

The Supplemental Nutrition Assistance Program (SNAP): Promoting America's Health Now and in the Future

The Supplemental Nutrition Assistance Program (SNAP) is our nation's first line of defense against hunger and food insecurity. A strong SNAP in the Farm Bill is necessary for optimal child and family health. However, based on research from Children's HealthWatch and from others, the proposed changes—specifically changes to Broad Based Categorical Eligibility, Heat and Eat, and work requirements in the recently released draft from the House Agriculture Committee—will decrease the program's effectiveness and imperil the health and development of our nation's children and their families.

SNAP improves health

Simply put, SNAP is important medicine.¹ Decades of research, including our own, demonstrates that SNAP is an effective tool for reducing food insecurity and hunger and improving health across the lifespan, beginning during pregnancy and early childhood, including better birth outcomes and fewer hospitalizations.^{2,3} SNAP, a fundamental element of America's public health and economic infrastructure, sustains families when life takes unforeseen turns, wages are not enough to pay for basic needs, or work is hard to find.

Health Benefit: Broad Based Categorical Eligibility reduces benefit cliffs, meaning families are able to work and feed their families while they move towards financial stability.

SNAP is a critical support for low-wage working families.⁴ Broad Based Categorical Eligibility (BBCE) provides states the flexibility to address the needs of their residents. BBCE has afforded access to SNAP for working families across the country as they seek to increase income and build assets while also having the resources necessary to feed their children.

- Threat to health: Elimination of BBCE would create a benefit cliff for workers and their and families, placing them at increased risk of food insecurity and other hardships and imperil their children's health and development.⁵

Health Benefit: Heat and Eat means no one should be forced to choose between eating and heating their home.

Streamlined coordination of SNAP and energy assistance through "Heat and Eat" promotes health. Research shows energy assistance improves the health of young children and reduces family hardships.⁶ Particularly in seasons when energy costs are high, families depend on assistance to afford both utilities and food.

- Threat to health: Eliminating Heat and Eat for the states currently participating in the program will harm child health as families are forced to choose between putting food on the table and heating their home. In addition, "Heat and Eat" streamlines program administration for the states – saving time and money.

Health Benefit: SNAP supports child and adolescent health and learning.

Children of all ages need enough nutritious foods – and healthy parents - to grow, learn, and thrive. While our work focuses specifically on the health outcomes associated with food insecurity among young children, our adolescent health colleagues have demonstrated threats to physical and mental health and educational success linked to food insecurity among older children and teens.^{7,8}

- Threat to Health: Placing time limits on parents and caregivers who are unable to find work in families with children of any age would result in increased food insecurity and negatively impact parental health, threatening the well-being of children of all ages⁹ and putting their ability to learn and compete in the future workplace at risk.¹⁰ Even though 74 percent of households participating in SNAP with earned income have children,¹¹ time limits for those who are unable to find work threaten child and adolescent health.

The future of our nation and our economy depends on the healthy growth and development of our nation’s children. Passing a Farm Bill that promotes current and future opportunity by ensuring adequate nutrition for parents and children of all ages keeps America strong.

For a complete list of Children’s HealthWatch’s Farm Bill priorities, visit

<http://childrenshealthwatch.org/wp-content/uploads/SNAP-Farm-Bill-Priorities-2018.pdf>

[Children’s HealthWatch](#) is a nonpartisan network of pediatricians, public health researchers, and policy and child health experts committed to improving children's health in America. Every day from the frontlines of pediatric health care, in urban hospitals across the country, we collect data on children ages zero to four who are from families experiencing economic hardship. We analyze and release our findings to academics, legislators, and the public to inform public policies and practices that can give all children equal opportunities for healthy, successful lives.

For questions or further information, please contact Allison Bovell-Ammon, Deputy Director of Policy Strategy for Children’s HealthWatch at allison.bovell-ammon@bmc.org or 617-414-3580.

¹ Ettinger de Cuba S, Weiss I, Pasquariello J, Schiffmiller A, Frank DA, Coleman S, Breen A, Cook J. The SNAP Vaccine: Boosting Children’s Health. Children’s HealthWatch, February 2012. Available at: http://childrenshealthwatch.org/wp-content/uploads/snapvaccine_report_feb12.pdf

² Almond D, Hoynes HW, Schanzenbach DW. Inside the war on poverty: The impact of food stamps on birth outcomes. *The Review of Economics and Statistics*. 2011;93(2):387-403.

³ Hoynes H, Schanzenbach DW, Almond D. Long-run impacts of childhood access to the safety net. *The American Economic Review*. 2016;106(4):903-934.

⁴ Rosenbaum D. The Relationship Between SNAP and Work Among Low-Income Households. Center on Budget and Policy Priorities. 2013. Available at: <https://www.cbpp.org/research/the-relationship-between-snap-and-work-among-low-income-households>

⁵ Ettinger de Cuba S, Harker L, Weiss I, Scully K, Chilton M, Coleman S. Punishing Hard Work: The Unintended Consequences of Cutting SNAP Benefits. Children’s HealthWatch, December 2013. Available at: http://childrenshealthwatch.org/wp-content/uploads/cliffeffect_report_dec2013.pdf

⁶ Frank DA, Neault NB, Skalicky A, Cook JT, Levenson S, Meyers AF, Heeren T, Cutts DB, Casey PH, Black MM, Berkowitz C. Heat or Eat: The Low Income Home Energy Assistance Program and Nutritional and Health Risks Among Children Less than 3 Years. *Pediatrics*. 2006;118;1293-1302

⁷ Baer TE, Scherer EA, Fleegeer EW, Hassan A. Food Insecurity and the Burden of Health-Related Social Problems in an Urban Youth Population. *J Adolesc Health*. 2015 Dec;57(6):601-7.

⁸ Popkin SJ, Scott MM, Galvez M. Impossible choices: Teens and food insecurity in America. The Urban Institute.

⁹ Shankar P, Chung R, Frank DA. Association of food insecurity with children's behavioral, emotional, and academic outcomes: A systematic review. *J Dev Behav Pediatr*. 2017;38:135-150.

¹⁰ Pavetti L. Work requirements don't work. Center on Budget and Policy Priorities. 2018 Jan 10. Available at: <https://www.cbpp.org/blog/work-requirements-dont-work>

¹¹ Farson Gray K, Fisher S, Lauffe S. Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2015. United States Department of Agriculture, Supplemental Nutrition Assistance Program Report Series, Office of Policy Support Report No. SNAP -16- CHAR. November 2016.