



Healthy Kids Iowa Evaluation Findings Final Report Brief

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Healthy Kids Iowa Evaluation Findings

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Introduction

In Iowa, risk of hunger has increased in all 99 counties over the previous decade. An analysis of 2023 United States census data indicates that 1 in 8 (12%) Iowans and 1 in 6 (17%) Iowa children experience risk of hunger.¹ During the summer months, children who receive meals at school through the National School Lunch Program and School Breakfast Program lose access to a consistent source of food and are at higher risk for hunger and poor diet quality.^{2,3} Frequent experiences of hunger risk and consistently low diet quality in childhood are associated with poor health outcomes and reduced probability of flourishing.^{4,5} While a range of federal policy interventions have been developed to address summer hunger, their effectiveness has been mixed.⁶⁻⁹

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Summer Nutrition Programs for Kids—known as SUN Meal programs—aim to reduce summer hunger by providing free meals to children in income-eligible areas through schools, parks, churches and other community sites.¹⁰ However, these programs do not reach all eligible children; nearly 87% of those who rely on free or reduced-price school meals during the academic year lose access to those meals in the summer.^{11,12} Barriers such as limited site availability and parents' work schedules often prevent participation, making it critical to bridge this summer meal gap. Ensuring access to affordable, nutritious and culturally appropriate foods during the summer requires coordinated efforts among public and private sectors, with SUN Meal programs relying on partnerships between community organizations, state agencies and the USDA.^{8,9} Capturing the perspectives of these partners is essential for designing programs that meet participant needs while minimizing burdens on implementers.

History of Summer Food Demonstration Projects

The 2010 Agriculture Appropriations Act funded pilot projects—Summer Electronic Benefits Transfer (EBT) Demonstrations—across 10 states and three Indian Tribal Organizations (ITOs) from 2011 to 2023.^{6,7} These pilots allowed Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) agencies to provide monthly summer benefits on EBT cards, with evaluations showing that participating children experienced lower hunger risk and better diet quality.^{7,13} However, states reported administrative challenges, including limited guidance, insufficient funding and difficulties with outreach and enrollment.¹⁴ In 2023, Summer EBT became a permanent federal program, offering \$120 per eligible child each summer.¹⁵ Iowa declined to participate in Summer EBT in 2024 and 2025, instead proposing a demonstration project to distribute food boxes directly to families. After an initial denial, Iowa received approval in 2025 to launch Healthy Kids Iowa as a pilot program.

Healthy Kids Iowa Pilot Program

Healthy Kids Iowa was a pilot program designed to be a cost-effective alternative to Summer EBT, focusing on delivering healthier food options to income-eligible children across the state. Eligible participants—children ages 4 to 18 years in households with incomes at or below 185 percent of the federal poverty level (FPL)—could receive three food packages per child, distributed monthly in June, July and August. Each food package contained approximately \$40 worth of foods, including fruits, vegetables, dairy, whole grains and lean proteins.

As a pilot project, Healthy Kids Iowa was intended to test the model's effectiveness and scalability. The budget estimate of serving 65,000 children with Healthy Kids Iowa was determined by first calculating the total number of eligible children using 2024–2025 Department of Education free and reduced-price lunch data. From this, 32% of the eligible population was selected as the program's target, based on utilization experience from other programs. This percentage was aggregated at the county level to set local targets.

The program was implemented through a collaborative effort involving Iowa Department of Health and Human Services (Iowa HHS), six Feeding America food banks and 276 local distribution sites. Eligibility was confirmed through self-attestation at distribution sites. Iowa HHS instructed food banks to select food package items based on the USDA Thrifty Food Plan, which emphasizes nutrient-dense foods and cost-effective choices.¹⁶ Food banks were also encouraged to prioritize products grown and produced within the United States, supporting both nutrition and local agriculture.

Iowa HHS was awarded \$9.1 million from USDA FNS for the Healthy Kids Iowa program. Of this amount, \$7.8 million was allocated to food banks to purchase food for the Healthy Kids Iowa food packages. Food banks also received administrative funding equal to up to 8 percent of their allocated food budget. In addition, each food bank received up to \$20,000 to provide site specific support for materials such as cold storage, shelving, food bags and printing needs necessary for effective program administration. The remaining funds supported the official program evaluation, Iowa HHS administrative costs and communications and marketing efforts to promote Healthy Kids Iowa.

To raise awareness of the program, Iowa HHS launched a statewide paid media campaign during summer 2025 with a total budget of \$350,000. The campaign utilized a mix of radio, digital, streaming, billboards, social media (Facebook, Instagram, Snapchat) and print and digital newspapers. Collectively, these efforts resulted in broad reach and engagement: nearly 10,500 radio spots aired, over 3.3 million billboard impressions were delivered, and digital/social media platforms generated millions of impressions and thousands of clicks, with Snapchat achieving the highest click-through

rate (6.24%). Print and digital newspaper placements reached a combined readership of nearly 2.9 million.

Evaluation

Iowa HHS contracted Altarum Institute to evaluate the Healthy Kids Iowa program. The evaluation measured participant satisfaction and gathered feedback from food banks and distribution sites through surveys and program reach data. This report summarizes the key evaluation findings.

Methods

Evaluation Design

Altarum utilized a cross-sectional study design for the Healthy Kids Iowa evaluation, collecting data from both program participants' parents or guardians and staff at food banks and local distribution sites at a single point in time. The evaluation was approved by Allendale Investigational Review Board via expedited review as the study was determined to pose no risk to participants beyond those encountered in daily life (July 25, 2025; Study #12751.01.01.0001.12).

Participant Reach and Program Inventory Data

To assess program reach, Iowa HHS estimated the number of eligible school-age children in each food bank's service area and required each local distribution site to track and report the actual number of children served monthly. These figures were aggregated at the food bank level and submitted to Iowa HHS for monitoring and evaluation. Food banks also provided inventory data on the foods distributed.

Healthy Kids Iowa Participant Survey

The participant survey was developed to answer key questions about satisfaction with the program, the impact on household food shopping and dietary behaviors and preferences between Healthy Kids Iowa and Summer EBT. Altarum designed the survey using validated instruments and evidence-based questions, including the Dietary Screener Questionnaire (DSQ) and the USDA's six-item food security module.^{17,18} The final survey included 58 questions and was estimated to take 15 minutes to complete. A sample size of 1,000 parents or guardians was determined to provide sufficient statistical power and support reliable, generalizable findings.

Recruitment occurred in July and August at 99 distribution sites, one per county. Staff at these sites received training from Altarum on the recruitment process and distributed flyers to parents and guardians containing information about the survey, including a QR code to the online survey and a unique token that would allow participants to take the

survey only one time. Only one parent or guardian per household was invited to participate. In instances where multiple children in the household were eligible for the program, respondents were instructed to answer questions based on the youngest child in the household. Participants who completed the survey received a \$20 Walmart gift card that was mailed to them to ensure that recipients lived in Iowa.

Raw survey data was exported and cleaned for analysis. Overall, 1,042 responses remained after removal of duplicate and incomplete responses (997 complete and 45 partial). Descriptive statistics, such as frequencies and means, were calculated for all variables of interest. Chi-Square analyses were used to determine if statistically significant differences were present for subgroups of interest including community type (metropolitan areas compared to non-metropolitan areas), FPL status (at or above 130% FPL compared to below 130% FPL) and race (White compared to all other races). All analyses were completed in IBM SPSS Statistics 28. Open-ended responses were coded independently by two researchers, with high inter-rater reliability (93–100%), and themes were identified to capture participant perspectives.

Healthy Kids Iowa Food Bank and Local Distribution Site Feedback Survey

A separate feedback survey was administered to staff and volunteers at food banks and local distribution sites to gather lessons learned and operational feedback. This 38-question survey included both quantitative and qualitative items and was distributed via email to 243 staff, with encouragement to share the link among colleagues. The survey was open from August 28 to September 15, 2025. Responses were de-identified and analyzed using similar quantitative and qualitative methods as the participant survey, ensuring a comprehensive understanding of both participant and implementer experiences with Healthy Kids Iowa.

Results

The Healthy Kids Iowa program was delivered through a statewide network of six food banks and 276 local distribution sites, ensuring broad geographic coverage across all 99 Iowa counties. Of these sites, 43 percent were located in metropolitan areas and 57 percent in non-metropolitan areas.

Over the three summer months, 66,786 unique children received food packages. In June, 34,879 children were served; in July, 47,543; and in August, 43,157. Each food bank contributed to this effort, with the Food Bank of Iowa serving the largest number of counties (55) and sites (125). The percentage of eligible children served varied by food bank and month, ranging from 30% to 100% of eligible children in their respective service areas. Overall, the program reached 54% of eligible children in June, 73% in July and 66% in August.

Participant Survey

Demographics

Most respondents (74%) reported their race as White, more than two-thirds (68%) were ages 25 to 44 years and about half (48%) had a high school education or less. Nearly two-thirds (63%) of respondents reported a yearly income of less than \$35,000. Most respondents (80%) reported being below 130 percent of the FPL based on household size and income. Three-quarters (75%) of respondents were the mother or stepmother of the youngest child in the household. Respondents were evenly distributed across metropolitan and non-metropolitan areas, with half of the survey sample living in each type of community.

Respondents reported the age and race of the youngest child in their household, with ages 6 to 11 years (41%) and White (71%) the most frequently reported characteristics. Nearly half (47%) of households had two adults and over half (55%) of households had one or two children.

Most respondents (91%) reported participating in one or more assistance programs or services. The most commonly reported programs or services were food pantries (64%), free or reduced-price school meals (61%) and SNAP (47%).

Food Security Status

Food insecurity is defined by the USDA as limited or uncertain access to food. Over half (58%) of respondents identified as food insecure. Of those who were food insecure, 29 percent were considered to have very low food security, defined by the USDA as reports of multiple indications of disrupted eating patterns and reduced food intake.

Food Shopping Behaviors

On average, respondents reported spending \$134 per week (or \$574 per month) out of pocket at supermarkets, grocery stores and other stores. When asked how much was spent on non-food items, respondents reported spending \$43 per week (or \$187 per month) out of pocket on non-food items. Participants were asked to report if they purchased more, the same amount or less of several types of food over the past 30 days. Between one-quarter (26%) to one-third (35%) of respondents reported purchasing fewer proteins, fruits, vegetables and whole grains in the 30 days preceding the survey.

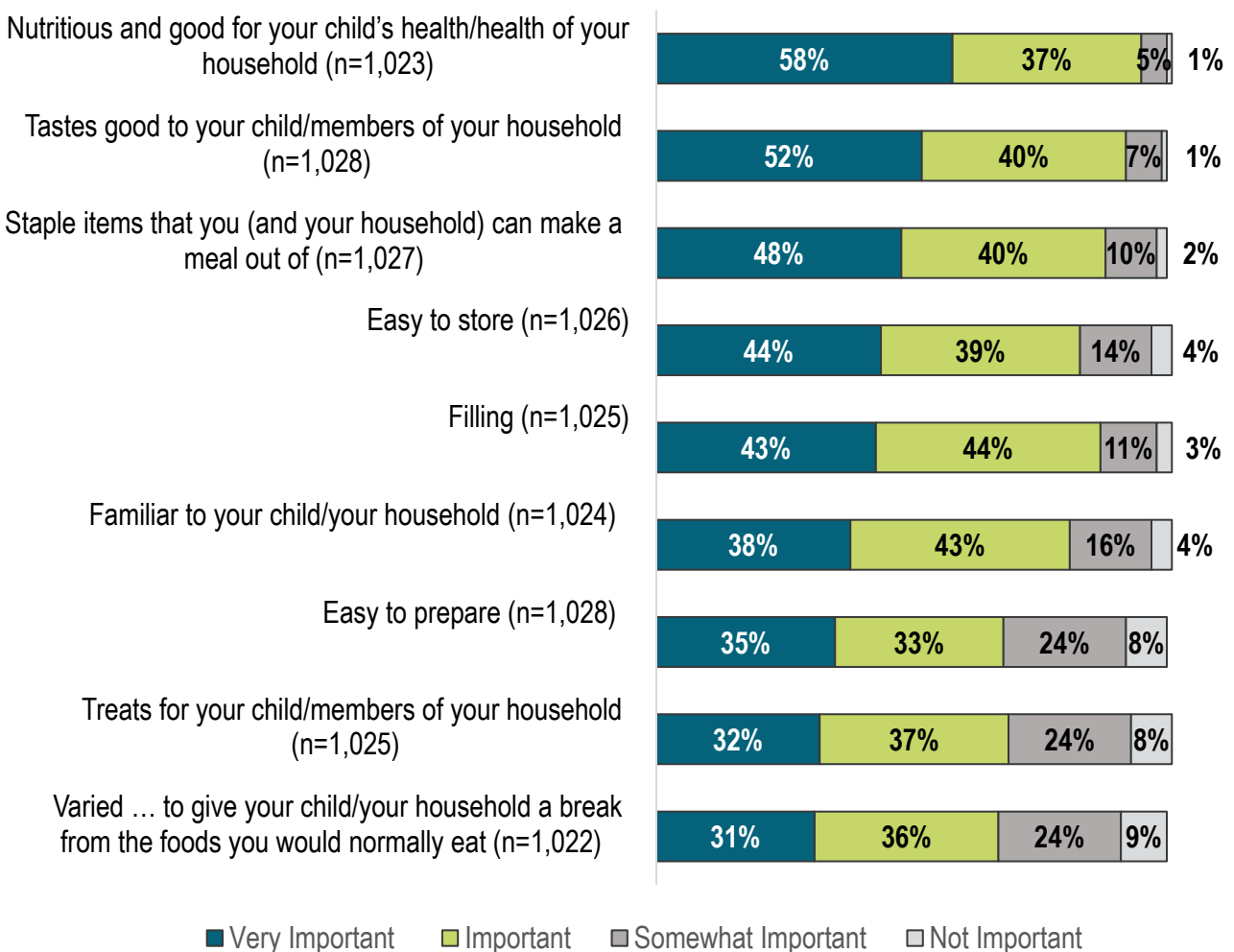
Program Participation by Month

Participants were asked to indicate the months in which they received a Healthy Kids Iowa food package. Fewer than half (47%) of respondents reported picking up a food package in June, with 68 percent reporting picking up in July and 90 percent reporting picking up in August. Respondents reported if they picked up a food package once (33%), twice (29%) or three times (38%) during the monthly distributions.

Healthy Kids Iowa Food Package Selections

Respondents were asked to select how important a list of factors were when selecting foods for their child's Healthy Kids Iowa food package. Most respondents reported food that is nutritious and good for their child's health (95%), food that tastes good to their child or members of their household (92%), staple items that they can make a meal with (88%), foods that are easy to store (83%), food items that are filling (87%) and foods that are familiar to their child or members of their household (81%) are very important or important (see **Exhibit 1**).

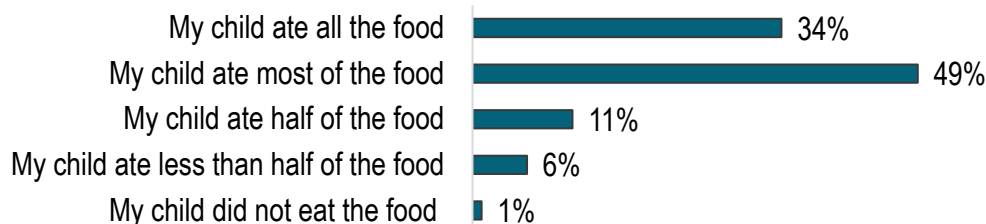
Exhibit 1: Importance of Select Factors When Choosing Food Package Items



Note: percentages do not sum to 100 due to rounding.

When asked about experiences consuming the food from the food packages, most respondents (83%) reported their child ate all or most of the food supplied. Respondents who reported their child ate less than half or none of the food were asked a follow-up question on the reasons why. Most respondents (n=50, 78%) reported their child did not like the food in the food packages and nearly one-fourth (n=15, 23%) reported the food went bad. See **Exhibit 2**.

Exhibit 2: Child Consumption of Food Packages (n=1,026)



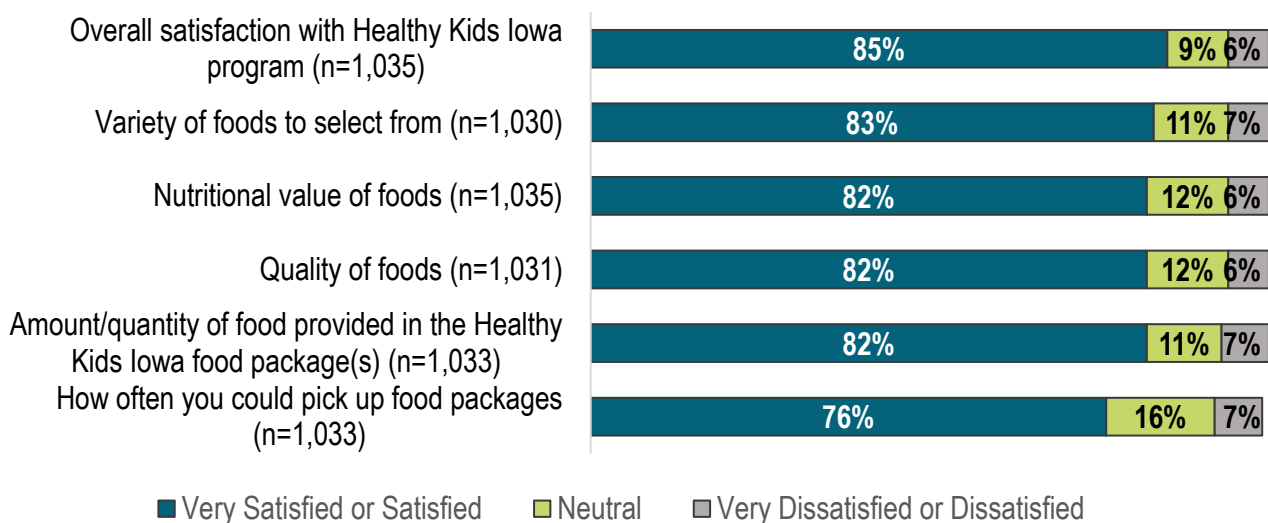
Note: percentages do not sum to 100 due to rounding.

Nearly two-thirds (65%) of respondents reported they shared the food from their Healthy Kids Iowa food packages with other people in their home.

Program Satisfaction

Most respondents reported being very satisfied or satisfied overall with the Healthy Kids Iowa program (85%), the variety of foods to select from (83%), the nutritional value of foods provided (82%), the quality of foods (82%) and the amount/quantity of food provided (82%). Over three-fourths (76%) of respondents reported being very satisfied or satisfied with how often they could pick up the food packages. See **Exhibit 3**.

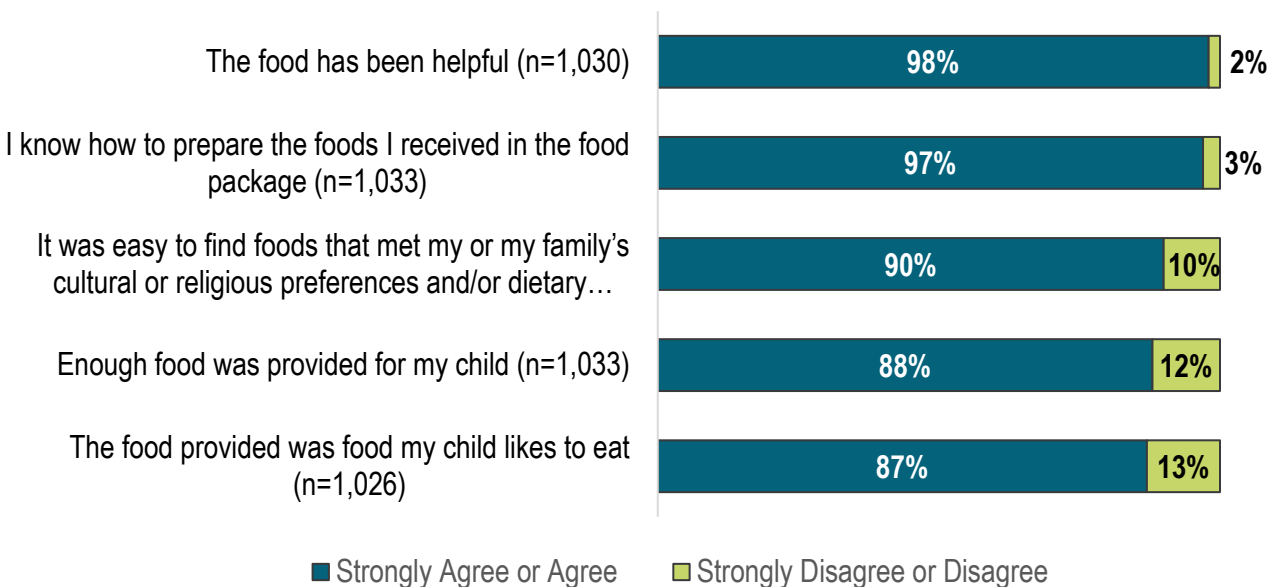
Exhibit 3: Satisfaction with Healthy Kids Iowa Program



Note: percentages do not sum to 100 due to rounding.

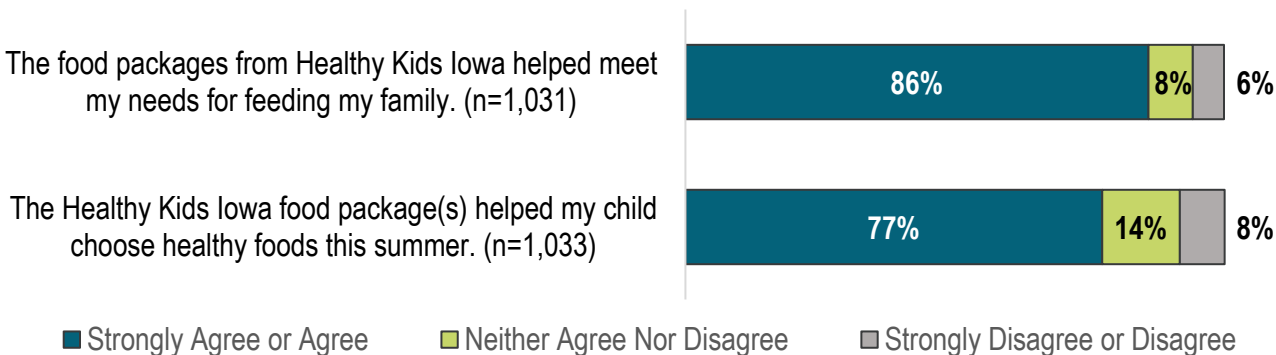
Most respondents strongly agreed or agreed that the Healthy Kids Iowa food was helpful to them (98%), they knew how to prepare the foods they received in the food packages (97%), it was easy to find foods that met their or their family's cultural or religious preferences and/or dietary restrictions (90%), was enough food for their child (88%) and was food that their child likes to eat (87%). See **Exhibit 4**.

Exhibit 4: Feedback on Healthy Kids Iowa Program



Most respondents (86%) strongly agreed or agreed that the food packages helped meet their needs for feeding their family. More than three-fourths (77%) of respondents strongly agreed or agreed the food packages helped their child choose healthy foods this summer. See **Exhibit 5**.

Exhibit 5: Extent to Which Healthy Kids Iowa Met Family Needs

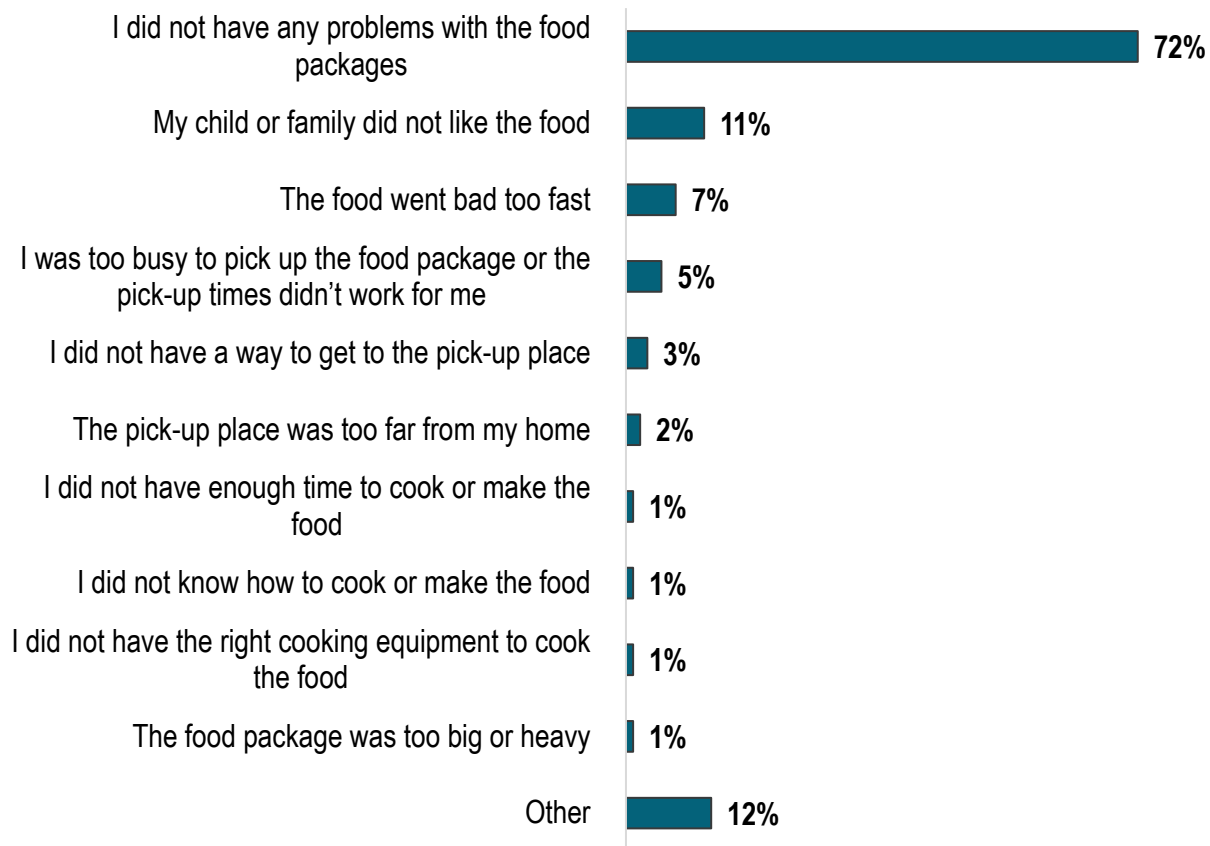


Note: percentages do not sum to 100 due to rounding.

Problems Participants Encountered with Healthy Kids Iowa

Nearly three-fourths (72%) of respondents reported not having any problems with their food packages. A small number of respondents reported problems related to the food going bad too fast (7%), being too busy to pick up the food packages or the pick-up times did not work for them (5%), not having a method to get to the pick-up place (3%) and the pick-up place was too far from their home (2%). See **Exhibit 6**.

Exhibit 6: Problems with the Healthy Kids Iowa Food Packages (n=925)



Note: respondents could select more than one response; therefore, percentages do not sum to 100.

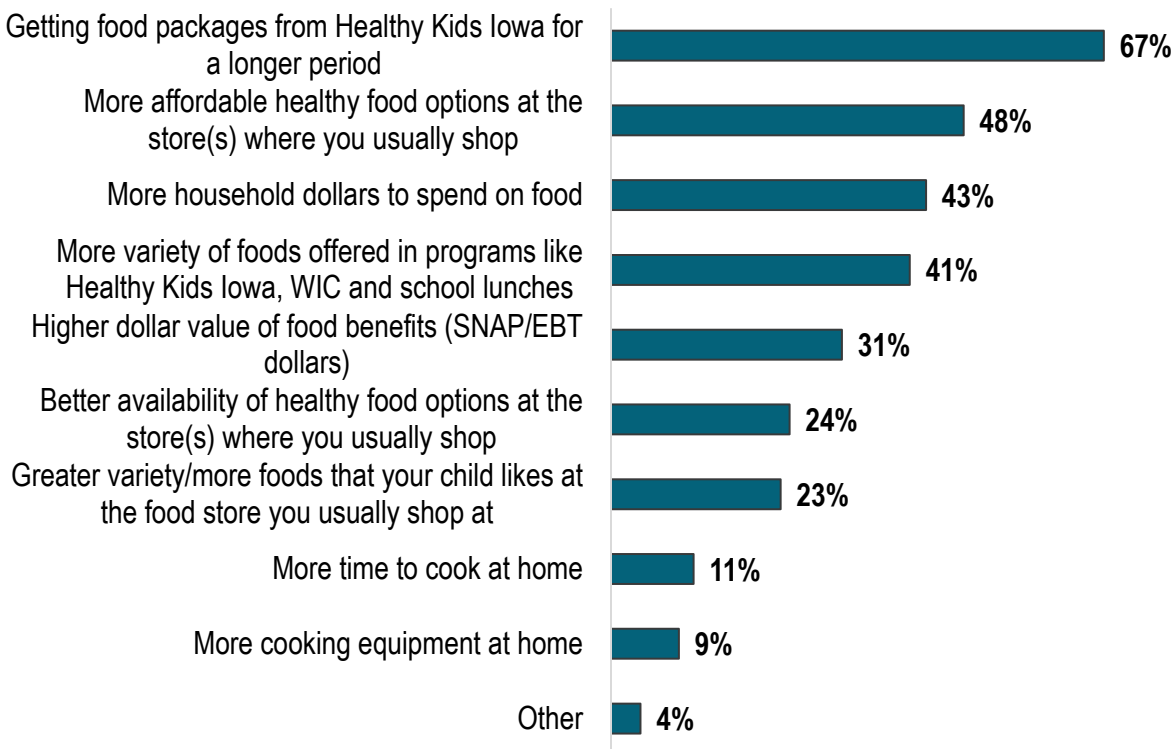
Among those who reported “other” problems, participants most frequently noted the following:

- Distribution and access challenges (n=36);
- Variety or types of foods provided (n=15);
- Food allergies or other dietary restrictions (n=9);
- Quantity of food provided (n=8);
- Healthfulness of foods provided (n=4); and
- Quality of food provided (n=4).

Meeting Families' Needs

Respondents were asked what else would help them meet their needs for feeding their families. Two-thirds (67%) of respondents reported that getting the food packages for a longer period would help them meet their family needs. Nearly half of respondents reported that more affordable healthy food options at the stores where they usually shop (48%), more household dollars to spend on food (43%) and more variety of foods offered in assistance programs (41%) would be helpful to them (see **Exhibit 7**).

Exhibit 7: What Would Help Participants Meet Needs for Feeding Their Family (n=1,014)



Note: respondents could select more than one response; therefore, percentages do not sum to 100.

Among those who selected "other," they suggested the following:

- Allow participants to select their own foods (n=4);
- Offer a different amount of foods (n=4);
- Offer foods that meet dietary restrictions and cultural preferences (n=3); and
- Better communication about Healthy Kids Iowa (n=3).

Preference for Healthy Kids Iowa or Summer EBT

Respondents were provided with brief descriptions of the Healthy Kids Iowa and Summer EBT programs. Details included that Healthy Kids Iowa is a new pilot program that provides foods such as fruit, vegetables, dairy, whole grains and protein during the summer totaling \$40 worth of food each month for three months. Summer EBT was described as a program implemented in some states that provides families with a card with \$120 total to spend on groceries over the summer. Respondents were asked, if they had a choice, would they choose to get Healthy Kids Iowa food packages or a Summer EBT card to buy groceries at the store. Over half (57%) chose Summer EBT while one-fourth (25%) chose Healthy Kids Iowa. Nineteen percent of respondents reported no preference between programs. See **Exhibit 8**.

Exhibit 8: Program Preference (n=1,034)

Preferred Program	Count (n)	Percent (%)
Healthy Kids Iowa	254	25%
Summer EBT	587	57%
No preference	193	19%

Note: percentages do not sum to 100 due to rounding.

Healthy Kids Iowa Preference Over Summer EBT	Summer EBT Preference Over Healthy Kids Iowa	No Preference Between Healthy Kids Iowa and Summer EBT
<p>Of the 254 respondents who preferred Healthy Kids Iowa food packages, 211 respondents (83%) provided a written response explaining why they selected Healthy Kids Iowa food packages over Summer EBT. The reasons respondents preferred the Healthy Kids Iowa food packages were:</p> <ul style="list-style-type: none"> • Convenient and easy to access (n=58); • Good variety and quality of foods offered (n=42); • Healthy, nutritious options (n=30); • Better value than Summer EBT (n=21); • Supported low-income families (n=21); • Provided foods families like to eat (n=18); • Generally appreciated Healthy Kids Iowa, no specific reason (n=16); • Family did not qualify for Summer EBT or other nutrition assistance programs (n=11); • Concerns about Summer EBT (n=9); • Helped spread food out over a longer time period (n=7); • Free and available (n=5); and • Exposed children or families to new foods (n=5). 	<p>Of the 587 respondents who preferred Summer EBT, 551 respondents (94%) provided a written response explaining why they selected Summer EBT over Healthy Kids Iowa food packages. The reasons respondents prefer Summer EBT were:</p> <ul style="list-style-type: none"> • Choice in food selection (n=309); • Better variety and quality of food (n=127); • Convenience and accessibility (n=99); • Less food waste and spoilage (n=49); • Better value than Healthy Kids Iowa (n=44); • Allergies and dietary restrictions (n=42); • Experienced food shortages with Healthy Kids Iowa (n=10); and • General preference, unspecified (n=8). 	<p>Of the 193 respondents who did not have a preference between Healthy Kids Iowa and Summer EBT, 153 respondents (79%) provided a written response explaining why they selected no preference. Reasons included:</p> <ul style="list-style-type: none"> • Appreciate any type of food assistance (n=115); • Pros and cons to either program (n=21); • Unfamiliar with Summer EBT (n=4); and • Depends on child preference (n=2).

Additional Feedback About Healthy Kids Iowa

Respondents were asked to tell us anything else they would like us to know about their time with the Healthy Kids Iowa program. A total of 498 respondents provided written feedback. Themes included:

- Participants appreciated Healthy Kids Iowa (n=305);
- Desire for a greater variety of high-quality foods (n=44);

- Supportive and helpful staff and volunteers (n=37);
- Communications and access should be improved (n=28);
- Participants desire choice in food selection (n=20);
- Participants did not enjoy some foods (n=20);
- Participants disliked the taste of foods in the food package (n=20);
- Prefer Summer EBT (n=18);
- Concerns about food waste and spoilage (n=16);
- Program should run for a longer duration (n=14);
- Prefer healthier food options (n=11);
- Desired more food (n=9);
- Food ran out (n=6);
- Did not care for program (n=4); and
- Long wait times (n=3).

“I am extremely grateful for this program, especially during the summer when my children are home. Food costs are skyrocketing and it’s becoming more expensive to meet the food needs of my family. I find myself unable to purchase high-quality foods because of the cost, which sets my children up to have unhealthy diet choices into adulthood. Being able to supplement the food costs of my home allows me the extra dollars to purchase a few more healthy options.”

– Parent/Guardian of Healthy Kids Iowa Program Participant

Food Bank and Local Distribution Site Staff Feedback Survey Results

Nearly three-fourths (74%) of feedback survey respondents were staff at local distribution sites and about one-fourth (26%) were staff at food banks. This mix of perspectives provided insight into both on-the-ground implementation and broader logistical challenges.

Training and Outreach

Over half (55%) of local distribution site staff reported receiving training on how to implement Healthy Kids Iowa, and among those, nearly two-thirds (62%) were satisfied with the training provided. For participant outreach, most sites (68%) used social media to raise awareness, while others partnered with local organizations (38%) or schools (36%) and distributed flyers in the community (36%). Additional outreach methods included word of mouth, signage, traditional media and digital communications. Some

respondents expressed frustration with unclear outreach responsibilities and felt that Iowa HHS should have led more robust promotional efforts.

Food Distribution

Approaches to food package distribution varied. Nearly half of sites (47%) integrated Healthy Kids Iowa into their regular pantry operations, while others used a combination of pantry and special events (26%) or held standalone distribution events (23%). Some sites also offered food packages by appointment or modified their hours to accommodate families. Food banks determined whether participants received \$40 worth of food primarily through internal menu planning or by calculating unit prices, though substitutions were sometimes necessary due to shortages or price changes.

Choice, Quantity and Quality

The level of choice offered to participants varied: 36% of sites allowed full choice over food items that were included in their package, while 34% allowed no choice but permitted participants to refuse items. Most local distribution site staff felt the quantity of food in the packages was appropriate, with 56% saying it was “just right,” while about a quarter felt there was either too much or not enough. Perceptions of food quality were mixed: about a quarter rated it as “very good,” “good,” or “fair,” with fewer describing it as “excellent” or “poor.”

Family Engagement and Benefits

About half of site staff reported that most families returned for monthly food packages. The most commonly cited benefits for families included supplemental food, financial relief, access to foods children liked and increased awareness of pantry services.

Feedback that local distribution sites received from families was largely positive. Local staff reported that families expressed gratitude (n=73), satisfaction with the value and quantity of food (n=32), and were satisfied with the food provided (n=19). However, some staff noted that families expressed dissatisfaction with food choices (n=30), faced quantity or storage challenges (n=26), or experienced access barriers (n=17) or lack of culturally appropriate options (n=16). Staff also noted challenges with program awareness (n=15) and that some families felt stigma or confusion about the program (n=2).

“People were very appreciative of this service. There were often tears about saving money on their grocery bill.”

– Feedback Survey Respondent

“They wanted more autonomy when selecting food. The choices were limited, not necessarily healthy, and did not include a lot of fresh produce...”

– Feedback Survey Respondent

Organizational Impact and Challenges

For organizations, the program brought benefits like increased visibility, stronger community engagement and improved staff and volunteer cooperation. However, challenges were significant, including short timelines, storage and transportation constraints, limited staff capacity and food sourcing issues. Many sites struggled with uncertainty about participation numbers and managing food waste. Suggestions for improvement included clearer communication, better planning, more funding, improved food quality and greater family choice. Many also recommended considering Summer EBT or similar alternatives for future efforts.

“125 local partners selflessly stepped up to distribute Healthy Kids Iowa food. They did it because it meant more food on the table for Iowa kids this summer, and we are all grateful for that. But the program stretched many partners to their limits in terms of space, volunteer power and even their budgets.”

– Feedback Survey Respondent

Conclusions

Healthy Kids Iowa Reached More Than 65,000 Children At-Risk for Hunger Across Iowa.

Implemented as a collaborative effort between Iowa HHS, six Feeding America food banks, and 276 local distribution sites, Healthy Kids Iowa provided nutritionally balanced food packages to more than 65,000 income-eligible children during summer 2025, replacing the \$40 monthly Summer EBT benefit. The program served families in both metropolitan and rural areas, aiming to reduce the risk of poor nutrition and hunger when school meals were unavailable.

Participants Reported Healthy Kids Iowa Impacted Their Families’ Purchases of Core Food Items and Supplemented Household Groceries.

Families consistently shared that the food packages helped them stretch their budgets, reduce grocery expenses and provide nutritious meals. Many noted that the program allowed them to allocate personal funds to other necessities and decreased the need to purchase certain foods at the store.

Participant Feedback Was Mainly Positive and Program Satisfaction Was High.

Families appreciated the nutritional value, quantity and quality of the foods provided, and most reported that their children ate most or all of the items in the packages. Respondents agreed that the program supported healthy choices and helped meet family needs during the summer months. Nearly all participants found the food helpful, knew how to prepare it and felt it met their family's dietary preferences.

Challenges With Variety, Meeting Dietary Needs and Accessing the Healthy Kids Iowa Program Are Areas for Future Improvement.

Despite high satisfaction, some challenges emerged. Families expressed frustration with receiving the same foods repeatedly, and some packages did not accommodate dietary restrictions or cultural preferences. Issues with expired or spoiled food were also reported, along with practical barriers such as transportation difficulties and inconvenient pickup times.

Respondents Showed a Preference for Summer EBT.

When asked about future preferences, more than half of families indicated they would prefer Summer EBT benefits over food packages, citing the flexibility and choice EBT provides. Food banks and local distribution sites echoed this sentiment, noting that while the program increased community engagement, it also created significant logistical and financial strain due to limited storage, transportation constraints, and staffing shortages.

Food Banks and Local Distribution Sites Offered Recommendations for Improvement in the Future.

Partners recommended earlier planning, clearer communication, additional funding and more culturally relevant food options. There was strong support for models that prioritize participant choice, such as Summer EBT, which reduce operational burdens and better meet family needs.

Overall, Healthy Kids Iowa Made a Meaningful Impact for Many Families, but has Room for Improvement.

Healthy Kids Iowa was beneficial for many Iowa families. The program demonstrated the value of collaborative efforts to fight childhood hunger but also highlighted the need

for sustainable, participant-centered solutions moving forward. Future iterations may need to increase flexibility, address dietary restrictions and food preferences and reduce practical barriers to participation.

Future Considerations

Looking ahead, Iowa HHS can choose to continue Healthy Kids Iowa or adopt an alternative like Summer EBT. Each approach has unique considerations.

Continuing Healthy Kids Iowa

To strengthen this model, Iowa HHS may consider addressing operational challenges and participation barriers. Key considerations include:

- **Extend planning timelines and improve communication** so food banks can prepare, recruit, and source food effectively, while also providing logistical and financial support for cold storage, transportation and overhead costs to reduce strain on local sites. Early outreach through schools and state-led promotion may boost participation.
- **Provide more flexible food offerings that meet dietary needs of participating families** while maintaining consistency in nutritional quality. Standardized guidance for menu planning could reduce variability across sites.
- **Remove access barriers** by offering multilingual outreach, flexible pickup times and smaller, more frequent distributions to ease storage challenges for families and local distribution sites.

Implementing Summer EBT

Summer EBT offers families flexibility and choice, eliminating operational burdens on food banks and distribution sites. Considerations include:

- **Encourage healthy purchases** through allowable food guidelines, similar to WIC or SNAP waivers.
- **Strengthen outreach** to ensure all eligible families are informed and engaged, using schools and community channels to conduct outreach.

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