CHILDREN'S HealthWatch

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Dear Madam/Sir:

The following comments are provided in response to a notice in Federal Register /Vol. 77, No. 176 /Tuesday, September 11, 2012 /Notices regarding **DEPARTMENT OF AGRICULTURE, Food and Nutrition Service Request for Information: Research on the Causes, Characteristics, and Consequences of Childhood Hunger and Food Insecurity.**

Children's HealthWatch is a multi-site pediatric research center that monitors food insecurity and other family hardships, and policies that affect those hardships, with attention to their effects on development in young children and on their and their mothers' health. We have research sites at teaching hospitals in Baltimore, Boston, Minneapolis, Philadelphia and Little Rock. In preparing these comments, we afforded a group of some 25-30 pediatricians, public health workers and child health researchers affiliated with Children's HealthWatch an opportunity to contribute their thoughts; these comments reflect the thoughts of those who responded.

We appreciate the possibility of additional support forthcoming for critical research on the causes and consequences of food insecurity and hunger, and on public policies to address these very serious social problems. We hope the following comments and recommendations will help guide and inform use of these precious resources.

1. Children's HealthWatch research and that of other researchers strongly suggests that food insecurity and hunger often occur as part of a constellation of family hardships that also includes housing insecurity, energy insecurity, and inadequate or unaffordable health care. In our research, we see families making difficult trade-offs trying to provide for the basic needs of family members. Food insecurity often occurs as families with starkly inadequate resources attempt to prioritize the most essential expenditures: paying utility bills, rent, and expenses for costs of needed health care or food. Balancing responses to multiple family hardships can place both adults and children under conditions of very harmful toxic stress with serious adverse impacts on short-and long-term health.

   Given these multiple challenges facing families, we need more research to understand what could enable families to prioritize resource use in these circumstances and to maximize the effectiveness of available supports. Research on effective ways to help families combine available public and private supports to successfully maneuver through the many demands on their resources would be key. For example: How can public assistance from multiple sources be most efficiently combined to effectively address multiple family hardships? How can families be effectively supported by community institutions in managing multiple hardships? What kinds of training and models most effectively enable more efficient management of scarce family resources—and where/ for whom are they more effective or less effective? How can basic money-management skills be learned and supported by available social infrastructures, such as public and private nutrition and non-nutrition assistance programs?

2. Recently, growing concerns have emerged among pediatric clinicians, child development professionals and others about the circumstances and conditions of families that have children with special health care needs. The Maternal and Child Health Bureau defines Children with Special Health Care Needs (CSHCN) as *"those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally"* (McPherson M, Arango P, Fox H, et al. "A new definition of children with special health care needs", *Pediatrics*, 1998; 102: 137-140).

   Data from the 2009/10 National Survey of Children with Special Health Care Needs (NS-CSHCN) indicate about 11.2 million children ages <18 years (15.1%) have special health care needs. The prevalence of CSHCN varies across states from a low of about 11% to a high of almost 20%. More than 20% of all households with children (approximately 9 million households) are estimated to have at least one child with special health care needs.

   Children with special health care needs themselves may be at elevated risk of food insecurity because of their special circumstances, in particular a variety of costs associated with their special needs that may reduce their family's ability to avoid food insecurity. Yet to our knowledge, no research has examined relationships between CSHCN and food insecurity or hunger. This is clearly an under-researched area comprising a major gap in our understanding of the causes and consequences of food security.

3. A large body of research has examined the effectiveness of national nutrition assistance programs in meeting one of their primary goals: reducing and preventing food insecurity. Hampered by statistical difficulties related to endogenous selection, that research nonetheless as a whole confirms the major programs' basic effectiveness. Yet there are still major gaps in the literature on public nutrition assistance and food security. One such gap is related to the definition and adequacy of the Thrifty Food Plan (TFP), the basis for the maximum SNAP allotment. Though revised and improved in 2006, the TFP is based on food consumption, nutrient content of foods, and food prices from the period 2001-2002 (adjusted for inflation).

   Two Children's HealthWatch studies (in 2005 and 2008; available at http://www.childrenshealthwatch.org/page/Publications ) found the maximum SNAP benefit insufficient to purchase the TFP "food basket" in two major urban markets (Boston and Philadelphia). In 2011 the research was repeated in Philadelphia and found that while the increase in SNAP benefits from the American Recovery and Reinvestment Act narrowed the gap between the cost of the TFP and the maximum SNAP benefit, the gap remained. While SNAP may not have been intended to cover families' entire food costs (for those receiving less than the maximum benefit), in the nearly five years since the Great Recession began in December 2007, a growing number of families have had to depend solely on SNAP for food expenditures because of persistently high unemployment. Additional research is needed to confirm, or clarify the effectiveness of the TFP as a basis for the maximum SNAP allotment. Cogent arguments can be made that the Low Cost Food Plan, priced 27%-30% higher than the TFP would be a more appropriate and realistic plan on which to base the maximum SNAP allotment. Research is needed to determine whether the Low Cost Food Plan would not more closely approximate the actual cost of a minimally nutritious diet, as the TFP is supposed to do.

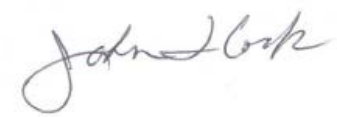
4. Children's HealthWatch research, and research by many others, has shown repeatedly that food insecurity, even at low severity levels, is associated with adverse impacts on child development, health and well-being. Yet clear demonstration of causality in these relationships continues to elude the best researchers. New opportunities for potentially demonstrating causality, or at least approaching it, are emerging with the accumulation of data from electronic health records (EHRs) in regional and national medical data repositories. Though relatively new, such EHR-based data hold some promise of enabling examination of more "longitudinal" relationships related to food security and child health and developmental outcomes. Exercising extreme caution and care for protection of human subjects and sensitive medical information, and pooling de-identified EHR data in regional data repositories may enable the next step toward demonstrating causality in associations between food insecurity and adverse health and developmental outcomes in children. For example, research using data from regional repositories could examine changes in food insecurity and health outcomes over time to clarify how food insecurity may influence the progression of chronic disease, changes in weight etc. Support for research using this new and innovative form of data technology could prove very productive and would take advantage of coming changes in health information systems under the Affordable Care Act.

5. Very low food security (VLFS) in children, the most severe level of food insecurity measured by the U.S. Food Security Module, had a prevalence in the U.S. child population of 1.1% in 2011, affecting 845,000 children. That same year, 8.6 million children (11.5%) lived in households with low food security (food insecurity) in children, and 16.6 million children (22.4%) lived in food-insecure households. Children's HealthWatch research and studies by many other researchers have found that household food insecurity, even at low levels of severity, is strongly positively associated with adverse developmental and health outcomes in young children (ages <4 years), and with health outcomes in their mothers. VLFS in children is clearly an extreme condition that should not be allowed to occur in the U.S. But low food security in children, and household food insecurity are also very harmful to children, and need to be eliminated and prevented.

   The magnitude of public health, medical and remedial education costs associated with household food insecurity may dwarf those associated with very low food security in children, given the much larger number of children affected by the former condition. While elimination of VLFS in children must be pursued diligently, it also is very important that we improve our understanding of ways to reduce and eliminate low food security in children, and household food insecurity. The marginal return on additional dollars spent reducing household food insecurity, due to the very large number of children and adults affected, could be high. Yet too little is known about the long-term public health and medical costs of all levels of food insecurity. More research is needed to quantify the public health, medical and education costs of food insecurity at all levels of severity.

There are surely many other important areas of food security research that need to be supported; these are only some with which we have direct experience. We hope these comments are helpful.

Sincerely,



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