

September 5, 2014

As pediatric researchers and clinicians, we lament the misunderstandings about food insecurity in James Bovard's ([How the Feds Distort Their 'Food Insecurity' Numbers](#); Sept 3, 2014, Opinion). First, hunger is a likely though not necessary consequence of food insecurity. Second, SNAP recipients have high prevalence of food insecurity because food-insecure people eligible for SNAP are motivated to complete the application and receive the benefit; they self-select into SNAP. It is illogical to think that SNAP causes food insecurity. Statistical analyses adjusting for selection bias have shown that SNAP reduces food insecurity. Third, relying on low quality foods because of lack of money is a major problem that is tied to chronic diseases, like diabetes and cardiovascular disease. The Institute of Medicine found the current calculation of SNAP benefits insufficient to cover the cost of healthy diets, meaning that SNAP-supported families must choose between buying cheap, unhealthy foods to fill their stomachs, or experiencing hunger. Finally, food insecurity has been shown to have major health implications, beginning in the womb and including pregnancy complications and babies with low birth weights and birth defects. A voluminous body of research has shown that even the least-severe levels of food insecurity are harmful to children's physical and mental health, growth, and development. If the U.S. wanted to create a large population of academically disadvantaged children, there is no better way than to let 16 million children grow up food-insecure. Don't fall into the trap of assuming food insecurity does not matter to America's health and prosperity.



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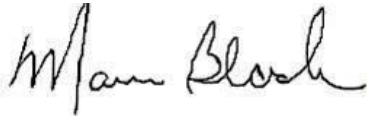
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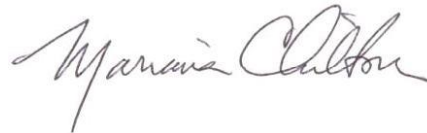
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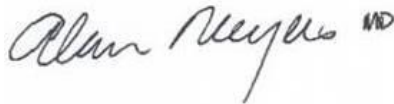
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[Children's HealthWatch](#) is a pediatric research group that monitors changes in economic conditions and public policies and their impact on the well-being of young children. We interview families in urban medical centers serving low-income populations in Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia and have been providing original research and analysis from the frontlines of pediatric care to policy makers and the public for more than a decade.

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