

Written Testimony
Joint Committee on Education
Boston, MA

January 4, 2022

Chairman Lewis, Chairwoman Peisch, and distinguished members of the Joint Committee on Education:

Thank you for the opportunity to submit testimony on behalf of Children's HealthWatch, based at Boston Medical Center, in strong support of H.714/S.314: *An Act relative to universal school meals*. As a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts committed to improving children's health in America, we understand the harmful health and economic consequences of food insecurity and diet-related illness. Our research demonstrates that children and their families need access to healthy food throughout their lifetime in order to thrive. Currently, the state has an opportunity to ensure that all children have access to nutritious food while in school. This will benefit the health and development of children, enable them to better focus and learn in school, and decrease food insecurity for entire households.

The mission of Children's HealthWatch is to improve the health and development of young children by informing policies that address and alleviate economic hardships. We accomplish this mission by interviewing caregivers of young children on the frontlines of pediatric care, in urban emergency departments and primary care clinics in five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. Our headquarters are located at Boston Medical Center in Boston, Massachusetts. Since 1998, we have interviewed over 75,000 caregivers of children under four years of age, and analyzed those interviews to determine the impact of public policies on the health and development of young children. Based on our extensive research, we understand the harms of food insecurity that families face, and thus write today in strong support of H.714/S.314, which would address and mitigate circumstances that may threaten families' ability to access food necessary for their health and well-being.

Consistent access to nutritious foods is essential for the health and development of children. Child nutrition programs, including the National School Lunch Program (NSLP) and School Breakfast Program (SBP), are key vehicles for delivering nutritious food to children, particularly those from families with low incomes that may struggle to otherwise afford healthy food. Research shows that the NSLP and SBP are associated with numerous benefits for children including improved test scores,¹ lower rates of absences and tardiness,^{2,3,4} improved dietary intake,^{5,6} and lower risk of obesity.⁷

While the research of Children's HealthWatch focuses on young children not yet in school, we know that infants and toddlers live within the context of families, many of whom have older siblings. The NSLP and SBP not only ensure that school-age children eat a nutritious breakfast and lunch, they also have a positive effect on families. These programs alleviate pressure on often-constrained family food budgets; saving money on up to 10 meals each week during the school year for their children, parents are enabled are able to better afford meals at home and on the weekends. This means, and research has shown, that the NSLP and SBP are effective in reducing household food insecurity.⁸

Data just released this month by the United States Department of Agriculture shows that 10.5 percent of households across the US and 8.4 percent of households in Massachusetts are food insecure,

meaning they do not have consistent, dependable access to enough food for active, healthy living.⁹ Families with children, households of color, and families with low incomes disproportionately experience food insecurity. For all of these families, rates of food insecurity increased between 2019 and 2020. In 2020, 14.8 percent of all households with children in the United States and 15.3 percent of households with children under six experienced food insecurity. This is particularly concerning, given the importance of nutrition to healthy brain development in early childhood. Not surprisingly, food insecurity is even more prevalent among households with low incomes, as competing costs of basic needs, such as housing, food, and energy, place a strain on family budgets.¹⁰ In 2020, 35.3 percent of households with incomes below the official poverty line were food insecure, compared with 4.9 percent of those with incomes at or above 185 percent of the poverty line. It is important to note that those with incomes above 185 percent of the poverty line are not eligible for critical nutrition programs – including the NSLP, SBP, and the Supplemental Nutrition Assistance Program (SNAP) – despite experiencing food insecurity. Free school meals for all would address this by allowing all families, regardless of income, to participate in the program.

Food insecurity is associated with numerous health consequences throughout the lifespan.¹¹ This is particularly true for children who experience food insecurity, as access to nutritious food is critical early in life during the period of rapid growth and brain development. Research from Children’s HealthWatch and others show young children raised in food-insecure households are at risk for adverse health consequences, including hospitalizations;^{12,13} developmental risk;¹² poor academic performance;^{13,14} and behavioral problems and emotional distress.¹⁵ Inadequate nutritional intake can also increase children’s vulnerability to future adverse chronic conditions, such as obesity, diabetes and cardiovascular disease.¹⁶ Furthermore, when parental stress and depression – which are also associated with household food insecurity – are also considered, children’s vulnerability to poor health and weight increases, leading to higher healthcare costs for children in addition to direct costs among parents.^{17,18}

The avoidable health and education related costs of food insecurity in the US population are staggering. Children’s HealthWatch estimated total US health, education, and lost productivity costs of food insecurity across all age groups at more than \$178 billion in 2014 alone.¹⁹ Using the same methodology, we estimated the health and education costs associated with food insecurity among families with young to be \$1.2 billion in 2015.²⁰ In a later complementary study, another group of researchers showed that people with food insecurity have significantly greater health care expenditures - an extra \$1,863 per year - totaling to \$77.5 billion annually.²¹ In Massachusetts, Children’s HealthWatch estimated the total avoidable cost of food insecurity to be, conservatively, \$2.4 billion in 2016, \$1.9 billion of which are associated with healthcare costs and disease.²⁰

In response to these health, educational, and economic consequences, it is imperative that policy and programs are enacted that respond to the reality of food insecurity facing many families. Further, improving food security will reduce education and health care costs for the state. This bill would do that, and move us towards an equitable recovery as children return to the classroom. We strongly urge you to swiftly and favorably report H.714/S.314 out of committee.

Sincerely,

Children’s HealthWatch

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