsible for grandchildren living with them are age 60 and older.¹⁶

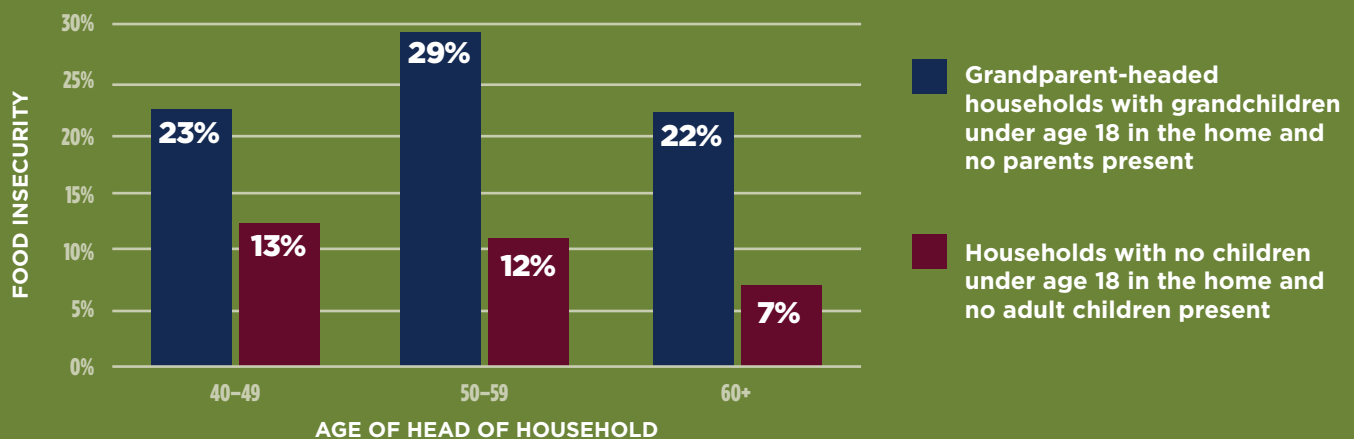
Households with Financial Challenges

Low income is the most common cause of food insecurity,¹⁷ and children who live in grandparent-headed households whose grandparents are responsible for them have significantly higher poverty rates compared to all children in the U.S.

Poverty Among Grandfamilies

- Nearly a quarter (23%) of grandchildren living in a grandparent-headed household whose grandparents are responsible for them are living under the poverty level.¹⁸
 - » When a parent is not present in the home, that jumps to nearly 31 percent living in poverty.¹⁹
 - » This can be compared to 16 percent of all children nationwide living in poverty.²⁰
- Children who live in grandfamilies with only a grandmother are substantially more likely to live in poverty.²¹ Due to a combination of factors including historical and ongoing inequities, discrimination and structural racism, a disproportionate percentage of these children are Black.²²

GRANDPARENT-HEADED HOUSEHOLDS REPORT HIGHER RATES OF FOOD INSECURITY AT EVERY AGE



Source: Food Research & Action Center analysis of 2019 and 2020 Current Population Survey data.

- Approximately 18 percent of grandparents responsible for grandchildren living with them are living below the poverty level.²³

Financial Challenges for Grandfamilies of All Ages

It can be extremely difficult to juggle the finances and provide adequate nutrition as grandfamilies face new or increased financial challenges raising a relative or friend's children. Some grandfamily caregivers may have lived above the poverty level but adding the children to their household pushed them below the line. Others were already living in poverty.

Regardless of their age, grandfamily caregivers do not have the chance to financially plan for their expanded household and the associated expenses of raising children.

Factors leading to financial challenges for grandfamilies may include:

- **Legal fees:** Some grandfamily caregivers must spend their savings on legal fees to obtain guardianship or custody and manage the day-to-day costs of raising children.
- **Housing:** A grandfamily caregiver may have had affordable housing prior to expanding their household. But with more children to raise, finding safe, appropriate housing with enough space for a larger household may be very difficult and costly.
- **Child care:** Many grandfamily caregivers care for infants and young children, and the cost of child and infant care can be incredibly high, eating up the budget and leaving less for the food and nutrition needs of the grandfamily.^{24,25}
- **Work:** Some grandfamily caregivers must cut back on work or give up their jobs to care for the children, causing financial repercussions. About 44 percent of grandparents responsible for grandchildren living with them are not in the labor force,²⁶ and for those who are age 60 and older, that rises to approximately 63 percent who are not working. While some retired grandfamily caregivers actually return to work to pay for child-rearing expenses, many can't do so due to lack of affordable child care.
- **Gender:** Women have higher rates of poverty than men,²⁷ and approximately 63 percent of grandfamily caregivers are female.²⁸

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“When my granddaughter came to live with me, the first challenge for food was that when the Division of Family and Children’s Services (DFCS) brought her to me, I was actually sitting outside of my house and they brought her and then they brought a bag that had chips and soda in it. And she was 16 months old. And they told me if I didn’t keep her, they would put her in Protective Services. That’s how it was. That’s how I was introduced to my granddaughter. And so, I asked the lady, ‘What’s this bag of chips for?’ And she said, ‘Oh well, that’s the food.’ And I said, ‘Man, we don’t eat stuff like that. That is not food. That is *not* food.’ That part is really emotional, because I was so angry and hurt because of the way they handled it, you know—and no previous notice. I think I was 62 years old.”

— **Eugene Vickerson, Grandfamily Caregiver who raised two grandchildren, Georgia**

- **Limited financial support:**

- » To assist with the costs of raising a relative's or friend's children, the only source of ongoing financial assistance for most grandfamilies is a Temporary Assistance for Needy Families (TANF) "child-only" grant, which is based only on the child's income (such as child support, a trust fund, Social Security or other benefits, etc.) But the average monthly TANF child-only grant payment is just \$249,²⁹ which typically only covers a small fraction of the expenses of raising a child and is less than half of what non-relative foster families receive.
- » While far fewer children in grandfamilies are in the foster care system, about one-third of children in foster care are being raised by relatives.³⁰ The average monthly maintenance payment for a licensed foster parent is \$511.³¹ But approximately 108,426 children in kinship foster care did not receive a foster care monthly maintenance payment because their kinship foster caregivers not being fully licensed.³² Due to increased recognition that children fare better with kin and recent policy changes requiring prioritization

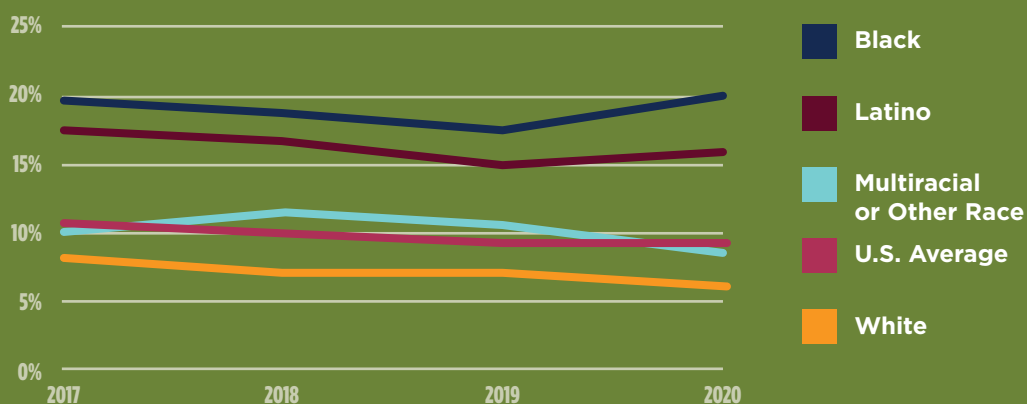
of placement with kin, the percentage of children in foster care with relatives has increased 8 percentage points over the last decade, from 26 percent in 2010 to 34 percent in 2020.³³

Households with People Who Are Black, African American, Hispanic/Latino, American Indian, and Alaska Native

According to the U.S. Department of Agriculture, the national rate of food insecurity in 2020 was 10.5 percent, however Black non-Hispanic (21.7%) and Hispanic (17.2%) households experienced much higher rates of food insecurity.³⁴ American Indian and Alaska Native households also experience disproportionately high rates of food insecurity.³⁵

In a survey of American Indians and Alaska Natives, half of survey respondents reported that they have experienced food insecurity during the COVID-19 pandemic, and one in four have experienced very low food security. Food insecurity is significantly higher for those in households with children under the age of 18.³⁶

RATES OF FOOD INSECURITY AMONG HOUSEHOLDS WITH ONE OR MORE OLDER ADULTS AGE 50+



Source: FRAC analysis of December Current Population Survey Food Security Supplement files from 2020, published in 2021.

Notes: Household survey weights were used to generate nationally representative estimates. Rates were calculated among households with at least one adult aged 50 or over. Race and ethnicity were assigned based on the self-identified race and ethnicity of the head of household

Nationally representative data are not available for American Indians/Alaska Native Americans for this source.

Due to cultural values and proud traditions,³⁷ grandfamilies are disproportionately African American,³⁸ American Indian and Alaska Native,³⁹ and, in some areas, Latino.⁴⁰ Relying on extended family has also been a critical survival skill through historical and ongoing discrimination in the U.S.⁴¹ Yet years of systemic racism, discrimination, and bias among child welfare workers have led to difficulties accessing formal support systems and programs, and inequitable supports for grandfamily caregivers and the children they raise.⁴²

Households with People Who Have Disabilities

People with disabilities experience disproportionately higher rates of food insecurity.

Twenty-two percent of households with an adult who is a recipient of federal or state disability benefits, and 33 percent of households with an adult who has a disability but does not receive benefits, experience food insecurity.⁴³

Approximately 25 percent of grandparents responsible for their grandchildren have a disability,⁴⁴ increasing to 30 percent for grandparents aged 60 and older responsible for their grandchildren.⁴⁵ This can be compared to about 6 percent of parents of children under the age of eighteen.⁴⁶

While no current national data is currently available regarding the number of children in grandfamilies who have physical, mental health, intellectual, cognitive/learning, sensory, or other disabilities and special needs, anecdotal evidence based on reports from grandfamilies and the practitioners who support them suggest there is a high incidence.

In some cases, parents are unable to raise their children with disabilities and grandfamily caregivers step in to care for them. Some, like Alice Carter's grandson, Marcus, have disabilities due to their mother's substance use while pregnant. Due to parental neglect or abuse, some children didn't receive health care or educational interventions that could have prevented or lessened disabilities.

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“I raised my grandson, and he had kidney failure by the time he was 18 years old due to the drugs his mother took when she was pregnant with him. He has some brain damage from kidney failure and has dialysis three times a week, and he has a special diet. He gets \$700 a month in disability and \$72 a month SNAP for himself, which doesn't last a whole month. It's not enough to live on his own, so he moved back in with us (he's 38 now). He has limitations on what he can eat—like he can't eat canned foods and certain kinds of meat. He's out of food halfway through the month and we supplement it for him.”

— Alice Carter, grandfamily caregiver

Households with Older Adults Under Certain Circumstances

In 2020, 5.2 million older adults (aged 60 and older) experienced food insecurity.⁴⁷ Approximately 46 percent of grandparents responsible for grandchildren living with them are aged 60 and older.⁴⁸

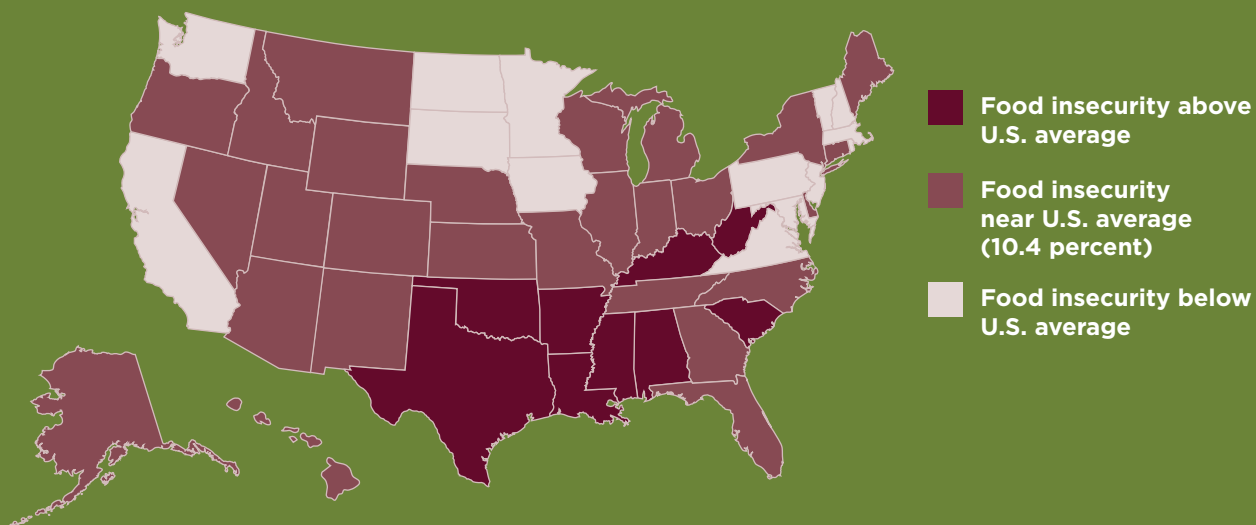
Certain circumstances make older adults (aged 60 and older) more vulnerable to food insecurity.⁴⁹ Many of these circumstances (listed below) coincide with characteristics of older grandparents (aged 60 and older) who are responsible for grandchildren living with them, including:

- **Living with children under age 18:** 22 percent of older grandparents responsible for grandchildren experience food insecurity.⁵⁰
- **Low Income:** Approximately 16 percent of older grandparents responsible for grandchildren are living below the poverty level.⁵¹
- **Living with a Disability:** Nearly one-third (31%) of older grandparents responsible for their grandchildren have a disability.⁵²
- **Separated Divorced, or Never Married:** About 33 percent of older grandparents responsible for grandchildren are unmarried (separated, divorced, or never married).⁵³
- **Unemployed:** Approximately 63 percent of grandparents aged 60 and older who are responsible for grandchildren living with them are not in the labor force.⁵⁴

Households with Certain Geographic Factors

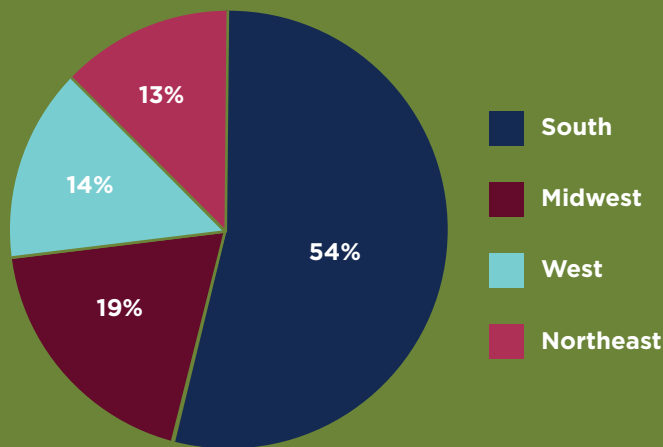
Food insecurity is a widespread phenomenon in the U.S. It impacts families in every state, county, community, and demographic. However, the states in the Southern region report a higher proportion of food insecurity. While the national rate of food insecurity was 10.7 percent,⁵⁵ state rates of food insecurity ranged from 5.7 percent of all households in New Hampshire to 15.3 percent of all households in Mississippi.⁵⁶

PREVALENCE OF FOOD INSECURITY, AVERAGE 2019–21



Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, 2019, 2020, and 2021 Current Population Survey Food Security Supplements.

THE PROPORTION OF GRANDPARENT-HEADED HOUSEHOLDS* WITH GRANDCHILDREN UNDER AGE 18 IN THE HOME AND NO PARENTS PRESENT BY REGION (2019-2020)



* Grandparents aged 40 and older.

* For this analysis, Southern region states include: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia.

Source: FRAC analysis of the 2019-2020 Current Population Survey data.

Interestingly, the proportion of grandfamilies is also highest in the Southern region, as outlined in the chart below. **More than half of grandparent-headed households with no parents present are located in the Southern region.**

Households in rural areas experience considerably deeper levels of food insecurity compared to those located in urban areas. In fact, rural communities make up 63 percent of all U.S. counties, but 87 percent of counties with the highest food insecurity rates.⁵⁷ Large numbers of grandfamilies live in rural areas⁵⁸ and are, therefore, likely to experience food insecurity at higher rates. In rural areas, food sources are often at a greater distance from a grandfamilies' home, and there are typically inadequate transportation options,⁵⁹ with very limited public transportation routes, few rideshare options (if any), and limited transportation programs for older adults and those with disabilities.

Households with Limited Access to Nutritious Food Sources

Grandfamilies may live in areas where grocery stores, farmer's markets, and other sources of affordable, healthy, nutritious foods are not available within an accessible distance.

Transportation can be a major barrier for grandfamily caregivers who can't afford to own and maintain a car, especially with rising gas prices. Without a car, getting to the grocery stores, farmer's markets, food pantries, and other food distribution locations can be logistically and financially difficult. Public transportation may be costly, sparse, or unavailable, especially in suburban and rural areas.

Health and mobility challenges can limit a grandfamily caregiver's physical ability to get out to pick up food. They may be limited to what they can carry. Many grandfamilies include more than one child, and it may be extremely difficult for grandfamily caregivers to manage multiple children in a grocery store. Many do not have access to affordable child care so they can shop by themselves.

Food choices and purchases may be constrained by limits on how much can be carried when walking or using public transportation. Some grandfamilies may be limited to one large shopping trip a month when a friend or family member can take them to the store.

Many Americans have learned to use food delivery services during the COVID-19 pandemic, but it's

generally not free, and the costs can be too high for grandfamilies. Some do not have the computers or smartphones needed to place online orders.

What are the Dangers of Food Insecurity?

Food insecurity is associated with poor physical and mental health among household members.⁶⁰ It is associated not just with deprivation of adequate food in the household, but with some of the most common costly and serious health problems in the U.S., including diabetes, heart disease, stroke, cancer, hypertension, cardiovascular disease, COPD, and depression.⁶¹ The effects of food insecurity are often associated with lower nutrient intake and can be harmful to people of all ages, but particularly harmful to children and to older adults. Household food insecurity is a strong predictor of higher health care utilization and increased health care costs across the lifespan.⁶²

The Effects of Food Insecurity on Children

Food insecurity has particularly harmful short- and long-term effects on children. Research indicates a

link between food insecurity and children's physical and mental health, development, behavior and social-emotional skills, and educational performance.⁶³

Even when grandfamily caregivers sacrifice to feed the children they are raising first, household food insecurity can cause harm to the health, nutrition, and economic security of the children as well as the adults. While caregivers may make changes in the household so they can support a child's nutritional needs, often children are emotionally, cognitively, and physically aware of these changes. They may attempt to compensate, helping with the household food needs by bartering for food, skipping meals, eating less at mealtimes, or taking on jobs to earn money to help pay for food.

The Effects of Food Insecurity on Older Adults

While grandfamily caregivers' ages range from young adults to those in their nineties, nearly half are over the age of 60.⁶⁴ For older adults (generally defined as age 60 and older), access to good nutrition is essential. It improves memory, helps maintain healthy physical activity, and reduces the number of trips to the doctor.⁶⁵ But hunger

CHILDHOOD FOOD INSECURITY

Childhood Food Insecurity is Associated With:

- Poor Health Status
- Developmental Risk
- Mental Health Problems
- Poor Educational Outcomes



Food Insecurity May Present in a Family As:

- Food Anxiety
- Diet Monotony
- Decreased Nutrition Quality
- Inadequate Food Intake



Source: Food Research & Action Center, "Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity" <https://frac.org/aaptoolkit>

is a significant health issue for older adults, and their likelihood of experiencing food insecurity is increased when a grandchild is living in their home.

Older adults struggling with food insecurity are more likely to have to choose between paying for food or other basic necessities and engaging in cost-related medication underuse, postponing needed medical care, or forgoing the foods needed for special medical diets (e.g., diabetic diets).

How Has the COVID-19 Pandemic Impacted Grandfamilies' Food Security?

The rate of food insecurity for households with children increased from 13.6 percent in 2019 to 14.8 percent in 2020 (when the COVID-19 pandemic began).⁶⁶ In 2022, two-and-a-half years into the COVID-19 pandemic, many grandfamilies continue to face hunger and struggle to access food assistance. Many grandfamily caregivers are at higher risk for illness from the virus due to health conditions or age, causing health-related concerns about leaving the home to shop for food or access nutrition resources.⁶⁷ At the beginning of the pandemic, prior to the broad availability of COVID-19 vaccines,

grandfamily caregivers largely stayed home and kept the children in their care at home in order to protect themselves from the virus. As the pandemic drags on, many grandfamilies are continuing with this routine to protect themselves and the children they raise.

Some grandfamilies were dealing with food insecurity prior to the pandemic, and their challenges were heightened by economic setbacks like job loss or reduced hours as well as children missing out on child care center, school, and after-school nutrition programs. Many local emergency food programs needed time to figure out how to safely distribute food before eventually finding ways to do so. In some instances, programs were able to deliver food to people at or near their homes.

A 2020 survey of more than 600 grandfamily caregivers from all 50 states⁶⁸ conducted by the Grandfamilies Outcomes Workgroup, Generations United, and Collaborative Solutions found:

- 38 percent were unable to pay or worried about paying mortgage or rent.
- 43 percent feared leaving their home for food.
- 32 percent arrived at food pick-up sites after the site had run out of food.

GOVERNMENT ACTIONS DURING THE PANDEMIC THAT MITIGATED FOOD INSECURITY

Special programs and increased investments to boost food and nutrition support have had a positive impact on grandfamilies. Offering Healthy School Meals for All, P-EBT, and the expanded Child Tax Credit proved to be a lifeline for many. Boosts to Supplemental Nutrition Assistance Program benefits and flexibilities to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) have been critical to helping families put healthy food on the table. Many of these expansions have ended, threatening progress that has been made in reducing hunger among households with children. As this report was being finalized, the U.S Department of Agriculture released 2021 food insecurity data in the report: **Household Food Insecurity in the United States in 2021**. From 2020 to 2021, at the national level, food insecurity for all households with children decreased from 14.8 percent to 12.5 percent, in large part because of federal food and nutrition actions. Estimates indicate that food insecurity rates for grandparent-headed households decreased in 2021, however, the sample size for this population was too small for a conclusive analysis.

- 47 percent reported waiting in long lines to access food assistance.
- Many caregivers who were able to access food assistance such as through food banks reported limited and poor nutritional options.

The government responded with enhanced assistance for some of the federal food and nutrition programs (these programs are detailed in the next section of the report), which in turn improved food security for many families. However, the termination of these provisions—as well as other pandemic relief—threatens to result in a significant “hunger cliff” for millions of people.

The good news is that, as a result of the pandemic, local grandfamilies support programs have developed creative new ways to reach and distribute nutritious food to grandfamilies, as is highlighted in program profiles throughout this report. We must evaluate and take action to seize on lessons learned and build on the creative solutions that have bubbled up during the pandemic. We must strive to make permanent the pandemic-era solutions that effectively addressed food and nutrition needs of grandfamilies.

More information about the impact of COVID-19 on grandfamilies is available in Generations United’s State of Grandfamilies Report: *Facing a Pandemic: Grandfamilies Living Together During COVID-19 and Thriving Beyond*.



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“When covid hit that was a major impact on family life. The caregivers were at higher risk of complicated health problems because of their ages. They were isolated with the children. So just getting out to the store to get the food was one of the major barriers that we’ve seen. Suddenly, the kids were home all day, so to provide three healthy meals for those children *and* often different meals for themselves because of their health conditions—that was a challenge. In our culture, meaning the African American community, we were always reared on having a stocked pantry, so with the pandemic, all of a sudden you only had enough food maybe for a couple of days. They would say, ‘What am I going to do? I have to feed these children!’”

— **Karen Gillespie, executive director, Generations Together**

HUNGER CLIFF LOOMS AS COVID-19 IMPROVEMENTS TERMINATE

In response to the COVID-19 pandemic and rising hunger, the federal government took vital steps to improve and strengthen the reach of these federal nutrition programs and mitigate food insecurity. For all nutrition programs, a series of waivers and policies allowed the programs to pivot operations to respond to pandemic concerns such as the need to change operations to promote social distancing. Many programs received increased funding. Key program-specific actions included:

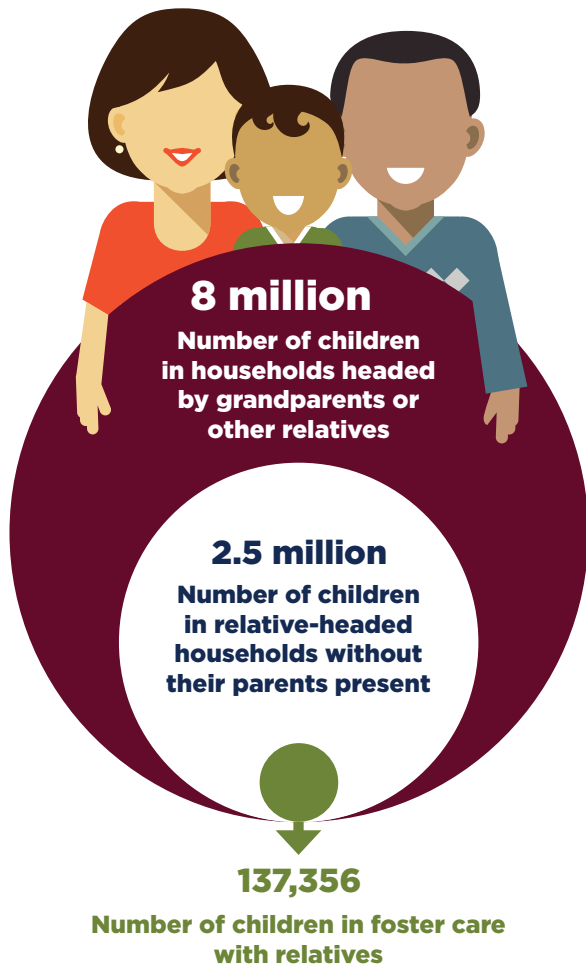
- Temporary increases in SNAP benefits and improved access.** Starting in March 2021, states were able to issue SNAP Emergency Allotments (EAs) to bring SNAP households up to maximum allotments for their household size. From January through September 2021, all SNAP households received an additional 15 percent increase in their SNAP benefits. Starting in April 2021, states issuing EAs also could provide an extra \$95 a month to SNAP households with the lowest incomes. While some states no longer issue SNAP EAs, in Fall 2022 most states and the District of Columbia had continued to do so. Once the HHS COVID-19 Public Health Emergency Declaration (PHE) expires, SNAP EAs will end everywhere. On average, most SNAP participants will lose \$82 a month in SNAP benefits. Moreover, some temporary improvements for college student SNAP access will end and some streamlined enrollment practices that proved effective during COVID-19 could be discontinued.¹³⁷
- Free School Meals for All:** New flexibilities allowed schools nationwide the option to provide meals at no charge to all students, regardless of household income. This helped ensure all children received healthy meals and eliminated the stigma students and families sometimes feel when applying for or participating in free or reduced-price school meals. Changes also were made to reduce administrative burden for schools and enhance meal reimbursement amounts to assist with costs during the pandemic.¹³⁸ This policy ended after the 2021-2022 school year.
- Pandemic EBT (P-EBT):** Families who lost access to free or reduced-price meals due to school or child care closures received resources to purchase food.
- WIC:** Families could access WIC virtually without the need to visit an office and benefits for fruits and vegetables were increased.

Sources: Food Research & Action Center. "A Strengthen SNAP Agenda to Address the Hunger Cliff—Part 1." 2022. <https://frac.org/blog/strengthen-snap-agenda-part-1>; and Food Research & Action Center. "The Reach of Breakfast and Lunch: A Look at Pandemic and Pre-Pandemic Participation." 2022. <https://frac.org/wp-content/uploads/SchoolMealsReport2022.pdf>

TOGETHER AT THE TABLE:

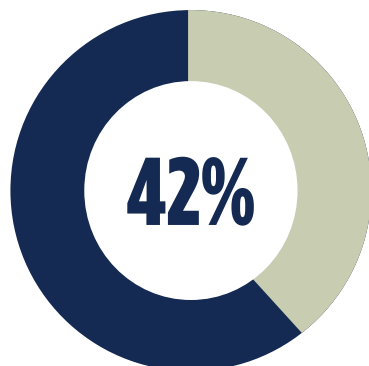
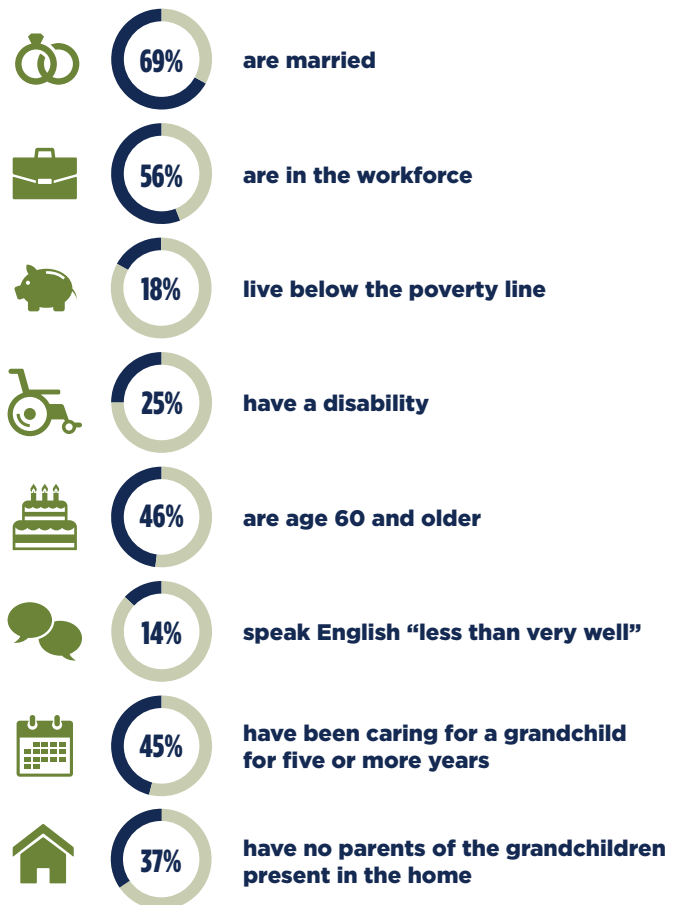
Supporting the Nutrition, Health, and Well-Being of Grandfamilies

Children in Grandfamilies



Grandparents Responsible for Grandchildren

More than 2.4 million grandparents are householders responsible for grandchildren living with them.



Only 42 percent of grandparent-headed households with grandchildren under age 18 and no parent present and with low incomes participated in **SNAP** in 2019.



One in four grandparent-headed households experiences food insecurity.



The rate of food insecurity for grandparent-headed households (25%) is more than **60 percent higher** than the rate for all households with children (15%).

60%
higher food
insecurity



The rate of food insecurity for older (60+) grandparent-headed households is more than **three times higher** than the rate of comparable households with no children.



Improving Nutrition, Health, and Well-Being for Grandfamilies: The Critical Role of Federal Food and Nutrition Programs in Addressing Food Insecurity

Federal Nutrition Programs: Our Nation's First Line of Defense Against Hunger

The federal food and nutrition programs reach tens of millions of people struggling with hunger each year.

For some grandfamilies, the federal nutrition programs may mean a grandfamily caregiver doesn't have to choose between paying the rent or getting medicine and putting food on the table for the children they are raising and themselves. These programs are proven, cost-effective public interventions that have numerous benefits for grandfamilies, including:

- Reducing food insecurity
- Alleviating poverty
- Improving dietary intake and nutrition
- Improving health outcomes
- Protecting against obesity
- Improving academic achievement and early childhood development

- Encouraging healthier eating
- Increasing family economic security
- Stimulating local economy⁶⁹

Unlike many other public benefit programs, the federal nutrition programs, including SNAP, WIC, and school meals, do not require caregivers to obtain legal custody to access benefits for the children they are raising and thus are more accessible than some other supports. Unfortunately, many grandfamilies are not aware of this fact and miss out on vital support for which they are eligible.

What Are Grandfamilies' Overarching Challenges in Accessing Federal Nutrition Programs?

There are some overarching barriers and challenges across all the federal food and nutrition programs, preventing many grandfamilies from receiving critical food and nutrition assistance.



“I hear from the grandfamily caregivers that they don't want to be a part of ‘the system.’ They worry that applying for food and nutrition programs would cause someone to come and take the children away if they don't have legal custody, or go after the parents for child support, which would cause problems. They have a lot of misconceptions. We try to educate them and help them learn about the various choices.”

— **Keith Lowhorne, vice-president, kinship, Alabama Foster and Adoptive Parent Association**

Income Limits

Poverty is a key driver of food insecurity, but not the only one. Grandparent-headed households with low incomes do report experiencing food insecurity at disproportionately high rates. Yet, as illustrated in the chart below, even **grandfamilies with incomes above the federal poverty level⁷⁰ experience food insecurity**. These families find it very challenging to provide adequate nutritious food for rapidly growing children along with the other day-to-day expenses of raising them (especially if they are raising more than one child). These families may not be eligible for SNAP and other food and nutrition programs due to income eligibility requirements. Nevertheless, they need help with food.

Misconceptions and Lack of Awareness About the Programs

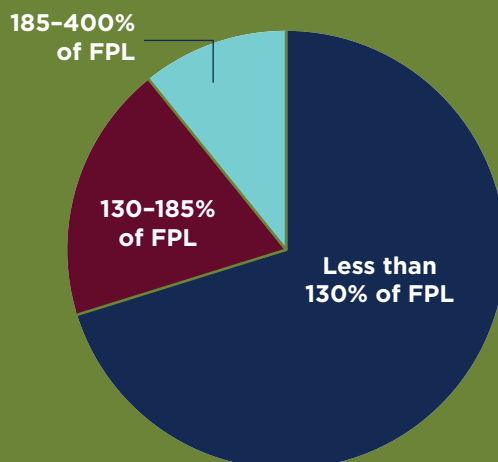
- **There is still a widespread lack of awareness of the nutrition programs** for which grandfamilies may be eligible.
- There is a **lack of adequate effective education and outreach targeting grandfamilies about the food and nutrition programs**.

- **Many grandfamilies have misconceptions** about the nutrition programs, often based on misinformation from friends, family, media, or social media, which causes misconceptions about everything from the benefit amounts, what foods are provided or can be purchased, eligibility requirements, how food is distributed, and whether it's worth taking the time to apply.

Stigma

Receiving food and nutrition benefits and supports can be complicated for some as personal, family, cultural, and societal stigmas related to receiving food and nutrition benefits create shame and embarrassment. **There is fear that others will know they live in poverty and will judge them for it,⁷¹ as well as self-judgment** for the realities of being food insecure and not providing for their families. Stigma can prevent grandfamilies from accessing much-needed support for which they may be eligible.

GRANDPARENT-HEADED HOUSEHOLDS AT MANY INCOME LEVELS EXPERIENCE FOOD INSECURITY



Income Distribution of Grandparent-Headed Households Experiencing Food Insecurity by Percent of Federal Poverty Level (FPL)

Source: Food Research & Action Center analysis of 2019 and 2020 Current Population Survey data

Application Process

- **The application process for these programs can be complicated**, disparate, and confusing, causing some grandfamilies to give up and go without. In addition, some grandfamily caregivers feel overwhelmed with the duties of raising children they did not expect to raise and may not have the mental or physical energy, or the ability, to go through multiple complicated application processes.
- Many **grandfamilies are unaware of organizations that can assist them** with the application processes.

Technology

The pandemic has exacerbated the digital divide for many grandfamilies. Many older adults had difficulty accessing online support and navigating virtual homeschooling. These technology disparities are even more apparent among low-income elders who cannot afford the appropriate technology or may have lower education levels and literacy capacities.⁷²

- Some food and nutrition programs may have online applications available that are less time-consuming and streamline the process. **But many areas and individuals do not have access to necessary technology (such as internet/broadband), technology skills, or devices (such as smartphones, tablets, or computers) necessary to complete online applications.**

Transportation

- **Many grandfamilies lack affordable transportation to go to program offices** for help with applications, food distribution sites, and grocery stores.
- **Ordering food for delivery is expensive** and generally not an ongoing solution for transportation challenges.

Immigration Status

Except for SNAP, all other federal nutrition programs are available to eligible grandfamilies regardless of immigration status. For SNAP, legal permanent residents (LPRs) who have been in the U.S. for at least five years or who have worked in the U.S. for sufficient “work quarters” (three-month periods) are eligible to receive benefits. A few special classes of immigrants, including refugees, asylees, and survivors of human trafficking may be eligible for SNAP even if they came to the U.S. more recently. Children can receive SNAP even if their grandparent or other caregiver is not eligible because of their immigration status. Children who are legally residing in the U.S. are exempt from the five-year requirement for adults.

However, **misconceptions about eligibility for SNAP and all other federal food and nutrition programs circulate widely** due to a lack of targeted, appropriate outreach materials and education efforts among immigrants. Therefore, grandfamilies may not access programs for themselves or the children in their care due to a climate of fear and confusion.

”

“We’ve been trying to step up and help these families, a lot of whom do not qualify for food stamps or food assistance, but they’re still suffering, and their families are doing without, so we find that if we meet them where they are and help them it’s made a huge, huge impact on these families.”

— **Kathy Coleman, grandfamily caregiver and director, Grandparents Raising Grandchildren Resource Center of Louisiana**

Overview of Federal Food and Nutrition Programs

Key Federal Nutrition Programs

For Multiple Ages, Families, and Households

The Supplemental Nutrition Assistance Program (SNAP)

The Emergency Food Assistance Program (TEFAP)

The Food Distribution Program on Indian Reservations (FDPIR)

The Child and Adult Care Food Program (after-school, child care, emergency shelters, adult day care)

For Children (0-18)

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

The School Breakfast Program (SBP) and the National School Lunch Program (NSLP)

The Summer Nutrition Programs (Summer Meals and Summer-EBT) (SNP)

For Older Adults (age 60 and Older)

The Congregate Meals Program

The Home Delivered Meals Program

The Commodity Supplemental Food Program

The Senior Farmers Market Nutrition Program

For more information about the federal food and nutrition programs that can help grandfamilies, see the Generations United and Food Research & Action Center's publication, "Get Food Help: Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families".

frac.org/research/resource-library/grandfamilies-fnp-chart

The eligibility requirements, the way food is accessed or delivered, and the way the programs operate vary from state to state, across American Indian and Alaska Native tribes, and from community to community. But what holds true across the nation is that these programs are important resources for helping grandfamilies put food on the table.

Nutrition Programs Designed for Multiple Ages, Families, and Households

The Supplemental Nutrition Assistance Program (SNAP)

Previously known as food stamps, SNAP is administered by the U.S. Department of Agriculture and is the largest federal nutrition program. The program may have different names from state to state. Participants must meet income eligibility requirements to participate.

SNAP benefits are loaded onto an electronic benefit transfer (EBT) card (which works like a debit card) so that participants can purchase food at supermarkets, farmers' markets, corner markets, and other food retailers that accept SNAP. In the District of Columbia and every state except Alaska, SNAP benefits can be used to purchase groceries online.⁷³ You do not have to be a citizen of the U. S. to be eligible for SNAP, although there are specific guidelines for immigrant eligibility outlined in this report on page 28.⁷⁴ **For more information for grandfamilies about SNAP, visit the Grandfamilies & Kinship Support Network website at gksnetwork.org/resources/snap-facts.**

Benefits: SNAP

- SNAP helps tens of millions of households with low income to buy food, lifts people out of poverty, and expands during hard economic times or natural disasters to meet rising needs.⁷⁵
- SNAP also benefits communities; for example, each \$1 in SNAP benefits spent during economic downturns generates between \$1.50 and \$1.80 in economic activity.⁷⁶
- SNAP is known to help families and communities as it:
 - » Reduces food insecurity
 - » Alleviates poverty and deep poverty
 - » Encourages healthier eating
 - » Improves dietary intake
 - » Improves health outcomes
 - » Protects against obesity
 - » Increases family economic security⁷⁷
 - » Supports working families, helping those struggling with low wages
 - » Delivers assistance quickly and effectively to people recovering from natural disasters or economic crises
- SNAP is an “entitlement” program, so there is no fixed cap on the number of beneficiaries or any waitlists. Participation can expand without the need for additional federal appropriations, thereby enabling it to respond to and support people who are experiencing economic hardship or unexpected life events such as the arrival of a grandchild into their care.
- SNAP benefits can help grandfamilies, including those with multiple children. SNAP benefits are scaled to household income level and household size.
- SNAP is flexible. SNAP can be used at tens of thousands of grocery stores, farmers’ markets, and retail outlets across the country. Benefits are loaded on an EBT card which allows the SNAP customer to pay for food in ways similar to those using other debit or credit cards.
- SNAP offers many benefits specific to older adults,⁷⁸ including:
 - » Protects older adult health and supports older adults to remain active, socially integrated, and independent.
 - » Boosts older adult income. By giving older adults additional food-purchasing power, SNAP can mitigate some of the hardships of rising food costs for those with fixed incomes.
- SNAP offers many benefits specific to children, including:
 - » Improves nutrition and health. SNAP benefits during childhood help improve diet quality and health and protect against child obesity.
 - » Fuels healthy childhood development and academic achievement, supporting children’s ability to develop the skills they need for success. It also helps keep children ready to stay focused, engaged, and learning at school.



“I would like to see a more streamlined application process for governmental benefits or have systems talk to systems. When caregivers are already under so much stress and trying to juggle their new life, and then they’re getting bounced from place to place to get services and then filling out multiple applications, they become more tired, frustrated, and anxious—which exacerbates the stress. Understanding the paperwork is overwhelming.”

— **Karen Gillespie, executive director, Generations Together**

- » Sets children up for a stronger adulthood. Receiving SNAP during childhood contributes to better health in childhood and adulthood, as well as economic self-sufficiency in adulthood for women.⁷⁹

Challenges: SNAP

- **SNAP misses far too many eligible grandfamilies.** According to a FRAC analysis, only 42 percent of grandparent-headed households with children under age 18 and no parents present and with low incomes participated in SNAP in 2019.⁸⁰
- **SNAP benefit amounts are insufficient for obtaining healthy food throughout the month.**⁸¹
- **The SNAP application process can be difficult to navigate**, particularly for people who lack the technology capacity or for whom English is a second language. While some states are making progress in streamlining enrollment and recertification procedures, interviews and submitting verifications can be burdensome for households.⁸²
- **SNAP eligibility is based on household income, and not on the income of the child only.** (Only one state has a mechanism for children receiving TANF to also receive SNAP. See Minnesota Family Investment Program (MFIP) profile page 37). For some grandfamilies, household income is too high to qualify for SNAP (or to qualify for much more than the minimum benefit of \$20 per month), yet they struggle to adequately feed the children they are raising while also caring for their own nutrition, health, and housing needs.
- **Participation rates among older adults (age 60 and older) tend to be lower than average.** SNAP misses one of every two (52%) eligible older adults and more than one of every four (27%) eligible older adults who live in households with others.⁸³
- Despite the common-sense definition of “food” in SNAP (which is one of its strengths), **there are still misconceptions among grandfamilies about what foods SNAP participants can purchase and who is eligible.**

HUNGER SOLUTIONS NEW YORK AND NY KINSHIP CARE NAVIGATORS

PROFILE

Hunger Solutions New York is conducting statewide targeted outreach for WIC through a new five-year contract with the NYS Department of Health. The project aims to increase awareness of the WIC program in New York State, increase referrals from community partners, and increase enrollment and participation. Grandfamilies are an important target audience for this effort, as they are underserved for WIC across the state. Efforts include outreach materials tailored to grandfamilies available on their [WICHelpNY](#) website’s **Resource Center**; and a partnership with the [New York State Kinship Navigator](#), including a recorded WIC webinar, a direct link to WICHelpNY from their [Statewide Resources webpage \(which also includes a SNAP link\)](#), and promotion of WIC through their enews and social media.



WIC helps grandmas, too.

Grandparents, dads, and primary caregivers can apply for kids under 5 in their care.

- Even though about a quarter of American Indian and Alaska Native tribal members receive SNAP benefits,⁸⁴ **tribal governments are not allowed to administer SNAP.**
 - » Tribal participants may have to **access some federal food and nutrition benefits from their tribe and others from the state** where they live since tribes cannot administer all programs. Accessing multiple benefits provided by different jurisdictions can be a challenge.
 - » Some tribal participants may have a **difficult time accessing SNAP-participating stores and markets.**

The Emergency Food Assistance Program (TEFAP)

TEFAP is administered by the U.S. Department of Agriculture and provides emergency food in the form of food commodities or meals for families with low incomes. The program also provides administrative funding for the storage and distribution of foods at local sites that provide nutrition assistance for people with low incomes, such as food banks, food pantries, food shelves, soup kitchens, and other organizations that provide emergency food supplies.⁸⁵

The amount of food that each state receives is based on the number of people with incomes below the poverty level in the state, as well as unemployment levels in the state. At the local level, eligibility, hours, and foods distributed vary by site.

States also provide the food to other types of local organizations, such as community action agencies, which distribute the food directly to low-income

households or use them to prepare and serve meals in a congregate setting, such as a homeless shelter.

It should be noted that not all local organizations that provide emergency food assistance receive federal funding. Some are purely charitable organizations that rely on donations.

Benefits: TEFAP

- Many grandfamilies rely regularly or intermittently on food pantries, food shelves, food banks, and other local emergency food options to supplement the food and nutrition benefits they are receiving.
- Grandfamilies who do not meet the income eligibility requirements for other federal nutrition programs, but are still struggling to provide enough food for the additional members of their household, may be able to access emergency food from local food pantries, houses of worship or through local grandfamilies support organizations that distribute emergency food.

Challenges: TEFAP

- **Requirements will vary by site, causing confusion about eligibility requirements inequities among grandfamilies.**
 - » **Some sites require referrals** from professionals or organizations such as doctors, social workers, community organizations, or government agencies. Some sites have online or paper referral forms where you can sign up for yourself or refer other individuals/families. The referrals vary but generally provide basic information about why the family needs emergency



“Wherever you live look for the food pantries, they are there. Don’t let your pride keep you from feeding your kids. Pride will keep us from things—at one time I was too proud, but I got past that.”

— *Linda Lewis, grandmother raising two great-grandchildren in Oklahoma*

MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP)

PROFILE

The state of Minnesota has offered the MFIP, a family cash assistance program, for more than thirty years. Minnesota Family Investment Program (MFIP) provides a combined application process that can be submitted on paper or online. It includes both MFIP cash assistance (Minnesota's TANF program) and MFIP food assistance (SNAP benefits). Minnesota is the only state that has a waiver from USDA to operate this program (which started as a demonstration project in one county and is now statewide), and MFIP follows all USDA guidelines for SNAP benefits amounts. The program is state-supervised and county-administered. One American Indian tribe administers the MFIP, and two others administer their own TANF programs and work directly with the federal government and, therefore, do not participate in MFIP.

MFIP is based on income and assets. A grandfamily caregiver may apply for a child if there is a legal connection between them (e.g., marriage, guardianship/custody, blood relationship with birth certificates for proof, or a notarized letter indicating a parent has given their child to be raised by another). If only applying for a child, only the child's income and assets are considered for eligibility. Children must be U.S. citizens, although there are some exceptions per the MFIP policy. The current benefit amount for one child includes cash assistance which is currently \$355 per month and food assistance which is \$208 per month.

The MFIP program is required to pursue child support from a child's non-custodial parents if a child receives benefits, although in some circumstances a grandfamily caregiver can request an exception with good cause (for example if the child or caregiver would be in danger if the state went after the parent for child support).

There is a big gap in potentially eligible children accessing this benefit. "In Minnesota, at least 79,000 children are living without parents present in the home (some may be in foster care). But only 6,000 of these children are getting the MFIP cash and food assistance—that's only about 8 percent of those who *may* be eligible," says Janet Salo, kinship navigator for the Minnesota Kinship Navigator Program.

The state Department of Human Services is beginning to target more effort in outreach around this option. Collaborating with the Minnesota Kinship Navigator program, they are offering education and training for employment counselors, community advocates, and other local outreach workers about children in grandfamilies.

For more information about MFIP, contact the Minnesota Department of Human Services <https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/income/programs-and-services/mfip.jsp>

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“If we didn't get SNAP, we couldn't make it through the month to eat.”

– **Linda Lewis, grandmother raising two great-grandchildren, in Oklahoma**

food, their income limitations, employment situation, and other factors. Grandfamily support groups, kinship navigator programs, and peer-to-peer programs may be able to provide referrals in some states.

- » Some sites are **limited to serving only people below a certain income level.**
- » Some sites **limit access to one time per month per family.**
- While many sites are offering fresh foods and innovating with client choice distribution models, this is not always possible. **Food is limited to what the site has available.**
- **Grandfamilies may not have any emergency food sites near them** and may face transportation challenges in accessing available sites.

The Food Distribution Program on Indian Reservations (FDPIR)

The FDPIR is a U.S. Department of Agriculture (USDA) program administered by tribal governments and provides a monthly package of food (in some cases including traditional food), as well as nutrition education.

The program is for Indian and Non-Indian income-eligible households living on Indian reservations, as well as for households that include at least one person who is a member of a federally recognized Indian tribe and is located in approved areas near reservations or in Oklahoma.⁸⁶

The USDA distributes both food and administrative funds to participating Indian Tribal Organizations (ITOs) and state agencies to operate FDPIR. In 2018, there were 276 tribes receiving benefits under FDPIR through 102 ITOs and 3 state agencies.⁸⁷

Benefits: FDPIR

- The food commodities and nutrition education provided through FDPIR can help grandfamilies struggling to make their budgets stretch.
- Households that include at least one Indian tribal member and lack easy access to SNAP offices or SNAP-authorized stores sometimes can tap FDPIR for commodities.

Challenges: FDPIR

- **Participation in the FDPIR is capped and, when needs exceed funding levels, some eligible families may not receive food.**
- **Families receiving FDPIR food commodities cannot participate in SNAP in the same month.**⁸⁸

The Child and Adult Care Food Program (CACFP)

CACFP is administered by the U.S. Department of Agriculture and primarily provides federal funding to reimburse eligible providers so they can serve up to two free nutritious meals and a healthy snack⁸⁹ to children enrolled in participating child care centers, family child care programs, and all Head Start Centers. Emergency shelters may serve up to three meals a day and receive reimbursement.

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“Many grandfamily caregivers think they need legal custody to get WIC and MFIP (and food assistance) for the children they are raising, but they don’t. These benefits go with the child. We help kinship caregivers and the professionals who support them learn how grandfamilies can access these important benefits. We help them fill out the application step-by-step and help them get enrolled.”

— *Janet Salo, kinship navigator, Minnesota Kinship Navigator Program*

The program is also used to serve healthy meals and snacks to children and teens attending out-of-school time enrichment or educational programs (often located in Boys and Girls Clubs, YMCAs, churches, and parks-and-recreation centers). Depending on the site, meals may be offered before and after school, on weekends, and during school closures during the regular school year.

Children who are eligible include:

- Infants and children through age 12 in child care centers and day care homes.
- Children of migrant workers are eligible through age 15.
- Children through age 18 are eligible to participate in educational or enrichment programming and emergency shelters⁹⁰

While CACFP is not widely available to older adults, on a smaller scale, it does provide meals for adults aged 60 or older with disabilities who attend participating adult day care centers.⁹¹

Benefits: CACFP

- To participate in after-school meals, families do not have to complete an application, instead they can access meals at participating sites.

- Much like the National School Breakfast and Lunch Programs, this program provides meals that meet high federal nutrition standards for children outside of a school setting and contributes to their wellness, healthy growth, and development. This program helps kids stay fueled and ready to play, engage, and learn in a safe environment.
- CACFP ensures that children start good nutrition habits early in life.
- When grandfamilies are challenged to provide enough meals and snacks for their growing children, this program supplements their strained food budgets. Every additional healthy meal a child can receive through this program allows grandfamilies to make their food supplies last longer for meals provided at home.
- Before- and after-school meals are provided at sites that also offer activities and learning in an environment where grandfamily caregivers can be assured their children are safe, productive, and having fun.

Challenges: CACFP

- **Not all child care centers participate in the CACFP**, so grandfamily caregivers may not realize it is available and may not know how to look for a center that participates.

D.C. HUNGER SOLUTIONS

PROFILE

D.C. Hunger Solutions, founded in 2002 as an initiative of the Food Research & Action Center (FRAC), works to end hunger in the nation's capital and improve the nutrition, health, economic security, and well-being of low-income District residents. The organization has developed targeted outreach to grandfamilies, including tailoring WIC outreach materials to include both images of older adults and language specific to grandparents. Learn more about D.C. Hunger Solutions at dchunger.org.

Download this flyer: dchunger.org/wp-content/uploads/2020/11/WIC-for-grandparents-flyer.pdf

Grandparents: 

LEARN MORE ABOUT WIC

What is WIC?
WIC offers free nutritious groceries like bread, milk, and eggs purchasable through food vouchers redeemable at WIC approved stores. It also provides nutrition education, health services, and breastfeeding support.

Who is eligible?
Pregnant women, infants, and children under 5 are eligible for WIC. Grandparents can enroll their grandchild (if under 5 years old) in WIC too!

If you are caring for a grandchild under age 5, apply for WIC today

Contact DC WIC at 202-442-9397 to learn more and apply

For more information, visit dcwic.org

dchunger.org | info@dchunger.org

- CACFP allows up to two meals and a snack to be provided at participating centers, which is very helpful for many families. However, **many children are in care for more than eight hours per day and need access to three meals while they are at the center while their grandfamily caregivers work long hours** to make ends meet.
- **Participation in after-school nutrition programs varies significantly by state** and too many children miss out.⁹²
- **In some communities, there is a shortage of after-school programs for children, or they are too expensive for grandfamilies to afford,** resulting in limited access to programs⁹³.
- **Not all eligible meal providers participate in this important program or leverage it** to provide meals during weekends or school closures.

Nutrition Programs Designed for Children

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

WIC is administered by the U.S. Department of Agriculture and provides benefits to purchase nutritious foods and improved access to health care for pregnant and postpartum people and children under the age of five who have low or no income and are nutritionally at-risk. The program connects participants with breastfeeding/chestfeeding support, nutrition education, immunizations, and

health referrals. WIC participants receive food packages tailored to their specific nutritional needs. The local WIC agency provides participants with EBT cards so that they can shop at authorized grocery stores and other WIC-approved vendors for the items contained in their food packages.⁹⁴

Grandfamily caregivers do not need to have legal custody or guardianship of eligible infants and children up to age five for whom they are applying for WIC benefits in any state, they just have to prove that the child lives with them and that they are responsible for the child.^{95,96} Individuals are also eligible for WIC regardless of their immigration status. Adults or children who already participate (or have family members who participate) in certain other benefit programs, including SNAP, Medicaid, and TANF, automatically meet the income eligibility requirement for WIC.⁹⁷

There are 89 USDA State WIC Agencies in Seven Regions: 50 States, 33 Indian Tribal Organizations (ITOs), five Territories, and the District of Columbia.⁹⁸

More than five percent of WIC-eligible infants and children live in families without parents present; three percent live with a relative caregiver, and two percent live with an unrelated caregiver.⁹⁹

Benefits: WIC

- For children in grandfamilies, there are a range of benefits to WIC participation, including developing healthier eating habits among children.

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“The good thing about going to school is you know the kids are getting one meal that’s going to be good for them if they’ll eat it. We didn’t have that when I was growing up. I’d like to see all the children get free lunches. Just because their income may be over the line, you don’t know what that child is going through, they may need a meal. The more they are the same the better—no competition, kids don’t stand out.”

— **Linda Lewis, grandfamily caregiver raising two great-grandchildren**

GENERATIONS TOGETHER, INC. —FAYETTEVILLE, GEORGIA

PROFILE

Generations Together, Inc. (GTI) serves primarily the suburban south-Atlanta counties and is staffed entirely by volunteers—Karen Gillespie, the executive director, gets a small stipend. Local churches provide space for programs and events. Program funds are provided by other service organizations, local churches, fundraisers, small local grants, community members, and their Board of Directors. They serve 100 to 150 grandfamilies per year.

GTI offers a variety of services for grandfamilies, including food assistance. “They need quite a bit of food because of their limited incomes and large family sizes. Some caregivers are raising as many as seven grandchildren. They’re stretching it. The pandemic has been a challenge and now food and rent prices have gone up,” says Gillespie.

GTI’s Food Assistance Program includes:

- Assistance with applying for food and nutrition program benefits.
- Food distributions, in partnership with Feeding Georgia Families, Sisters for Society, local grocery stores, and the Georgia Master Gardener Program, offered several times a month, providing meat, fruits, vegetables, canned goods, packaged goods, and more, distributed at “pop-up” markets at various churches in Fayetteville. Grandfamilies can indicate they have special diets when they sign up and volunteers work to get them the foods they need. Volunteers will deliver food to grandfamilies if caregivers are unable to leave their homes.
- A complete Thanksgiving dinner feast is provided to each grandfamily.
- Workshops about healthy nutrition, gardening, making fruits and vegetables enticing for children, stress management through cooking, weight loss, diabetes management, and intergenerational sustainable gardening activities are facilitated by their partner, Sprouting Roots Consulting.
- A cookbook, created by the grandfamilies, with family recipes.
- To learn more about Generations Together, visit generations-together.com



Photos courtesy of Generations Together.

ALABAMA FOSTER AND ADOPTIVE PARENT ASSOCIATION (AFAPA)—HUNTSVILLE, ALABAMA

PROFILE



Keith Lowhorne, vice-president of kinship at AFAPA, and his wife Edie are raising two grandchildren, whom they adopted, which led him to work with grandfamilies when he retired from a long career in broadcasting. He'd been in the position for about two years when the pandemic hit. Starting from scratch, he organized a food distribution project, initially collaborating with Legacy Health Connections, a local non-profit that received food through the USDA. Before he knew it, he was picking up and distributing 100 food boxes every week or so, each with about 30 pounds of food, and distributing them to grandfamilies from his driveway. "Cheese, eggs, canned goods, fresh fruit, vegetables ... you never knew what you were going to get, but the grandfamilies were glad to get it," says Lowhorne.

Then he reached out to Manna House, a local food bank. Lowhorne says they were stunned when he told them about the number of grandfamilies in their area. He got a five-by-eight-foot trailer and filled it with food once a week, adding it to the food distribution events. He also reached out to local grocery stores, churches, and other local organizations that donate food. They outgrew the trailer and now a seven-by-fourteen-foot trailer gets filled to the

brim and distributed. Currently, he distributes food once a week to about 60 grandfamilies. There are no income limits and no verification required to participate in the food distribution program. "The grandparents are grateful, and sometimes a little shy. They don't take more than they need," says Lowhorne. "Often, we have to prod them to take more food. It's humbling when you see these people and how thankful they are for just the slightest amount."

For more information about the AFAPA food distribution program, visit www.afapa.org or contact Keith Lowhorne, vice-president, kinship at Keith@afapa.org.



Photos courtesy of Keith Lowhorne.

- Nutrition counseling is available to help address trauma-related food behaviors.
- The WIC food package temporarily expanded, almost doubling the fruits and vegetable allotments available to families.
- State WIC agencies can tailor the WIC food package to better address the cultural needs of families.
- Additionally, healthy nutrition fuels learning and supports growth and development, and reduces health care costs.¹⁰⁰

Challenges: WIC

- **While children in foster care with unrelated foster parents are automatically income-eligible for WIC, children in kinship foster care (especially if they live with unlicensed kin caregivers) may not be automatically eligible,** due to varied policies from state to state.
- **Children living in grandfamilies outside the foster care system are not automatically income-eligible for WIC in any state.** (Some children living in grandfamilies may be automatically income-eligible based on other factors, but being raised by kin does not automatically qualify them.)
- WIC benefits go with the child, regardless of who the caregiver is. But if a child has been receiving support from WIC while living with a parent or someone else **when a grandfamily caregiver takes over raising the child, there may be challenges in getting the WIC benefits changed to their name or in getting the parents to list the caregiver as a proxy** (someone designated to redeem benefits in stores).¹⁰¹

- **WIC is meant to supplement the diet; therefore, only certain types of foods are available through the program.** Some grandfamilies say the children in their care have experienced trauma and some have lived with extreme food insecurity in the past, causing eating disorders that make it difficult to provide foods the children will eat, so more variety would be helpful.
- **WIC offices may be difficult to get to** for grandfamilies in rural areas and who have transportation challenges.
- **Misconceptions about WIC eligibility cause some grandfamilies not to apply;** they don't think grandparents and other grandfamily caregivers can do so.

The School Breakfast Program and the National School Lunch Program (SBP and NSLP)

These programs are administered by the U.S. Department of Agriculture and provide a nutritious morning and midday meal for free or at a reduced price each school day for millions of children from households with low incomes.

Meals served must meet high federal nutrition standards. The programs are provided at nearly 97,000¹⁰² participating schools, including the vast majority of public schools, as well as some private, non-profit schools, and residential child care institutions.

Children who are in Head Start (or a comparable state-funded program), foster care, or who are experiencing homelessness are automatically

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“I’ve got stage-3 kidney disease, diabetes, and high blood pressure, so I stay away from salt and sugar and my meals-on-wheels follow my diet. I’m ‘mamma’ to these kids because I’m all they know. They are young and I’m 70, so I’ve got to take care of myself.”

— **Linda Lewis, grandfamily caregiver raising two great-grandchildren**

eligible, as are children in households participating in SNAP, TANF, and FDPIR.¹⁰³

Through the Community Eligibility Provision (CEP), high-poverty schools and districts can provide breakfast and lunch at no charge to all students without the need for families to complete a school meal application.¹⁰⁴

Benefits: SBP and NSLP

- Research demonstrates the many positive impacts of school meal programs, including: alleviating food insecurity and poverty; enhancing nutrition; and supporting student focus, behavior, and achievement.^{105 106}
- Grandfamilies who are struggling to provide enough nutritious food for children in their care are relieved of up to two meals per day when children are in school. They know they can rely on these two meals, so they can use other benefits and resources to provide nutritious snacks and a third meal of the day, as well as meals on weekends.
- These are “entitlement” programs, so there is no fixed cap on the number of beneficiaries or any waitlists. Participation can expand without the need for additional federal appropriations, thereby enabling these programs to respond to and support people who are experiencing economic hardship or unexpected life events such as the arrival of a grandchild into their care.

Challenges: SBP and NSLP

- **While children in foster care are automatically income-eligible for free and reduced-price school meals, children in grandfamilies outside foster care are not automatically eligible** (though income-eligible grandfamilies can apply, being raised by kin does not make a child automatically eligible).^{107 108}
- While the School Breakfast Program is essential to supporting children’s health, learning, and development, **too many children are missing out on breakfast, which is sometimes called “the most important meal of the day.”**¹⁰⁹

Summer Nutrition Programs (SNP)

During the Summer when most children are not in school, children and teens can access healthy summer meals and snacks through the U.S. Department of Agriculture’s **Summer Food Service Program (SFSP)** and the **National School Lunch Program (NSLP)**.¹¹⁰ Local governments, school districts, and private nonprofits can sponsor summer meal sites, which may be located at schools, parks, recreation centers, housing complexes, Indian reservations, YMCAs, Boys and Girls Clubs, houses of worship, camps, summer school, and other places where children congregate. Sponsors receive a reimbursement for each eligible meal and snack served at meal sites.

The Summer Electronic Benefits Transfer for Children (Summer EBT) Program is designed to complement the SFSP and NSLP and reduce

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“Shortly after I got my granddaughter, I became a widow and needed help. Trying to go out and find resources to take care of her was confusing and a lot of work, especially understanding the application processes. So, in doing that, I found my passion—wanting to help other grandfamilies trying to navigate the services.”

— **Karen Gillespie, executive director, Generations Together, and grandfamily caregiver for her granddaughter**

THE 2022 WHITE HOUSE CONFERENCE ON HUNGER FOOD AND NUTRITION

The White House hosted the second White House Conference on Hunger, Nutrition, and Health on September 28, 2022, the first of its kind in over fifty years, and released a National Strategy to End Hunger by 2030 in conjunction with the conference. President Biden, Secretary of Agriculture Vilsack, Secretary of Health and Human Services Becerra, Congresspeople, and representatives from state and local agencies and organizations spoke at the conference in plenary and panel sessions throughout the day.

Generations United submitted recommendations to the conference and assisted our network of GRAND Voices in submitting comments and participating in regional listening sessions based on their lived experience with hunger and Federal Nutrition Programs. Kinship families are highlighted in the National Strategy to

End Hunger, specifically in reference to the importance of improving their access to SNAP. The strategy also proposes to permanently expand the Child Tax Credit, improve WIC, expand free school meals, and increase funding for Older Americans Act nutrition programs in ways that would also greatly benefit grandfamilies and improve their food and economic security.

For more information:

health.gov/our-work/nutrition-physical-activity/white-house-conference-hunger-nutrition-and-health



summer hunger. The program provides families whose children are certified to receive free or reduced-price school meals during the school year with additional resources to purchase food during the summer months. Summer EBT has been piloted by a number of states and tribal organizations. During the pandemic, the Pandemic EBT program was created to replace lost school meals due to the pandemic, and then expanded to provide summer benefits during the pandemic. The program can help reduce food insecurity for families with low incomes, particularly in rural or other areas where there are limited summer programs providing meals.¹¹¹

Benefits: SNP

- To participate in summer meals, families do not have to complete an application.
- These programs provide meals, and they also help children stay safe, engaged, active, and ready to learn. They can also help mitigate summer weight gain, cognitive decline, and summer learning loss among children.¹¹²

- Many grandfamilies struggle with increased food needs during the summer when the children are not receiving meals at school. These programs fill that gap.

Challenges: SNP

- **Summer meals reach only a small portion of the children with low incomes who participate in the school lunch program**, resulting in increased food insecurity during the summer.¹¹³
- **Grandfamilies living in rural areas or other areas where there are limited or no summer programs have limited access to participating summer meal sites.**
- **The reach of Summer-EBT is limited as it is only available in selected states and tribal communities** due to funding limitations.

Nutrition Programs for Older Adults (Senior Nutrition Programs)

The Senior Nutrition Programs include the Congregate Meals Program and the Home-Delivered Meals program, which are administered by the U.S. Department of Health and Human Services, Administration for Community Living (ACL). These programs focus on reducing hunger, malnutrition, and food insecurity among older Americans and promoting socialization and health.¹¹⁴

Meals served through these programs must provide a minimum of one-third of the Dietary Reference Intakes issued by the Food and Nutrition Board of the National Academies of Sciences Engineering, and Medicine,¹¹⁵ meet state and local food safety and sanitation requirements and be appealing to older adults.¹¹⁶

The programs are funded through the Older Americans Act, and ACL provides grants to states and tribal organizations (through Title VI of the Older Americans Act for nutrition and supportive services for American Indians, Alaska Natives, and Native Hawaiians), which distribute funds to area agencies on aging, which then fund local programs to assist in paying for nutrition services for older adults. Other services provided include: nutrition screening, assessment, education, and counseling.

Local congregate and home-delivered nutrition programs are only funded in part by the ACL, as

federal funds are not adequate to meet the needs. Most programs also receive funding from state and local governments, tribal organizations, foundations, direct payment for services, fundraising efforts, voluntary financial or volunteer contributions from program participants, and other sources.

The only federal eligibility criterion for participation is that a person must be aged 60 or older.¹¹⁷ However, programs may offer meals to a participant's spouse (of any age) or a person of any age with disabilities who lives with a participant. Also included are people with disabilities who live in housing facilities where mainly older adults live that are program meal sites. Meal site volunteers may also be offered meals.¹¹⁸

These programs are not designed to reach every eligible person.¹¹⁹ For most senior nutrition programs, preference is given to those with the greatest economic and social needs, with particular attention to older adults with low incomes, underserved populations, those with limited English proficiency, those in rural communities, or those at risk of institutional care.¹²⁰

The Congregate Meals Program (CMP)

Congregate meals are served in safe community settings such as senior centers, houses of worship, or senior housing communities. Often, activities or entertainment for participants are provided at the site in conjunction with meals.

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“You know, as grandparents we even say don’t issue SNAP for the grandparents, just take care of these babies to make sure we give them the nutrition that they absolutely deserve. Let’s say we did a ‘child-only’ SNAP benefit. If that’s the case, then it would enable us to be able to take care of that particular child, regardless of where they are or who they’re with.”

— **Kathy Coleman, grandfamily caregiver, and director, Grandparents Raising Grandchildren Information Center of Louisiana**

RESOURCES

- **Supplemental Nutrition Assistance Program (SNAP) for Grandfamilies and Kinship Families** is a fact sheet focused on helping kinship navigators, as well as grandfamilies and kinship families learn more about SNAP. gksnetwork.org/resources/snap-facts
- **FRAC Facts: WIC for Grandparents Raising Grandchildren** is fact sheet with recommendations focused on specialized outreach, policies, and services that can be used to help overcome barriers and maximize WIC participation among grandfamilies. frac.org/wp-content/uploads/WIC-For-Grandparents-Raising-Grandchildren_FRAC-Fact-Sheet_March-2022.pdf
- **Federal Nutrition Programs for Grandfamilies** is a set of resources that provides organizations working with grandfamilies and kinship families information on a range of programs that can help families with low incomes access meals, food, and resources to buy food. frac.org/research/resource-library/grandfamilies-fnp-chart
- **Back to School Media Toolkit** –The United States Department of Agriculture (USDA) toolkit with sample social media posts, downloadable flyers, and more. fns.usda.gov/nslp/back-to-school-media-toolkit
- **Back to School Information for Families and Caregivers** – The National School Lunch Program information about eligibility and how to apply for free and reduced school meals, healthy eating activities, and more. fns.usda.gov/nslp/household
- **FRAC and AARP Foundation’s “Screen and Intervene: Addressing Food Insecurity Among Older Adults”** is a course designed for health care providers who work with adults ages 50 and over. frac.learnercommunity.com

Benefits: CMP

- Congregate meal sites offer nutritious meals for grandfamily caregivers who may be prioritizing food for the children they are raising, sacrificing their own food and nutrition needs.
- The meals can be tailored to special diets such as a diabetic or low-sodium diets, helping grandfamily caregivers stay healthy so they can continue to raise the children in their care.
- There is no income eligibility to participate, which can help reduce stigma and participants’ hesitancy to share personal information.
- Grandfamily caregivers are often very isolated as they focus on raising children. Isolation can be very detrimental to health, perhaps worse than obesity.¹²¹ The congregate meal

sites offer opportunities for peer socialization, entertainment, physical activity, and activities that can support and benefit older grandfamily caregivers.

Challenges: CMP

- **Not all sites offer transportation services**, and it may be difficult for grandfamily caregivers to get to the congregate meal site.
- **Grandfamily caregivers may care for young children at home who are not eligible to participate in this program with them unless they have a qualifying disability.** If the children are not in school, they may not have care for them while they go to the meal site. Even if the children are allowed to join their older grandfamily caregiver, they can’t eat the meals

with them (unless they have a disability).

Joint meal programs would be beneficial to grandfamilies in such settings.

- **Many communities do not offer congregate meal programs due to funding limitations.**

The Home-Delivered Meals Program (HDMP)

Nutritious meals are delivered to participants' homes through national and local programs such as the Meals on Wheels program. Meal service (e.g., frequency of delivery, number of meals delivered, and areas covered) varies depending on the program.

Benefits: HDMP

- This program addresses the mobility limitations or transportation challenges experienced by many grandfamily caregivers.
- Most home-delivered meal programs don't just deliver meals, they check-in on isolated and homebound participants and offer an in-person connection—a little bit of socialization with another adult who delivers the meals. Many grandfamily caregivers desperately need this support.
- Receiving home-delivered meals for an older adult grandfamily caregiver means their other food supports can go further toward feeding the children they are raising.
- As with the congregate meals program, many grandfamily caregivers fall into the categories designated for preference for service in this program.

Challenges: HDMP

- **Home-delivered meals are not available in every community or funded at levels to serve everyone in need of assistance.** It is often difficult for local programs to keep up with the demand for service, causing waiting lists for new participants and the potential for older adults to go hungry.
- **While the meals are delivered to homes, many children whom qualifying grandfamily caregivers care for don't qualify for the program unless the children are disabled.** Grandfamily caregivers may be put in a position of needing to share their home-delivered meals with the children and not meeting their own nutritional requirements.
- **It can be challenging to provide hot, home-delivered meals to older adults living in rural, remote areas** due to further travel distances and increased time required for delivery. This may cause inequities for grandfamilies in rural areas.

The Commodity Supplemental Food Program (CSFP)

The CSFP is administered by the U.S. Department of Agriculture (USDA) and provides food to supplement the diets of those with qualifying low incomes who are aged 60 and older. States set the specific income level eligibility. The USDA distributes both food commodities and administrative funds to states and eligible Indian Tribal Organizations (ITOs) to manage the program locally. These monthly food



“It is too expensive to get enough nutritious food for the family shopping at ... traditional grocery stores. The only way you can eat fresh fruit that you need is through food stamps.”

— *Toshia, a grandmother raising five grandchildren, New York*

packages are distributed to older adults in their homes or in convenient local sites, such as senior centers, senior housing, or community centers.

Food packages distributed to participants are not complete diets, but rather are meant to provide nutrients that they may be lacking in their current diet,¹²² and include protein, calcium, iron, and vitamins A and C.¹²³

Benefits: CSFP

- The CSFP food packages can help older grandfamily caregivers continue caring for the children they are raising by reinforcing and maintaining their nutritional needs and preventing health problems in the future.
- Recipients of CSFP food packages are generally at a high level of nutritional risk due to low incomes and poor diet. In some cases, grandfamily caregivers may be sacrificing a healthy diet for themselves to provide adequate nutritious food for growing children. The supplemental food packages can help alleviate that.

Challenges: CSFP

- **Participation caps apply, so when the needs exceed the funding there may be waiting lists or no food available** for those who need it or have come to rely on the food packages. Additionally, households struggling with hunger do not qualify if their incomes are above 185 percent of the federal poverty level.
- **Inequities exist as the program is limited to designated service areas** in states that participate.
- **If home delivery is not an option in a local area, grandfamily caregivers with mobility or transportation challenges may not be able to get to a site** to pick up the food packages.



The Senior Farmers' Market Nutrition Program (SFMNP)

The Senior Farmers' Market Nutrition Program is administered by the U.S. Department of Agriculture (USDA) and provides coupons to older adults aged 60 and older with low incomes.¹²⁴ The coupons, distributed once a year and valued between \$20 and \$50, can be exchanged for fruits and vegetables from authorized farmers, farmers' markets, roadside stands, and community-supported agriculture programs.¹²⁵

Benefits: SFMNP

- The program helps older grandfamily caregivers with low incomes to access fresh, locally grown, nutritious food which they may otherwise not have access to.
- Many grandfamilies do not have the ability (e.g., space, funds, knowledge) to have gardens and grow their own food, so this program brings them unique opportunities to access fresh, nutritious foods that are grown and sold locally.
- The program promotes the development and use of local farmers' markets and therefore has an economic impact.

- The ability to obtain produce from local farmers' markets may make it easier for American Indian and Alaska Native tribal members to obtain more culturally specific foods.

Challenges: SFMNP

- **The reach of the program is limited, and participation caps apply when funds are not adequate to meet the need.** Coupons are only distributed once a year, and not all states participate in this program.
- The program is for people aged 60 and older with low incomes at or below 185 percent of the federal poverty level, but **states have the option to tie eligibility to participation in other programs like SNAP or CSFP, which could eliminate some grandfamilies** who are above the income limitations for those programs but who need help obtaining fresh foods.
- **Older grandfamily caregivers may not have reliable transportation to get to participating markets.**



Policy, Practice, and Research Recommendations

Overall Recommendations

- **Fund, develop, and implement a nationwide grandfamily-focused communications campaign to raise awareness of the federal nutrition programs.** Disseminate accurate information about eligibility and application processes and where to get help.
 - **Promote authentic engagement of individuals with lived expertise** in multigenerational families and grandfamilies in all aspects of food and nutrition program planning, policy development, service delivery, and evaluation.
 - **Support approaches to invest, evaluate, and promote peer-to-peer models** of support services that can assist grandfamilies in accessing food and nutrition supports, such as caregiver-to-peer navigation services, caregiver mentoring, and grandfamily support groups.
 - **Expand and involve national service programs** such as AmeriCorps, AmeriCorps Seniors, and Learn and Serve, to focus on intergenerational nutrition needs, better serve grandfamilies, and coordinate food and nutrition programs in underserved communities.
 - **Encourage states and tribes to develop comprehensive intergenerational strategies to improve the delivery and coordination** of nutrition and other assistance programs to better meet the needs of grandfamily members of all ages.
- **Support the development and sustained use of quality kinship navigator programs.**
 - » **Provide multi-year federal funding to help states and tribes** develop, operate, and evaluate kinship navigator programs that meet evidence-based standards.
 - » **Programs should provide food and nutrition program referrals and application support to grandfamilies outside the child welfare system** by partnering with aging services, income support programs, social services departments, health departments, housing organizations, and community-based supports.
 - **Support the Supplemental Nutrition Assistance Program (SNAP).**
 - » **Improve access to the Supplemental Nutrition Assistance Program (SNAP)** by creating a “child-only” SNAP benefit that does not consider caregiver income in making eligibility determinations and, instead, is based on the income of the child alone, like the TANF child-only grant.
 - » **Improve SNAP benefit adequacy permanently** through key actions, such as increasing benefit amounts to align with a more adequate food market basket, eliminating the cap on excess shelter deductions for all households, and making more widely available the SNAP Standard Medical Deduction¹²⁶ for older people and people with disabilities.
 - » **Eliminate arbitrary eligibility barriers that are exacerbating racial and health inequities and undercut access for many people who are struggling to make ends meet,** including those who are U.S. citizens residing in Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands; certain legal permanent residents; Native and indigenous communities; people who have been convicted of a drug felony; and college students.¹²⁷
 - » **Make SNAP benefits more convenient,** including allowing the purchase of hot, prepared foods from SNAP food retailers, expanding the Restaurant Meals Program,¹²⁸ and increasing the availability of online purchasing.
 - **Support the School Nutrition Programs (the School Breakfast and the National School Lunch Program).**
 - » **Ensure automatic access to free and reduced-price school meals (breakfast and**

lunch) for children living in grandfamilies.

Passing the Caregivers Access and Responsible Expansion (CARE) for Kids Act of 2021 (S. 1590)¹²⁹ will support children by making those living in grandfamilies categorically automatically eligible for free school meals.

» **Provide healthy school meals for all.**

Ensuring Healthy School Meals for All at the national level would ensure all students have access to nutritious meals in order to learn and thrive year-round as we recover from the pandemic and beyond. Passing of the Healthy Meals, Healthy Kids Act¹³⁰ would increase the number of schools offering free meals to all students through enhancements to community eligibility. Community eligibility allows high-poverty schools to provide free meals to all students. The provision reduces paperwork for schools and families, eliminates unpaid school meal fees, reduces stigma, and fuels health and learning.

» **Help grandfamilies cover meal costs when school is out through a nationwide summer EBT program.** A nationwide summer EBT program should be established to provide grandfamilies with an EBT card to purchase food when schools are closed during the summer, as well as during school holidays and breaks.

» **Restore the option for child care centers and homes to serve an additional meal (typically a snack or supper) through the Child and Adult Care Food Program (CACFP).** When grandfamily caregivers work or attend school for long hours, child care is essential. Children rely on child care providers for the majority of their nutritional needs during the day. (Previously, child care providers could receive funding from CACFP to serve up to four meal services, typically two meals and two snacks, but that is no longer an option.)



- **Support and enhance the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).**
 - » **Build on successful grandfamily outreach models and improve WIC outreach for grandfamilies.** WIC outreach is largely not targeted to grandfamilies. Improved outreach strategies and educational programs can help reach more grandfamilies and connect with the benefits for which they are eligible.
 - » **Make WIC modernization, access enhancements, and enhanced levels of fruit and vegetable benefits permanent.** During the COVID-19 pandemic, new flexibilities improved the use and access to WIC benefits, which benefited many families, including grandfamilies. These flexibilities should be made permanent, including the allowance of remote enrollment, services, benefits issuance, the facilitation of online ordering, and enhanced benefits for fruits and vegetables.
- **Create joint meal programs for grandfamily caregivers and the children they raise.**
 - » **Create combined food and nutrition programs** for older and younger members of grandfamilies.
 - » **Add children in grandfamilies** who attend a meal site with a grandfamily caregiver, or who live with a grandfamily caregiver who receives home-delivered meals, to the list of those who qualify to receive meals with their grandfamily caregiver.
- **Recognize tribal sovereignty in the administration of all federal nutrition programs and enhance food and nutrition programs for American Indians and Alaska Natives.**
 - » Take permissible administrative actions and pass federal legislation to **enable tribal governments to administer all federal nutrition programs.**
 - » **Allow access both to SNAP and FDIPIR concurrently** for all people who are American Indian and Alaska Native.
 - » **Increase reimbursement rates for schools and CACFP operators across Indian Country** to offset the higher cost of doing business in and around tribal communities due to a lack of adequate infrastructure and/or tribes' frequently remote, rural locations.^{131 132}
- » **Ensure that federal nutrition policies facilitate access to traditional foods** for tribal citizens and support Native food producers.
- » **Allow all schools located on or near tribal lands to offer healthy school meals** to all students at no charge.
- **Improve Access and Adequacy of TANF for Grandfamilies.**
 - » Typically, the only source of ongoing financial assistance to most grandfamilies is Temporary Assistance for Needy Families (TANF) through its child-only grants, which are based on the income of the child and help meet the needs of the child. By improving access to and adequacy of TANF, this critical funding source can be another tool to help address food insecurity. This is particularly important for grandfamilies who do not qualify for other food and nutrition benefits. For more information, see Generations United's Policy Brief and Summary: "Improving Grandfamilies' Access to Temporary Assistance to Needy Families" at www.gu.org/resources/improving-grandfamilies-access-to-temporary-assistance-for-needy-families
- **Require federal food and nutrition programs to develop strategies to promote race equity and address disparities including promoting the equitable treatment of grandfamilies.**
 - » **Congress should require states to develop and implement a plan to address racism and racial disparities in SNAP** and other federally supported nutrition programs for all families, including those grandfamilies with caregivers aged 60 and older experiencing dramatic increases in food insecurity.
 - » **Approaches should include providing interpreter and translation services** and partnerships with community-based organizations to ensure effective outreach and access to grandfamilies with caregivers who do not speak English, including those who speak American Indian/Alaska Native languages.

- **Promote and encourage intergenerational community gardens, including native gardens of indigenous and culturally relevant plants, through collecting and sharing best practices and offering local tax incentives.** Community gardens provide grandfamilies with local land to grow nutritious fruits and vegetables, creating self-sufficiency as they grow their own produce. Generations come together in purpose-driven, mutually beneficial intergenerational interactions that build both community and family bonds.
- **Review print, digital, and media collateral materials** to determine if they meet diversity, equity, and inclusion standards.
- » **Increase outreach and application assistance for grandfamilies who are at higher risk of food insecurity,** including those who are African American, American Indian, Alaska Native, and Latino; those who have disabilities; and those whose grandfamily caregivers are aged 60 and older.

National, State, Tribal, and Local Practice Recommendations

- **Increase and evaluate outreach to grandfamilies regarding food and nutrition supports.**
 - » **Ensure that food and nutrition support outreach methods, materials, staff, services, and training for grandfamilies are targeted and appropriate.**
 - **Include specific references and inclusion of grandfamily caregivers** in food and nutrition outreach and parenting educational materials that can be beneficial for kin caregivers, too.
 - **Consider race/ethnicity, location, language, culture, age, gender, socioeconomic level, reading ability, the relationship between kin caregiver and child, and other diverse characteristics of grandfamilies,** including the intersectionality of these characteristics.
- **Provide technology support for grandfamilies to enhance their ability to apply for food and nutrition programs.** Increase internet/broadband availability, provide training to help grandfamilies improve technology skills, and provide technology devices via donations or a loaning program (such as smartphones, tablets, or computers).
- **Ensure kinship navigator programs and the newly funded Grandfamilies & Kinship Support Network National Technical Assistance Center provide accurate,** up-to-date, and ongoing information about food and nutrition programs.



- **Encourage programs funded through the National Family Caregiver Support Program (NFCSP)¹³³ to provide services** to help connect grandfamilies to food and nutrition supports.
- **Implement SNAP policies to better serve grandfamilies.**
 - » **States can build on lessons learned from temporary COVID-19 adjustments** to seek to lessen the necessity for interviews and the frequency of recertifications.
 - » States can help grandfamilies headed by older adults qualify for SNAP benefits by **providing a SNAP Standard Medical Deduction** for persons who are 60 or older or have disabilities.¹³⁴
 - » **States should seek demonstration waivers to simplify SNAP applications** for households with a member aged 60 or over that have fixed incomes.¹³⁵
 - » **State and local SNAP agencies should partner with kinship care navigators** (and other organizations that grandfamilies trust) to conduct SNAP outreach and application assistance.¹³⁶

Research Recommendations

- **Collect more food insecurity data specific to grandfamilies of all types**, including grandfamilies headed by grandparents, as well as other relatives and family friends.
- **Work with tribes to better understand food insecurity trends** among American Indian and Alaska Native Grandfamilies.
- **Study the utilization and efficacy of the federal nutrition programs for grandfamilies of all types**, including those headed by grandparents, as well as other relatives and family friends.



Conclusion

While grandfamilies are incredibly resilient and children are far better off living with relatives and close family friends, they experience many challenges that can make them more vulnerable to hunger and food insecurity than the general population. As a nation, we must ensure that no child or adult experiences hunger and food insecurity, and this report clearly lays out the need for targeted efforts to identify, reach, and support grandfamilies as they struggle to meet their food and nutrition needs. Grandfamilies like Alice Carter's must no longer feel isolated and alone as they step up to raise a relative's or a friend's children. Alice turned her extreme situation around, but she and her grandchildren went far too long without nutritious food. Any grandfamily should know, immediately, where to go for help. And help should be easily accessible to them.

By addressing systemic discrimination, including consistently acknowledging tribal sovereignty; making improvements to the federal food and nutrition programs; encouraging creative state,



tribal, and local approaches to reaching, educating, and connecting grandfamilies with financial, food and nutrition supports; involving grandfamilies in the development and refinement of these programs; and eliminating the stigma associated with accepting help putting much-needed food on the table, we can support grandfamily members of all ages in building healthy foundations and strong futures.

”

“All grandfamilies should be able to easily get food for the children they are raising. I fight for the grandparents and great-grandparents and aunts and uncles, sisters, brothers, family friends—I fight for anybody who wants to take care of the child.”

— *Alice Carter, grandfamily caregiver*

Appendix A: State Data on Children in Grandfamilies

NATIONAL AND STATE DATA: CHILDREN IN KINSHIP CARE (GRANDFAMILIES)				
State	% of All Children in Kinship Care (Grandfamilies) 2020-2022*	# of All Children in Kinship Care (Grandfamilies) 2020-2022*	% of Children in Foster Care Who Are in Kinship Care (Grandfamilies) 2020	# of Children in Foster Care Who Are in Kinship Care (Grandfamilies) 2020
National	3%	2,529,000	34%	137,356
Alabama	5%	60,000	16%	887
Alaska	5%	9,000	27%	767
Arizona	3%	50,000	52%	6,984
Arkansas	6%	40,000	28%	1,204
California	3%	237,000	34%	17,211
Colorado	3%	35,000	27%	1,244
Connecticut	3%	19,000	38%	1,523
Delaware	7%	14,000	7%	32
District of Columbia	7%	9,000	24%	141
Florida	4%	165,000	42%	9,853
Georgia	4%	101,000	24%	2,742
Hawaii	4%	12,000	47%	744
Idaho	2%	10,000	35%	524
Illinois	3%	75,000	44%	9,045
Indiana	4%	59,000	35%	5,218
Iowa	2%	16,000	40%	1,856
Kansas	4%	26,000	32%	2,307
Kentucky	6%	59,000	14%	1,211
Louisiana	5%	55,000	32%	1,133
Maine	4%	10,000	40%	896
Maryland	4%	59,000	44%	1,672
Massachusetts	2%	32,000	27%	2,490
Michigan	2%	50,000	42%	4,482
Minnesota	1%	15,000	43%	3,333
Mississippi	7%	45,000	30%	1,077
Missouri	2%	31,000	40%	5,040
Montana	5%	11,000	46%	1,552
Nebraska	4%	17,000	34%	1,219
Nevada	3%	22,000	41%	1,792

State	% of All Children in Kinship Care (Grandfamilies) 2020-2022*	# of All Children in Kinship Care (Grandfamilies) 2020-2022*	% of Children in Foster Care Who Are in Kinship Care (Grandfamilies) 2020	# of Children in Foster Care Who Are in Kinship Care (Grandfamilies) 2020
New Hampshire	3%	7,000	30%	353
New Jersey	2%	49,000	36%	1,372
New Mexico	7%	33,000	29%	624
New York	3%	123,000	30%	4,643
North Carolina	3%	76,000	26%	2,740
North Dakota	4%	7,000	26%	397
Ohio	5%	127,000	21%	3,403
Oklahoma	5%	45,000	31%	2,524
Oregon	3%	26,000	34%	2,038
Pennsylvania	3%	67,000	42%	5,974
Rhode Island	1%	3,000	36%	777
South Carolina	3%	57,000	10%	408
South Dakota	4%	10,000	27%	447
Tennessee	4%	65,000	14%	1,212
Texas	4%	302,000	34%	9,960
Utah	2%	24,000	31%	747
Vermont	3%	4,000	31%	334
Virginia	3%	56,000	8%	387
Washington	3%	45,000	35%	3,351
West Virginia	7%	26,000	54%	3,939
Wisconsin	3%	32,000	40%	2,818
Wyoming	4%	5,000	33%	265

*Includes children in grandfamilies and kinship families both inside and outside of foster care.

Sources:

Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect. The data used in this publication, Adoption and Foster Care Analysis and Reporting System (AFCARS) 2020 #255, were obtained from the National Data Archive on Child Abuse and Neglect and have been used in accordance with its Terms of Use Agreement license. Accessed September 2022. [Children in foster care | KIDS COUNT Data Center](#)

Children in Kinship Care: Annie E. Casey Foundation Kids Count Data Center. "Kinship Care in the United States." 2020-2022 averages of CPS (Current Population Survey) data from the U.S. Census Bureau. Accessed September 2022. [Children in kinship care | KIDS COUNT Data Center](#)

Appendix B: Detailed Facts and Findings

- **8 million children live in a home in which a relative other than their parent is the head of the household.**ⁱ
- **About 2.5 million children are being raised by a relative or close family friend and do not have a parent living in the household.**ⁱⁱ
- **More than 2.4 million grandparents are householders who are responsible for grandchildren living with them.**ⁱⁱⁱ
- **One in four grandparent-headed households experiences food insecurity:** Among households headed by grandparents aged 40 and older with children under age 18 and no parents present, nearly a quarter (25%) experience food insecurity.^{iv}
- **The rate of food insecurity for grandparent-headed households (25%) is more than 60 percent higher than the rate for all households with children (15%):** Households headed by a grandparent aged 40 or older with a grandchild under 18 and no parent present experience food insecurity at a rate of 25 percent, which is more than 60 percent higher than food insecurity rates of all households with children (15%).^v
- **The rate of food insecurity for older (60+) grandparent-headed households (22%) is more than three times higher than the rate of comparable households with no children (7%):** Households headed by an older adult (aged 60 and older) that include a grandchild under age 18 and no parent present experience food insecurity at a rate of 22 percent, which is more than three times higher than the rate of comparable households headed by an adult age 60 and older with no children in the home (7%).^{vi}
- **Only 42 percent of low income grandparent-headed households with grandchildren under age 18 and no parent present and with low incomes participated in SNAP in 2019.**^{vii}

ⁱ U.S. Census Bureau. "Table S0901 – Children Characteristics, 2019 American Community Survey 1-Year Estimates." Accessed September 2022. <https://data.census.gov/cedsci/table?q=S%200901&tid=ACSS1Y2019.S0901>

ⁱⁱ Annie E. Casey Foundation Kids Count Data Center. 2020-2022. "Children in kinship care in the United States." Accessed October 2022. <https://datacenter.kidscount.org/data/tables/10455-children-in-kinship-care?loc=1&loct=1#detailed/1/any/false/2479/any/20160,20161>. In this dataset, "children in kinship care" refers to situations in which children are cared for full time by blood relatives or other adults with whom they have a family-like relationship, such as godparents or close family friends. Using the relationship to householder items on the Current Population Survey Annual Social and Economic Supplement, children are identified in kinship care when a parent is not present in the household and the child is either related to at least one other person in the household (e.g., sibling, grandchild, niece/nephew) or is listed as a nonrelative of the householder (e.g., a family friend). Children listed as housemates, roommates, or boarders are not categorized as children in kinship care. Children identified as a foster child are not categorized as children in kinship care because the familial or friendship relationship tie cannot be determined. The analysis excludes children living in group quarters (i.e., group placements) as well as children who are the householder or spouse of the householder. Data Source: 2017 Current Population Survey Annual Social and Economic Supplement (CPS ASEC) Research File, 2018 CPS ASEC Bridge File, 2019-2021 and 2020-2022 CPS ASEC. Estimates represent a three-year average.

ⁱⁱⁱ U.S. Census Bureau. "Table S1002 – Grandparents, 2020 American Community Survey 5-Year Estimates." Accessed September 2022. Similar data are not available for other relatives and family friends. <https://data.census.gov/cedsci/table?q=S1002%3A%20GRANDPARENTS&tid=ACSS5Y2020.S1002>

^{iv} Food Research & Action Center analysis of 2019 and 2020 Current Population Survey data. Similar data are not available for other relatives and family friends.

^v Ibid.

^{vi} Economic Research Service, U.S. Department of Agriculture. "Household Food Security in the United States". 2021. <https://www.ers.usda.gov/publications/pub-details/?pubid=102075>. Similar data are not available for other relatives and family friends.

^{vii} FRAC analysis of 2019 1-year American Community Survey PUMS data. Grandparent-headed households are defined as households with one or more grandparents, age 40 or older, caring for grandchildren under age 18, with the children's parents not present in the household. Low income is defined as household income at or below 200 percent of the federal poverty level. SNAP participation is defined as participation at any time in the 12 months prior to responding to the survey.

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About Generations United



Because we're stronger together®

Founded in 1986, Generations United's mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies and programs for the enduring benefit for all. **Generations United's National Center on Grandfamilies** is a leading voice for families headed by grandparents, other relatives, and close family friends. The Center's work is guided by GRAND Voices, a national network of grandfamily caregiver advocates. Through the Center, Generations United leads an advisory group of caregivers and organizations that set the national agenda to advance public interest in support of these families. Center staff conduct federal advocacy, provide training and tailored assistance to practitioners and advocates, and support grandfamilies to elevate their voices to improve policies and practices that impact them. The Center raises awareness about the strengths and needs of grandfamilies through media outreach, weekly communications, and awareness-raising events. It offers an annual State of Grandfamilies report and a broad range of guides, fact sheets and tools for grandfamilies, which cover issues from educational and health care access to financial and legal supports and can be found at gu.org and grandfamilies.org.

About GU's Grandfamilies & Kinship Support Network: A National Technical Assistance Center



Generations United created the **Grandfamilies & Kinship Support Network National Technical Assistance Center**, which is the first-ever national technical assistance center for those who serve grandfamilies and kinship families. The Network

exists, free of charge, to offer a new way for government agencies and nonprofit organizations in states, tribes, and territories to collaborate and work across jurisdictional and systemic boundaries—all to improve supports and services for grandfamilies and kinship families. Our work is rooted in cultural competence and linguistically appropriate approaches and is fully accessible to people with disabilities. With funding from a five-year cooperative agreement with the U.S. Department of Health and Human Services' Administration for Community Living (ACL), Generations United operates the Network with four managing partners: the National Caucus and Center on Black Aging, the National Indian Child Welfare Association, USAging, and ZERO TO THREE. A fifth partner, Child Trends, evaluates our work. The nation's leading experts on kinship/granfamilies, including those who bring the fundamental expertise of being a grandfamily member, are working together with our partners to improve services and supports for families. For more information visit GKSNetwork.org.

About the Food Research & Action Center (FRAC)



The Food Research & Action Center (FRAC)

improves the nutrition, health, and well-being of people struggling against poverty-related hunger in the United States through advocacy, partnerships, and by advancing bold and equitable policy solutions. For more information about FRAC, go to frac.org.

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- 10 The terms Latino and Hispanic are often used interchangeably. In this report, Generations United will use "Latino" to refer to persons who trace their roots to one of the Spanish speaking nations in the Americas. We may use "Hispanic" when quoting from the U.S. Census or other sources that use that term. Latinos are an extremely diverse group—they include individuals with a wide range of characteristics from many countries, regions, socioeconomic backgrounds, and races.
- 11 The term American Indian is used in this report to refer to any person who is a member of an American Indian tribe recognized by the federal government.
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