

**Health Impact Review of HB 1342**  
**Eliminating lunch copays for students who qualify for reduced-price lunches**  
**(2021 Legislative Session)**

February 12, 2021

**Staff contact:**

Lindsay Herendeen

Phone: (360) 628-6823

Email: [lindsay.herendeen@sboh.wa.gov](mailto:lindsay.herendeen@sboh.wa.gov)



**Full review**

The full Health Impact Review report is available at:

<https://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2021-07-HB1342.pdf>

**Acknowledgements**

We would like to thank the key informants who provided consultation and technical support during this Health Impact Review.

**Contents**

Executive Summary ..... 3

Introduction and Methods ..... 4

Analysis of HB 1342 and the Scientific Evidence ..... 6

Logic Model ..... 8

Summaries of Findings ..... 9

Annotated References ..... 13

**Executive Summary**  
**HB 1342, Eliminating lunch copays for students who qualify for reduced-price lunches**  
**(2021 Legislative Session)**

**Evidence indicates that HB 1342 has the potential to increase the number of students with low-incomes who eat lunch, which in turn has the potential to improve students' diet quality, educational outcomes, and earning potential; improve health outcomes; and decrease health inequities.**

**BILL INFORMATION**

---

**Sponsors:** Berg, Gregerson, Berry, Wicks, Chopp, Valdez, Morgan, Sells, Fitzgibbon, Orwall, Santos, Ryu, Peterson, Rude, Maycumber, Shewmake, Stokesbary, Ormsby, Lovick, Stonier, Bergquist, Bateman, Lekanoff, Callan, Frame, Riccelli, Pollet, Harris-Talley

**Summary of Bill:**

- Eliminates school lunch co-pays for students in prekindergarten through twelfth grade who qualify for reduced-price lunches under the National School Lunch Program.

**HEALTH IMPACT REVIEW**

---

**Summary of Findings:**

This Health Impact Review found the following evidence regarding the provisions in HB 1342:

- **A fair amount of evidence** that eliminating school lunch copays would likely increase the number of students with low-incomes who eat lunch as a part of the National School Lunch Program in Washington State.
- **Strong evidence** that increasing the number of students with low-incomes who eat lunch as part of the National School Lunch Program in Washington State would likely improve nutrition and diet quality for these students.
- **Very strong evidence** that improving nutrition and diet quality for students would likely improve educational outcomes.
- **Very strong evidence** that improving nutrition and diet quality for students would likely improve health outcomes for these students and decrease health inequities.
- **Very strong evidence** that improving educational outcomes would likely improve educational attainment.
- **Very strong evidence** that improving educational attainment would likely improve earning potential.
- **Very strong evidence** that improving educational attainment would likely improve health outcomes and decrease health inequities.
- **Very strong evidence** that improving earning potential would likely improve health outcomes and decrease health inequities.

## Introduction and Methods

A Health Impact Review is an analysis of how a proposed legislative or budgetary change will likely impact health and health disparities in Washington State ([RCW 43.20.285](#)). For the purpose of this review ‘health disparities’ have been defined as differences in disease, death, and other adverse health conditions that exist between populations ([RCW 43.20.270](#)). Differences in health conditions are not intrinsic to a population; rather, inequities are related to social determinants (e.g. access to healthcare, economic stability, racism, etc.). This document provides summaries of the evidence analyzed by State Board of Health staff during the Health Impact Review House Bill 1342 ([HB 1342](#)).

Staff analyzed the content of HB 1342 and created a logic model depicting possible pathways leading from the provisions of the bill to health outcomes. We consulted with experts and contacted key informants about the provisions and potential impacts of the bill. We conducted an objective review of published literature for each pathway using databases including PubMed, Google Scholar, and University of Washington Libraries. More information about key informants and detailed methods are available upon request.

The following pages provide a detailed analysis of the bill, including the logic model, summaries of evidence, and annotated references. The logic model is presented both in text and through a flowchart (Figure 1). The logic model includes information on the strength-of-evidence for each pathway. The strength-of-evidence has been defined using the following criteria:

- **Very strong evidence:** There is a very large body of robust, published evidence and some qualitative primary research with all or almost all evidence supporting the association. There is consensus between all data sources and types, indicating that the premise is well accepted by the scientific community.
- **Strong evidence:** There is a large body of published evidence and some qualitative primary research with the majority of evidence supporting the association, though some sources may have less robust study design or execution. There is consensus between data sources and types.
- **A fair amount of evidence:** There is some published evidence and some qualitative primary research with the majority of evidence supporting the association. The body of evidence may include sources with less robust design and execution and there may be some level of disagreement between data sources and types.
- **Expert opinion:** There is limited or no published evidence; however, rigorous qualitative primary research is available supporting the association, with an attempt to include viewpoints from multiple types of informants. There is consensus among the majority of informants.
- **Informed assumption:** There is limited or no published evidence; however, some qualitative primary research is available. Rigorous qualitative primary research was not possible due to time or other constraints. There is consensus among the majority of informants.

- **No association:** There is some published evidence and some qualitative primary research with the majority of evidence supporting no association or no relationship. The body of evidence may include sources with less robust design and execution and there may be some level of disagreement between data sources and types.
- **Not well researched:** There is limited or no published evidence and limited or no qualitative primary research and the body of evidence has inconsistent or mixed findings, with some supporting the association, some disagreeing, and some finding no connection. There is a lack of consensus between data sources and types.
- **Unclear:** There is a lack of consensus between data sources and types, and the directionality of the association is ambiguous due to potential unintended consequences or other variables.

This review was subject to time constraints, which influenced the scope of work for this review. The annotated references are only a representation of the evidence and provide examples of current research. In some cases only a few review articles or meta-analyses are referenced. One article may cite or provide analysis of dozens of other articles. Therefore, the number of references included in the bibliography does not necessarily reflect the strength-of-evidence. In addition, some articles provide evidence for more than one research question, so are referenced multiple times.

## Analysis of HB 1342 and the Scientific Evidence

### Summary of relevant background information

- All public schools, nonprofit private schools, Residential Child Care Institutions, and charter schools in the U.S. can participate in the federally funded National School Lunch and School Breakfast Programs.<sup>1,2</sup> The programs are designed to provide nutritious meals to children to promote health and well-being.<sup>2</sup>
- Children from families with incomes at or below 130% of the federal poverty level (FPL) receive free school meals, and children from families with incomes between 130% and 185% of the FPL receive school meals at a reduced-price of no more than 40 cents (\$0.40) per lunch.<sup>1</sup>
- The Washington State 2019-2021 enacted budget ([Chapter 415, Laws of 2019](#)) included funding to eliminate reduced-price breakfast copays for all students, and \$1,125,000 per year to eliminate reduced-price lunch co-pays for students in kindergarten through third grade.<sup>3</sup>
- In response to the Coronavirus Disease 2019 (COVID-19) pandemic, the U.S. Secretary of Health and Human Services declared a public health emergency effective January 27, 2020.<sup>4</sup>
- In response to school closures resulting from COVID-19 and the public health emergency, the U.S. Department of Agriculture (USDA) made temporary changes to the National School Lunch and School Breakfast Programs to allow states flexibility to continue school meal service during the pandemic.<sup>5</sup> For example, USDA waived requirements that meals be served in a group setting, allowing meals to be picked up and taken home.<sup>5</sup>
- USDA also issued a waiver allowing schools participating in USDA summer meal programs to provide meals at no cost to all students during the school year.<sup>5</sup> Many schools in Washington State are providing free meals to all children 18 years of age or younger during school closures resulting from COVID-19.<sup>6</sup> The federal waiver that allows states this flexibility is set to expire on June 30, 2021 (personal communication, Office of the Superintendent of Public Instruction (OSPI), February 2021).

### Summary of HB 1342

- Eliminates lunch co-pays for students in prekindergarten through twelfth grade who qualify for reduced-price lunches under the National School Lunch Program.

### Health impact of HB 1342

Evidence indicates that HB 1342 has the potential to increase the number of students with low-incomes who eat lunch, which in turn has the potential to improve students' diet quality, educational outcomes, and earning potential; improve health outcomes; and decrease health inequities.

### Pathway to health impacts

The potential pathways leading from the provisions of HB 1342 to decreased health inequities are depicted in Figure 1. There is a fair amount of evidence that eliminating the reduced-price lunch copay for students in prekindergarten through twelfth grade (PK-12) would likely increase

the number of students with low-incomes who eat lunch as a part of the National School Lunch Program (NSLP).<sup>1,7-9</sup> There is strong evidence that increasing the number of students with low-incomes that eat lunch as part of the NSLP would likely improve nutrition and diet quality for these students,<sup>10-15</sup> which is very strongly associated with improved educational<sup>1,16-20</sup> and health outcomes.<sup>21-23</sup> In addition, the literature indicates that increased educational opportunities and outcomes are very strongly linked to increased educational attainment,<sup>24-27</sup> which in turn is very strongly associated with both improved health<sup>28-40</sup> and increased income<sup>29,41</sup> (which is also very strongly linked to improved health).<sup>28-30,32,37,38,42-48</sup>

Since the bill specifically applies to students who are eligible for reduced-price lunch, it would likely have the greatest impact on students with low-incomes. Schools in Washington State with higher percentages of students with low-incomes also have higher percentages of students of color,<sup>49</sup> so this bill could help increase the number of students with low-incomes and students of color that eat lunch as part of the NSLP. Students with low-incomes and students of color are more likely to experience health inequities.<sup>21-23,50</sup> Therefore, increasing the number of students that eat lunch as part of the NSLP has the potential to decrease inequities.

### **Scope**

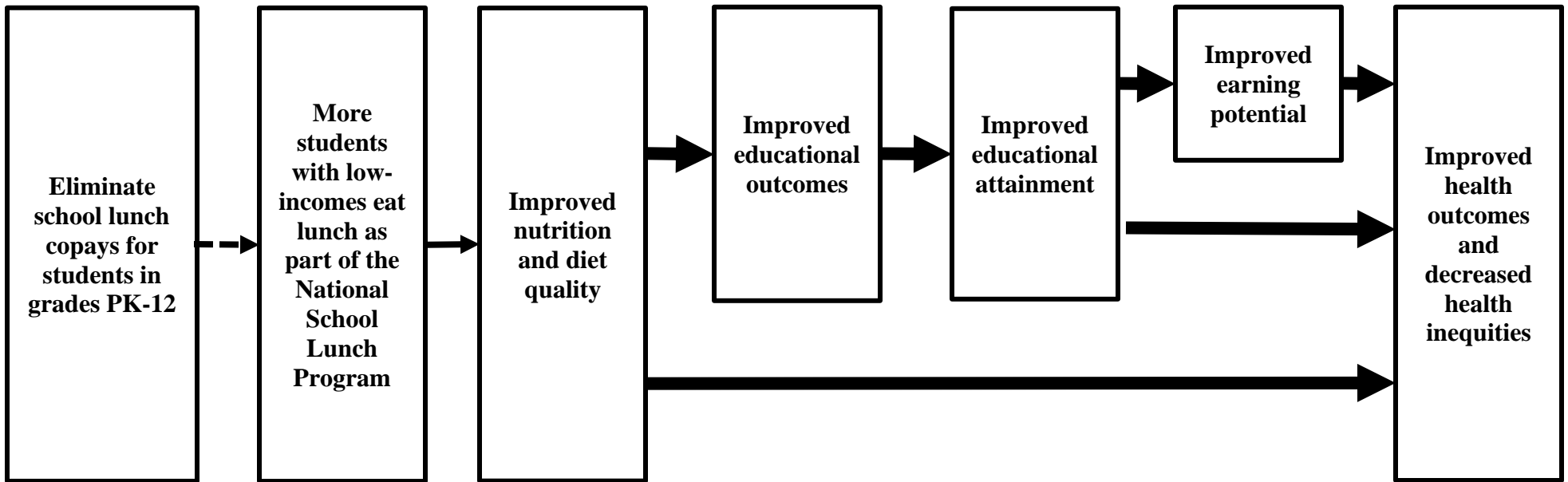
Due to time limitations we only researched the most direct connections between the provisions of the bill and decreased health inequities and did not explore the evidence for all possible pathways. For example, potential pathways that were not researched include:

- Evidence for how students eating school lunch impacts the food security and nutrition of their family members. For example, one study found that NSLP participation is associated with a 14% reduction in the risk of experiencing food insufficiency for the entire household, not just the participating student.<sup>51</sup>
- Evidence for how eliminating the reduced-price lunch copay impacts a family's financial stability, potentially indirectly impacting health outcomes. For example, in public testimony, individuals stated that reducing lunch copays could save families \$72.00 per year for one child or \$300 per year for multiple children.<sup>52</sup> This savings could be used to meet other essential needs (e.g., housing, healthcare, other bills).<sup>52</sup>

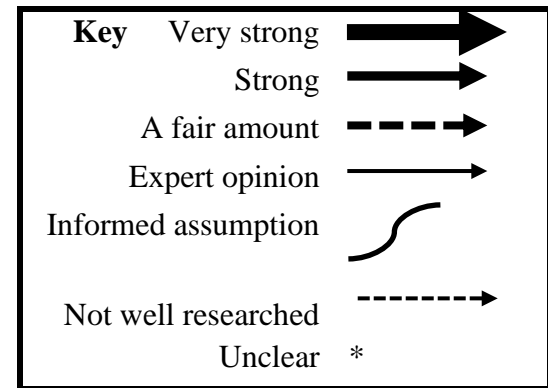
### **Magnitude of impact**

OSPI's 2020-2021 Washington State Report Card indicated that 43.3% (473,797) of all students in Washington State were eligible to receive free or reduced-price meals.<sup>53</sup> During the 2019-2020 school year, 77,247 PK-12 students were eligible for reduced-price meals,<sup>3</sup> and would be eligible to have lunch co-pays eliminated as a result of HB 1342. Calculating 180 lunches per student per school year at a cost of \$0.40 per lunch, OSPI estimated the total cost of eliminating lunch co-pays for PK-12 students would be \$5,561,784 per year.<sup>3</sup> Since the 2019-2021 state enacted budget includes \$1,125,000 per year to eliminate copays for students in kindergarten through third grade, OSPI estimated an additional cost of \$4,436,784 per year to eliminate lunch copays for students in prekindergarten and in fourth through twelfth grade.<sup>3</sup>

Logic Model



**Figure 1:**  
**Eliminating lunch copays for students who qualify for reduced-prices lunches**  
**HB 1342**





## Summaries of Findings

### **Will eliminating school lunch co-pays for reduced-price lunches in grades PK-12 increase the number of students with low-incomes that eat lunch as part of the National School Lunch Program in Washington State?**

There is a fair amount of evidence that eliminating school lunch copays for reduced-price lunch in grades PK-12 would likely increase the number of students with low-incomes who eat lunch as part of the NSLP. While the success of alternative models such as universal free school meals and eliminating reduced-price breakfast have been studied, very little literature exists that examines the association between eliminating reduced-price lunch copays and student participation. The Government Accountability Office issued a report that identified 5 states and 35 school districts across 19 states that eliminated the reduced-price copay for school meals in the 2008-2009 school year.<sup>7</sup> Of these, the authors found that 20 of the 23 school districts that specifically eliminated reduced-price copays for lunch reported increased participation in the school lunch program.<sup>7</sup> Further, the average change in participation for lunch among reduced-price-eligible students in these districts was an 11 percentage point increase, which was greater than the national change in this rate over the same year.<sup>7</sup>

Although less generalizable to this particular bill, additional research has demonstrated that schools that have implemented universal free school meals have seen striking increases in participation in the school meal programs compared to other non-participating schools.<sup>1,9</sup> For example, participation in school lunch programs was 47% higher in implementing schools than non-implementing schools across Illinois, Kentucky, and Michigan.<sup>1</sup> Further, schools that have eliminated the reduced-price breakfast copay and implemented universal free breakfast for all students have also seen increased participation in school breakfast.<sup>8</sup> These studies provide a basis for understanding the potential success of an alternative model for providing school meals to students. Because this bill specifically applies to students who are eligible for reduced-price lunch it would likely have the greatest impact among students with low-incomes. In addition, because schools in Washington State with high percentages of students with low-incomes also have higher percentages of students of color,<sup>49</sup> this bill could help increase the number of students of color who participate in the school lunch program as well.

Therefore, overall, there is a fair amount of evidence that eliminating the reduced-price lunch copay would increase the number of students that eat lunch as part of the NSLP.

### **Will increasing the number of students with low-incomes that eat lunch as part of the National School Lunch Program in Washington State improve nutrition and diet quality for these students?**

There is strong evidence that increasing the number of students with low-incomes that participate in the NSLP and eat lunch in Washington State would likely improve nutrition and diet quality for these students. Research has demonstrated that children and adolescents who miss lunch have lower overall micronutrient intakes and lower intakes of fiber, calories, and sodium.<sup>14</sup> Moreover, all National School Lunch and School Breakfast Program meals must meet federal standards consistent with the Dietary Guidelines for Americans.<sup>15</sup> Data indicate that NSLP participants are more likely than nonparticipants to have adequate vitamin and mineral uptake;<sup>10</sup> more likely to consume vegetables, milk or flavored milk, and fruit or 100% fruit juice; and less likely to

consume salty snacks and sweets and desserts at lunch.<sup>11,12</sup> A 2017 evaluation of National Health and Nutrition Examination Survey data from 2007 to 2012 found that the National School Lunch and Breakfast Programs accounted for 47% of children's total daily energy intake, including 70% of milk, 58% of fruit, 52% of total grains, and 41% of vegetable intake.<sup>15</sup> Another study found that compared to lunches that were brought from home, lunches from the NSLP were lower in calories, fat, saturated fat, sugar, vitamin C, and iron but were higher in protein, sodium, fiber, vitamin A, and calcium.<sup>12</sup> Based on these findings, the authors concluded that school lunches were more likely to meet nutrition standards than packed lunches.<sup>12</sup> Further, NSLP participants from families who were income-eligible to receive free or reduced-price meals had a higher Healthy Eating Index-2005 (HEI-2005) score than nonparticipants, which indicates a higher quality diet.<sup>11,13</sup> Overall, increasing the number of students with low-incomes that eat lunch as part of the NSLP will likely improve nutrition and diet quality for these students.

### **Will improving nutrition and diet quality for students improve health outcomes and decrease health inequities?**

There is very strong evidence that improving nutrition and diet quality for students would likely improve health outcomes and decrease health inequities among students with low-incomes and students of color. There is a consensus in the scientific literature that poor nutrition and diet quality contribute to poor health outcomes such as obesity, cardiovascular disease, and diabetes both in adults and children and these outcomes vary by race/ethnicity and income.<sup>22,50</sup> Data show that in 2012, close to 10% of Washington students in grades 8, 10, and 12 were obese and another 13-14% were overweight.<sup>21</sup> Among 10th grade students, American Indian/Alaska Natives, Blacks, Hispanics, and Pacific Islanders were more likely than their white counterparts to be overweight or obese.<sup>21</sup> There also appears to be a disproportionately higher incidence of type 2 diabetes among children of color nationally with the highest incidence found among Navajo Indian females (38.42 cases per 100,000 people compared to 3.7 cases per 100,000 white females).<sup>23</sup> Further, data indicate that children from lower income households have more than two times the odds of being obese than children from higher income households and the rates of severe obesity are 1.7 times higher among children with low incomes.<sup>50</sup> One review article examined extensive literature that demonstrates an association between childhood obesity and outcomes such as hypertension, high blood lipids, chronic inflammation, increased blood clotting tendency, endothelial dysfunction, hyperinsulinemia, sleep apnea, asthma, and type 2 diabetes.<sup>22</sup> Further, type 2 diabetes presents additional risks such as heart disease, stroke, kidney failure, and blindness.<sup>22</sup> In addition to the physical health risks from childhood obesity, many studies have indicated substantial psychosocial consequences such as negative self-image and stereotyping.<sup>22</sup> Because the same students who are eligible for reduced-price lunch also experience health inequities, improved health outcomes for these students has the potential to decrease health inequities for students with low-incomes and students of color.

### **Will improving nutrition and diet quality for students improve educational outcomes?**

There is very strong evidence that improving nutrition and diet quality for students would likely improve educational outcomes. One review article found that the relationship between nutrition and cognition has been well researched and a consensus exists among the scientific community that normal brain function is impacted by dietary building blocks such as amino acids, iron, zinc, protein, carbohydrates, and various vitamins and minerals derived from food.<sup>19</sup> Further, data indicate that students with poorer diet quality are more likely to perform worse on assessments

and that students who reported higher academic performance were more likely to consume milk, vegetables, fruit, and lower intakes of fat on a daily basis.<sup>17,18</sup>

By increasing the number of students who participate in the school lunch program, it can be expected that students are also less likely to go hungry during the school day. Given this hypothesis, a number of studies have examined the impacts of food insecurity, inadequate intakes of nutrients and energy, and hunger on school performance and have demonstrated outcomes such as lower mean grade point average, lower scores on academic achievement tests, behavior problems, worse school attendance, increased likelihood of repeating a grade, and more disciplinary action.<sup>1,16,19,20</sup> Many of these associations persisted after controlling for factors such as race/ethnicity, poverty index, age, and gender.<sup>16</sup> Therefore, increasing the number of students who participate in the NSLP and have access to nutritious meals at school would likely improve students' educational outcomes.

### **Will improving educational outcomes improve educational attainment?**

There is very strong evidence that improved educational outcomes such as those linked to eating a nutritious lunch (e.g. higher grades and increased readiness to learn) are associated with higher educational attainment.<sup>24-27</sup> For example, one study found that low grades during primary school were predictive of not having completed a secondary education by age 20 or 21.<sup>27</sup> These links are well documented and because this connection is widely accepted, less time was dedicated to researching this relationship. In addition, several measures of educational outcomes are innately indicative of education attainment (e.g. specific grades are required as a prerequisite for high school graduation—one measure of educational attainment) further supporting the strength-of-evidence for this relationship.

### **Will improving educational attainment improve health and decrease health inequities?**

There is very strong evidence that higher educational attainment is associated with better health outcomes. Data collected nationally and in Washington State indicate a correlation between higher educational attainment and positive health outcomes such as decreased rates of diabetes, oral health problems, tobacco use, inactivity, obesity, depression, and coronary heart disease. The correlation between health and education is observed even after controlling for income, which can also serve as a mediating factor.<sup>28-40</sup> Therefore, improving educational attainment for students with low-incomes would likely improve health and decrease health inequities experienced by these students.

### **Will improving educational attainment improve earning potential?**

There is very strong evidence for the connections between increasing educational attainment and increasing income as well as decreasing rates of unemployment. These links are well documented globally, and data indicate that these trends do exist in Washington State as well.<sup>29,41</sup> Because this connection is widely accepted, less time was dedicated to researching this relationship.

### **Will improving earning potential improve health outcomes and decrease health inequities?**

There is very strong evidence that improving earning potential will improve health outcomes and decrease health disparities. There is a large body of robust evidence that supports the association between income, or socioeconomic status, and health.<sup>28-30,32,37,38,42-48</sup> Significant correlations

exist between lower income and a number of health indicators including worse overall self-reported health, depression, stress, asthma, arthritis, stroke, oral health, tobacco use, women's health indicators, health screening rates, physical activity, and diabetes.<sup>29,30,42,45,47</sup> Further, 2015 data indicate that age-adjusted death rates were higher in Washington census tracts with higher poverty rates.<sup>37</sup> Household income was also the strongest predictor of self-reported health status in Washington in 2016, even after accounting for age, education, and race/ethnicity.<sup>38</sup> Among children, evidence indicates that low socioeconomic status in the first five years of life has negative health outcomes in later childhood and adolescence, including activity-limiting illness, parent-reported poor health status, acute and recurrent infections, increasing body mass index (BMI), dental caries, and higher rates of hospitalization.<sup>46</sup> Finally, financial stress in itself is also associated with adverse outcomes for families such as problem behavior in adolescents, inter-parental conflict, and parental depression.<sup>44</sup> Therefore, improving earning potential for students with low-incomes would likely decrease health inequities.

## Annotated References

1. **Levin Madeleine, Hewins Jessie. Universal Free School Meals: Ensuring that All Children Are Able to Learn. Sargent Shriver National Center on Poverty Law 2014.**

Levin et al. present an overview of the school meal participation, the importance of nutrition on academic achievement, and success stories from districts and states across the country that have implemented alternative meal delivery programs. The authors discuss research that indicates that nourished children are not only better test-takers and participants in school but they are also more likely to arrive on time, behave, have better attendance and be alert in class. Further, hungry children and teens are more likely to have lower math scores, repeat a grade, be suspended from school, and have altercations with their peers. School meal participants are more likely to consume fruit, vegetables, and milk and when meals are offered at no charge to students, a growing body of evidence indicates that school meal participation increases. The report continues on to discuss the various ways that schools have been able to implement universal free meals to their students, including through the community eligibility provision, and the success these schools have seen in increased participation. The authors conclude that school meal programs often help families stretch their limited resources further to ensure that their children can succeed in school and further efforts are needed to expand the uptake of free meal models and the use of community eligibility.

2. **National School Lunch Program. 2021; Available at: <https://www.k12.wa.us/policy-funding/child-nutrition/school-meals/national-school-lunch-program>. Accessed 2/11/2021.**

This Office of the Superintendent of Public Instruction webpage provides information about the National School Lunch Program.

3. **Management Washington State Office of Financial. Multiple Agency Fiscal Note Summary: HB 1342 (Reduced-price lunch copays). 2021.**

This fiscal note was submitted by the Office of the Superintendent of Public Instruction for HB 1342, Eliminating lunch copays for students who qualify for reduced-price lunches. The 2019-2021 Washington State enacted budget appropriated \$1,125,000 per year to eliminate co-pays for students in kindergarten through third grade. There were 77,247 prekindergarten through twelfth grade students (PK-12) eligible for reduced-price meals during the 2019-2020 school year. Calculating 180 lunches per student per school year at a cost of \$0.40 per lunch, OSPI estimated the total cost of eliminating lunch co-pays for PK-12 students would be \$5,561,784 per year. This estimate includes \$1,125,000 already allocated in the state budget to eliminate copays in K-3, and an additional cost of \$4,436,784 per year to eliminate lunch copays for students in prekindergarten and fourth through twelfth grade.

4. **Public Health Emergency. 2020; Available at: <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>. Accessed.**

In response to the COVID-19 pandemic, the U.S. Secretary of Health and Human Services declared a public health emergency effective January 27, 2020.

5. **Find meals for kids when schools are closed. 2021; Available at: <https://www.fns.usda.gov/meals4kids>. Accessed 2/9/2021.**

The U.S. Department of Agriculture provides an overview of changes to the school meals program as a result of the COVID-19 pandemic. This webpage includes background information, as well as links to state-specific waivers and information.

**6. Washington State Coronavirus Response (COVID-19): Food Assistance. 2021; Available at: <https://coronavirus.wa.gov/information-for/you-and-your-family/food-assistance>. Accessed 2/11/2021.**

The Washington State Joint Information Center maintains a website with up-to-date information about the state's response to the COVID-19 pandemic. This webpage provides information about food assistance programs available during the pandemic, including information about school meal programs.

**7. Office United States Government Accountability. School Meal Programs: Experiences of the States and Districts That Eliminated Reduced-price Fees. United States Government Accountability Office; 2009.**

In this report, the Government Accountability Office (GAO) presents information on three questions: "(1) What is known about the state and local jurisdictions that have eliminated the reduced-price fee for the school lunch or breakfast programs? (2) What have been the experiences of state and local jurisdictions that have eliminated reduced-price fees with respect to factors such as participation, errors, and costs? (3) What factors may help or hinder the establishment or continuation of programs that eliminate reduced-price fees?" In order to understand the answers to these questions, the authors identified 5 states and 35 school districts across 19 states that have eliminated the reduced-price fee for school meals in the 2008-2009 school year. Although the report also presents data related to the impacts of such programs on breakfast participation, the most relevant finding to this review is that 20 of the 23 school districts that eliminated reduced-price fees reported increased participation in school lunch. Further, the average change in participation for lunch among reduced-price-eligible students was an 11 percentage point increase. The authors note that this increase was greater than the national change in this rate over the same year.

**8. Bernstein LS, McLaughlin JE, Crepinsek MK, et al. Evaluation of the school breakfast program pilot project: Final report. Special nutrition programs. Report number cn-04-sbp. Nutrition assistance program report series. Alexandria, VA USDA, Food and Nutrition Service; 2004.**

In 1998 Congress authorized a three year (2000-2003) School Breakfast Program Pilot Project to evaluate the effects of providing universal free school breakfast in six districts across the United States. Control schools continued to offer the regular School Breakfast Program. Bernstein et al. found that schools offering universal free school breakfast saw an increase in participation in the School Breakfast Program in the first year of the pilot. However, schools that also offered breakfast in the classroom saw significantly larger increases in participation (from 27% in the base year to 66% the following year) compared to schools that did not offer breakfast in the classroom (from 17% in the base year to 28% the following year). The rate of participation in the control schools stayed relatively constant increasing from 20% to 21%.

9. **Levin Madeleine, Neuberger Zoe. Community Eligibility: Making High-Poverty Schools Hunger Free Food Research and Action Center and the Center on Budget and Policy Priorities; 2013.**

In this report, the authors analyze participation in the seven states that have implemented community eligibility program in the 2011-2012 and 2012-2013 school years. Community eligibility is a provision of The Health, Hunger Free Kids Act that allows the highest poverty schools and school districts in the country to serve breakfast and lunch at no cost to all students. Participating schools and districts are reimbursed using a formula based on the percentage of students participating in other programs such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). The authors begin by discussing the benefits for this program to both students and schools, which include benefits such as increased access to healthy meals, less paperwork for families and schools, more cost-effective, and the use of innovative breakfast models. In the 2012-2013 school year, approximately 2,273 schools offered the community eligibility model in seven states including District of Columbia, Illinois, Kentucky, Michigan, New York, Ohio, and West Virginia. The most relevant finding reported in this article is that schools that have adopted community eligibility have seen striking increases in participation in the school meal programs compared to other non-participating schools and their own schools prior to implementation. For example, participation in lunch was 47% higher in community eligibility schools than non-participating schools across Illinois, Kentucky, and Michigan. Further, in these same schools that have been participating for two years, the average daily lunch participation rose 13%. The report concludes by stating that these states can serve as guides for other states and school districts that aim to utilize community eligibility to help their students succeed by providing the healthy meals that they need.

10. **Clark M. A., Fox M. K. Nutritional quality of the diets of US public school children and the role of the school meal programs. *Journal of the American Dietetic Association*. 2009;109(2 Suppl):S44-56.**

Clark et al. aimed to assess the nutritional quality of diets of children enrolled in public school in the United States and to understand the association between participation in the National School Lunch Program (NSLP) and the nutritional quality of their diets. The authors analyzed data from 2,314 children in grades 1 through 12 who participated in the nationally representative School Nutrition Dietary Assessment Study (SNDA-III) from the 2004-2005 school year. Children's dietary intakes were measured using an in-person 24-hour dietary recall, which were then coded for their nutrient values. The results indicate that most school-age children in public schools in the U.S. have adequate intakes of most vitamins and minerals, although some have excessive intakes of saturated fat and sodium. Additionally, this study found that participation in the school meal program was associated with an increased likelihood of adequate vitamin and mineral uptake, but also higher sodium intake. The authors conclude that it is important to continue to improve children's food consumption patterns both at school and away through strategies such as reducing snack foods and nutrition education programs.

11. **Condon Elizabeth, Drilea Susan, Lichtenstein Carolyn, et al. Diet Quality of American School Children by National School Lunch Program Participation Status: Data from the National Health and Nutrition Examination Survey, 2005-2010. United States Department of Agriculture; 2015.**

Using data from "What We Eat in America" from 2005-2010, which is part of the National Health and Nutrition Examination Survey (NHANES), the authors aimed to identify differences between National School Lunch Program (NSLP) participants and nonparticipants. The data were assessed by age category (5-8 years, 9-13 years, and 14-18 years) for outcome measures such as usual nutrient intake, body mass index, and healthy eating index scores. The authors also analyzed differences between participants and nonparticipants in two income groups: "(1) children from families who were income-eligible to receive free or reduced-price meals (hereafter referred to as income-eligible children) and (2) children from higher-income families who were not eligible to receive free or reduced-price meals (but could participate in the NSLP by paying the full price for their meal)." The evidence indicates that NSLP participants in both income groups were more likely than nonparticipants to consume vegetables, fluid milk, flavored milk, and fruit or fruit juice, and less likely to consume salty snacks, and sweets and desserts at lunch. Further, income-eligible NSLP participants had a higher Healthy Eating Index-2005 (HEI-2005) score than nonparticipants. HEI-2005 is a measure of diet quality that reflects a person's conformance to the Dietary Guidelines recommendations. Other measures of nutrient intake, food consumption patterns, and overweight and obesity were similar among all school children. The authors conclude that children who participate in NSLP tend to make healthier choices at lunch than those who do not participate, particularly among income-eligible children, and that the NSLP is an important source of nutrition for school children.

**12. Farris A. R., Misyak S., Duffey K. J., et al. Nutritional comparison of packed and school lunches in pre-kindergarten and kindergarten children following the implementation of the 2012-2013 National School Lunch Program standards. *Journal of nutrition education and behavior*. 2014;46(6):621-626.**

Farris et al. examined the nutritional quality of packed lunches versus school lunches for pre-kindergarten and kindergarten children in 3 schools in rural Virginia. In total, the authors analyzed the macro and micronutrient quality of 1,314 lunches of which 42.8% were packed lunches. The results indicate that school lunches were lower in calories, fat, saturated fat, sugar, vitamin C, and iron but were higher in protein, sodium, fiber, vitamin A, and calcium. Further, school lunches were more likely to contain fruit, vegetables, milk, and juice with no added sugars. The authors conclude that school lunches were more likely to meet nutrition standards than packed lunches and they suggest that schools consider policy changes to encourage healthier options for packed lunches.

**13. Hanson K. L., Olson C. M. School meals participation and weekday dietary quality were associated after controlling for weekend eating among U.S. school children aged 6 to 17 years. *Journal of Nutrition*. 2013;143(5):714-721.**

Using data from the National Health and Nutrition Examination Study (NHANES), Hanson et al. examined the relationships between school meals participation and weekday energy intake and dietary quality. NHANES data from 2003-2008 were analyzed for children aged 6-17 with dietary recall data for one weekday and one weekend day (n = 2376). The outcomes of interest were estimated energy requirement (%EER) and differences in Healthy Eating Index-2005 (HEI) scores for breakfast, lunch, and for the entire day. The authors found that, "[o]verall, school meals participants and nonparticipants had equivalent %EERs and total HEI scores, but participants scored higher for milk and lower for saturated fat and sodium after adjustment for weekend eating. Family income moderated the relationship between school meals participation



and HEI. Low-income children who ate school breakfast and lunch had significantly higher total HEI, and total grain, and meat and beans component scores." The authors conclude that further research is needed to better understand ways to improve the diets of American children and that the new nutrition standards put forth by the Healthy Hunger-Free Kids Act of 2010 may be differentially affecting the dietary intakes of low-income participants.

14. **Mathias K. C., Jacquier E., Eldridge A. L. Missing lunch is associated with lower intakes of micronutrients from foods and beverages among children and adolescents in the United States. *Journal of the Academy of Nutrition and Dietetics*. 2016;116(4):667-676 e666.** Mathias et al. utilize data from the National Health and Nutrition Examination Survey to determine whether missing lunch is associated with lower daily intakes of micronutrients among US children and adolescents. Data from the 2009-2010 and 2011-2012 NHANES were combined for a total sample of 4,755 individuals aged 4 to 18 years. The authors note the importance of this research stems from the estimate that in the United States, lunch contributes more than 20% of the daily intakes of most micronutrients for children and adolescents consuming lunch. The data indicate that, "...missing lunch was associated with lower micronutrient intakes, with the lunch meal primarily responsible for the higher micronutrient intakes of lunch consumers compared with nonconsumers. Missing lunch was also associated with lower energy, fiber, and sodium intakes." While the focus of much research has historically been on the importance of breakfast, these findings identify potential concerns for children missing lunch and the opportunities that the National School Lunch Program has to fill in these nutritional gaps.

15. **Cullen K.W., Chen T.A. The contribution of the USDA school breakfast and lunch program meals to student daily dietary intake. *Preventive Medicine Reports*. 2017;5:82-85.** Cullen and Chen quantified the nutritional contribution of the National School Lunch and School Breakfast Programs to the total dietary intake for participating students 5-18 years of age. They found that school breakfasts and lunches contributed 47% of the day's energy intake for children who consumed both meals. Nationally, the School Breakfast Program (SBP) and National School Lunch Program (NSLP) served 30.5 million and 13.6 million children respectively in 2014, the majority of whom received those meals free or at a reduced-price. That year, the total cost of the program was \$16.3 billion. Prior to this study, school meal nutritional contribution had only been studied once on a national scale, in the School Nutrition Dietary Assessment Study III in 2004-2005. That study found that breakfast accounted for 22% and lunch 31% of student daily caloric intake, and together, 51% for students who ate both meals. Cullen and Chen used data from the National Health and Nutrition Examination Survey (NHANES) from 2007 to 2012. NHANES is a cross-sectional survey that uses a sample representative of the US civilian, non-institutionalized population from ages 2 months and older. Data collection takes the form of an in-person household interview and a full medical examination in mobile examination centers. Specifically, the authors used the 24-hour dietary intake data, collected in person; family monthly poverty index category (for SES); and height and weight data, converted to BMI. The authors assessed data from 7,800 school children ages 5-18 years. USDA nutritional standards were used to calculate the dietary contribution by food groups and subgroups. Four hundred and forty-eight students (5.7% of the study sample) reported eating both SBP and NSLP meals on the day prior to the survey; 82% were classified as low income. The findings—that children received 47% of their daily energy intake from school meals—demonstrate varying contributions for each major food group. The contribution for vegetables was 40.6%, while the contribution for milk

was 77.1%. While the authors note that “school meals were a safety net for these students,” the total found contribution is lower than the contribution planned for these meals, which could reach 58% of total dietary intake if children consumed the entire meal. This study was conducted prior to the 2012 changes to school meal standards, which increased the amount of fruits and vegetables required as well as the method of offering (students were given the option to select their serving of fruit or vegetables). While the standards were subsequently relaxed in 2017, it’s unknown whether individual schools and districts have again changed the way meals are offered. It’s possible that student intake of fruits and vegetables is substantially higher now than at the time of this study. Some limitations apply to the study methodology, most importantly the reliance on self-reported diet recall. The authors note that, while the 24-hour recall from in-person surveys has been used in other studies, there is some level of error associated in using recall data regarding dietary intake. Additionally, the authors note that the survey did not identify the source of the food, only the location it was consumed. The wording of the question (“Where did you get (this/most of the ingredients for this) \*\*Foodname\*\*?”) might have been confusing for children, and there was no way to verify whether the food consumed was really from a SBP/NSLP meal. The NHANES data provides a representative sample of the US, which should be generalizable to WA state; however, the percentage of students reporting consuming both meals was small (5.7%) and males were overrepresented, which might reduce generalizability.

**16. Alaimo Katherine, Olson Christine M., Frongillo Edward A. Food insufficiency and American school-aged children’s cognitive, academic, and psychosocial development. *Pediatrics*. 2001;108(1):44-53.**

Alaimo et al. analyzed data from the Third National Health and Nutrition Examination Survey (NHANES III) to investigate the association between food insufficiency and cognitive, academic, and psychosocial outcomes. The study included US children and teens in the 6 to 11 year and 12 to 16 year age groups (n=5,344). Outcomes of interest included sociodemographic data, academic scores, psychosocial outcomes such as emotional, mental, and behavioral problems, health status, previous health, nutrition, social and environmental risk, and food insufficiency defined as "...an inadequate amount of food intake due to a lack of money or resources." The authors found that after controlling for factors such as race/ethnicity, poverty index, age, gender, and metropolitan region food-insufficient children had, "...significantly lower arithmetic scores and were more likely to have repeated a grade, have seen a psychologist, and have had difficulty getting along with other children. Food-insufficient teenagers were more likely to have seen a psychologist, have been suspended from school, and have had difficulty getting along with other children." Food insufficiency among children is often reflective of the underlying food insufficiency of an entire family and therefore the authors conclude that achieving the goal of increasing food security of American households will likely benefit children.

**17. Florence Michelle D., Asbridge Mark, Veugelers Paul J. Diet Quality and Academic Performance. *Journal of School Health*. 2008;78(4):209-215.**

Florence et al. used data from the 2003 Children's Lifestyle and School-performance Study (CLASS) to examine the association between overall diet quality and academic performance. CLASS is a large study of health, nutrition, physical activity, school performance, and socioeconomic determinants among students in grade 5 in Nova Scotia, Canada (n=4,589). Diet quality was assessed using a validated food frequency questionnaire and academic performance

was measured using the Elementary Literacy Assessment, which is a standardized test commonly used in Nova Scotia. The authors found an independent association between overall diet quality and academic performance in that students with poorer diet quality were significantly more likely to perform worse on the assessment. They also found that students who had an increased consumption of fruits and vegetables, and lower caloric intake of fat were significantly less likely to fail the assessment. Finally, the authors noted that children attending better schools and living in wealthy neighborhoods also performed better, thus demonstrating a socioeconomic component to academic performance.

**18. MacLellan Debbie, Taylor Jennifer, Wood Kyla. Food intake and academic performance among adolescents. *Canadian Journal of Dietetic Practice and Research*. 2008;69(3):141-144.**

MacLellan et al. analyzed data from the 2003 Youth Risk Behavior Survey in Prince Edward Island to examine the association between food use and grade, sex, and academic performance. 325 junior high school students (grades 7 through 9) were surveyed to collect demographic data, self-reported academic performance, and dietary data. The authors found that students who reported higher academic performance, measured as average grades above 90%, were more likely to consume milk, vegetables, and fruit daily compared to those with lower grades. They conclude that these findings support an association between dietary behaviors and academic performance but further research with a larger and more representative sample is needed in the future.

**19. Ross Amy. Nutrition and its Effects on Academic Performance: How Can Our Schools Improve? : Northern Michigan University; 2010.**

Ross presents a literature review about studies concerning nutrition and its relationship to brain function, cognition, learning, and social behaviors. The author discusses that the relationship between nutrition and cognition has been well researched and a consensus exists among the scientific community that normal brain function is impacted by dietary building blocks such as amino acids, iron, zinc, protein, carbohydrates, and various vitamins and minerals that we derive from our food. A number of studies have examined the association between academic performance, cognitive functioning, and different aspects of health and nutrition. For example, one study that Ross noted examined body mass index (BMI) among children ages 8 to 16 and found that as BMI increased, test scores decreased and the odds of poor performance in visuospatial organization and general mental ability were higher among overweight and at-risk children compared to normal weight children. A large number of studies demonstrate similar associations including the relationship between food insecurity, inadequate intakes of nutrients and energy, and outcomes such as lower mean grade point average, lower scores on academic achievement tests, behavior problems, worse school attendance, and more disciplinary action. Ross concludes that when children are not receiving proper nutrition they are unable to reach their full potential and it is therefore extremely important for schools to continue to strive to serve nutritious meals to their students and to teach children the importance of nutrition.

**20. Taras Howard. Nutrition and Student Performance at School. *Journal of School Health*. 2005;75(6).**

Taras presents a literature review of studies published after 1980 that examine the association between nutrition, academic performance, and cognitive function among school-aged children.

Articles that met the inclusion criteria were separated into four categories: food insufficiency, iron deficiency and supplementation, deficiency and supplementation of micronutrients, and the importance of breakfast (n>50 articles). Data indicate that iron deficiency is associated with academic disadvantage if the deficiency is great enough to cause anemia, although these effects are diminished with the use of supplementation. There is a lack of consensus in the literature to conclude that additional vitamin or mineral supplementation would be beneficial for academic performance in the United States, although this has shown positive impacts in developing countries. In the United States, food insufficiency has been associated with significantly poorer cognitive functioning, decreased school attendance, and diminished academic achievement. Finally, the literature indicates that there is a positive impact of breakfast on short term cognitive skills.

**21. Child Weight and Physical Activity. Washington State Department of Health; 2013.**

The authors present Washington state data on child weight and physical activity. The data show that in 2012, around 10% of Washington students in grades 8, 10, and 12 were obese and another 13-14% were overweight. Among 10th grade students, American Indian/Alaska Natives, Blacks, Hispanics, and Pacific Islanders were more likely than their white counterparts to be overweight or obese. Nationally, the authors indicate that the percentage of children and adolescents who were defined as overweight has doubled since the early 1970's and in 2012, around 42% of Washington students in grades 8, 10, and 12 reported that they were trying to lose weight.

**22. Ebbeling Cara B., Pawlak Dorota B., Ludwig David S. Childhood obesity: public-health crisis, common sense cure. *The Lancet*. 2002;360(9331):473-482.**

Ebbeling et al. present a global literature review on the scope of the childhood obesity problem and developments in the establishment of a cause, prevention, and treatment for obesity. Rates of childhood obesity have grown across the globe, with a nearly 2 to 3 fold increase in the rates in the United States over the last 25 years. Most relevant to this review, the authors examined extensive literature that demonstrates the association between childhood obesity and hypertension, high blood lipids, chronic inflammation, increased blood clotting tendency, endothelial dysfunction, hyperinsulinaemia, sleep apnea, asthma, and type 2 diabetes. Further, type 2 diabetes presents additional risks such as heart disease, stroke, kidney failure, and blindness. In addition to the physical health risks from childhood obesity, many studies have indicated substantial psychosocial consequences such as negative self-image and stereotyping. The authors note that Black and Hispanic youth in the United States are at a greater risk for type 2 diabetes and cardiovascular disease than their white counterparts.

**23. Jay Shubrook Jr. Childhood Obesity and the Risk of Diabetes in Minority Populations American Osteopathic Association Health Watch; 2011.**

Shubrook presents data on childhood obesity and diabetes among children in the United States. Data shows that childhood obesity increases the risk of adult obesity with estimates indicating that obese children as young as age 6 have a 50% chance of being obese as an adult. Further data indicates that childhood obesity increases the risk of coronary heart disease and mortality as an adult. Data from the National Health and Nutrition Examination Survey (NHANES) show that Hispanic and non-Hispanic black children have the highest rates for childhood obesity in the United States. There also appears to be a disproportionately higher incidence of type 2 diabetes

among minority children with the highest incidence found among Navajo Indian females (38.42 cases per 100,000 people compared to 3.7 cases per 100,000 white females). Shubrook concludes that the burden of obesity is of great concern, particularly among minority populations in the U.S. and this increased risk needs to be acknowledged in order to address the problem effectively.

**24. Lucio R, Hunt E, M Bornovalova. Identifying the necessary and sufficient number of risk factors for predicting academic failure. *Developmental psychology*. 2012;48(2):422-428.**

Lucio et al. analyzed data from the Educational Longitudinal Study: 2002 which includes a national sample of 14,796 students. The authors used a 5-step process to identify which factors contribute to academic ‘failure’—a grade point average (GPA) of less than 2.0 which is the minimum GPA needed to graduate from high school. They found that a number of academic outcomes impact a student’s GPA and therefore their ability to attain a high school diploma. Many of these are academic outcomes that other research has found to be impacted by skipping breakfast such as academic engagement, grade retention, and behavior among students. The authors also found that the odds of passing decreased with each additional risk factor: “For each risk factor that is added, there is a 47% increased likelihood of failing.”

**25. Melby J. N., Conger R. D., Fang S. A., et al. Adolescent family experiences and educational attainment during early adulthood. *Developmental psychology*. 2008;44(6):1519-1536.**

Melby et al. analyzed data from a longitudinal study of two-biological-parent intact families in Iowa. They had a sample size of 451 families. The researchers conducted modeling to determine what factors impact educational attainment and found level of academic engagement was strongly correlated with later educational attainment.

**26. Ou Suh-Ruu, Reynolds Arthur J. Predictors of educational attainment in the Chicago Longitudinal Study. *School Psychology Quarterly*. 2008;23(2):199-229.**

Ou and Reynolds analyzed data from the Chicago Longitudinal Study, using a sample size of 1,286 youth in order to investigate predictors of high school completion and total educational attainment. They found that, among other factors, school absences, grade retention, and youth’s educational expectations all influenced educational attainment.

**27. Winding T. N., Nohr E. A., Labriola M., et al. Personal predictors of educational attainment after compulsory school: influence of measures of vulnerability, health, and school performance. *Scandinavian journal of public health*. 2013;41(1):92-101.**

Winding et al. analyzed data from a 2004 questionnaire completed by a cohort of adolescents born in 1989 (n=3053) in Denmark (83% response rate) and linked 2010 educational attainment data from Statistics Denmark. This allowed for a follow-up of 6.5 years. The authors found that low grades during primary school was predictive of not having completed a secondary education by age 20/21 (odds ratios between 1.7 and 2.5). For students with low math grades this association was even stronger. The authors cite two additional studies which have also found an association between school performance and later educational attainment.

28. **Health of Washington State: Mental Health. Washington State Department of Health; 2008.**

Washington Behavioral Risk Factor Surveillance System (BRFSS) data from 2004-2006 indicate that American Indians and Alaska Natives and non-Hispanic black individuals reported significantly higher rates of poor mental health compared to other groups. These relationships persisted after adjusting for additional factors such as age, income, and education. Washington BRFSS data also show an association between lower annual household income and poor mental health, a relationship that was also shown with education. It is well understood that mental health is also closely related to other areas such as employment opportunities, physical health, substance abuse. This report also highlights a Washington state study from 2002 that reveal that 16% of individuals in the state who were receiving publicly funded mental health services had at least one felony conviction, a rate over twice that of the general population.

29. **Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Prevalence And Trends Data: Washington-2014. 2014; Available at: <http://apps.nccd.cdc.gov/brfss/page.asp?cat=XX&yr=2014&state=WA#XX>. Accessed August 16, 2016.**

Behavioral Risk Factor Surveillance System (BRFSS) 2014 data from Washington state show significant correlations between lower income and a number of health indicators including: worse overall self-reported health, depression, asthma, arthritis, stroke, oral health, tobacco use, women's health indicators, health screening rates, physical activity, and diabetes. Data also show that as educational attainment increases income level also increases.

30. **Christensen Trevor, Weisser Justin. Health of Washington State Report: Tobacco Use. Washington State Department of Health; 2015.**

Christensen et al. report Washington state Behavioral Risk Factor Surveillance System (BRFSS) data from 2012 to 2014 indicate that prevalence of smoking decreases as income and levels of education increase. Further, American Indians and Alaska Natives (AI/AN) and Native Hawaiian/Other Pacific Islander populations have significantly higher smoking rates than white, black, Hispanic, and Asian populations.

31. **Kandel Denise B., Griesler Pamela C., Schaffran Christine. Educational attainment and smoking among women: Risk factors and consequences for offspring. *Drug and Alcohol Dependence*. 2009;104:S24-S33.**

Researchers examined United States data from four national data sets and found that, among women, lower levels of education are associated with greater risk of being a current smoker, smoking daily, smoking heavily, being nicotine dependent, starting to smoke at an early age, having higher levels of circulating cotinine (a metabolite of nicotine) per cigarettes smoked, and continuing to smoke in pregnancy. In addition, lower levels of maternal education were linked to increased risk of antisocial behavior among offspring.

32. **Kemple Angela. Health of Washington State Report: Diabetes. Washington State Department of Health; 2016.**

Kemple presents data from Washington regarding diabetes in the state. Washington data from the Behavioral Risk Factor Surveillance System (BRFSS) from 2012-2014 show that among adults, the percentage of persons with diabetes increased as household income decreased. This

relationship was also true for education. Further, BRFSS data also show that age-adjusted diabetes prevalence is highest among those who are Hispanic, American Indian/Alaska Native, and black.

**33. McCarty C. A., Mason W. A., Kosterman R., et al. Adolescent school failure predicts later depression among girls. *Journal of Adolescent Health*. 2008;43(2):180-187.**

McCarty et al. conducted a prospective longitudinal cohort study with a sample of 808 youth followed from ages 10 to 21. The researchers discovered that adolescent school ‘failure’ (meaning being suspended, expelled, or dropping out of high school early) predisposed girls to depression in early adulthood.

**34. McLaren L. Socioeconomic status and obesity. *Epidemiologic reviews*. 2007;29:29-48.**

McLaren et al. conducted a meta-analysis exploring the relationship between obesity and SES among adults. A total of 333 studies published internationally met the inclusion criteria. In highly developed countries, the majority of the studies found higher body weights among women with lower education attainment. Nearly 50% of the studies in highly developed countries found the same relationship for men.

**35. Mersky JP, AJ Reynolds. Educational success and adult health: Findings from the Chicago longitudinal study. *Prevention Science*. 2009;10(2):175-195.**

Mersky and Reynolds analyzed data from a Chicago prospective cohort study that followed 1,539 individuals. Results indicate that high school completion was significantly and inversely associated with tobacco smoking, frequent substance use, depression, and no health insurance coverage. In addition, middle school reading performance was inversely related to depression and student’s expectation to attend college was negatively associated with frequent drug use.

**36. Mezuk B, Eaton WW, Golden SH, et al. The influence of educational attainment on depression and risk of type 2 diabetes. *American journal of public health*. 2011;98(8):1480.**

Researchers analyzed adult survey data collected in the Baltimore Epidemiological Catchment Area and then conducted follow-up interviews with the survey cohort. Mezuk et al. found a statistically significant association between type 2 diabetes and lower educational attainment. In addition, the data indicate that depression was associated with type 2 diabetes, but each year of education attained decreased the risk of type 2 diabetes for those experiencing depression.

**37. Poel A. Health of Washington State Report: Mortality and Life Expectancy. Data Update 2015. Washington State Department of Health; 2015.**

Poel presents Washington state data on mortality and life expectancy. The data show that age-adjusted death rates were higher in Washington census tracts with higher poverty rates. The state data also show that American Indian/Alaska Natives, Native Hawaiian/Other Pacific Islanders, and black residents had the highest age-adjusted death rate and shortest life expectancy at birth compared to other groups in the state.

**38. Serafin M. Health of Washington State Report: Self-reported Health Status. Data Update 2016. Washington State Department of Health; 2016.**

Serafin presents data from Washington state on self-reported health status. The data show that after accounting for age, education, race and ethnicity, household income was a strong predictor of self-reported health status. Health status varied by race and ethnicity, with close to 35% of Hispanics, 30% of American Indian/Alaska Natives, and 20% of Native Hawaiian/Other Pacific Islanders reporting fair or poor health. Washington Behavioral Risk Factor Surveillance System (BRFSS) data from 2012-2014 also show that education was a strong predictor of self-reported fair or poor health after adjusting for age.

39. **Skodova Z., Nagyova I., van Dijk J. P., et al. Socioeconomic differences in psychosocial factors contributing to coronary heart disease: a review. *Journal of clinical psychology in medical settings*. 2008;15(3):204-213.**

Skodova et al. conducted a meta-analysis of the literature addressing the relationships between SES, coronary heart disease (CHD), and psychosocial factors contributing to coronary heart disease. Researchers identified 12 studies that met their inclusion criteria. They found that higher levels of education are associated with lower rates of CHD, and that decreasing education is associated with factors that are linked to CHD such as depression, anxiety, hostility, and a lack of social supports.

40. **Steptoe A., Hamer M., Butcher L., et al. Educational attainment but not measures of current socioeconomic circumstances are associated with leukocyte telomere length in healthy older men and women. *Brain, behavior, and immunity*. 2011;25(7):1292-1298.**

Steptoe et al. analyzed data collected from 543 male and female London-based civil servants of white European origin. All participants were between the ages of 53 and 76 and healthy. Researchers looked at blood samples to determine telomere length and telomerase activity. Telomere shortening is associated with aging. Short telomeres are also associated with increased risk of premature heart attack and mortality. Researchers found that lower educational attainment was associated with shorter telomere length after controlling for biological and behavioral covariates. This association remained significant even after adjusting for current SES. Researchers speculated that low educational attainment may be an indicator of long-term lower SES, and may be associated with accumulated stress resulting in telomere shortening. They also postulate that education may promote problem-solving skills leading to reduced responses to stress, thereby impacting aging.

41. **Bureau of Labor Statistics website. Employment projections: Earnings and unemployment rates by educational attainment. Last Updated March 15, 2016; Available at: [http://www.bls.gov/emp/ep\\_chart\\_001.htm](http://www.bls.gov/emp/ep_chart_001.htm). Accessed November 1, 2016.**

National data from 2015 indicate that as educational attainment increases median weekly earnings also increase and unemployment rates decrease.

42. **Ellings Amy. Health of Washington State Report: Obesity and Overweight. Washington State Department of Health; 2015.**

Ellings reports Washington state Behavioral Risk Factor Surveillance System (BRFSS) data from 2002-2014, which shows that obesity rates are the highest among low income families and that as income increases, rates of obesity decrease. Further, individuals that graduated college or attended some college had lower rates of obesity than those who had a high school education or



less. Black, American Indian and Alaska Native, and Hispanic Washington residents had higher rates of obesity even after accounting for gender, income, education, and age.

43. **Paul Karsten I., Moser Klaus. Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*. 2009;74(3):264-282.**

Paul et al. conducted a meta-analysis of 237 cross-sectional and 87 longitudinal studies that examined the relationship between mental health and unemployment. The meta-analysis of cross-sectional data revealed that unemployed persons showed significantly more symptoms of distress and impaired well-being than did employed persons. The meta-analyses of longitudinal studies and natural experiments supported the concept that unemployment is not only correlated to distress but also causes it.

44. **Ponnet K. Financial stress, parent functioning and adolescent problem behavior: an actor-partner interdependence approach to family stress processes in low-, middle-, and high-income families. *Journal of youth and adolescence*. 2014;43(10):1752-1769.**

Ponnet cites extensive evidence on the relationship between financial hardship and emotional problems among youth and adults, family conflict, problem behavior among adolescents, and psychological distress. The author analyzed data from a subsample of two-parent families with children between 11 and 17 years of age from the Relationship between Mothers, Fathers and Children study drawn from the Dutch-speaking part of Belgium (n= 1,596 individuals from 798 families). Analysis showed that parents in low-income groups had significantly more financial stress than those in middle-income and high-income groups. The author found that the association between financial stress and problem behavior in adolescents is mediated by depressive symptoms, interparental conflict, and positive parenting. They also found that financial stress had more detrimental impacts on depressive feelings for mothers with low incomes than for those with higher incomes.

45. **Prause J., Dooley D., Huh J. Income volatility and psychological depression. *American journal of community psychology*. 2009;43(1-2):57-70.**

Prause et al. analyzed a sample (n = 4,493) from the National Longitudinal Survey of Youth. Researchers found that income volatility was significantly associated with depression; and downward volatility (frequent losses in income) was significantly associated with depression even after controlling for baseline depression. High income appeared to act as a buffer, so those with lower incomes were more vulnerable to the adverse effects of downward volatility.

46. **Spencer N., Thanh T. M., Louise S. Low income/socio-economic status in early childhood and physical health in later childhood/adolescence: a systematic review. *Maternal and child health journal*. 2013;17(3):424-431.**

Spencer et al. conducted a meta-analysis of studies examining the relationship between low socioeconomic status in the first five years of life and physical health outcomes in later childhood and adolescence. Nine studies met the researchers' strict inclusion criteria. The studies indicated significant associations between early childhood low-income status and a number of adverse health outcomes including: activity-limiting illness, parent-reported poor health status, acute and recurrent infections, increasing body mass index (BMI), dental caries, and higher rates of hospitalization.

47. **Subramanyam M., Kawachi I., Berkman L., et al. Relative deprivation in income and self-rated health in the United States. *Social science & medicine*. 2009;69(3):327-334.** Subramanyam et al. analyzed data from the 2002, 2004, and 2006 Current Population Surveys conducted by the United States Census Bureau. Researchers found that individuals from the lowest income category were over five times more likely to report being in poor health than participants from the highest income category. In addition, they found that relative deprivation (the differences in incomes between an individual and others who have higher incomes than that individual [one measure of income inequality]) appeared to explain a large part of this association.

48. **VanEenwyk J. Health of Washington State Report: Socioeconomic Position in Washington. Washington State Department of Health; 2014.**

VanEenwyk presents data about socioeconomic position in Washington State including differences within the state as well as statewide differences compared to national data. Data indicate that compared to the United States as a whole, fewer Washington residents are living in poverty and a higher percentage of residents ages 25 and older have college degrees. However, these economic resources are not evenly distributed among all Washington residents. Females in Washington were more likely to be living in poverty than males and were also more likely to have lower wages. Further, American Indian and Alaska Native, Hispanic, and black residents had higher percentages of living in poverty and lower median household incomes compared to other groups. Data also indicated that counties in eastern Washington were more likely to have high poverty rates and high rates of unemployment than counties in western Washington.

49. **Office of Superintendent of Public Instruction website. Student enrollment demographic data 2016. Available at:**

**<http://reportcard.ospi.k12.wa.us/DataDownload.aspx>. Accessed November 13, 2016.**

These recent Washington state data indicate that school districts that serve high percentages of students eligible for free and reduced-price lunch also tend to serve high percentages of students of color. Although the relationship is not true for every district, the trend is apparent when looking at data for all of the districts combined.

50. **Food Research & Action Center. Relationship Between Poverty and Obesity. 2015; Available at: <http://frac.org/initiatives/hunger-and-obesity/are-low-income-people-at-greater-risk-for-overweight-or-obesity/>. Accessed November 14, 2016.**

Overview of studies from the United States that present research on the relationship between obesity and poverty. Provides relevant study conclusions for both adult and child populations.

51. **Huang J., Barnidge E. Low-income children's participation in the National School Lunch Program and household food insufficiency. *Social science & medicine*. 2016;150:8-14.**

Huang and Barnidge examine the association between receiving free and reduced-price lunch from the National School Lunch Program (NSLP) with household food insufficiency for low-income children and families. They find higher rates of household food insufficiency during summer months, when students do not have access to NSLP meals, indicating that participation in NSLP can help decrease food insufficiency. Food insecurity is prevalent in households with children in the US, with nearly one-fifth of households reporting food insecurity at some point

during the year 2013. Food insecurity has been demonstrated to have adverse impacts on children's health and educational outcomes. At the time of the study, it was estimated that 39% of all school-aged children received a free or reduced-price lunch through the NSLP. The mechanism by which NSLP might affect food insecurity is through reduced household food spending: resources no longer spent on two daily meals for school-aged children can be redirected to food consumption for the rest of the household. Prior to this study, there was limited and inconsistent evidence to support this relationship. The authors note that a major challenge is presented by selection bias: households most likely to experience food insecurity are also most likely to participate in the program, making a cross-household comparison difficult. To avoid this, the authors chose to compare seasonal food insecurity within the same household. As NSLP meals are not available during the summer, the authors hypothesize that families may be more likely to experience food insecurity. The authors used data from the Survey of Income and Program Participation (SIPP), a longitudinal and nationally representative household survey from the UW Census Bureau. The authors created a sample of households with school-aged children who had participated in the survey after at least one child had participated in NSLP. This was to ensure that information about food insufficiency was collected from a family during the school year and during summer months. The final sample contained 15,241 households. The SIPP survey asked household participants about experiences and timing of food insecurity; this was later operationalized as a binary variable to indicate whether or not the family had experience food insecurity according to the FIS. The timing of food insecurity was operationalized as having taken place during the school year or during summer months. Statistical analysis controlled for demographic and socioeconomic factors and for recall error. Nearly 7% of households in the sample reported food insufficiency at some point. When comparing household responses during the school year and during summer months, the authors find that there is a relationship between NSLP and reduced food insecurity: "NSLP participation is associated with a 14% reduction in the risk of experiencing food insufficiency." This reduction applies to the entire household, even though the NSLP only targets schoolchildren, suggesting "that the NSLP plays a significant role in protecting low-income families from food insufficiency." There are some potential limitations: the authors note that other seasonal trends may be potential confounders, such as summer childcare expenses and seasonal employment factors. Additionally, some programs exist that offer summer meals to low-income children; but these programs have a much smaller reach than NSLP. Finally, while households were identified as having schoolchildren participate in NSLP, the authors note that many of those children also participate in the School Breakfast Program; the potential impact of this program cannot be separated from the results in this study.

**52. Mackison J. House Bill Report: HB 1342 (An act relating to eliminating lunch copays for students who qualify for reduced-price lunches. Washington State Legislature, House Committee on Appropriations; 2021.**

The House Bill Report for HB 1342, Eliminating lunch copays for students who qualify for reduced-price lunches provides a summary of background information, bill provisions, and public testimony related to the bill.

**53. Instruction Office of Superintendent of Public. Washington State Report Card 2020-2021. 2021.**

The Washington State Report Card 2020-2021 states that 1,095,125 students were enrolled for the 2020-2021 school year. Of these students, 43.3% (473,797) students were eligible to receive free or reduced-price meals.