



Food Stamps as Medicine

A New Perspective on Children's Health



The Food Stamp Program is America's first line of defense against hunger and the foundation of our national nutrition safety network. Physicians and medical researchers also think it is one of America's best medicines to prevent and treat childhood food insecurity.

The **Children's Sentinel Nutrition Assessment Program (C-SNAP)**—a non-partisan network of pediatricians and public health specialists who conduct research, based on a dataset of nearly 24,000 children, on the effects of US social policy on young, low-income children's health and nutrition—has concluded that **food stamps can make a crucial difference in determining a child's health status** and the course of his or her development. By reducing food insecurity, food stamps can decrease a child's risk of:

- **Hospitalization**
- **Poor health**
- **Iron deficiency anemia**
- **Deficits in cognitive development**
- **Behavioral and emotional problems**

2007 Farm Bill Reauthorization: Refilling the Prescription

The Food Stamp Program is reauthorized every five years, under the nutrition title of the Farm Bill. In 2007, when the Farm Bill is next reauthorized, legislators have an opportunity to ensure the Food Stamp Program continues to build on its success. Supporting the Food Stamp Program in 2007 will help protect the health of America's children until 2012.

Food Insecurity

A technical term many frontline workers call hunger, food insecurity refers to limited or uncertain access to enough nutritious food for all household members to lead an active and healthy life.

Funded under the nutrition title of the Farm Bill, the Food Stamp Program enables low-income families to buy food in authorized retail stores. Eligibility and monthly benefit levels are calculated according to a balance of a family's income, assets, and expenses.

On average, 25.7 million Americans receive food stamps every month. Half (50%) of all recipients are children, and nearly one-third (29%) of all recipient households are employed.ⁱ The US Department of Agriculture (USDA) estimates that the number of potentially eligible people participating in the program increased from 53% in 2001 to 60% in 2004.ⁱⁱ The average recipient household in 2004 had income at 60% of the federal poverty level—\$12,000 per year, for a family of four—with just 12% of participating households' incomes falling above the poverty line.

The need for food assistance remains strong. The America's Second Harvest emergency food network provided hunger-relief services to an estimated 25.3 million low-income people in 2005—including 2 million children under age 5—an 8% increase since 2001,ⁱⁱⁱ and a recent 24-city US Conference of Mayors survey noted that requests for food assistance rose by 12% in 2005.^{iv} This increase may be attributable to rising energy, health, and housing costs, which combine to force many struggling Americans—often employed and with young children—to rely on food assistance to make ends meet and fill empty stomachs.

Hunger is not merely uncomfortable; for millions of American children, it is dangerous—jeopardizing their health and normal development. Infants and toddlers are particularly vulnerable because the first three years of life are a critical developmental period, during which the foundations are laid for growth and learning in later life. Early childhood food insecurity endangers children's future academic achievement and workforce participation. Children starting life at a disadvantage have greater odds of remaining at a disadvantage.



Rural Americans

C-SNAP's work focuses on urban children, but recent research has shown that rural children are at high risk for food insecurity as well. Paradoxically, in America's countryside, where much of our food is grown, rural Americans disproportionately rely on the Food Stamp Program to feed their families. In 2001, the last year for which data have been calculated, only 22% of the United States' total population, but a full 31% of food stamp recipients, lived in rural areas. And overall, whereas only 4.8% of urban residents received food stamps, 7.5% of rural residents did.^{xii} Children account for a large percentage of this group: while children comprise only one-fourth of the rural population, they account for nearly half (43%) of all rural residents receiving food stamps.^{xiii}

New Americans

C-SNAP's research reveals that food insecurity poses a serious threat to the health of many new Americans and, in particular, to citizen children of immigrant parents. As US citizens, these children are potentially eligible for, but frequently do not receive, assistance from the Food Stamp Program.^{xiv} Indeed, young children of immigrants are less than half as likely to receive food stamp benefits as young children of citizen parents, despite higher poverty rates among immigrant families.^{xv}

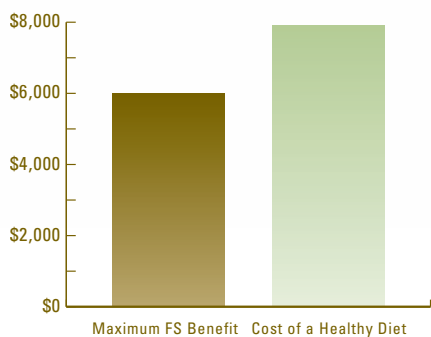
More than 11.5% (32.5 million) of the total US population is foreign-born. As reflected in recent census data, immigrant communities across the country are experiencing tremendous growth.^{xvi} But even while immigrants work hard to harvest, prepare, and serve America's food, the terrible irony is that many struggle with chronic hunger within their own families, with food insecurity jeopardizing their children's health and development.

The Food Stamp Program could help protect these children from unnecessary risk. C-SNAP has found that **citizen children of immigrant parents who receive food stamps are 32% less likely to be in poor health** than if their families did not receive food stamps. In other words, food stamps can make a profound difference in a child's health, but too many eligible American children in immigrant families are not getting the nutrition assistance they so desperately need.

The Medicine Works but the Dose is too Low

Although federal funding for the Food Stamp Program currently totals \$28 billion, the average person receives only \$92.60 per month—barely \$1 per meal.^v This means that even families who receive food stamps often simply cannot afford to eat right. Food stamp benefit amounts are based on the USDA's Thrifty Food Plan (TFP),^{vi} which does not adhere to the Surgeon General's most recent nutrition recommendations and no longer reflects the real cost of food in some areas.^{vii} A recent sampling of grocery stores in Boston, MA, revealed that, on average, the monthly cost of the TFP is \$27 more than the maximum monthly food stamp benefit allowance. Most recipients, however, do not receive the maximum benefit, so the gap is often even wider. A low-cost healthier diet based on the most recent nutrition guidelines exceeded maximum monthly food stamp benefit levels by \$148—an annual differential of \$1,776—a budgetary stretch entirely unrealistic for most families poor enough to receive nutrition assistance.^{viii} Until benefit levels are adjusted to match the cost of a healthy diet, in line with the newest scientific recommendations, the Food Stamp Program's great potential to relieve hunger and promote a healthier America cannot be fully realized.

Annual Gap Between Maximum Monthly Food Stamp Benefit and Cost of Surgeon General's Low-cost, Healthier Diet for a Family of Four



Do Food Stamps Cause Childhood Obesity?

No studies have shown a causal link between food stamps and childhood obesity.^{ix} Factors thought to contribute to obesity include media advertising of sweetened and high-fat foods aimed at young children, lack of recess and physical education classes in schools, too few safe opportunities for exercise in many neighborhoods, and—paradoxically—food insecurity.^x The possible pathways between food insecurity and obesity are complex. To prevent family members from experiencing hunger, parents in food insecure households may purchase a limited variety of cheap, energy dense foods high in fat and added sweeteners, but low in nutritional quality. At the same time, food insecure households reduce their consumption of healthier, but relatively more expensive, foods—such as fresh fruits and vegetables, whole grains, low-fat dairy, fish, and vegetable protein.^{xi} A successful public-health approach to obesity prevention must include an effective Food Stamp Program with benefit levels that permit low-income families to purchase healthier foods and raise healthier children.



Why Food Stamps Matter for Children's Health: What Medical Research Shows

A decade of clinical research by C-SNAP shows that food stamps are an essential medicine for America's youngest and most vulnerable children. Infants and toddlers in food insecure households are at increased risk for iron deficiency anemia, deficits in cognitive development, and behavioral and emotional problems, all of which can impede their readiness for school and their future productivity as adults in the workforce.^{xvii} Indeed, C-SNAP has recently found that **children receiving food stamps are 26% less likely to be food insecure than eligible children not receiving food stamps**, suggesting that they are less likely to suffer from the negative effects of food insecurity. The connection is strong: food insecurity contributes to developmental problems and poor health among children, and food stamps decrease child food insecurity.

The effect of food stamps on minority groups, who are disproportionately vulnerable to food insecurity, is clear as well. When benefits are decreased or eliminated, food insecurity rises and health suffers:

- Latino children whose family food stamp benefit was sanctioned were **more than twice as likely to suffer from food insecurity** as those whose family food stamp benefit was unchanged.
- Compared with black infants and toddlers whose family food stamp benefits were *not* reduced in the past year, young black children whose family benefits were reduced had **38% greater odds of being reported in poor health.**^{xviii}

Other research supports and complements C-SNAP's findings. Among preschoolers, for example, food stamps have consistently been associated with higher intake of vitamins and minerals crucial for children's health.^{xix} Participation in the Food Stamp Program has repeatedly demonstrated beneficial effects on children's school achievement.^{xx} Moreover a 2006 USDA-funded report found that childhood participation in the Food Stamp Program reduces the risk of serious nutrition-related health problems.^{xxi}

Because they decrease the risk of food insecurity, food stamps can also protect children from costly hospitalizations, many of which—for families without private health insurance—are covered by tax dollars. C-SNAP's research shows that children in food insecure homes are approximately **twice as likely to suffer poor health and one-third more likely to be hospitalized**, because poor nutrition can increase their risk of contracting illnesses and compromise their immune systems.^{xxii} By reducing the prevalence or severity of food insecurity, food stamps promise to reduce child hospitalization and health care costs, saving money for both struggling families and our government.

Healthier Children, Stronger Communities

The Food Stamp Program also contributes to the health of the communities in which our children live. Each dollar spent on federal food stamp benefits generates nearly twice that in economic activity, so local communities stand to benefit tremendously from the Food Stamp Program.^{xxiii} Conversely, low participation rates translate into missed fiscal opportunities for cities. In 2006, for example, Los Angeles missed out on \$463 million of federal money; New York City, \$430 million; and Houston, \$168 million.^{xxiv} Food stamps lead to more money flowing through local economies, producing healthier children in stronger communities.





Following the Doctor's Orders: *Prescriptions for Change*

Based on medical research, C-SNAP offers the following recommendations for improving young children's health:

- Many children do not receive the nutrition assistance they need. **Funding effective outreach/education activities and simplifying application/recertification procedures** will drive this figure up. Confusion, anxiety, and administrative barriers keep many people from receiving benefits.
- **Monthly benefit levels should be raised to equal the cost of a healthy diet**, commensurate with the Surgeon General's most recent nutrition recommendations.
- **Raising the asset cap above the current level (\$2,000 in most cases)** will allow poor families to save modest amounts of money and begin to accumulate the assets needed to raise themselves out of poverty and off of food stamps.
- Many parents with limited English are currently deterred from accessing food stamps by language barriers. **More interpreters will help to serve America's diverse population.**

The Food Stamp Program has recently made great strides forward in reaching out to more Americans, but further improvement is both possible and necessary. One in five eligible American children is starting at a disadvantage by not receiving the food stamps he or she needs to develop and learn properly. Many of those not yet receiving nutrition assistance are among the most vulnerable groups, such as children of color and citizen children of immigrant parents.

America's children deserve the best chance we can give them to thrive in later life; if they start behind, they will likely remain behind. Supporting the Food Stamp Program is a sound investment in America's future and in the wellbeing of *all* of her children.

About C-SNAP

The Children's Sentinel Nutrition Assessment Program (C-SNAP) is a national network of pediatricians and public health specialists whose focus is:

- Conducting original, clinical research on children 0-3 years old
- Facilitating public policies that protect children's health and development by providing credible evidence to policy-makers and advocates
- Providing referrals to medical care and other resources for children and food insecure households

C-SNAP's total sample, gathered over the past decade, includes nearly 24,000 children under age three.

C-SNAP study sites include:

- Boston Medical Center, Boston, MA
- Hennepin County Medical Center, Minneapolis, MN
- Mary's Center for Children, Washington, DC *
- University of Arkansas for Medical Sciences, Little Rock, AR
- University of Maryland Medical Center, Baltimore, MD
- St. Christopher's Hospital for Children, Philadelphia, PA
- Harbor-UCLA Medical Center, Los Angeles, CA *

Dormant sites indicated by *



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