Advancing Food Security Through School-Based Health Centers

NO KID HUNGRY by SHARE OUR STRENGTH

SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

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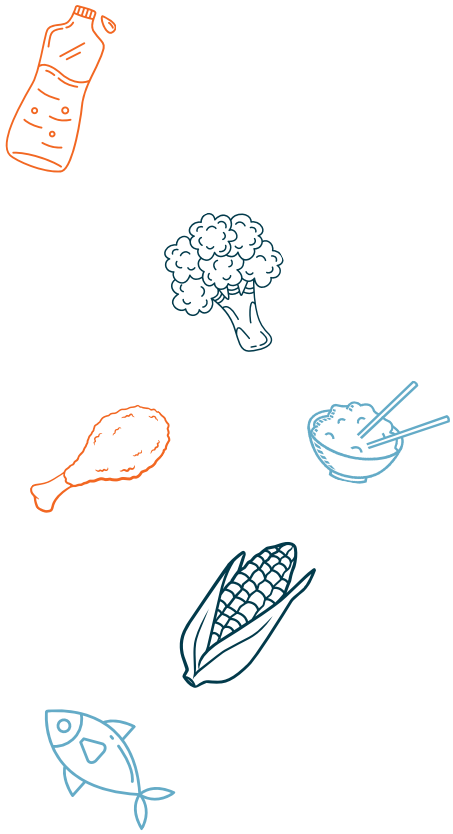
School-Based Health Alliance & No Kid Hungry



Executive Summary

Since 2022, the School-Based Health Alliance (SBHA) and Share Our Strength's No Kid Hungry campaign have worked together to advance food security for students and families accessing school-based health centers (SBHCs) nationwide. This multi-phase initiative unfolded in three strategic phases:

- **Phase 1 – National Learning Network (2022-2024):** SBHA and No Kid Hungry assessed current practices through youth focus groups, key informant interviews, and an SBHA state affiliate survey, and funded 14 SBHC-led pilot programs. Participating sites identified critical success factors: local tailoring, dedicated staffing, strong community partnerships, stigma-reduction strategies, and realistic implementation timelines aligned with the school year. The network demonstrated that SBHCs can integrate food access into care when they receive structured support and peer learning opportunities.

- **Phase 2 – State Learning Networks (2023–2025):** Colorado and Ohio scaled this work across 22 SBHCs, embedding routine food insecurity screening into clinical workflows and expanding referral systems and direct food supports. Participating Colorado sites screened 45% of students served, and Ohio sites screened 47%, while strengthening partnerships and improving culturally responsive communication with families. Sites reported reduced stigma, stronger trust, and greater integration of food access into whole-child care, while continuing to face challenges related to staffing capacity, SNAP/WIC enrollment, and data tracking.

- **Phase 3 – National Expansion & Landscape Analysis (2024-2025):** SBHA and No Kid Hungry engaged the field through a national webinar series and surveyed 248 SBHCs across 53 sponsors. The survey revealed that 86% of SBHCs screen for food insecurity, 87% provide resource referrals, and 69% track follow-up. However, many centers lack robust data infrastructure, referral tracking systems, and sustainable funding streams to ensure closed-loop connections to food resources.

Across all phases, this partnership demonstrates that SBHCs serve as trusted community anchors uniquely positioned to address food insecurity at the intersection of health and education. When SBHCs normalize screening, invest in partnerships, and integrate food access into clinical workflows, they strengthen family trust and improve connections to critical nutrition supports. To sustain and scale this impact, SBHCs need continued investment in staffing, training, data systems, youth engagement, and cross-sector collaboration that ensures every screening leads to meaningful support for students and families. Our Collaborative Vision: SBHA and No Kid Hungry believe that by working together to embrace and build on families' trust in school-based health centers, we can increase food security screening and promote federal nutrition programs and nutritious food consumption in support of favorable health outcomes and improved food security.

Background

About School-Based Health Care and School-Based Health Centers (SBHCs)

School-based health care is a powerful tool for achieving health equity among children and adolescents who unjustly experience disparities in health and well-being outcomes because of the impacts of racism, poverty, and other forms of inequity.

School-based health centers are one facet of school-based health care. School-based health centers are federally defined as health clinics located in or near a school facility that provide comprehensive primary health services. They are organized through school, community, and health provider relationships and administered by a sponsoring agency. Schools partner with a community sponsoring agency(ies) for school-based health center clinical and managerial operations to ensure students receive high-quality healthcare services. School-based health center sponsors actively manage the consent process, staffing, and billing with insurers. School-based health centers may have more than one sponsoring partner, such as one sponsor for medical care and one for dental care. Typically, a written memorandum of understanding between the school-based health center or school district and its sponsoring agency outlines levels of support and respective responsibilities.

The Community Preventive Services Task Force systematic review concludes that school-based health centers can effectively advance health equity.[1] This is supported by evidence that school-based health centers improve educational and health outcomes, including school performance, grade promotion, high school completion, and vaccination delivery.

1. Knopf JA, Finnie RK, Peng Y, et al. School-Based Health Centers to Advance Health Equity: A Community Guide Systematic Review. Am J Prev Med. 2016;51(1):114-126. doi:10.1016/j.amepre.2016.01.009

School-Based Health Alliance

The School-Based Health Alliance works to improve the health of children and youth by advancing and advocating for school-based health care. We believe that all children and adolescents deserve to thrive, but too many struggle because they lack equitable access to healthcare services. School-based health care is the solution, bringing health care to where students typically spend most of their time: in school. When health and education come together, great things happen. Attendance improves, conditions like asthma or diabetes are better managed, and behavioral health issues get quick, expert attention. And we all know that healthy students make better learners. Over the past few years, communities have faced various barriers to access to school-based providers. However, we firmly believe that school-based health care is more than just the facility or physical space where it exists. It comprises a network of relationships, a history of collaboration, systems of communication, and formal agreements that continue to expedite access and service provision to young people. Learn more about SBHA here.

No Kid Hungry

No child should go hungry in America, yet millions of kids across the country face hunger every day. No Kid Hungry is working to change that by launching and strengthening programs that ensure all children have consistent access to the healthy food they need to grow, learn, and thrive. A national campaign of Share Our Strength, No Kid Hungry builds on more than 25 years of experience investing in local solutions to end hunger and poverty. Grounded in the belief that this is a solvable problem, the organization combines bold goals, innovative strategies, and strong partnerships to ensure every child in America has the food they need to grow up healthy and strong. Learn more about how No Kid Hungry helps kids thrive here.

Supporting Food Security in SBHCs from 2022-2025

Phase 1 - Establishing the Foundation: Identifying Needs & Piloting a National Learning Network

Embarking on this partnership, the School-Based Health Alliance (SBHA) and No Kid Hungry identified two major goals:

(A) to understand the needs and barriers related to food security in the field, as well as the resources available to support school-based health centers (SBHCs) in addressing food insecurity; and
(B) to pilot a national learning network of SBHCs engaged in food security work.

Identifying the Needs of the Field and Existing Supports

Conducted two focus groups - one with key players in education, health care, and food security, and the other with youth – to discuss food security, barriers to health, access in their communities, and resources needed to address future food security concerns.

Distributed a survey to SBHA's State Affiliates (n = 14) about their experiences and opinions on food security in their states and communities.

National Learning Network – Piloting Approaches

SBHA and No Kid Hungry awarded up to $25,000 in grant funding to 14 organizations across the United States to develop food security programs that reflected the needs of their schools and communities. Participating organizations

- Assessed community needs related to food security,
- Implemented a food security program in their school-based health centers and communities,
- Collected impact data,
- Attended monthly meetings to learn and share successes and challenges.

What are Youth and SBHC Staff Experiencing?

In youth focus groups, participants described challenges such as transportation barriers, food deserts, and inflation that made nutritious foods difficult to afford. Many students shared ideas for school-led food pantries and peer-driven initiatives that would reduce stigma and empower young people to be part of the solution.

SBHC staff noted similar barriers between food security and other social determinants of health (SDOH), such as social and mental health factors, low income, economic policies, and systemic racism that impact access to state and federal resources.

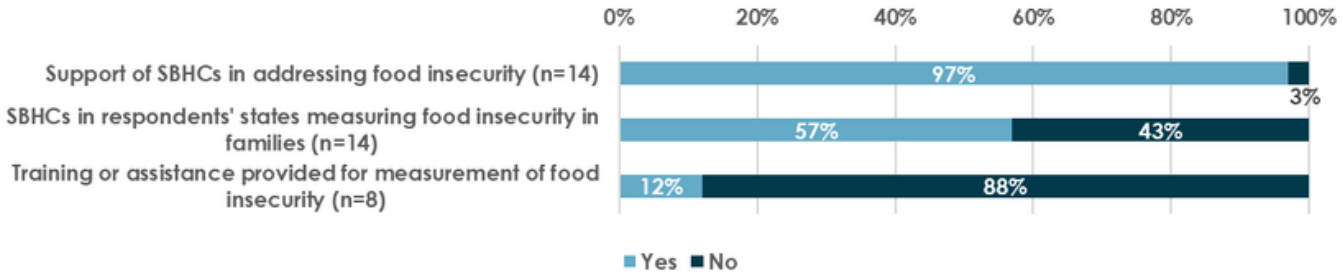
Participants shared that while resources exist locally, capacity is limited. Other participants echoed the need to address needs on a smaller scale and convene folks on a state level to support their communities.

> "We're seeing the smaller communities really coming together, and doing what they can do, and are making a difference. But their resources are very limited, I think there is a movement that we're trying to, as a state, identify who is doing what and how do we learn from each other?"

What are SBHA State Affiliates Doing to Address Food Security?

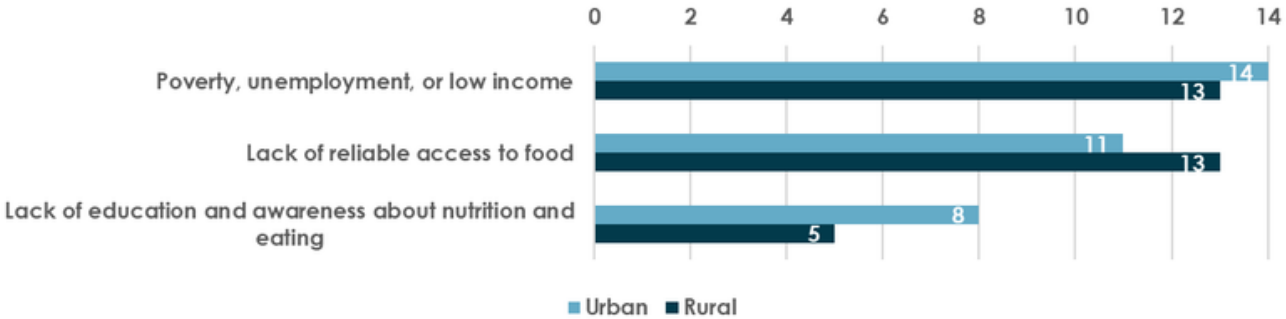
SBHA distributed a survey to its 25 state affiliates about the impacts on food security in their states and communities, and the ways SBHCs and affiliates are working to address food security. Nearly all respondents (97%) indicated support for SBHCs addressing food security. Over half (57%) reported that SBHCs in their states assess food security among students and families, but few (12%) state leaders provide training or technical assistance on measuring food security indicating an opportunity for providing content related to this topic (Figure 1).

Figure 1. Food Security Screening Processes (n=14)



While many differences exist, rural and urban settings have overlapping challenges and barriers to addressing food security, though they may manifest differently. State leaders underscore poverty, unemployment, and low income as the most significant barriers to food access across urban and rural settings, followed by a lack of reliable access to food, education, affordable housing, and other social determinants of health (SDOH) challenges (Figure 2).

Figure 2. Barriers to Food Access According to State Affiliates



National Learning Network: How Did It Go?

The national learning network enabled participants to address food security in their communities, making lasting changes and fostering connections with partners, community members, and families, while supporting positive and healthy development for their students and families.

- No two SBHCs operate in the same context. Local culture, geography, and resources shape what is possible.
- Most programs relied on strong community partners for programs and services.
- SBHC staff emphasized the need for additional training, technical assistance, and sustained funding to establish new workflows and systems. Many sites found themselves building food security infrastructure from scratch, navigating tight timelines that clashed with the school calendar, and stretching already-thin staff.
- Stigma emerged as a major barrier for both students and families, with shame, fear of judgment, and concerns about confidentiality preventing many from seeking help.

To inform adaptations and expansions of this work, SBHA conducted eight key informant interviews with members of the national learning network to discuss challenges and barriers, positive changes, and recommendations for future funding and projects. SBHA identified the following key themes (Table 1) to contribute to future funding and projects:

Table 1. National Food Security Key Themes

Key Theme	Description
Individualized Approaches	Due to variations in funding and structural systems, efforts should be individualized and localized to meet the specific needs of communities and the corresponding age levels of students. Future learning networks should aim to recognize what is "universal" and what needs to be tailored in community efforts to address food security.
Realistic Timelines	A realistic timeline must account for summer interruptions and/or the development of foundational internal infrastructure that supports program development or expansion.
Dedicated Staffing	Acknowledge and support solutions for adequate and dedicated staffing to support program activities, including day-to-day activities, community outreach, and building community partnerships.

Key Theme	Description
Stigma Reduction	Provide resources and strategies for reducing stigmas and increasing awareness around food security that prevent families and students from accessing services. Prioritize a marketing approach to introduce students and families to the new food programs and increase community buy-in.
State-level Support (via learning networks)	State-level networks are essential for further developing and expanding food security and nutrition education programming, facilitating the sharing of resources and experiences through assistance with funding, policy, peer learning, coalition building, and structural efforts. State-level networks can better support individualized responses that meet the needs of each community until larger policy changes regarding food security can occur.

Key Takeaways

School-based health centers are invested in addressing food security to better serve students and their communities. State-level support is crucial for maximizing impact, given the variance in food security resources, community culture, and state-level policies. Participants noted the need to identify and share resources, programming, and networking opportunities with those who are doing this work in their respective states, to better serve their communities through state-level learning networks.

Continuation of This Work

Following the completion of the first year of the national learning collaborative, ten of the original 14 programs continued under renewed funding in Phase 2, through July 2024. Among those screened,

7,000
participants served

5,000
participants directly benefited from food access programs

2,500
food security screenings conducted

335
families reported improved food security

210
families reported improved fruit and vegetable consumption

Next Steps

Important lessons and insights from the national learning network informed the development of the Toolkit, "Emerging Models and Resources to Address Food Insecurity in School-Based Health Centers." With these learnings in mind, SBHA and No Kid Hungry moved into Phase 2, exploring how to adapt the learning community through a state-centered approach.

Phase 2 - Scaling and Institutionalized Best Practices: State Learning Network

The School-Based Health Alliance (SBHA) and No Kid Hungry utilized findings from Phase 1 to develop a state learning network in March 2023 to incorporate feedback from grantees' requests for state-level support and the states' desire to meet the needs of their school-based health centers (SBHCs). The state-level learning networks created a venue for learning, sharing, and collaboration to improve the coordination, quality, and integration of clinical care providers with food assistance and access, while leveraging local and state-level relationships, knowledge, and resources related to food security.

In June 2023, based on their demonstrated need for food security programming and organizational capacity, the Colorado Youth Healthcare Alliance and the Ohio School-Based Health Alliance received $350,000 to operate a state-level learning network from July 2023 through October 2024. The state learning networks **engaged 22 SBHCs and aimed to**

- Integrate food access strategies in SBHCs
- Increase state-level support and resource connection
- Identify and replicate promising practices
- Increase the number of clients screened for food security, referred to federal and local resources, and enrolled/using resources.
- Incorporate youth voice in SBHC offerings

Colorado and Ohio operated independent state-level learning networks to achieve the aims of this work. During the learning network meetings, grantees benefited from presentations provided by state and community-based partners, and an environment for connection and support was fostered through discussions of lessons learned, successes, challenges, and solutions. SBHA and No Kid Hungry collaborated with each state to develop state-specific data collection systems that were aligned on key metrics. Colorado and Ohio received monthly technical assistance and capacity building to support their evaluation planning, data collection, youth engagement, program implementation, and sustainability efforts.

All participating school-based health centers worked to develop unique on-site food provision programs, and implement workflows, referrals, and connections to SNAP, WIC, and other local organizations through universal food access screenings.

Statewide Learning Networks: How Did It Go?

7,389

Students screened at participating SBHCs

2,871 identified* as food insecure

53% referred to federal programs

71% referred to non-federal programs

*identified through screening and other means

Participating Colorado SBHCs screened 45% (3,046) of students seen, while participating Ohio SBHCs screened 47% (4,343) of students seen during the project (September 2023 - August 2024). Among sites able to track referrals for those identified as food insecure, participating Colorado SBHCs referred 34% (125) of students to federal programs and 61% (225) to non-federal programs. Participating Ohio SBHCs able to track referrals for those identified as food insecure referred 56% (1,411) of students to federal programs and 72% (1,813) to non-federal programs.

Reflections from the state learning network participants show that SBHCs made meaningful progress in strengthening food security-focused activities during the project. Overall, participants reported that the learning network helped their SBHCs formalize food insecurity screening, strengthen referral and follow-up processes, and build staff confidence in having stigma-free conversations with families. Many SBHCs moved toward more routine and standardized screening, including embedding tools into workflows or EHR systems and shifting from paper to electronic approaches.

Participants also described that their SBHCs expanded community and school partnerships, increased availability of direct food supports (such as pantries, quick-grab items, produce distribution, and school markets), and strengthened youth engagement through Youth Advisory Councils (YACs). While SBHCs highlighted success in trust-building and reduced stigma, they also noted ongoing challenges—including difficulty closing the loop on referrals, barriers to SNAP/WIC enrollment, limited data capacity, staff turnover, and uncertainty about sustainable funding.

Both state organizations echoed the reflections from state learning network participants in their final evaluation report by highlighting the work of the SBHCs as the most impactful aspect of this initiative. **States shared that making food insecurity screening routine improved communication, reduced stigma, and strengthened education and resource connections for families.**

> For the SBHCs, being able to make these small, sustainable changes has had a big impact on understanding and meeting the needs of their patients and families.
>
> **- Youth Healthcare Alliance (Colorado)**

> [The work of participating SBHCs] reflects a powerful shift toward whole-child, whole-family care and demonstrates how SBHCs can lead in advancing health through food security beyond the clinic walls.
>
> **- Ohio School-Based Health Alliance (Ohio)**

By linking SBHCs to universal screening tools and resources, and developing routine screening workflows, this initiative helped SBHCs treat food access as a core part of student health, showing that sustainable changes and small shifts can drive meaningful impact.

Ongoing efforts and evaluation of the state learning networks, based on data submitted by sites, feedback at monthly meetings, midpoint and end of year surveys, identified promising sustainability activities. The identified activities informed recommendations by the School-Based Health Alliance for how other states could adopt this model and support it to remain sustainable in their state without investment by Share Our Strength's No Kid Hungry resources (Table 2).

Table 2. State Learning Network Key Themes

Key Theme	Description
Learning Network Implementation	States highlight the need to understand each site's unique operations and staffing profiles, as well as to identify available food security resources at multiple levels, to ensure that participating school-based health centers can connect students and families with programs that meet their needs.
Collaboration and Partnership	As sites engage in quality improvement practices, the learning network serves as a space to share the changes they have adopted, adapted, and abandoned with others, facilitating learning and faster improvement among all participants.
Evaluation and Data Collection	Feedback from both states highlights the need to be clear in identifying key metrics for evaluation, challenges working to document and extract screening and referral data effectively, and the importance of supporting SBHCs to communicate the impact of their work.
Youth Development	Building meaningful youth involvement requires laying the groundwork early. Programs must intentionally create structures that support youth voices in designing opportunities for participation and ensure that the program framework integrates youth perspectives from the outset.

Key Takeaways

Overall, sites in both states successfully implemented new processes and data tracking, as well as collaborated with youth, school, and community partners. However, teams also noted the challenges inherent in introducing new tasks, including time and staff burden, as well as difficulties with integrating technology and extracting data. School-based health center staff also stated that addressing the stigma of food security was challenging, particularly in communicating with students and families and connecting them to resources. Participating sites said they addressed challenges by leveraging interpersonal relationships and technology.

Continuation of This Work

Following the funding period for the statewide learning networks, Colorado and Ohio received additional funding to continue efforts for sustainability and integration of food security practices in SBHCs statewide. SBHA continued to support technical assistance related to sustainability and evaluation capacity. Colorado emphasized embedding screening into clinical workflows and fostering local collaboration. Ohio focused on systemwide implementation through its Food Access Screening Toolkit, engaging over 20 organizations and forming new statewide coalitions. **Despite ongoing challenges with staffing, data tracking, and competing priorities, both states built sustainable frameworks that position SBHCs as key access points for addressing food security, underscoring the need for continued funding, streamlined data systems, and coordinated support between local and state partners.**

Next Steps

While SBHCs have the resources to screen students and families for food security, staff are generally spread thin with their existing scope of work. This creates challenges in dedicating time to follow up on referrals and confirm closed-loop linkages without an expanded staffing model that includes community health workers or similar roles.

To enhance the sustainability of food security screening and maximize impact, it is essential to reduce redundancies and leverage existing resources in schools and communities. One option is to collaborate with existing programs external to the SBHC such as community organizations supporting SNAP in Schools.

Phase 3 - Expansion and National Engagement: How SBHCs Address Food Security

The goal of this third phase was to understand, at a larger scale, how school-based health centers (SBHCs) were integrating food security into their clinical and community practices—and to identify the supports needed to sustain and grow that work nationwide.

In 2024, the School-Based Health Alliance (SBHA) and No Kid Hungry shifted from state-level implementation to a **national learning and dissemination effort** aimed at understanding the full landscape of food security work across school-based health centers (SBHCs). This phase focused on uncovering what SBHCs are already doing, what support they need, and how national partners can help scale sustainable food access practices. Through a combination of **national webinars, a comprehensive national food security survey, and targeted technical assistance**, this effort painted the clearest picture yet of how SBHCs address hunger as a health issue and what it will take to strengthen that work nationally.

National Webinar Series: How Did We Build Knowledge and Community?

SBHA and No Kid Hungry hosted a three-part Food Access Webinar Series that reached hundreds of SBHC practitioners, staff, and champions nationwide:

"Bridging Health and Nutrition" (Nov 2024)

demonstrated the critical role that SBHCs can play in addressing food security through SNAP outreach and enrollment support. Because of their trusted role in children's health, SBHCs are uniquely positioned to normalize conversations about food access, integrate SNAP screening into care, and collaborate with community partners to connect families with essential support.

"Hunger Ends Here" (Jan 2025)

outlined the continuum of SBHC-led food access programs, from referral systems to onsite pantries. The session outlines strategies ranging from SNAP outreach and community food resource lists to systematic screening, follow-up navigation, and establishing on-site pantries. These strategies support the positioning of SBHCs as trusted hubs for combating hunger, fostering equity, and advancing student health by integrating food security into comprehensive care.

"Nourishing Minds" (Mar 2025)

explored the link between food security and youth mental health, highlighting nature-based and therapeutic food access programs. Addressing food security requires holistic, community-driven strategies that blend healthcare, behavioral health, education, and food justice. By treating food access as both a health intervention and a social determinant, SBHCs can play a transformative role in supporting the mental health and overall well-being of young people.

These webinars revealed strong national interest, with participants requesting resources, communication materials, and examples of practical, ready-to-use tools.

National Food Security Survey: How are SBHCs Addressing Food Security?

In the National Food Security Survey, results demonstrated that food security has become a core component of SBHC practice:

86% (213)

Screen for food security

87% (215)

Provide food security-related referrals

69% (171)

Track food security-related follow-up to some degree.

How Does Screening Happen in SBHCs?

Over 80% of SBHCs use a formal screening workflow, but tools and processes vary considerably:

Bright Futures and **EHR-embedded tools** were most commonly used by SBHCs (each ~34%).

Many SBHCs relied on organization-designed tools tailored to their communities (25%).

Only a small percentage of SBHCs used standardized national tools like Hunger Vital Sign or PRAPARE.

Screening frequency also varied, with **49% screening for food security annually**, while others screen a few times per year (22%), at each visit (12%), or based on provider discretion (10%). Nearly every SBHC (89%) also screens for additional social needs.

What Does Screening Data Collection and Infrastructure Look Like in SBHCs?

While most SBHCs are screening, the ability to capture, analyze, and use the data remains limited:

- **69% (171) enter food security screening data into the EHR**, but only **55% (137) can extract it** for reporting.
- **Just 26% (65) use resource/referral software to address food security needs**, and only **13% (32) share data** with schools or public health partners.
- Even fewer (12%) track long-term trends in food security.

SBHCs reported they need:

- More staff time dedicated to data entry and reporting (54%, 133),
- Better EHR integration for social needs screening (52%, 129),
- **Training** on data management and evaluation (44%, 110), and
- Funding for **technology upgrades** (43%, 106).

These gaps highlight a national opportunity: the infrastructure for screening is in place, but closing the loop—**from screening to referral to improved outcomes—requires cross sector alignment.** To improve food security screening and follow-ups, SBHCs suggest more community support and partnerships, as well as more training, technical assistance, and data structures to facilitate improved workflows and food access

SBHCs and Direct Food Security Program Provision

Some SBHCs noted that they either partner with their schools or lead food support programs themselves. SBHCs are involved in operating on-site food pantries (35), distributing vouchers for fresh produce or farmers markets (22), school or community gardens (10), and backpack programs (4). Twenty-six respondents noted that youth have opportunities to provide input on the programs, and only two indicated that youth guide decision-making about programming.

> "Our SBHC partnered with local farmers to provider fresh produce boxes biweekly to hundreds of families within the community. We also educated families on how they can best use the produce to make healthy meals. The kids really loved these boxes and share their excitement on how they were able to use them at mealtime."

What Barriers to Screening, Referral, and Program Use Do SBHCs Face?

SBHCs identified a consistent set of challenges:

- **Student & family barriers:** lack of awareness (72%), stigma (60%), and competing priorities (33%).
- **SBHC operational barriers**: lack of formal policy (78% among non-screeners), limited referral pathways (52%), and staff capacity constraints (48%).
- **Funding barriers:** 60% reported no dedicated funding stream for food access work.

Stigma-related concerns were especially prominent, including fear of judgment, cultural beliefs about assistance, misconceptions about eligibility, and concerns about confidentiality. These findings highlight the need for continued **trauma-informed, stigma-free communication and universal screening** to help normalize conversations around hunger.

> "We have been able to build trust with families that supports a reduction in stigma around food security and openness to accessing resources. We, collaboratively with our school contact, have gotten families set up with SNAP and given them resources about community options that they didn't know existed. We work with a lot of newcomers and helping them find safety and clarity in resources they can access has felt meaningful."
>
> - SBHC Staff Person

Key Takeaways

The 2025 work revealed a field that is **committed, capable, and ready to expand food security programming**, but still in need of stronger infrastructure and funding. Key themes included:

- **High demand for training and knowledge-building:** evidenced by strong webinar attendance and resource downloads.
- **Strong SBHC capacity and interest:** most centers already screen, refer, and provide food access support despite limited resources.
- **Opportunities exist for increased youth engagement:** Young people can play a role in shaping SBHC offerings including approaches to increasing food security in ways that increase utilization and reduce stigma.
- **Sustainability requires storytelling:** SBHCs need support in communicating impact to administrators, funders, and state partners.
- **Community partnerships are essential:** closed-loop referrals depend on collaboration with food banks, schools, SNAP offices, and immigrant-serving organizations.

How Can My SBHC Launch or Grow Food Security Practices?

While participating in SBHA and state-level initiatives is a valuable way to build knowledge and integrate food security practices at school-based health centers (SBHCs), sites and systems can also pursue a variety of pathways and resources, outlined below, based on their goals and available capacity.

Emerging Models and Resources to Address Food Insecurity in School-Based Health Centers

bit.ly/NKHToolkit

This toolkit supports SBHCs in the critical work of addressing childhood hunger in their communities by compiling collective learnings and complementary best practices for addressing food security in healthcare. By offering real-world examples along with tools and materials, the toolkit seeks to support other SBHCs with tangible resources for diverse settings, capacities, communities, and school environments, allowing various approaches to addressing food security. While the methods and lessons included in the toolkit are not exhaustive, they serve as a starting point for SBHCs interested in addressing food security as a social determinant of health.

School-Based Health Center Food Security Continuum

bit.ly/NKHInterventions

The continuum provides an overview of strategies that vary in depth and complexity for supporting food security through school-based health centers, ranging from SNAP outreach to establishing on-site food resources. It outlines best practices, resource needs, and opportunities for youth engagement to support students and families in accessing essential food services. Use this continuum to identify interventions that best fit your SBHCs' resources and capacity, and dive deeper using the provided resource links.

Practical Tips and Resources for Effective Food Security Interventions

bit.ly/NKHTips

Learn about strategies and tools to support school-based health centers to address food security. This resource offers guidance on effective interventions, improving health outcomes, and fostering community partnerships to promote student well-being and success.

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