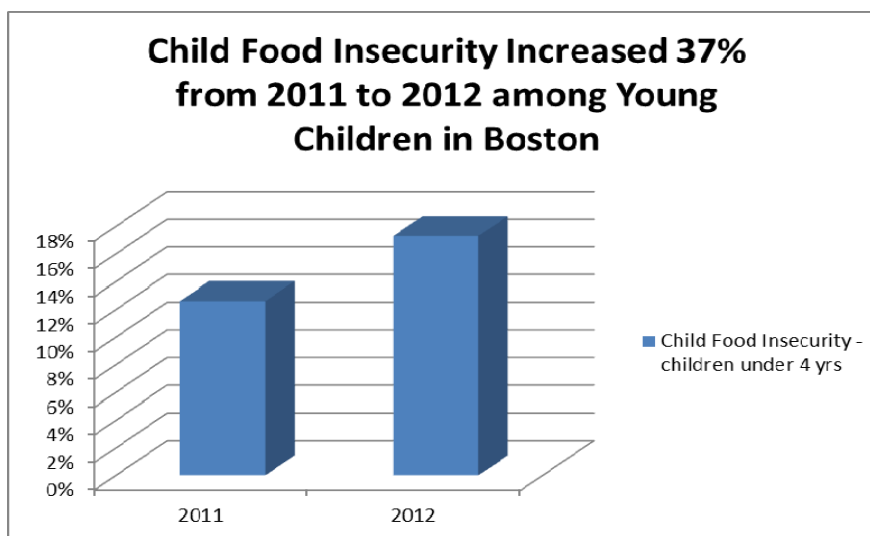


Increasing Food Insecurity among Families with Young Children in Boston

Though the Great Recession has ended and conditions have improved for middle-income families, these improvements have not reached low-income families, who continue to struggle to afford basic necessities. Rates of child food insecurity among young children in Boston rose by 37% between 2011 and 2012. Child food insecurity is the most severe level of food insecurity; it occurs when children experience reductions in the quality and/or quantity of meals because their parents can no longer buffer them from inadequate household food resources. Child food insecurity dramatically increases children's risk of poor health, developmental delays, and hospitalizations.



SNAP Protects Young Children's Health and Brain Development

SNAP protects children in the critical early years of life. Of the children in our Massachusetts dataset, 42% receive SNAP. Children's HealthWatch found that, compared to young children whose families were likely eligible for SNAP but not receiving benefits, **young children in families receiving SNAP were more likely to:**

- **Be food secure**
- **Be in good or excellent health**
- **Be on track developmentally**
- **Have a healthy height and weight for their age**

Moreover we found that **families receiving 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.** As low-income families continue to struggle to pay for essential goods and services, the benefit coordination between SNAP and the Low Income Home Energy Assistance Program (LIHEAP), called 'Heat and Eat', maximizes support for low-income families, helping them balance two household necessities, heating and groceries.

ARRA Increase in SNAP Benefits Protected Children's Health: Cuts to SNAP Benefits are Counterproductive*

In 2009, SNAP recipients received increased assistance when ARRA raised SNAP benefits for all participants. This increased benefit is scheduled to be eliminated in November 2013. Yet the spiking rates of child food insecurity in Boston underscore that this change will be harmful to young children. Children's HealthWatch research demonstrated that young children in **families receiving SNAP in the two years after the ARRA were significantly more likely to be classified as "well"** than young children whose families were eligible but did not receive SNAP.

What is a Well Child? A child who is not overweight or underweight, and whose parents report that s/he is in good health, has never been hospitalized, and is developing normally for his/her age.

The ARRA increase helped bridge the gap between food costs and limited family resources and thus improved child health. The USDA Economic Research Service has also shown that the increased SNAP benefit was essential in slowing the rate of food insecurity at the national level during the Great Recession. **These results underscore the need to protect and improve, rather than decrease, SNAP benefit levels; higher SNAP benefit levels have a positive impact on young children's health.**

***This situation will worsen in November 2013 when increased SNAP (Supplemental Nutrition Assistance Program, formerly food stamps) benefits granted under the American Recovery and Reinvestment Act (ARRA) are rolled back to pre-ARRA levels for all participants.**

WIC has a Powerful Effect on the Health of Young Children

Children's HealthWatch has found that compared to children who are likely eligible but not receiving WIC due to access problems, children who receive WIC are more likely to:

- Be in excellent or good health
- Be food secure
- Have a healthy weight for their age

WIC Decreases the Risk of Developmental Delays in Young Children.

Children are considered at risk for developmental delays when there are significant concerns about their ability to speak and understand language, their fine and gross motor skills, social/emotional behavior, and/or ability to learn in school. Children's HealthWatch findings about reduced risk for developmental delays are consistent with a long history of research showing WIC to be effective in protecting young children's birth outcomes, health and development.

WIC is a Sound and Effective Investment in our Nation's Future

WIC is cost-effective: every \$1.00 spent on WIC results in savings of between \$1.77 and \$3.13 in health care costs. The cost savings are due in part to WIC's effectiveness in reducing rates of low birth weight and improving rates of childhood immunization. Given the tight schedule of young children's brain development, timely availability of adequate nutrition is essential. Our state relies on WIC: 82% of Children's HealthWatch families in Massachusetts receive WIC.

SNAP and WIC are effective health programs that must be protected.

Several current legislative proposals threaten the funding and structure of SNAP, including House and Senate versions of the Farm Bill and ongoing budget cuts due to sequestration. Moreover the ARRA rollback of SNAP benefits will be counterproductive, hurting families and children and compromising their health.

- 1. Sustain the strength of SNAP's structure in the Farm Bill and other legislation, allowing it to expand in times of increased need.**
- 2. Sustain and improve benefit levels so all participants are able to afford a healthful diet. SNAP benefits should continue to be funded at the increased ARRA level.**
- 3. Prioritize funding for proven, cost-effective programs like WIC, protecting it from cuts in sequestration.**

What: Children's HealthWatch is a non-partisan, pediatric research and policy center monitoring the impact of public policy and economic conditions on children ages 0 to 4.

How: Our multi-site network of pediatricians and public health researchers collects data and produces original, timely research to inform policy by working with legislative and advocacy partners.

Who: Children in our dataset are largely from low-income, urban families. There are over **12,000** young children in our Massachusetts dataset.

Where: We collect data in emergency rooms and primary care clinics in Arkansas, Maryland, Massachusetts, Minnesota and Pennsylvania.

Why focus on children ages 0 to 4?

This is the most-rapid period of brain and body growth, which lays the foundation for lifetime cognitive, socio-emotional, and physical health and ability.

For additional information or to visit one of our research sites or clinics, please contact:

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