



**Feedback to House Agriculture Committee:  
Past, Present, and Future of SNAP Hearing Series**

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Thank you to Chairman Conaway and to the House Agriculture Committee for the opportunity to provide feedback on the Past, Present and Future of SNAP hearings held over the last two years by the Committee. I am a general pediatrician and I practice at Arkansas Children's Hospital in Little Rock as a faculty member of the University of Arkansas for Medical Sciences. I am also a Principal Investigator with Children's HealthWatch – a non-partisan network of pediatricians, public health researchers, and children's health and policy experts committed to improving children's health in America.

I am particularly glad to be able to discuss the Supplemental Nutrition Assistance Program (SNAP) with you as it is such an essential support for people of all ages across the United States.<sup>1</sup> Below I have outlined four specific areas of feedback for the Committee to consider.

### **I. SNAP is like a vaccine – supporting individual and community health and well-being**

At Children's HealthWatch we talk about SNAP as a vaccine – helping to protect children's health now and in the future and also providing wider community benefits.<sup>2</sup> SNAP has a demonstrable positive impact on participants' health – there is a wealth of scientific evidence showing that SNAP lowers the odds of household and child food insecurity and of children's anemia, poor health, hospitalization for failure to thrive, and developmental delays.<sup>3</sup> Participating in SNAP enhances intake of micronutrients, is correlated with better academic performance, and, if received in childhood, lowers the risk of developing adult metabolic syndrome and increases the likelihood of women's self-sufficiency in adulthood.<sup>1</sup> Last but not least, if given in adequate doses, it is also associated with lower BMIs among adult women and greater consumption of fruits and vegetables and lean protein.<sup>4</sup>

Conversely, we know that food insecurity – inadequate access to enough food for all household members to lead an active, healthy life - exacts a heavy toll on our nation. We see it in the overwhelming evidence of food insecurity's relationship with poor physical and mental health for children and adults and worse academic performance from early childhood through high school and even college.<sup>5-8</sup> It affects every demographic and we know its costs are not just to our health but also to our collective wallet. Recent research demonstrated that the health-related costs of food insecurity were estimated to be \$160.07 Billion in 2014 alone.<sup>9</sup> Moreover, Children's HealthWatch built on this work and we found that the estimated child health care and education costs associated with food insecurity just among families with young children were more than \$1.2 Billion in 2015 dollars.<sup>10</sup> These are staggering costs for our society to bear – and they are preventable.

### **II. SNAP's structure is strong**

A key strength of SNAP is its ability to respond to downturns in the economy.<sup>11</sup> Ensuring that SNAP continues to serve all eligible households is essential to achieving SNAP's ability to act as a vaccine and protect the whole population. Thus, block grants and cuts to SNAP are destructive,

weakening the program's ability to support children and family health, development and well-being and help to drive the societal costs of food insecurity higher. The smarter way to bring health care costs down is to remember that food is medicine, again like a vaccine, and that a healthier population is a more productive population. Children who have the nutrients and support they need from early childhood throughout their school years are much more likely to be able to reach their potential in school and in life.

### **III. SNAP benefits must be increased to match the cost of a healthy diet**

The SNAP calculation is outdated and provides benefits that are too low. The Institute of Medicine found that the SNAP benefit is inadequate to purchase a healthy diet and recommended revisiting the base calculation by raising the market basket from the Thrifty Food Plan to the Low Cost Food Plan.<sup>12</sup> The dose matters – Children's HealthWatch research released last year showed that compared to families participating in SNAP when the American Recovery and Reinvestment Act (ARRA) increase to benefits was in place, among our families with young children household and food insecurity increased significantly when the amount of the SNAP benefit was reduced for all participants in November 2013.<sup>13</sup>

Several researchers have quantified exactly how an increase could help. New research showed that an increased benefit not only decreased food insecurity but also increased consumption of more nutritious foods, such as vegetables and lean protein, in addition to decreasing the consumption of fast food.<sup>4</sup> And in recent Children's HealthWatch simulation research, we similarly found that raising the SNAP benefit to the Low Cost Food Plan would move almost half a million people in families with young children into being fully food secure by increasing their food purchasing power and the severity of food insecurity would decrease for even more families.<sup>14</sup>

### **IV. SNAP barriers have health impacts**

SNAP helps to protect children and their families, but if eligible families cannot access SNAP, they cannot benefit from the positive health impacts of SNAP for children and families. Research by Children's HealthWatch showed that young children in families that did not receive SNAP due to administrative and other difficulties were more likely to be child food insecure and significantly more likely to be underweight for their age (an indication of under nutrition).<sup>15</sup> These young children were also more likely to live in households that were struggling to put food on the table (household food insecure) and living in crowded/doubled up conditions or moving frequently. Unstable housing is known to harm child health and development. Therefore, removing barriers to accessing SNAP helps to protect the health of America's children.

Important changes would include reducing paperwork, ensuring strong communications systems in state SNAP offices, supporting customer service training for SNAP workers, and removing asset tests that keep SNAP participants from getting ahead and getting off of SNAP. I think this is the essence of the testimony that I provided at the Breaking the Cycle hearing last October. Other helpful changes for improving benefit access and maximization are lifting the cap on housing costs – particularly in high cost areas of the country, the cap on housing does not give

families 'credit' for the costs they really pay<sup>16</sup> – and allowing families of children with special health care needs, who, by definition have greater than normal health care needs and costs, to qualify for the medical deduction.<sup>17</sup>

I would like to conclude by updating the Committee on a patient of mine that I mentioned during my testimony last year. I talked about Gabby, a child who was healthy until an illness that caused severe seizures left her in a state of extreme disability. Her family was able to cope with this until her father had his work hours reduced and lost insurance at the time of the recession. Both Gabby and her father's health worsened, further lowering their income, and the family needed to apply for SNAP, find emergency food assistance and navigate other support programs. Once Gabby's parents were able to apply for Medicaid when Arkansas expanded the program under the Affordable Care Act, their health began to improve and they were able to re-enter the workforce. Gabby's brother has finished high school and is working part-time while in community college classes to help support the family. Had it not been for SNAP, this family would have had a prolonged time of food insecurity. Like a vaccine, SNAP helped protect them during their time of need.

Thank you again for the opportunity to provide this feedback. On behalf of Children's HealthWatch and on behalf of the children for whom we all care in our clinics, we are grateful for the opportunity to help inform such an important conversation on one of our country's best defenses against food insecurity - the Supplemental Nutrition Assistance Program.

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