

Pediatric Health Professionals from around the Country Know SNAP is Good Medicine

Primo non nocere – First Do No Harm has been the bedrock principle for physicians since ancient times. As health professionals we are appalled by the great harm that may be done to the health and learning ability of America's children (as well as the health and economic potential of adults) by current legislative proposals to limit the availability of the Supplemental Nutrition Assistance Program (SNAP – formerly known as food stamps) and to decrease the level of benefits to ongoing recipients. SNAP must not only be protected but strengthened, including increasing the benefit level. SNAP helps prevent and treat an invisible, insidious, and increasing risk to our nation's health – food insecurity.

Food insecurity is a bland term – technically defined as not always having enough to eat for an active and healthy lifeⁱ, far shy of what many would think of as 'hungry.' But medical and public health researchers know food insecurity even at the mildest levels threatens the physical and mental health of our citizens from pregnancy to old age.ⁱⁱ Food insecurity increases: babies' risk of being born low birth weightⁱⁱⁱ and with neural tube defects^{iv}; young children's risk of poor health, hospitalizations^v, iron-deficiency anemia^{vi}, and developmental delays^{vii}; older children's risk of having behavioral problems, including aggression and suicidal thoughts, difficulty relating to their peers, missing school, low academic achievement, stomachaches and headaches^{viii}, and lower bone density for adolescent boys.^{ix} Food insecurity in early life can act as a toxic stress which damages the architecture of developing brains^x and puts adult survivors at higher risk of developing diabetes and other chronic diseases.^{xi} The economic costs of even just a few of these consequences of food insecurity are staggering. A child in poor health needs more medical care than a healthy child, driving up health care costs; the average national cost per ambulatory care visit is \$283.54^{xii} and the average pediatric hospitalization cost is \$8,433 per stay.^{xiii} Children with developmental delays are more likely to need special education once they reach school-age, which costs twice as much as regular public school education.^{xiv}

The largest family nutrition program that mitigates food insecurity is SNAP. Research shows that SNAP, particularly at higher benefit levels, can decrease food insecurity^{xv} and improve the health of the 27 million American children who currently participate.^{xvi xvii} SNAP is a "kitchen table" intervention providing food to be eaten at family meals at home. Benefits cannot be used in restaurants or even used to purchase prepared foods at the supermarket hot/cold bar.

SNAP has a long positive medical and educational track record beginning at birth. **SNAP improves children's health and development, reduces food insecurity and has a continuing positive influence into adulthood.** A brief summary of the evidence to date:

- a. Among *pregnant women and newborns*, SNAP is associated with higher weights at birth^{xviii}, decreasing the chances of newborn death and the need for costly intensive care.
- b. Among *young children*, SNAP is linked to decreased chances of being food insecure and having developmental delays. Receiving SNAP also increases the odds that infants and toddlers are in good health and have healthy weight for their age.^{xix} Young children whose families received SNAP are also

more likely to have healthy intakes of key micronutrients, such as iron and zinc^{xx}, and less likely to suffer from nutritional deficiencies and failure to thrive.^{xxi}

- c. Among *school-age children*, girls starting to receive SNAP during early elementary school years have significant improvements in reading and math scores compared to those who stop participating in SNAP.^{xxii} Recent findings show that in children ages 4-19, SNAP receipt is associated with improved intakes of water and three key micronutrients - calcium, folate, and iron - essential for children's bone, cognitive, and neurodevelopmental health, but insufficient in the diets of many. SNAP participation is not associated with increased macronutrient intake, overweight or obesity.^{xxiii} Similarly, others have found that food insecure girls who received SNAP are *less* likely to be overweight compared to their food insecure peers not receiving SNAP.^{xxiv}
- d. Among *adults*, those who received SNAP while in utero or in early childhood are less likely to develop metabolic syndrome (obesity, hypertension, diabetes, heart disease) in adulthood than those who did not receive SNAP. For women, this same early exposure to SNAP increases economic self-sufficiency (e.g., educational attainment, earnings).^{xxv}

However, SNAP benefits have never reached the level which would realize the program's full potential of providing a healthful diet for low-income participants throughout the United States. The SNAP benefit is inadequate – research by Children's HealthWatch conducted in 2005, 2008 and 2011 consistently showed that in East Coast cities the maximum SNAP benefit is not enough to buy even the minimally nutritious diet upon which calculation of the maximum benefit is based, let alone a diet that meets current understanding of a healthy diet.^{xxvi xxvii xxviii} The Institute of Medicine and National Research Council recently published an extensive scientific report based on nationwide data that reached the same conclusion – the current benefit is inadequate in most regions of the United States and the calculation must be revisited in order to raise benefits to a level that will support participants in purchasing food of sufficient quality and quantity to promote health.^{xxix}

All children deserve the right to be healthy and to grow to their full potential. It is time to call on Congress to show how this nation values our children by authorizing legislation that protects and strengthens SNAP. Children cannot eat retroactively. Food insecurity is a threat to our prosperity, individually, as families, and as a nation. SNAP is our best medicine for healing and prevention.

ⁱ USDA Economic Research Service. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx>

ⁱⁱ Cook JT, Black M, Chilton M, Cutts D, Ettinger de Cuba S, Heeren TC, Rose-Jacobs R, Sandel M, Casey PH, Coleman S, Weiss I and Frank D. Are Food Insecurity's Health Impacts Underestimated in the U.S. Population? Marginal Food Security Also Predicts Adverse Health Outcomes in Young U.S. Children and Mothers. *Advances in Nutrition*. 2013; 4: 51-61.

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^v Cook JT, Frank DA, Levenson SM, Neault NB, Heeren TC, Black MM, Berkowitz C, Casey PH, Meyers A, Cutts DB and Chilton M. Child Food Insecurity Increases Risks Posed by Household Food Insecurity to Young Children's Health. Symposium: Food Assistance and the Well-Being of Low-Income Families. *American Society for Nutrition*. 2006.

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