
Revised August 17, 2005

FOOD AND NUTRITION PROGRAMS: Reducing Hunger, Bolstering Nutrition

By Dorothy Rosenbaum and Zoe Neuberger

Following the creation and expansion of the domestic food assistance programs in the second half of the 20th century, severe hunger, which had been a significant national problem, has become rare. The food assistance programs were developed in several steps. Concerns about the nutritional status of young men drafted for service in World War II led to the enactment of the National School Lunch Act in 1946.¹ The Food Stamp Program was established on a pilot basis in the early 1960s, and extended nationwide in the early 1970s, to help low-income families and individuals purchase a nutritionally adequate diet. The Special Supplemental Nutrition Program for Women, Infant, and Children, popularly known as WIC, was created in the early 1970s to improve the health of low-income pregnant women, new mothers, infants, and young children who are found to be at nutritional risk.

In the 1960s, various studies found hunger to be a significant problem in the United States. Today, it has become relatively rare, although it still exists. In addition to easing one of the major burdens of poverty — being unable to put enough food on the table — the nutrition assistance programs also have been found to improve birth outcomes and increase children's intake of key nutrients.²

Food and nutrition programs have made severe hunger in America rare. Before the federal government provided food stamps and other forms of food and nutrition assistance, hunger and severe malnutrition could be found in many low-income communities in the United States. In the late 1960s, the Field Foundation sponsored a team of doctors that documented serious hunger and malnutrition in the South, Appalachia, and other poor areas. The findings of this study, as well as other studies conducted at that time, formed the basis for the 1968 CBS television documentary "Hunger in America," which showed children suffering from diseases related to severe malnutrition that usually are thought of as occurring only in third-world countries.

"Evidence of severe malnutrition-related health problems has almost disappeared in this country. The primary reason is Food Stamps."

- Rebecca Blank,
Dean of the Ford
School of Public
Policy, University
of Michigan

This report is part of a series that reviews the accomplishments of public benefit programs, including Medicaid, the Supplemental Security Income program, and the EITC. The other reports can be found at www.cbpp.org.

A similar team of physicians returned to very poor areas of the United States in 1977 — after food stamps and other nutrition assistance programs were made available nationwide — and found marked reductions in malnutrition and related problems. The physicians’ report explained:

Our first and overwhelming impression is that there are far fewer grossly malnourished people in this country today than there were ten years ago. Malnutrition has become a subtler problem. In the Mississippi delta, in the coal fields of Appalachia and in coastal South Carolina — where visitors ten years ago could quickly see large numbers of stunted, apathetic children with swollen stomachs and the dull eyes and poorly healing wounds characteristic of malnutrition — such children are not to be seen in such numbers. Even in areas which did not command national attention ten years ago, many poor people now have food.... This change does not appear to be due to an overall improvement in living standards or to a decrease in joblessness in these areas.... The Food Stamp Program, the nutritional components of Head Start, school lunch and breakfast programs, and [WIC] have made the difference.³

Food and Nutrition Programs
<p>Food Stamps help more than 25 million people with low incomes afford an adequate diet. Food Stamps provide electronic debit cards that can be used only to purchase food. The average family receives a card that allows it to purchase about \$200 a month in food. The average food stamp benefit equals \$1 per person per meal.</p>
<p>WIC — short for the Special Supplemental Nutrition Program for Women, Infants, and Children — provides nutritious foods, nutrition counseling, and health care referrals to about 8 million low-income pregnant and postpartum women, infants, and children under five. WIC provides vouchers that may be used only for specific nutrient-rich foods, as well as nutrition education.</p>
<p>The School Lunch and School Breakfast programs provide free and reduced-price meals to over 22 million school children from low-income families. School meals must meet certain nutritional standards.</p>
<p>See Appendices for state-by-state data on the number of program participants.</p>

The Food Stamp Program

Summarizing this and other research, Rebecca Blank, a noted economist and dean of the Ford School of Public Policy at the University of Michigan, has observed that “evidence of severe malnutrition-related health problems has almost disappeared in this country. The primary reason is Food Stamps.”⁴ The Food Stamp Program serves the following functions:

The Food Stamp Program helps poor families and individuals purchase an adequate diet. The Food Stamp Program is not restricted to specific subgroups of people. It serves a wide range of low-income people, including families with children, elderly people, and people with disabilities. About 80 percent of food stamp recipients live in households with children. Some 31 percent of recipients — nearly one-third — are elderly people or people with disabilities.

The Food Stamp Program increases the amount that low-income households spend on food and is designed to target the most assistance to those who need the most help. Two research studies published in 1980 compared national food sales and consumption data for periods of time before and after the establishment of the Food Stamp Program and its expansion nationwide. These studies found substantial increases in food sales in low-income counties and in nutrient availability among the low-income population.⁵ Subsequent studies have consistently found that participation

in the Food Stamp Program significantly increases household food expenditures and thus the nutrients that are available to low-income households.⁶

Food stamps are targeted to those with the greatest need for help in purchasing food. Ninety percent of the households that receive food stamps have incomes below the poverty line. More than a third of food stamp recipients have incomes below *half* of the poverty line — about \$7,800 on an annual basis for a family of three in 2004. Very poor households receive more food stamps than households closer to the poverty line, significantly increasing their food purchasing power.

The Food Stamp Program delivers benefits accurately and efficiently. The Food Stamp Program is highly effective at reducing hunger in part because it provides benefits (in the form of a debit card) that can be used only to purchase food. Research has shown that the requirement that food stamp benefits be spent only on *food* increases food expenditures two to nine times more than would the provision of a similar amount of cash aid.⁷

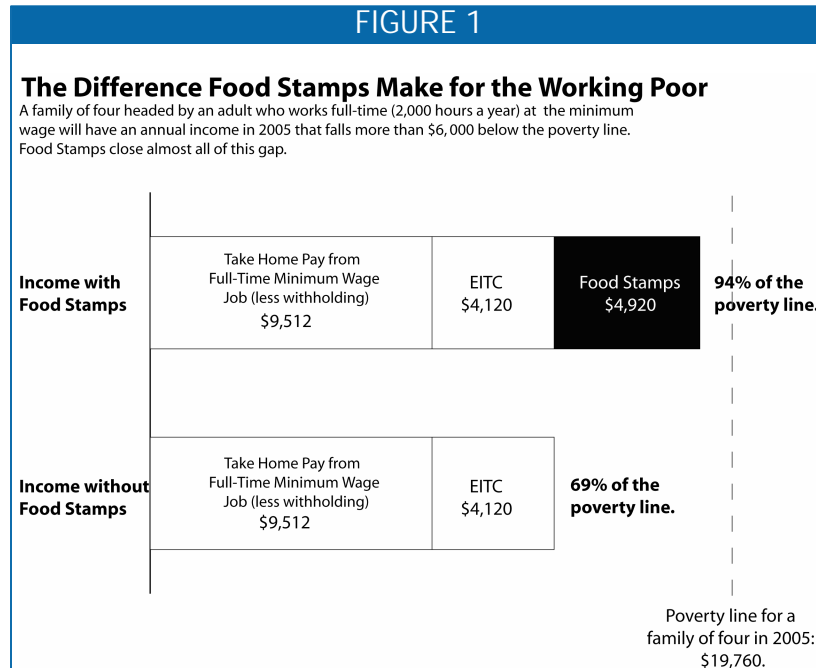
Moreover, efforts by USDA and the states have greatly reduced the receipt of benefits by households that are not eligible for food stamps. USDA reports that fewer than two percent of food stamp benefits are issued to households that do not meet all of the program's eligibility requirements. Rates of both erroneous "overpayments" and "underpayments" have fallen for six years, consistently setting new all-time lows.

The national food stamp error rate is now below 6 percent, a level that until recently automatically qualified states for enhanced funding due to exemplary performance. Moreover, this is a *combined* error rate and represents the *sum* of the overpayment error rate (4.5 percent) and the underpayment error rate (1.4 percent). The underpayment error rate measures errors in which eligible, participating households received fewer benefits than the program's rules direct. Some have mistakenly spoken of the combined error rate as if it were a reflection of the level of excess federal expenditures that occurred due to errors. This is incorrect because the combined error rate includes underpayments that save the federal government money.

The net loss to the federal government (*i.e.*, the benefits lost through overpayments minus those saved by underpayments) is three percent. The food stamp error rate compares quite favorably to error rates for most other government programs for which data are available. For example, the Internal Revenue Service estimates that federal taxes were underpaid by at least 15 percent in 2001.⁸

Food stamps help low-paid working families make ends meet. Leaders from across the political spectrum generally agree that a family supported by a full-time, year-round worker should not have to be poor and should not have to raise its children in poverty. For families supported by minimum-wage workers, food stamps are essential to meeting this goal. Even if one counts the Earned Income Tax Credit and does not subtract any work expenses except payroll taxes, a family of four headed by a full-time minimum-wage worker will fall far below the poverty line without food stamps. Food stamps make it possible for this family to approach the poverty line. (See Figure 1.)

The Food Stamp Program reduces poverty. Food stamps help to lessen the extent and severity of poverty. Census Bureau data on family disposable income (which account not only for cash income but also for the value of food stamps and a range of other non-cash benefits and taxes) show that⁹:



Food stamps protect more children – 1.1 million – from extreme poverty than any other program.

- Food stamps lifted the income of 1.8 million Americans above the poverty line in 2003. This includes 888,000 children and 129,000 seniors.
- Food stamps lifted the income of another 1.8 million Americans above *half* the federal poverty line, thereby protecting them from extreme poverty.
- Food stamps protect more children — 1.1 million — from extreme poverty than any other program.

The Food Stamp Program insures against economic risks. Food stamps offer protection from economic risks both for households and for the economy. If a parent loses her job or has a job that pays low wages, food stamps can help her protect her children from the risk of going without sufficient food, until she is able to improve her circumstances. In this sense, the Food Stamp Program offers a form of insurance.

The Food Stamp Program helps millions of working parents with low-wage jobs make ends meet each month.

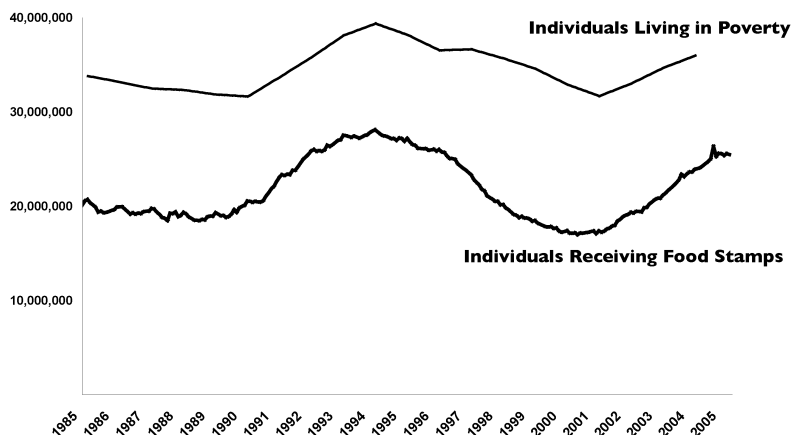
This insurance function can be seen in the program's quick and effective response to the recent economic downturn, when an increasing number of people lacked the earnings necessary to feed their families adequately. As can be seen in Figure 2, the Food Stamp Program responds to declines in employment and increases in poverty during economic downturns by providing food assistance during those times to a larger number of low-income families. Conversely, when the economy experienced robust growth in the late 1990s and the number of people who were poor fell, the number of people receiving food stamps also declined.

In addition to providing protection against economic risks for individuals and families, food stamps also provide a measure of countercyclical protection for the local and national economy. Because of its quick and automatic response to increased need, food stamps help maintain overall demand for food during slow economic periods.

FIGURE 2

Food Stamps Respond to Poverty

When poverty increases, as it did during the recession in the early 1990s and the recent economic downturn, more people need and get help purchasing groceries from the Food Stamp Program. As conditions improve, the number of people receiving food stamps declines.



This is important because when unemployment increases, consumption can decline (since people have less money to spend); that can create a negative cycle of increasing unemployment and declining economic activity. Programs like food stamps slow this negative cycle by partially compensating for people's loss of income. A USDA study found that every \$5 of food stamps generates almost \$10 in total economic activity.¹⁰

The WIC and School Meals Programs

Evidence also is strong for the efficacy of WIC and the child nutrition programs. These programs have been found to produce the following effects.

The WIC program improves birth outcomes and reduces health care costs. Babies with low birth weights are more likely to die in infancy or to become disabled or ill. A large body of research has consistently found that WIC contributes to healthier births, including increases in average birth weight and a reduction in the incidence of low birthweight.¹¹ A 1992 Government Accountability Office (GAO) analysis of the research on WIC — the only meta-analysis of multiple studies conducted to date — concluded that pregnant women who received WIC benefits were much less likely to have low-birthweight babies. The GAO estimated that prenatal WIC participation reduced the proportion of low-birthweight babies by 25 percent and the incidence of babies born with very low birthweight by 44 percent.¹² While it is possible that the magnitude of these effects has decreased since the time of the GAO analysis, the most recent comprehensive literature review, published by USDA in October 2004, found that more recent studies have continued to find that WIC participation during pregnancy reduces the incidence of low birthweight and has a positive impact on other birth outcomes.¹³

Improved birth outcomes lead to health care savings. The GAO analysis of the research on WIC estimated that each \$1 spent on WIC for pregnant women generated \$2.89 in health care savings during the first year after birth and \$3.50 in savings over 18 years.¹⁴ These savings help to reduce the amount the government spends on Medicaid, since Medicaid covers a large share of medical care costs for low-income infants.

WIC and school meal programs increase children’s intake of key nutrients.

There is considerable evidence that WIC and the school meals programs increase children’s intake of key nutrients and have other significant benefits.

- WIC has been found to decrease the prevalence of anemia and insufficient iron intake among children.¹⁵ Recent research on the diets of children who participate in WIC has shown that participation in the program increases intakes of vitamins B6, folate, and iron and may decrease consumption of added sugar. In addition, one recent study found that among children in households with income below 130 percent of the poverty line, WIC participants consumed less fat and more carbohydrates than non-participants.
- The research also indicates that children who participate in the school lunch program consume more protein, vitamin B12, riboflavin, calcium, magnesium, phosphorus, zinc, and fiber at lunch — and less added sugar — than children who do not eat school lunches. Past studies also found that lunches consumed by participants provided more fat and saturated fat than other lunches. In response, USDA has implemented a national initiative to improve the nutritional quality of school meals to address this problem.¹⁶ More schools now offer meals that are lower in fat and sodium while still offering recommended amounts of the key nutrients.
- Recent studies indicate that physicians and caregivers rate the health status of children participating in WIC as better than similar children who do not participate in the program. In addition, WIC participation appears to increase the likelihood that children will complete their immunizations on time. It also improves children’s ability to obtain preventive and curative health services.¹⁷
- One recent study found that among girls in “food-insecure” households, those who participated in the school lunch program were 71 percent less likely to be at risk of becoming overweight than girls who did not participate in the program.¹⁸
- Eating breakfast has been shown to have a positive impact on a child’s cognitive development and academic performance.¹⁹ Low-income children are more likely to eat a more substantial breakfast (one that provides more than 10 percent of the Recommended Energy Allowance) if the School Breakfast Program is available.²⁰

WIC decreases the prevalence of anemia among children.

Millions of Americans Face Food Insecurity

Severe hunger is rare in the United States, thanks in large part to the food and nutrition programs. Census data show, however, that in 2003, between 23 million and 28 million people in the United States with low incomes lived in households that experienced “food insecurity,” a less severe condition that arises when a household has difficulty securing adequate food throughout the year due to a lack of resources.²¹

Some of these low-income families and individuals are unable to get food stamps because of bans imposed by Congress that prohibit the provision of food stamps to certain categories of low-income people. For example, most “new Americans” — legal immigrants who have become permanent residents of the United States — are barred from receiving food stamps during their first five years in the country, no matter how low their incomes are or how hard they work. As a result of this ban, food insecurity and hunger among immigrants increased in the latter half of the 1990s.²²

In addition, many unemployed people without children face a three-month time limit on receipt of food stamps.²³ A USDA study found that 40 percent of such adults in South Carolina were food insecure, and 23 percent showed signs of experiencing hunger, when they were surveyed 12 months after they left the Food Stamp Program.²⁴

In addition, not all individuals and families who are eligible for food and nutrition assistance receive it. USDA estimates that only 54 percent of the people eligible for food stamps receive them; participation rates are relatively low for seniors, working families, and families with members who are legal immigrants who have resided in the United States for more than five years and thus can qualify for food stamps.²⁵ Although the school meal programs are widely available, one recent study found that in the areas examined, nearly one in four children eligible for free meals (23 percent) was not enrolled in the free and reduced-price lunch program.²⁶ Nearly one in five children in a school that offers the school lunch program does not have access to the School Breakfast Program because the school does not offer it.

Finally, many households that receive nutrition assistance still struggle to make ends meet. In many cases, the combination of households’ earnings, nutrition assistance, and other income sources do not cover the households’ rent, utility, food, child care, health care, and other bills. Such households must juggle their limited resources and expenses and sometimes have difficulty affording adequate food.

¹ The School Breakfast Program, Child and Adult Care Food Program, and Summer Food Service Program were established in the late 1960s. The Commodity Supplemental Food Program was established in the early 1970s. This paper focuses on the federal nutrition programs that serve the most participants: the Food Stamp Program, the school meals programs, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

² For a review of research on the effects of nutrition programs, see Volume 3, Literature Review of Mary Kay Fox, William Hamilton, and Biing-Hwan Lin, *Effects of Food Assistance and Nutrition Programs on Nutrition and Health*, Economic Research Service, U.S. Department of Agriculture, 2004 available at www.ers.usda.gov/publications/FANRR19-3 (hereinafter *USDA Literature Review*).

³ Nick Kotz, *Hunger in America: The Federal Response*, (New York: Field Foundation, 1979).

⁴ Rebecca Blank, *It Takes a Nation* (New York: Russell Sage Foundation, 1997).

⁵ See Francis J. Cronin, *Nutrient Levels and Food Used by Households, 1977 and 1965*, (Family Economics Review, spring 1980), and William T. Boehm, Paul E. Nelson, And Kathryn A. Longen, *Progress toward Eliminating Hunger in America*, Economics, Statistics, and Cooperatives Service, U.S. Department of Agriculture, 1980.

⁶ See *USDA Literature Review*, p. 42. Food stamp receipt can be sporadic, and diet and health quality are influenced by many different factors, including environmental factors that occur over long time periods. As a result, it is more difficult to establish a direct causal relationship between food stamp participation and health outcomes. Studies have convincingly shown that the Food Stamp Program results in low-income households' securing food with more nutrients. Studies that have tried to assess the impact on nutrient intake on an individual level have not been conclusive, but it is widely agreed that this latter body of research suffers from a number of limitations related to research design, selection bias, and other factors. It also may be noted that there is little evidence of any connection between the Food Stamp Program and obesity.

⁷ See *National Food Stamp Conversation 2000*, Food, and Nutrition Service, U.S. Department of Agriculture, 2000.

⁸ Internal Revenue Service, *New IRS Study Provides Preliminary Tax Gap Estimate* (IR-2005-38, March 29, 2005), available at: <http://www.irs.gov/newsroom/article/0,,id=137247,00.html>.

⁹ These poverty calculations are based on disposable income. Disposable income, as used here, is the amount of income that a family has available after taking into account taxes, including tax credits such as the EITC, and public benefits in the form of cash assistance, food assistance, rental assistance, and energy assistance. Data are from a Center analysis of the Census Bureau's March 2004 Current Population Survey.

¹⁰ Kenneth Hanson and Elise Golan, *Effects of Changes in Food Stamp Expenditures Across the U.S. Economy*, Food Assistance and Nutrition Research Report Number 26-6, Economic Research Service, U.S. Department of Agriculture, August 2002.

¹¹ See *USDA Literature Review*, pp. 108-115.

¹² General Accounting Office, *Early Intervention — Federal Investments Like WIC Can Produce Savings*, April 1992, pp. 23-24, available at <http://www.gao.gov/docsearch/abstract.php?rptno=HRD-92-18> (hereinafter *Early Intervention*).

¹³ *USDA Literature Review*, pp. 108-115. One reason why the magnitude of the average effects of WIC may have decreased over time is that WIC seems to have the strongest impact on the most disadvantaged participants, and as a result of the program's expansion, the WIC caseload may, on average, be somewhat better off now than in the 1980s and early 1990s.

¹⁴ *Early Intervention*, pp. 28-29.

¹⁵ See *USDA Literature Review*, pp. 142-151 and 157-158.

¹⁶ See *Ibid.*, pp. 190-196.

¹⁷ See *Ibid.*, pp. 158-162.

¹⁸ See *Ibid.*, pp. 197-205. A family is considered "food insecure" if, at some time during the year, it was uncertain of having, or unable to acquire, enough food because of a lack of resources. This study also found that the likelihood of being at risk of becoming overweight was the same for boys in food insecure households, as well as for children in households that did *not* report food insecurity, regardless of participation in the school lunch program. Additional research is needed to confirm the results of this study.

¹⁹ See *Evaluation of the School Breakfast Program Pilot Project: Findings from the First Year of Implementation*, Food and Nutrition Service, U.S. Department of Agriculture, October 2002, available at <http://www.fns.usda.gov/oane/MENU/Published/CNP/FILES/BreakfastPilotYr1.pdf>.

²⁰ See *USDA Literature Review*, p. 218.

²¹ According to the official government measure of food insecurity, a household is "food insecure" in a particular year if it experienced at least three conditions in that year that indicate the household had difficulty meeting basic food needs because of a lack of resources. A food-insecure household is further categorized as suffering from hunger, the most severe form of food insecurity, if it experienced two or more specific severe conditions that may indicate hunger, such as cutting the size of meals or skipping meals in three or more months of the past year. According to the Census Bureau, about 8 million people lived in low-income households where someone experienced hunger in 2003.

²² See George J. Borjas, “Food Insecurity and Public Assistance.”

²³ Unemployed childless adults can receive food stamps for only three months out of a three-year period.

²⁴ Phillip Richardson and others, *Food Stamp Leavers Research Study—Study of ABAWDs Leaving the Food Stamp Program in South Carolina: Final Report*, Economic Research Service, U.S. Department of Agriculture, March 2003.

²⁵ Karen Cunnyngnam, *Trends in Food Stamp Program Participation Rates: 1999 to 2002*, Food and Nutrition Service, U.S. Department of Agriculture: September 2004.

²⁶ Burghardt, J., Gleason, P., Sinclair, M., Cohen, R., Hulsey, L., and Milliner-Waddell, J, *Evaluation of the National School Lunch Program Application/Verification Pilot Projects: Volume I: Impacts on Deterrence, Barriers, and Accuracy*, Food and Nutrition Service, U.S. Department of Agriculture, February 2004, available at <http://www.fns.usda.gov/oane/MENU/Published/CNP/FILES/NSLPPilotVol1.pdf>.

Appendix A

Food Stamp Program Participants, Year-to-Date, Fiscal Year 2005

	Children	Elderly	Persons with Disabilities	Total
U.S. Total	12,920,000	2,200,000	3,200,000	25,490,000
Alabama	270,000	42,000	75,000	540,000
Alaska	28,000	2,000	4,000	54,000
Arizona	306,000	28,000	41,000	547,000
Arkansas	183,000	25,000	41,000	370,000
California	1,340,000	32,000	12,000	1,987,000
Colorado	130,000	19,000	38,000	252,000
Connecticut	92,000	21,000	36,000	203,000
Delaware	32,000	4,000	7,000	61,000
Dist Columbia	40,000	5,000	10,000	89,000
Florida	675,000	234,000	211,000	1,465,000
Georgia	465,000	72,000	99,000	913,000
Hawaii	39,000	15,000	10,000	94,000
Idaho	48,000	5,000	13,000	94,000
Illinois	565,000	85,000	169,000	1,140,000
Indiana	279,000	36,000	81,000	554,000
Iowa	96,000	12,000	28,000	203,000
Kansas	84,000	14,000	24,000	176,000
Kentucky	247,000	47,000	104,000	566,000
Louisiana	376,000	55,000	81,000	734,000
Maine	55,000	22,000	33,000	151,000
Maryland	142,000	24,000	40,000	285,000
Massachusetts	181,000	28,000	62,000	357,000
Michigan	506,000	78,000	160,000	1,030,000
Minnesota	130,000	22,000	35,000	257,000
Mississippi	194,000	36,000	56,000	380,000
Missouri	362,000	55,000	104,000	761,000
Montana	37,000	6,000	10,000	80,000
Nebraska	57,000	12,000	15,000	117,000
Nevada	62,000	11,000	14,000	123,000
New Hampshire	24,000	4,000	10,000	52,000
New Jersey	194,000	44,000	59,000	388,000
New Mexico	128,000	15,000	24,000	240,000
New York	790,000	293,000	275,000	1,754,000
North Carolina	391,000	70,000	105,000	791,000
North Dakota	20,000	4,000	5,000	42,000
Ohio	489,000	81,000	202,000	997,000
Oklahoma	211,000	29,000	48,000	423,000
Oregon	186,000	32,000	52,000	429,000
Pennsylvania	467,000	95,000	185,000	1,033,000
Rhode Island	40,000	6,000	10,000	77,000
South Carolina	264,000	35,000	59,000	517,000
South Dakota	27,000	4,000	5,000	56,000
Tennessee	381,000	81,000	113,000	844,000
Texas	1,407,000	205,000	179,000	2,427,000
Utah	73,000	6,000	14,000	131,000
Vermont	18,000	7,000	7,000	45,000
Virginia	232,000	54,000	77,000	485,000
Washington	221,000	44,000	70,000	503,000
West Virginia	109,000	21,000	50,000	261,000
Wisconsin	189,000	22,000	39,000	342,000
Wyoming	13,000	2,000	3,000	26,000

Source: Total food stamp recipients for each state are based on preliminary data from the Food and Nutrition Service (FNS) of average monthly participants for October 2004 through April 2005, at <http://www.fns.usda.gov/pd/fspm ain.htm>. The number of children (age 17 and under) and the number of elderly (age 60 and over) were estimated based on the FY 2003 FSP Quality Control data. The number of persons with disabilities (receiving disability benefits) was estimated based on the FY 2002 FSP Quality Control data. These categories are not mutually exclusive. In addition, the columns do not add to total because adults (mostly in families with children) are not shown. Totals for the United States include Guam and the Virgin Islands.

Appendix B				
WIC Average Monthly Participation in Fiscal Year 2004				
	Pregnant, Postpartum, and Breastfeeding Women	Infants	Children	Total
U.S. Total	1,930,000	2,010,000	3,960,000	7,900,000
Alabama	29,000	34,000	58,000	120,000
Alaska	6,000	6,000	14,000	27,000
Arizona	43,000	46,000	88,000	176,000
Arkansas	24,000	24,000	40,000	89,000
California	314,000	291,000	688,000	1,293,000
Colorado	21,000	23,000	40,000	83,000
Connecticut	11,000	14,000	27,000	52,000
Delaware	4,000	5,000	9,000	18,000
Dist Columbia	4,000	4,000	8,000	16,000
Florida	94,000	99,000	180,000	373,000
Georgia	69,000	70,000	121,000	260,000
Hawaii	8,000	8,000	17,000	33,000
Idaho	9,000	9,000	19,000	36,000
Illinois	68,000	81,000	127,000	276,000
Indiana	35,000	39,000	58,000	131,000
Iowa	16,000	15,000	35,000	66,000
Kansas	15,000	16,000	33,000	64,000
Kentucky	28,000	30,000	60,000	117,000
Louisiana	36,000	42,000	64,000	142,000
Maine	5,000	6,000	12,000	23,000
Maryland	27,000	30,000	50,000	108,000
Massachusetts	28,000	27,000	60,000	116,000
Michigan	52,000	54,000	116,000	222,000
Minnesota	28,000	28,000	61,000	117,000
Mississippi	24,000	31,000	47,000	103,000
Missouri	35,000	36,000	61,000	133,000
Montana	5,000	4,000	12,000	21,000
Nebraska	10,000	10,000	20,000	40,000
Nevada	12,000	13,000	21,000	46,000
New Hampshire	4,000	4,000	9,000	17,000
New Jersey	36,000	37,000	70,000	143,000
New Mexico	15,000	16,000	33,000	64,000
New York	119,000	122,000	232,000	473,000
North Carolina	55,000	57,000	107,000	219,000
North Dakota	3,000	3,000	8,000	14,000
Ohio	63,000	81,000	123,000	267,000
Oklahoma	29,000	30,000	57,000	116,000
Oregon	25,000	20,000	55,000	100,000
Pennsylvania	55,000	63,000	123,000	241,000
Rhode Island	5,000	6,000	12,000	23,000
South Carolina	28,000	30,000	48,000	107,000
South Dakota	5,000	5,000	11,000	22,000
Tennessee	40,000	43,000	72,000	155,000
Texas	212,000	217,000	439,000	868,000
Utah	17,000	18,000	32,000	67,000
Vermont	3,000	3,000	10,000	16,000
Virginia	34,000	34,000	64,000	132,000
Washington	37,000	37,000	85,000	159,000
West Virginia	12,000	12,000	26,000	50,000
Wisconsin	26,000	27,000	57,000	110,000
Wyoming	3,000	3,000	6,000	12,000

Source: Preliminary data published by the U.S. Department of Agriculture in the 2006 Explanatory notes for the Food and Nutrition Service provided to Congress to supplement the President's Budget for Fiscal Year 2006. The United States totals include participants in territories. Each state's participation figures include participants in WIC programs operated by tribal organizations in the state.

Appendix C			
Children Enrolled for Free and Reduced-Price School Meals in October 2004			
	Children Enrolled for Free Meals	Children Enrolled for Reduced-Price Meals	Total
U.S. Total	18,500,000	4,010,000	22,510,000
Alabama	333,000	62,000	395,000
Alaska	30,000	9,000	40,000
Arizona	388,000	76,000	464,000
Arkansas	208,000	43,000	251,000
California	2,419,000	598,000	3,017,000
Colorado	213,000	54,000	267,000
Connecticut	128,000	31,000	159,000
Delaware	60,000	10,000	70,000
Dist Columbia	46,000	6,000	52,000
Florida	1,619,000	241,000	1,860,000
Georgia	642,000	135,000	777,000
Hawaii	46,000	18,000	64,000
Idaho	79,000	27,000	106,000
Illinois	771,000	128,000	899,000
Indiana	303,000	83,000	386,000
Iowa	118,000	40,000	158,000
Kansas	143,000	48,000	191,000
Kentucky	288,000	63,000	350,000
Louisiana	425,000	67,000	491,000
Maine	52,000	15,000	67,000
Maryland	214,000	64,000	278,000
Massachusetts	229,000	53,000	282,000
Michigan	515,000	114,000	629,000
Minnesota	205,000	68,000	273,000
Mississippi	304,000	42,000	346,000
Missouri	317,000	72,000	389,000
Montana	40,000	13,000	52,000
Nebraska	81,000	27,000	108,000
Nevada	129,000	32,000	160,000
New Hampshire	32,000	13,000	45,000
New Jersey	324,000	92,000	416,000
New Mexico	171,000	34,000	205,000
New York	1,104,000	229,000	1,333,000
North Carolina	542,000	117,000	659,000
North Dakota	19,000	8,000	27,000
Ohio	502,000	114,000	615,000
Oklahoma	269,000	66,000	335,000
Oregon	193,000	48,000	241,000
Pennsylvania	499,000	123,000	621,000
Rhode Island	70,000	11,000	81,000
South Carolina	318,000	55,000	373,000
South Dakota	36,000	12,000	48,000
Tennessee	369,000	69,000	439,000
Texas	2,002,000	386,000	2,388,000
Utah	119,000	47,000	166,000
Vermont	21,000	7,000	29,000
Virginia	307,000	84,000	390,000
Washington	293,000	90,000	383,000
West Virginia	121,000	31,000	152,000
Wisconsin	215,000	66,000	280,000
Wyoming	20,000	9,000	28,000

Source: Data for October 2004 from the U.S. Department of Agriculture's National Data Bank. The United States totals include children in territories and children enrolled for meals in Department of Defense programs abroad.