

**Farm Bill Feedback  
May 17, 2012**

Dear Members of the House Committee on Agriculture,

In response to the opportunity to submit feedback on the Farm Bill via the House Committee on Agriculture's website, we, as pediatricians and public health researchers with Children's HealthWatch, are writing to express our deep concern about the cuts to SNAP passed in the recent House budget bill, their impact on the Farm Bill and ultimately the implications for the health of children and families across the nation. Children cannot eat retroactively – if we do not nourish them in the right biological timeframe, opportunities for the full potential of brain and body development are lost. SNAP is an essential public health program and must be strengthened and protected so that it can ensure that families in need have enough to eat.

**The SNAP Vaccine: Boosting Children's Health**

In February of this year Children's HealthWatch published a report called [\*The SNAP Vaccine: Boosting Children's Health\*](#) in which we demonstrated the positive impact that the receipt of SNAP has on children's health and development. The report can be found at: [http://www.childrenshealthwatch.org/upload/resource/snapvaccine\\_report\\_feb12.jpg.pdf](http://www.childrenshealthwatch.org/upload/resource/snapvaccine_report_feb12.jpg.pdf)

Specifically we found that, compared to children whose families were likely eligible for but did not receive SNAP, **children whose families received SNAP were significantly less likely to be at risk of developmental delays and less likely to be underweight (a sign of undernutrition). Children whose families receive SNAP were also more likely to live in food secure households and to be child food secure.** In other words, their families were more likely to be able to afford enough food for the whole household.

Food insecurity's harmful effects on young children's health have been well documented—compared to similar children in food-secure households, food insecure children are: 90% more likely of having their health reported as “fair/poor”, 31% more likely to have been hospitalized since birth, 140% more likely to experience iron deficiency anemia<sup>i</sup> and 66% more likely to be at developmental risk.<sup>ii</sup> Given this, Children's HealthWatch research results demonstrate **SNAP's protective effect and important role as a health program.**

While Children's HealthWatch focuses our research on young children, food insecurity's effect is felt by children of all ages. Food security has negative influence on school-age children's physical and mental health and academic achievement. As doctors, we know that treating vulnerable children with a preventative food “vaccine”, protects families and is a common-sense, cost-effective intervention. The economic cost of ill health is large, for example, pediatric hospitalizations cost an average of \$6000 per visit. Kids with developmental delays are more likely to need special education; special education costs twice what tax payers pay for regular public education. Over the course of twelve years of schooling, special education can cost an additional 72,000 dollars per child.

**SNAP Is a Good Vaccine – Dose Is Too Low**

SNAP is a good vaccine for protecting children's health, but the dose is too low to buy the nutrient-rich foods that help children and families stay healthy. In 2009 the American Recovery and Reinvestment Act (ARRA) increased SNAP benefits by a minimum of 13.6 percent, the equivalent of \$80 per month for a family of four. Children's HealthWatch research showed that after the ARRA increase, children in families receiving SNAP were more likely to be classified as ‘well’ than those children whose families were likely eligible for but not receiving SNAP.

The importance of the benefit level is supported by other research. For instance, a recent study by Jilcott and colleagues demonstrated that women whose families received more than \$150 in SNAP benefits per household member had lower BMIs than those who received less than \$150 per household member. This indicates that individuals with higher benefit levels are more able to purchase healthy food throughout the month--thus buffering women from food insecurity's negative health effects.

Moreover, as one of the four national food plans set forth by the USDA, the Thrifty Food Plan serves as the basis for the maximum SNAP allotment, although it never was intended to be used as a plan for long-term consumption. In 2008, Children's HealthWatch examined the affordability and accessibility of items on the Thrifty Food Plan in four low-income Boston and Philadelphia neighborhoods. While SNAP is intended to be a supplemental nutrition program, for those families receiving the maximum benefit, SNAP is acknowledged to be the primary source of money for food.<sup>iii</sup> Therefore we used the maximum benefit as the basis for our cost assessment.

On average, the maximum SNAP benefit for a family of four fell short by \$196 per month, or \$2,352 per year-- an amount no family receiving the maximum benefit (by definition, these are the families with the fewest resources) could ever hope to afford. The ARRA benefit increase took a significant positive step, narrowing this gap by \$67 per month in Philadelphia; however, a substantial gap of \$129 per month remains.

### **Current Proposals Put the Health, Development and Future Potential of Children in Jeopardy**

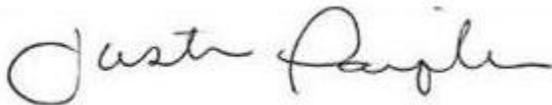
We wrote to you in February 2012 to inform you of our research findings and warn of the severe harm that will come to SNAP participants, especially families with young children, if cuts and changes go into effect. That letter can be accessed at: [http://www.childrenshealthwatch.org/upload/resource/houseagcommltr\\_heateat\\_feb12.pdf](http://www.childrenshealthwatch.org/upload/resource/houseagcommltr_heateat_feb12.pdf)

As health professionals, we feel it is crucial that the basic needs of America's next generation of leaders are met so they can develop to their full potential and contribute to the workforce of tomorrow. We must act now to ensure that we invest in our most precious natural resource: our children.

1. SNAP's structure, which causes it automatically to expand with rising need and shrink as the economy improves and families' earnings increase, must remain in place.
2. Connections with other programs that streamline processes and reach those most in need, such as Heat and Eat, are essential and must be preserved
3. SNAP benefits must match the cost of healthy food.
  - a. The ARRA benefit level improvements must be maintained.
  - b. It is time to replace the Thrifty Food Plan with the Low-Cost Food Plan as the basis for the maximum SNAP benefit because this plan is a more accurate reflection of food pricing in struggling urban and rural communities

Thank you very much for your time and consideration.

Sincerely,



Justin Pasquariello  
Signature Block

**Please contact Stephanie Ettinger de Cuba, Research and Policy Director, for further information.**  
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*Children’s HealthWatch is a pediatric research center that monitors the health and well-being of young children living in low-income households. Since 1998, more than 45,000 caregivers of young children have been interviewed in primary care clinics and emergency departments throughout the country as part of our research. Our research sites are in Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia.*

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<sup>i</sup> Cook, J and Frank, D. Food Security, Poverty, and Human Development in the United States. Ann. N.Y. Acad. Sci. xxxx: 1–16 (2008)

<sup>ii</sup> Rose-Jacobs, R. et al. Household Food Insecurity: Associations with At-Risk Infant and Toddler Development. Pediatrics 2008. 121: 65-72.

<sup>iii</sup> Center on Budget and Policy Priorities. A Quick Guide to Food Stamp Eligibility and Benefits. Updated March 2012. Accessed June 2012 : <http://www.cbpp.org/cms/index.cfm?fa=view&id=1269>