

Too Many Hurdles: Barriers to Receiving SNAP Put Children's Health at Risk

> SNAP - feeding Americans in hard times

The Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) is the cornerstone of the federal nutrition safety net, protecting children's health and reducing the likelihood of food insecurity.^{1,2} Designed to expand in times of need, SNAP participation increased dramatically during the recession.³ Nevertheless, some of those most in need of nutritional support are still not participating.⁴ Nationwide, 14 percent of eligible children do not participate.⁴ To ensure the health of our nation's families and children, we must continue to improve participation rates by eliminating barriers to accessing SNAP.

> Hurdles to receiving SNAP

Children's HealthWatch interviews mothers of children under the age of three in five cities. To shed light on the health impacts of not receiving SNAP due to procedural and other difficulties ("access barriers"), Children's HealthWatch identified a subset of families that are likely, based on income,⁵ to be eligible for SNAP but are not participating due to access barriers. Families reported the following barriers:

- Lack of information about program/eligibility
- Too young to be head of household for SNAP benefits
- Concerns about application process
 - ◆ Bureaucratic obstacles in applying
 - ◆ Disrespectful treatment at the SNAP office or concern about stigma
- Administrative issues, such as reporting deadlines
- Immigration concerns

Children's HealthWatch compared 16,860 families divided into two groups - those currently receiving SNAP and those eligible but not receiving SNAP due to access barriers. Though the annual prevalence of barriers to accessing SNAP has declined over time, still more than a fifth of our families overall reported such difficulties. We excluded from analysis families that reported they were not income-eligible, did not want, or did not need SNAP.

Household Food Insecurity - limited or uncertain access to enough nutritious food for all household members to lead active and healthy lives. Food insecure children are more likely to be hospitalized, have developmental delays, iron-deficiency anemia and/or fair or poor health.⁶

Child Food Insecurity - the most severe level of food insecurity, children experience reductions in quality and/or quantity of meals because caregivers can no longer buffer them from inadequate household food resources.⁶

Housing Insecurity - families live in crowded housing, doubled up with another family, or move frequently. Housing insecurity increases children's risk of food insecurity, poor health and developmental delays.⁷

Summary of Findings

1. Young children whose families do not participate in SNAP due to procedural and other difficulties in applying are more likely to be hungry and underweight.
2. These families are also more likely to be food insecure and housing insecure.



www.childrenshealthwatch.org

A non-partisan pediatric research center that monitors the impact of public policies and economic conditions on the health of young children.

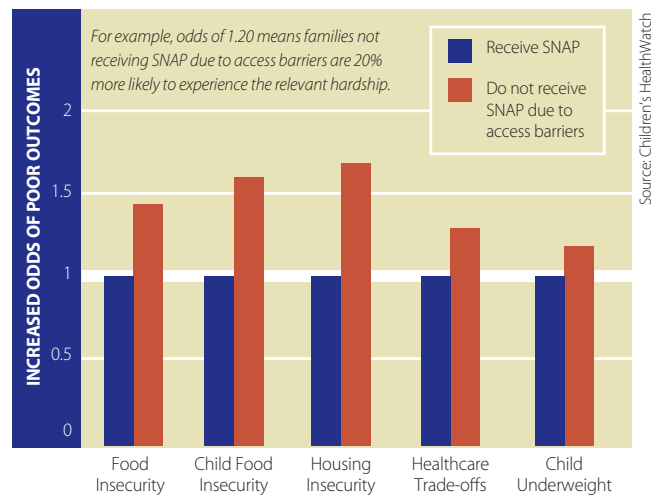
> Children's nutrition and growth harmed by barriers to access

Young children in families not receiving SNAP because of access barriers were more likely to be:

- Child food insecure
- Significantly underweight for their age (an indication of under nutrition)
- Living in households that were food and housing insecure

Mothers in families with barriers to access were also more likely to report experiencing depressive symptoms and having had to make trade-offs between paying for medical costs or for basic needs, such as rent, utilities or food. These data paint a picture of limited budgets that can only be stretched so far before mothers are unable, in the absence of SNAP benefits, to protect young children from the health consequences of food and housing insecurity.⁸

Barriers to SNAP associated with increased hardship



Conclusion

Barriers to accessing SNAP put children's nutrition, health, and growth at risk. SNAP is an effective public health intervention designed to help meet the nutritional needs of Americans in difficult times. Reauthorization of the Farm Bill is an opportunity to improve SNAP policy and reach eligible families not currently participating in SNAP. We urge Congress to:

- Invest in comprehensive outreach and education targeting eligible populations with low participation rates, including culturally competent outreach and interpreter services for families with eligible children and noncitizen caregivers.
- Support application assistance through partnerships with community-based organizations.
- Continue efforts to simplify application/recertification processes and streamline documentation requirements - for instance by using data matching with other benefit programs.
- Ensure adequate state resources for program administration, including customer service training, investment in infrastructure (computers/phones), and increasing the federal share of administrative expenses to improve service and benefit accuracy.
- Restore eligibility to documented immigrants.
- Examine age-eligibility requirements regarding young parents' designation as independent SNAP households.

This Policy Action Brief was prepared by Kathryn Bailey, AB, Research and Policy Fellow, Stephanie Ettinger de Cuba, MPH, Research and Policy Director, John T. Cook, PhD, Co-Principal Investigator, Elizabeth L. March, MCP, Executive Director, Sharon Coleman, MS, MPH, Statistical Analyst, and Deborah A. Frank, MD, Founder.

¹ Perry, A, et al. Food Stamps as Medicine: A New Perspective on Children's Health. C-SNAP, 2007.

² Cook, JT, et al. Food Insecurity Is Associated With Adverse Health Outcomes among Human Infants and Toddlers. *J of Nutrition*. 2004.

³ Food and Nutrition Service, Supplemental Nutrition Assistance Program; Average Monthly Household Participation, 2011.

⁴ Leftin, J. Trends in Supplemental Nutrition Assistance Program Participation Rates: 2001 to 2008. USDA, 2010.

⁵ These are children whose families are on a waiting list for or receiving at least one benefit with an income cut-off (i.e. "means-tested" benefits and waiting lists), such as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), energy assistance, housing or a child care subsidy.

⁶ Cook, JT and Frank, DA. Food Security, Poverty, and Human Development in the United States. *Annals of the New York Acad of Sciences*. 2008.

⁷ Cutts, DB, et al. Housing Insecurity and the Health of Very Young Children. *Am J of Pub Health* (in press).

⁸ March, E, et al. Healthy Families in Hard Times: Solutions for Multiple Family Hardships. Children's HealthWatch, 2010.

