The SNAP Vaccine

Boosting Children's Health

"The first goal of pediatrics is to protect children from suffering preventable illness. From that perspective SNAP is like an effective immunization—it decreases the likelihood a young child will be sick, underweight, or developmentally at risk. These conditions cause preventable suffering for children and families, and incalculable avoidable costs to society now and in the future."

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Children's HealthWatch

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Executive Summary

Every day pediatric health providers use immunizations to protect children from diseases that make them sick, damage their brains, and may even threaten their lives. The right immunizations in the right doses at the right time save untold health and education dollars, not to mention personal anguish and pain. Hunger and food insecurity in the U.S. also endanger the bodies and brains of millions of children.[1] What is the right immunization to decrease a young child's risk of ill health and slow learning? Adequate, healthy food. For 47 years American ingenuity has made that treatment efficiently available to millions of families through the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program), America's strongest defense against hunger and food insecurity. About 50 percent of children in the United States are expected to live in households receiving SNAP at some point in their childhood.[2] Protecting the availability and enhancing the dosage of this widely used pediatric "vaccine" should be a major public health priority.

Children's HealthWatch demonstrated that SNAP, like an effective immunization, significantly decreases families' and children's food insecurity, which are established child health hazards. Children's HealthWatch also found that compared to young children in families that were likely eligible but not receiving SNAP, young children in families receiving SNAP were less likely to be underweight or at risk for developmental delays.

When we specifically examined the impact of SNAP among young citizen children from immigrant families, those whose families received SNAP were more likely to be food secure and in better health than similar children whose immigrant families did not receive SNAP.

Good health in the critical early years of life increases children's chances of succeeding in school, preparing them—and by extension, the United States—to succeed in the competitive global job market of the future. Preserving SNAP's flexible structure—that serves all who are eligible—and improving benefit levels so all participants are able to afford a healthful diet are key priorities for the Farm Bill and beyond. As Congress considers reauthorization of the Farm Bill, today's leaders need to know the medical evidence showing SNAP is an effective vaccine for supporting the healthy minds and bodies of our future leaders: our children.

Food insecurity threatens children's health and well-being.

Food insecurity occurs when families lack access to sufficient food for all family members to lead active, healthy lives. As compared to their food secure peers, young children in food-insecure households are more likely to:

- be in fair or poor health
- be hospitalized
- be at risk for developmental delays
- have iron-deficiency anemia

Child food insecurity (the most severe level of food insecurity) occurs when children experience reductions in the quality and/or quantity of meals because caregivers can no longer buffer them from inadequate household food resources.

Doctors know food insecurity and hunger are dangerous—jeopardizing children's health and normal development. Children are particularly vulnerable to these dangers in the first three years of life: a critical period of development when brain and body must meet an urgent biologic timetable requiring very high levels of quality nutrients. Early childhood food insecurity endangers children's future academic achievement and adult health and workforce participation.

> The Great Recession and jobless recovery increased food insecurity

The Great Recession had a detrimental impact on many families' ability to afford adequate healthy food, but food insecure families were hit hardest. A recent study by the Food Research and Action Center found that food spending among food insecure families had declined considerably over the last decade.[3] Parents' unemployment and the consequent descent into poverty disproportionately affected children, especially children under the age of 6.[4] Food insecurity is a frequent companion to poverty and, similarly, families with children under 6 have higher rates of food insecurity than those with older children only.

SNAP provides crucial support to families

SNAP helps millions of Americans afford a nutritionally adequate diet each month.[5] Participants can purchase food in authorized retail stores with an Electronic Benefit Transfer card. Eligibility and monthly benefits are calculated based on family income and expenses. SNAP has a high degree of program integrity due to its rigorous quality control systems[6] —SNAP eligibility is confirmed by SNAP state agencies through a wide range of data sources to check application information, including income and identity. In 2010, 43 percent of recipient households had incomes at or below half the poverty line,[5] equivalent to about $9,155 per year for a family of three.[6] Nearly half (47 percent) of all SNAP participants are children[5] and 76 percent of families receiving SNAP have at least one employed member.[7]

Given the tight schedule of young children's brain development, timely availability of adequate nutrition is essential. In the recent recession, SNAP's mandate to serve all eligible applicants worked as intended to rapidly reach those most affected by the downturn,[7] including families with children. As the economy improves and families financially stabilize, SNAP's counter-cyclical structure will cause participation to naturally constrict—by 2021, SNAP spending is expected to fall to nearly pre-recession levels relative to the size of the economy.[8]

SNAP has broadened access to healthful food by enabling recipients to make purchases not only at retail food stores but also at farm to consumer venues like farmers' markets, and Community Supported Agriculture (CSA). Every $5 in SNAP benefits generates as much as $9 of economic activity within the U.S.,[9] producing healthier children in economically stronger communities.[10]

SNAP—medicine for healthy bodies and minds

Children's HealthWatch analyzed data from more than 17,000 young children whose parents sought care for them in a hospital emergency department or primary care clinic between 2004 and 2010. We compared children whose families received SNAP benefits to those whose families did not receive them but were likely eligible (based on their participation in at least one other means-tested program). Families who reported that they did not want or did not need SNAP were not included.

We found that, in comparison to children whose families were eligible but did not receive SNAP, young children whose families received SNAP benefits were significantly less likely to be at risk of:

- **Underweight (an indication of undernutrition)**
- **Developmental delays**

even after accounting for other possible factors, such as maternal education and employment.

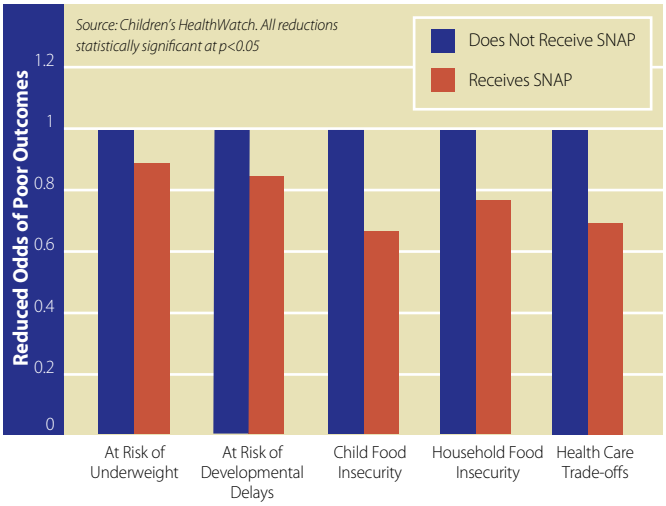
We also found that children whose families received SNAP were significantly more likely to be living in food secure families and to be food secure themselves.

SNAP helps families afford heating, health care, and other basic needs

Children's HealthWatch found that families that received SNAP were significantly less likely to have had to make trade-offs between paying for healthcare costs and paying for other basic needs, like food, housing, heating and electricity. The connection between families' ability to afford to heat their home and provide enough to eat is recognized through the benefit coordination between SNAP and the Low Income Home Energy Assistance Program (LIHEAP), called 'Heat and Eat.' The policy maximizes support for low-income populations, in turn translating into SNAP benefits that better cover the cost of food and therefore provide more meals for families.[11]

FIGURE 1.

SNAP helps children and families stay healthy and afford other essential needs



New Americans

Children's HealthWatch found that compared to children of U.S.-born mothers, citizen children of immigrant mothers were more likely to live in a two-parent family, have been born at a healthy weight and breastfed, and have a mother who is not depressed.[12] Despite this healthy start, young children of recent immigrants are also more likely to be in poor health and food insecure.[12] SNAP is an important medicine for children in these families, working to counteract their heightened vulnerability. **Compared to children of immigrant mothers who were likely eligible for SNAP but not receiving it, children of immigrant mothers who were receiving SNAP were significantly more likely to be:**

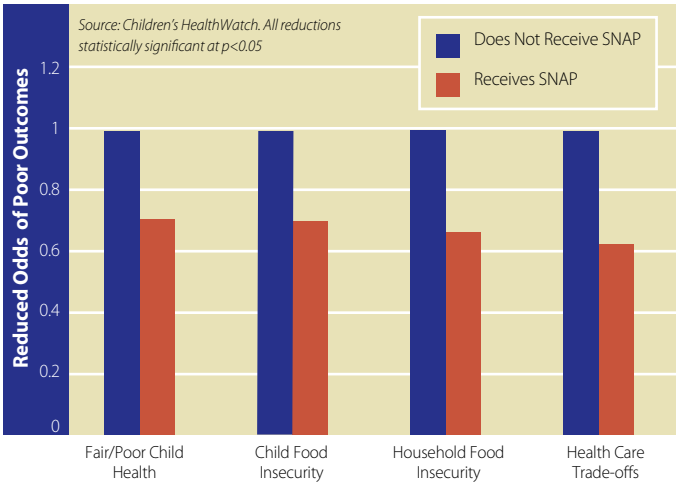
- **in good or excellent health**
- **living in a food secure household**
- **child food secure**

Their families were also less likely to have had to make health care trade-offs.

Ninety-three percent of children under six with immigrant parents are American citizens,[13] playing a critical role in our nation's future. However, families headed by immigrants participate in SNAP and several other public assistance programs at lower rates than their U.S.-born counterparts.[14] In part, these lower participation rates are due to a mix of regulatory barriers and misconceptions in the immigrant community. Legally qualified, able-bodied immigrant adults who have been in the U.S. for less than five years, even when eligible in all other ways, are ineligible for SNAP.[15] This five year rule, combined with common misconceptions about the impact of receiving any government help on families' ability to obtain U.S. citizenship in the future, keeps families from accessing benefits for themselves and for their eligible children, thus also missing out on the important health benefits of nutrition assistance.[15]

FIGURE 2.

SNAP helps children of immigrant mothers stay healthy and avoid food insecurity.



The cost of a healthy diet – out of reach

SNAP is a good vaccine, but for many families the dose is too low to purchase diets recommended by health care experts and the U.S. Department of Agriculture (USDA), even for those receiving the maximum benefit.[16] The average SNAP participant receives $134 per month ($1.63 per meal) to supplement his/her food budget.[17]

SNAP benefit amounts are based on the USDA's Thrifty Food Plan (TFP). The TFP was last updated in 2006 and no longer reflects the real cost of food in some areas. A 2008 Children's HealthWatch study found that in Boston, the average monthly cost of the TFP was 39% higher than the maximum monthly SNAP benefit for a family of four; the average monthly cost in Philadelphia was 49% above the maximum benefit.[18] The benefit increase implemented as part of the American Recovery and Reinvestment Act (ARRA) helped close the gap, but the average monthly cost of the TFP in Philadelphia in 2011 was still 29% higher than the maximum monthly SNAP benefit.[19]

Increasing SNAP benefit levels improves family diet quality and children's health

Participation in SNAP plays a critical role in obesity prevention, both by improving dietary quality and by reducing food insecurity.[20,9] In a nationally representative sample of female SNAP recipients, higher SNAP benefits were associated with lower body mass index.[21] No studies have shown a causal link between SNAP participation and childhood obesity[22] and research in recent years suggests no difference in obesity rates between SNAP participants and non-participants.[23]

In 2009, ARRA raised SNAP benefits across the board by a minimum of 13.6 percent.[24] The added benefit for a four-person household was $80/month.[25] A USDA Economic Research Service study showed that these ongoing ARRA SNAP enhancements not only created farm and non-farm jobs but also improved household food security among low-income families in a time of tremendous economic hardship.[26]

Well-child: What every parent wants—a child who is not overweight or underweight and whose parents report that s/he is in good health, developing normally for his/her age, and has never been hospitalized.

Recent research from Children's HealthWatch demonstrated that improved SNAP benefit levels also have a positive impact on children's health. We compared the health of young children in families receiving SNAP with those in families that were likely eligible for the program but not receiving SNAP, before and after the ARRA benefit increase. **In the nearly two years after the increase, children in families receiving SNAP were significantly more likely to be classified as "well" than were young children whose families were eligible but did not receive SNAP.**[27]

As a result of legislation passed in 2010, these increased benefit levels are scheduled to end in October 2013,[16] several years earlier than anticipated, causing a sizable and abrupt benefit reduction for virtually all households in the program.[28] When the reduction goes into effect, families of four will see a $51 monthly benefit reduction, equivalent to a loss of about 31 meals per month[8] (based on the current average benefit per person per meal). Until benefit levels are adjusted to match the cost of a healthy diet, in line with the latest scientific recommendations, SNAP's great potential to relieve hunger, support children's health and healthy development, and promote a stronger America cannot be fully realized.

Policy Solutions

Protecting children's health with the SNAP vaccine

SNAP is reauthorized every five years, under the Nutrition Title of the Farm Bill. In 2012, when the Farm Bill is due to come up for reauthorization, legislators have an opportunity to ensure that SNAP continues to improve its ability to support the health and learning potential of America's children. Our country's future success depends on the strength and health of our children today. Therefore we must:

- **Maintain the existing structure of SNAP,** allowing the program to expand with rising need and shrink as natural disasters abate or the economy improves and families' earnings increase.
- **Replace the USDA's Thrifty Food Plan with the Low-Cost Food Plan**—which more accurately reflects food pricing in struggling communities—as the basis for the maximum SNAP benefit. Each family's benefit is based on both income and expenses; for those families with little or no gross income receiving the maximum allotment, the benefit falls short of actual food costs.
- **Sustain the ARRA benefit level improvement,** making it a permanent part of the SNAP benefit structure. The ARRA boost was a good first step toward use of the Low-Cost Food Plan.
- **Preserve food choice in the program,** allowing families to take responsibility for choosing the most appropriate foods for their household. Healthy incentive programs, such as those offering matching benefits for fresh fruits and vegetables, support positive choices and recognize the additional cost of fresh foods.
- **Eliminate waiting periods for authorized immigrants,** who would otherwise be eligible for benefits, to enhance the likelihood that their eligible children will also participate in SNAP.
- **Increase outreach to immigrant families** to ensure that all children receive the nutritional supports for which they are eligible.
- **Retain the "Heat and Eat" policy** allowing states to continue streamlining benefit coordination between SNAP and LIHEAP at all LIHEAP benefit levels.

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CHILDREN'S HealthWatch

"With the money food stamps provides, I was able to feed my daughter breakfast in the morning. Without it, what would she have eaten? She had cereal. She had milk. She didn't have to go without."

Crystal S.
Witness to Hunger

Photo: Christina K.

About Children's HealthWatch

Children's HealthWatch is a nonpartisan pediatric research center that monitors the impact of economic conditions and public policies on the health and well-being of very young children. For more than a decade, Children's HealthWatch has interviewed families with young children in five hospitals—in Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia—that serve some of the nation's poorest families. The database of over 42,000 children, more than 80 percent of whom are from racial and ethnic minority groups, is the largest clinical database in the nation on very young children living in poverty. We collect and analyze a wide variety of information, including data on household demographics, food security, public benefits, housing, home energy and children's health status and developmental risk.

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