WHAT'S ON THE MENU?
STATE POLICY OPTIONS FOR NUTRITION SECURITY



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1,576,800 MINUTES. 26,280 HOURS. 1,095 DAYS.

The first 1,095 days (or 3 years) of a child's life are an important time of growth and development.

During this time, children can become more likely to develop certain illnesses as adults.[1] If a child does not receive enough nutrients during pregnancy and the first three years of their life, it can cause health problems that are difficult to fix.[2] The food and nutrients a child receives from pregnancy through early childhood is a critical period, affecting how children grow, develop, and stay healthy throughout their lives.[3]

Maternal and child nutrition sits at the center of public health, with its impacts echoing into every stage of life. Yet, families are not always given the opportunity to access affordable, nutritious, and community-aligned food and lactation supports.



In the United States, families face systemic barriers to obtaining the nutrition they need during pregnancy through early childhood with an estimated 47 million (including 14 million children) people living in food-insecure households.[4]

This often looks like parents skipping meals to make sure there is enough food for their children or households relying on cheap fast food, because fresh produce is too expensive or too far away. Many families must make difficult trade-offs: rent, medication, or groceries, among other things. These tough decisions make it difficult for families to fully thrive. Yet, despite evidence linking nutrition and lactation to better health outcomes, state-level policies have often not kept up with evolving barriers families face while trying to feed their families.



State governments can play a vital role in filling the gaps in maternal and child nutrition access. Federal programs like the United States Department of Agriculture's (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) are the foundation of the U.S. nutrition safety net.[5] States can go further to help families access affordable food and lactation supports that are responsive to the unique and diverse needs of families within their borders. By using different policy levers, states can help put food on the table for the families who need it most.

These policy levers fall under the following interconnected domains:

Domain	Policy Goal	Examples of Policy Options
Food Access 	Increase nutrition security	▪ School Meals ▪ Farm-to-School Initiatives ▪ Establishing and Supporting Grocery Stores in Low-Access Food Areas ▪ Supporting Food Shelves and Food Banks ▪ Eliminating or Reducing Taxes on Grocery Food Purchases
Lactation Support 	Create consistent opportunities for lactation for all	▪ Right to Breastfeed in Public ▪ Worksite Protections ▪ Student Protections ▪ Protections for Incarcerated People ▪ Lactation Support and Supplies
Economic Security 	Foster financial stability for families	▪ Paid Parental Leave ▪ Increasing Minimum Wage ▪ Earned Income Tax Credits ▪ Child Tax Credits ▪ Child and Dependent Care Tax Credits

Maternal and child health (MCH) outcomes are influenced by many overlapping systems, which can make single interventions ineffective. For example, increasing lactation support in a community may provide benefits for breastfeeding parents. However, if parents are experiencing economic insecurity and limited access to fresh produce, it may be difficult to access or afford nutritious food to promote human milk production. Similarly, in a low-income neighborhood with increased access to nutritious, affordable food, but no reliable transportation, community members may have no way to actualize their "access." Effective policies require an intersectional lens to peel back the layered structural barriers affecting nutrition access, while centering the voices and experiences of the families these policies are meant to help. Solutions must be evidence-based, focused on creating consistent outcomes across populations, and responsive to community needs.

This document provides an outline of potential state policy options based on the domains. Each section provides a roadmap of the policy level, potential policy strategies, and real-life examples across the U.S. for states looking to increase nutrition security for MCH populations. These options are intended to be modular, meaning they can be put in place in steps or included in a larger plan, while working together to amplify the impact of each individual policy. Additionally, the strategies listed in this document are options and do not represent a complete list of potential policy possibilities.



Theoretical Framework

The state policy levers domains and policy options presented are grounded in the following theoretical frameworks:

(1) The Life Course Perspective (LCP), (2) the Socio-Ecological Model (SEM), and (3) the Policy, Systems, and Environmental (PSE) Change Framework. In combination, these frameworks explain why nutrition access matters across the life cycle, how health is influenced at various levels, and why impactful change requires sustainable policy change.

Life Course Perspective (LCP)

The Life Course Perspective believes a person's health is the result of everything that happens to them throughout their life. This theory highlights the role of critical and sensitive periods—i.e., pregnancy, infancy, and early childhood—when nutrition access can impact health for life, emphasizing how risks and protective factors build over time.[6] For example, repeated experiences with food insecurity have been associated with mental, intellectual, and behavioral health consequences in children, differences in socioeconomic and health outcomes.[7] To illustrate this more, an expectant mother experiencing limited access to food needed during pregnancy (critical period) may give birth to a low-birth weight baby with a higher chance of dying or having health issues.[8] During infancy and early childhood (sensitive period), if the mother's food insecurity continues and becomes the experience of her child, this can affect the child's development and make them more likely to develop illnesses.[9] These gaps in nutrition, if they continue through their teenage years, can contribute to poor school performance and a higher risk for developing chronic diseases.[10] Teenagers who experience food insecurity are more likely to become food insecure young adults.[11] These effects continue into adulthood and can create a cycle as they begin having their own children. The negative effects of nutrition insecurity can span across generations. Improving maternal nutrition can create ripple effects that extend from before birth to the next generation.

Socioecological Model (SEM)

The SEM illustrates how health behaviors and outcomes are influenced at different levels.[12] Typically, the model is divided into five levels:

- **Intrapersonal:** This level focuses on how families make nutrition decisions based on what they know and believe.
- **Interpersonal:** This level includes social networks and support available to families.
- **Organizational:** This level centers on the role institutions play in the nutrition access of families. Workplaces, educational facilities, healthcare institutions, etc. can facilitate practices that can either support or weaken nutrition access (e.g., worksite lactation rooms, Baby-Friendly hospitals, etc.).
- **Environmental:** This level refers to local environments encouraging or discouraging access to nutritious food, including the availability of grocery stores, transportation options, or food shelves.
- **Policy:** This level highlights how state and federal policies outline the structural settings in which the prior levels can function. Policies like paid parental leave laws, minimum wage standards and WIC or SNAP eligibility rules affect the prospects for healthy nutrition and lactation support.

Without supportive interpersonal, organizational, environmental, and policy environments, it is difficult for people to make positive changes that can lead to nutrition security for themselves and their growing families.



Policy, Systems, and Environmental (PSE) Change

Sustainable health improvements require focusing on the "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[13] The SEM model shows the role of policies, environments, and systems are important in encouraging positive health behavior decisions. PSE change further shows how modifying these elements in a sustainable way can promote consistent health outcomes for all communities. Creating rules (informally and formally), changing institutions, and making healthy options accessible, are some of the ways states can improve a community's health by addressing underlying socioeconomic factors. These approaches often work together; the process is not linear. For example, environmental changes could be advanced further by a policy or system change or vice versa. Policy, system, and environmental change approaches seek to go beyond programming and make nutritious food choices an attainable default option in the places families work, live, and play.[14]

In combination, these three frameworks provide a comprehensive theoretical grounding for the state policy options outlined throughout this document:

- The **LCP** emphasizes the importance of timing in impactful policy interventions and the impact that MCH nutrition can have throughout an individual's life span.
- The **SEM** describes how multiple levels of influence — from the micro to the macro level — interact to affect nutrition access.

The **PSE Change Framework** highlights the categories of changes (policy, systems, environment) that create sustainable, nuanced, and conscionable conditions for health.

These frameworks, taken as whole, emphasize that to advance MCH nutrition access, it is important to consider policies that address critical life stages, spread across multiple levels of influence, and create structural conditions that make nutrition security and lactation support the default, not the exception.

This resource was co-created with the National Association of County and City Health Officials (NACCHO) and the Association of Maternal and Child Health Programs (AMCHP). The Public Health Law Center (PHLC) thanks NACCHO and AMCHP for their partnership, input, and review of this resource. PHLC produces information and legal technical assistance on issues relating to public health. PHLC does not lobby, nor does it provide legal representation or advice. This information is for educational purposes only.

Funding for this project comes from the Health Resources and Services Administration (HRSA) under the Maternal Child Health Policy Innovation Program (MCH PIP). The contents are those of the authors and do not necessarily represent the official views of, not an endorsement by HRSA, HHS, or the U.S. Government.

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