

The Safety Net In Action

Protecting the Health and Nutrition of Young American Children



**Report from a Multi-Site
Children's Health Study**



Foreword

Many of our young children and their parents are among the poorest people in America today. As a pediatrician who has spent half a century caring for such children and their families, I grow daily more troubled that increasing numbers of American families cannot be assured their babies will have the most basic necessities, including food, shelter, and heat. Often pediatric health professionals are the only people outside the family who witness the unmet needs of young children. The pediatric health professionals of the Children's Sentinel Nutrition Assessment Program here share in a systematic and scientific fashion their perspective gained from caring for impoverished young children in six cities across the country. This report expands their clinical concerns (which I share) into "bottom line" numbers. In the pages which follow you will find striking findings about the thousands of young lives currently impacted by safety net programs and the many thousands more that could be. These results must inform the nation's current debate about whether such programs addressing families' basic needs should be sustained and expanded or progressively dismantled. In the early 1990's, I shared the concerns of many of our leading experts as we traveled around the U.S. on the National Commission for Children. We spent two years studying the plight of children and families in the U.S. (see report, *Beyond Rhetoric*, available at http://isbndb.com/d/book/beyond_rhetoric.html). In summary, we realized how unresponsive our government was to the plight of the underserved poor families in the U.S. We are among the least concerned countries in the world, and yet, we know what to do.

As a doctor traveling around this country, I have learned the current economic climate has burdened many young families with unprecedented challenges in providing their infants and toddlers with food and shelter, the essentials for mere survival. Every clinician knows these essentials must be firmly in place before any family can really focus on the crucial work of fostering their children's emotional and cognitive development. Investing in the safety net programs that house and feed babies and toddlers and their families is good medicine to assure a strong, productive America in the years to come. We will pay an enormous price in socio-economic failures of our future generations if we don't pay attention to our neediest children and families.

A handwritten signature in cursive script that reads "T. Berry Brazelton".

T. Berry Brazelton, M.D.

*Professor Emeritus, Harvard Medical School
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Executive Summary

Food Insecurity is a Health Issue

Keeping infants and toddlers food secure by effectively supporting their access to enough nutritious food through nutrition assistance programs and other safety net supports is preventive pediatric medicine.

Food Insecurity is Harmful to Babies' Health

Food insecurity is associated with a greater likelihood of illnesses severe enough to warrant hospitalization for infants and toddlers.

Food Assistance is Far Cheaper than Hospitalization of Children

The average total cost of a single hospitalization for pediatric illness is \$11,300, an amount that can purchase almost five years of food stamps for a family receiving the average household benefit.

Social Policy Decisions Have a Powerful Impact on Babies' Health

Safety net program funding and policies directly impact the food security of low-income families and the health and growth of their young children's vulnerable bodies. Poor growth in infants and toddlers is a universal indicator of inadequate nutrition and its health consequences.

The Safety Net Works, When Adequately Supported

Findings presented in this report from the Children's Sentinel Nutrition Assessment Program (C-SNAP) highlight the crucial links between five public safety net programs and young, low-income children's food security, growth, and health:

- **TANF (Temporary Assistance to Needy Families)** Stable cash assistance benefits are associated with improved health in young children and greater food security in their households.
- **The Food Stamp Program** Stable food stamp benefits are associated with greater food security in low-income households with young children. Food stamps buffer children from the health consequences of food insecurity.
- **WIC (Special Supplemental Nutrition Program for Women, Infants and Children)** WIC benefits are associated with improved infant health and growth, indicating less evidence of undernutrition.
- **LIHEAP (Low-Income Home Energy Assistance Program)** LIHEAP benefits are associated with improved growth in infants and toddlers, indicating less evidence of undernutrition.
- **Subsidized Housing** Receipt of housing subsidies is associated with improved growth in infants and toddlers, indicating less evidence of undernutrition.

The Safety Net Does Not Appear to Make Babies Overweight

C-SNAP findings do not show any significant associations between participation in nutrition and other safety net programs and increased risk of overweight for young children.

Effective Public Safety Net Programs are Good Preventive Medicine

Public policies that maintain and enhance social safety net programs are essential to reducing and preventing illnesses and expensive hospitalizations among infants and toddlers. Adequately funded and effectively used safety net programs save short term health care costs and contribute to the long term health, growth and intellectual potential of our nation's youngest and most vulnerable citizens.

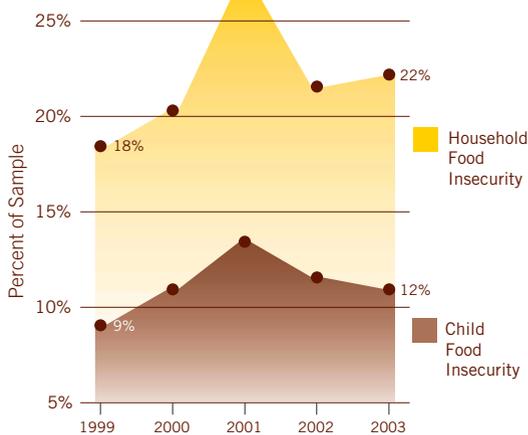
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Figure 1
Increases in Food Insecurity Among Low-Income Households With Young Children



Source: Children's Sentinel Nutrition Assessment Program. 11,233 Caregivers Interviewed, January 1999 – December 2003, Boston, Little Rock and Minneapolis.

Background

Social and Economic Context 1999–2003

The years 1999–2003 spanned both economic growth and recession. The changing economic conditions during these years are reflected in the nutritional health of the nation's low-income families and in the bodies of their young children. Data from the Children's Sentinel Nutrition Assessment Program (C-SNAP) found that low-income families with infants and toddlers in sites around the country experienced troubling increases from 1999–2003 in food insecurity (Figure 1).

Figure 1 shows that although the rates of food insecurity among C-SNAP families peaked in 2001, the prevalence of household and child food insecurity seen in 2003 is still well above that in 1999. In 2003, more than 1 in 5 C-SNAP families reported that they did not have access to enough nutritious food in their households, and more than 1 in 10 families reported that they could not buffer their children from food shortages in the household.

C-SNAP medical and nutrition data spanning the years 1999–2003 demonstrate the positive impacts of public assistance programs on children's well-being, and the potential for these programs, when adequately funded and effectively used, to protect American children's food security and promote their growth and health.

Further information on the C-SNAP study design and sample is located in the Appendix.

Food Insecurity

Food Insecurity is a Health Issue

What is Food Insecurity?

Millions of impoverished United States' households experience **limited or uncertain access to enough nutritious food**, technically termed "food insecurity". The US Household Food Security Scale¹ measures food insecurity at the household and child levels:

- **Household Food Insecurity** occurs when a household's access to sufficient nutritious food becomes uncertain or limited because they do not have enough money to spend on food.
- **Child Food Insecurity** occurs when adults in food insecure households cannot buffer their children from food shortages in the household. Child food insecurity involves repeated reductions in children's dietary quality or quantity, putting children at risk for micronutrient deficiencies or growth failure.

Food Insecurity is Harmful to Young Children's Health, Growth and Development

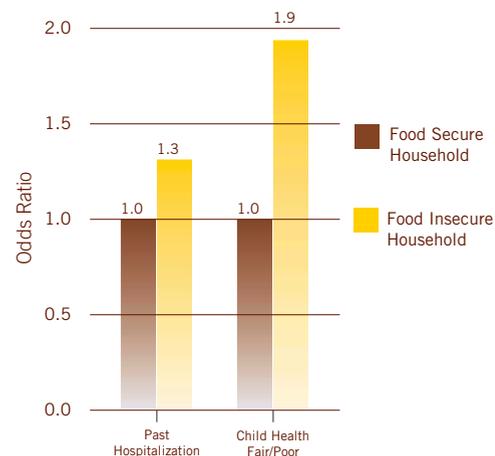
Infants and toddlers ages 0–3 years are in a critical period of rapid growth and development during which even **mild to moderate undernutrition can have long-term adverse consequences:**

- Children raised in food insecure households are more likely to suffer poor health, including illnesses severe enough to require hospitalization.² (Figure 2)
- Food insecure, underweight babies often experience an infection-malnutrition cycle. Lack of essential nutrients impairs the body's ability to heal and can decrease immune function.³ With any acute illness children lose weight. Food insecure families may not have access to enough food to build up the child's body again. Under these circumstances the child can be left malnourished and more susceptible to the next infection, which is likely to be more prolonged and severe, followed by even greater weight loss and increased risk of illness and hospitalization.
- Household food insecurity is also associated with children's inadequate intake and more deficits in vitamins and minerals important for their health, deficits in cognitive development, behavioral and emotional problems, problems relating with peers, physical health problems, and symptoms of depression.⁴⁻⁹

The Cost of Food Insecurity-Related Hospitalizations

Children in food insecure homes have increased risk of hospitalizations.² The average total cost for a single hospitalization for pediatric illness is \$11,300.¹⁰ The same amount would purchase almost five years of Food Stamps for a family receiving the 2003 average monthly household benefit of \$194.90.¹¹

Figure 2
Poor Health and Hospitalizations Among Children in Food Insecure Households



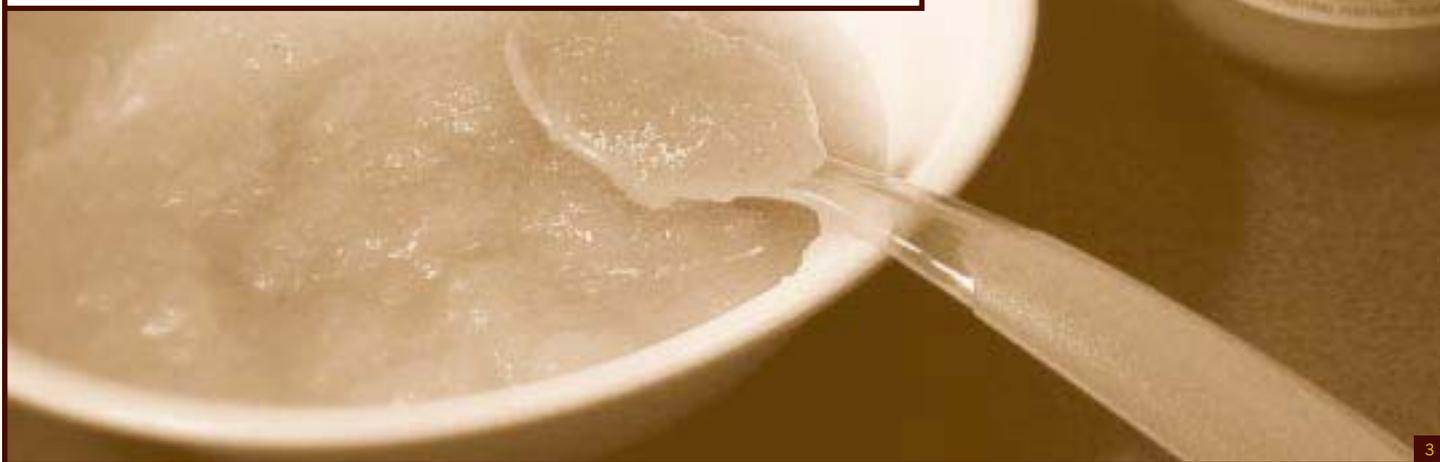
What does figure 2 show?

Infants and toddlers in food insecure households are:

- 30% more likely to have a history of hospitalization.
- 90% more likely to be reported in fair or poor health.

(All differences are significant at the $p < .05$ level. Odds ratios are adjusted for potential confounders).

Source: 11,539 Families at 6 sites August 1998 – December 2001.²



TANF

Temporary Assistance for Needy Families

In 1996, legislation was enacted to overhaul the nation's welfare system, Temporary Assistance for Needy Families (TANF). The new law limited eligibility of families with young children for income support, and permitted considerable discretion to state and local governments to decrease or completely withdraw support by sanctioning families (terminating or reducing benefits) for failure to comply with TANF regulations.

Sanction policies under the 1996 TANF legislation either mandated or permitted:

- Work requirements for recipient families, with exceptions that vary by state.
- Requirements for minor parents regarding their living arrangements and school or training.
- Requirements for immunization for children receiving TANF.
- Time limits imposed on receipt of assistance.
- A family cap policy that restricts benefits to children born to welfare recipients.
- Limits on the eligibility of legal immigrant families to receive assistance.

In addition to these sources of sanctions, other common reasons recipients report for being sanctioned include missing appointments for review or re-certification of eligibility, and failure to promptly repay overpayments resulting from changes in case circumstances. Both of these can occur due to lack of dependable, affordable childcare and lack of information.

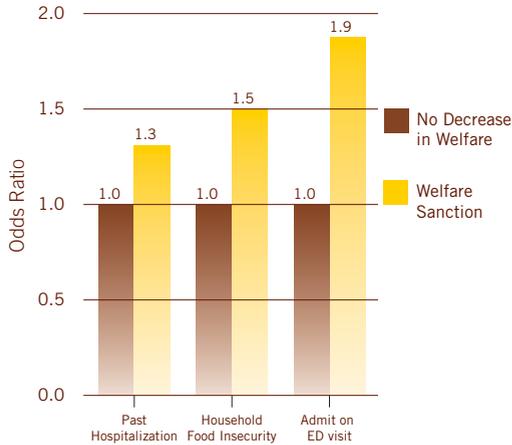
TANF Sanctions Harm the Well-Being of Infants and Toddlers

C-SNAP data indicate that sanctioning (terminating or reducing) families' TANF benefits due to the 1996 legislation's sanction policies is associated with more food insecurity and greater likelihood of children's hospitalizations.¹² (Figure 3)

Conclusions

- Stable cash assistance benefits are associated with improved child health and food security in vulnerable families.
- Welfare policies that expose more families to sanctions may jeopardize the health and nutrition of low-income infants and toddlers.

Figure 3
TANF Sanctions Harm the Well-Being of Infants and Toddlers



What does figure 3 show?

Infants and toddlers in families with terminated or reduced benefits are:

- 30% more likely to have a history of hospitalization.
- 50% more likely to be in food insecure households.
- 90% more likely to be admitted to the hospital at an Emergency Department visit.

(All differences are significant at the $p < .05$ level. Odds ratios are adjusted for potential confounders).

Source: 2,718 Families at 6 sites, August 1998 – December 2000.¹²





The Food Stamp Program

The Food Stamp Program enables low-income families to buy food in authorized retail stores with Electronic Benefits Transfer (EBT) cards. Food stamps are of particular importance to children, as more than half of food stamp recipients are children, and more than 80% of food stamp benefits go to families with children.¹³

The 1996 TANF law significantly reduced food stamp benefits for many low-income families by:

- Reducing the maximum benefit level.
- Eliminating many inflation adjustments.
- Enforcing stricter behavioral requirements for participants such as work and school requirements.
- Limiting the eligibility of legal immigrant adults and children to receive Food Stamp benefits (eligibility was partially restored through the Farm Bill of 2002, although access barriers for many immigrants still exist).

Food Stamp Benefit Loss or Reduction Contributes to Food Insecurity
C-SNAP data suggest that terminating or reducing Food Stamp benefits for low-income families is associated with more household and child food insecurity.¹⁴ (Figure 4)

Food Stamps Moderate the Harmful Effects of Food Insecurity on Children's Health

C-SNAP data suggest that receiving Food Stamps buffers young children from the health consequences of household food insecurity. Food Stamps lessen, but do not eliminate, the association between food insecurity and children's poor health status.² More extensive support for and use of the Food Stamp Program could lead to greater improvements in child health.

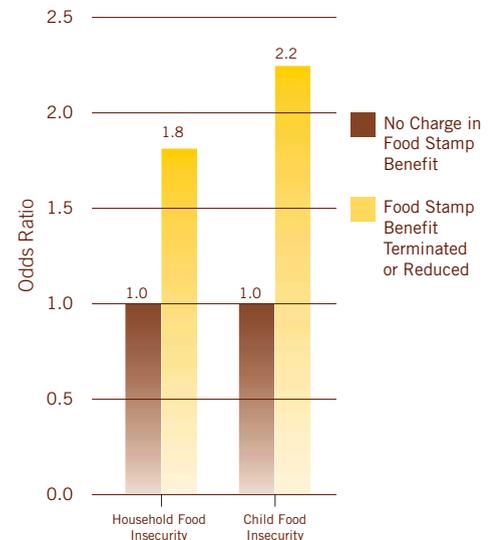
Food Stamps Are Not Associated With Overweight

C-SNAP data indicate that there is no statistically significant association between receipt of Food Stamps and overweight in children ages 2–3 years old.¹⁵

Conclusions

- Stable Food Stamp benefits are associated with improved health and food security in young children in vulnerable families.
- Food Stamps moderate the harmful effects of food insecurity on children's health.
- Food Stamp benefits are not associated with overweight in young children.
- Changes to the Food Stamp Program that result in more reductions or losses of food stamp benefits are likely to contribute to increased food insecurity and poor health among low-income infants and toddlers.

Figure 4
Food Stamp Benefit Loss/Reduction Contributes to Food Insecurity



What does figure 4 show?

Infants and toddlers in families with terminated or reduced benefits are:

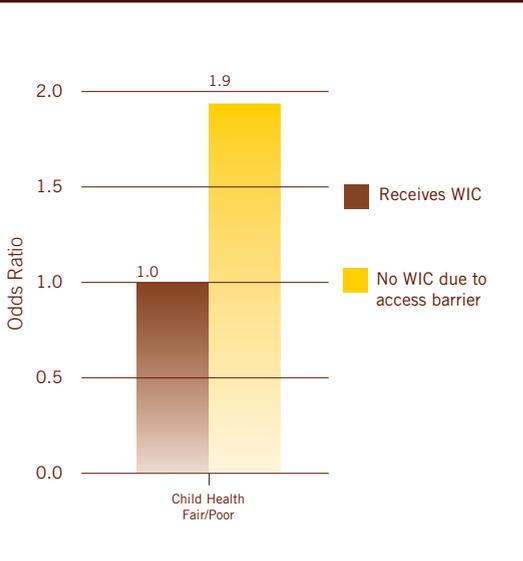
- 80% more likely to be in food insecure households.
- More than 2 times as likely to experience child food insecurity.

(All differences are significant at the $p < .05$ level. Odds ratios are adjusted for potential confounders).

Source: 5,160 Families at 6 sites, August 1998 – June 2003.¹⁴



Figure 5
WIC Participation Impacts Infant Health



What does figure 5 show?

Eligible infants who do not receive WIC due to barriers to access are almost 2 times more likely to be reported in fair or poor health, compared to infants who receive WIC.

(All differences are significant at the p<.05 level. Odds ratio is controlled for potential confounders).

Source: 5,293 Infants at 6 sites, August 1998 – December 2001.¹⁶

WIC plays a key role in preventing underweight among at least 75,000 infants less than one year of age in the United States.

WIC

Special Supplemental Nutrition Program for Women, Infants and Children

WIC provides food, nutrition counseling, and health care screening and referrals to eligible infants, children up to 5 years of age, and pregnant, lactating and postpartum women.

Not Receiving WIC Contributes to Poor Infant Health

C-SNAP data indicate that eligible infants less than 1 year of age not receiving WIC due to barriers to access were more likely to be reported in fair or poor health compared to infants receiving WIC.¹⁶ (Figure 5)

Waiting List is Most Common Barrier to WIC Access

The most common perceived barrier to WIC access among C-SNAP families is being placed on a waiting list. Other perceived barriers were missing an appointment, not having time to pick up vouchers, or needing to reapply.¹⁶

WIC Protects Against Infant Underweight and Undernutrition

C-SNAP findings show that infants receiving WIC have better growth outcomes than eligible infants not receiving WIC, suggesting that WIC helps to protect babies from undernutrition.¹⁶

In the C-SNAP sample, infants receiving WIC have significantly greater weight-for-age, on average, than eligible infants not on WIC. The difference in mean weight-for-age projects to a 34% reduction in the proportion of underweight infants, defined as weight-for-age below the 5th percentile.¹⁷ Since there are almost 2 million infants receiving WIC nationally,¹⁸ this translates to WIC playing a key role in preventing underweight among at least 75,000 infants less than one year of age in the United States.

WIC is Not Associated with Overweight

C-SNAP data indicate that there is no statistically significant association between receipt of WIC and overweight among infants.¹⁶

Conclusions

- Receipt of WIC is associated with improved health for infants, compared to infants in eligible families who are not receiving WIC due to access problems.
- Infants receiving WIC are less likely to be underweight, but are not at greater risk for overweight.
- WIC contributes to prevention of underweight and its associated health consequences among many thousands of infants in the United States.
- Barriers to WIC access may contribute to impaired health and growth among low-income infants.

Low-Income Home Energy Assistance Program

The Low-Income Home Energy Assistance Program (LIHEAP) assists low-income families in paying for home heating, medically necessary home cooling and weather-related energy needs. However, LIHEAP has never reached more than a small minority of the income-eligible households due to continually insufficient program funding.

LIHEAP Reaches Small Percentage of Low-Income, Eligible Families

Among C-SNAP families eligible for LIHEAP, energy assistance benefits were received by only 16% of families.¹⁹ (Figure 6)

LIHEAP Protects Against Child Underweight and Undernutrition

C-SNAP findings show that children in LIHEAP families have better growth outcomes than children in eligible families who do not receive LIHEAP, suggesting that LIHEAP helps to protect young children from undernutrition.¹⁹

C-SNAP findings indicate that children in LIHEAP families have significantly greater weight-for-age, on average, than eligible children in non-recipient families. The difference in mean weight-for-age projects to a 20% reduction in the proportion of underweight children, defined as weight-for-age below the 5th percentile.¹⁷ Since there are about 1.95 million eligible families with children under 3 years old who do not receive LIHEAP nationally,²⁰ this translates to a potential to reduce the number of underweight young children in the United States by at least 37,000, if LIHEAP were funded sufficiently to reach all eligible families.

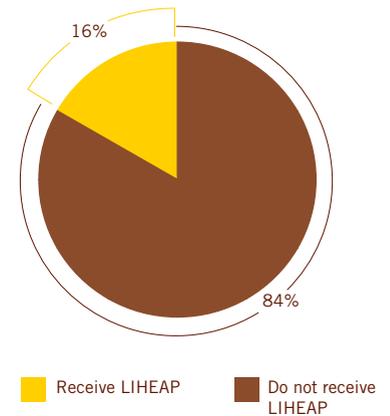
LIHEAP Is Not Associated With Overweight

C-SNAP data indicate that there is no statistically significant association between receipt of LIHEAP and childhood overweight.¹⁹

Conclusions

- Children in LIHEAP families are less likely to be underweight, but are not at increased risk for overweight.
- Increased funding for LIHEAP could contribute to less underweight and its associated health consequences among many thousands of young children in the United States.

Figure 6
LIHEAP Reaches Small Percentage of Low-Income, Eligible Families



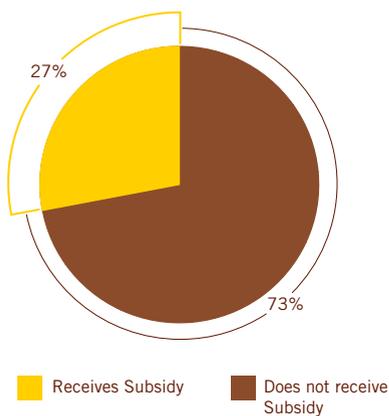
Source: 5,602 Families at 5 sites, September 1998 – June 2003.¹⁹

If LIHEAP were funded sufficiently to reach all eligible families, the number of underweight young children in the United States could potentially be reduced by at least 37,000.





Figure 7
Housing Subsidies Reach Small Percentage
of Low-Income Families



Source: 11,723 Families at 6 sites, August 1998 – December 2003.²¹

If Subsidized Housing were funded sufficiently to reach all eligible families, the number of underweight young children in the United States could potentially be reduced by at least 26,000.

Subsidized Housing

The federally funded Section 8 housing voucher program is the main form of federal housing subsidy in the United States. Federal housing assistance also comes in the form of public housing for some eligible families. However, the subsidized housing program in the United States suffers perennial funding limitations, leaving many thousands of low-income families living in substandard conditions or with no stable housing.

Housing Subsidies Reach Small Percentage of Low-Income Families

Among low-income C-SNAP families likely to be eligible for housing subsidies, housing assistance was received by only 27% of the families.²¹ (Figure 7)

Housing Subsidies Protect Against Child Underweight and Undernutrition

C-SNAP findings show that children in subsidized housing have better growth outcomes than children in low-income families who do not receive housing assistance, suggesting that housing subsidies help to protect young children from undernutrition.²¹

C-SNAP findings indicate that children in subsidized housing have significantly greater weight-for-age, on average, than eligible children in non-recipient families. The difference in mean weight-for-age projects to a 9% reduction in the proportion of underweight children, defined as weight-for-age below the 5th percentile.¹⁷ Since there are about 2.8 million eligible families with children under 3 years old who do not receive housing subsidies nationally,²² this translates to a potential to reduce the number of underweight young children in the United States by at least 26,000, if subsidized housing were funded sufficiently to reach all eligible families.

Subsidies Are Not Associated With Overweight

C-SNAP data indicate that there is no statistically significant association between receipt of housing subsidies and childhood overweight.²¹

Conclusions

- Children in subsidized housing are less likely to be underweight, but are not at increased risk for overweight.
- Increased funding for the housing subsidy program could contribute to less underweight and its associated health consequences among many thousands of young children in the United States.

Call to Action

Food insecurity and hunger are increasing among America's poor families with young children, contributing to the poor health and increase in hospitalizations among this vulnerable population. The implications of these trends are very troubling for the physical and cognitive well-being of the nation's next generation and thus for the future economic well-being of our country.

As a society we have the capacity to prevent children's experiences of food insecurity and its associated adverse health consequences. Policy makers have both the power and the resources to fulfill this capacity through informed policy decisions that strengthen safety net programs and promote the health and well-being of America's underserved infants and toddlers.

National policy improvements urgently needed to maintain and strengthen the nation's social safety net include:

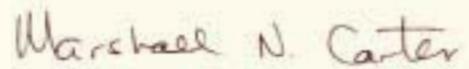
- Re-examine program sanction practices that ultimately punish children and impair their health.
- Significantly reduce administrative barriers to access, such as unnecessary verifications, reporting requirements, and poorly accessible program offices and workers, in order to reduce the complexity of receiving assistance benefits.
- Sufficiently fund assistance programs so all eligible families are able to participate.

Specific improvements needed to strengthen the five safety net programs highlighted in this report include:

- **TANF** Eliminate program emphasis on sanctions that are detrimental to child and family health. Adopt approaches that reduce poverty, promote family stability and enable transitions to work, rather than maintaining sanction policies that punish children and impair their health. Sufficiently fund programs such as child care and job training to facilitate families' transitions to work and financial stability.
- **Food Stamp Program** Base monthly food stamp benefits on a more realistic measure of what low-income households need to purchase a diet consistent with current dietary recommendations. Extend food stamp eligibility to more struggling low-income families. Remove administrative barriers and burdensome application procedures so that allocated Food Stamp resources reach far more eligible families in need, including low-income working families.
- **WIC** Remove administrative barriers to access, such as waiting lists and limited office hours, so that all eligible women and children receive benefits. Maintain and increase program funding to reach all families eligible for and in need of WIC.
- **LIHEAP** Sufficiently fund the LIHEAP program to reach the millions of eligible low-income families who are not currently receiving the benefit.
- **Subsidized Housing** Sufficiently fund the housing assistance programs to reach the millions of eligible low-income families who are not currently receiving the benefit.

The Bottom Line

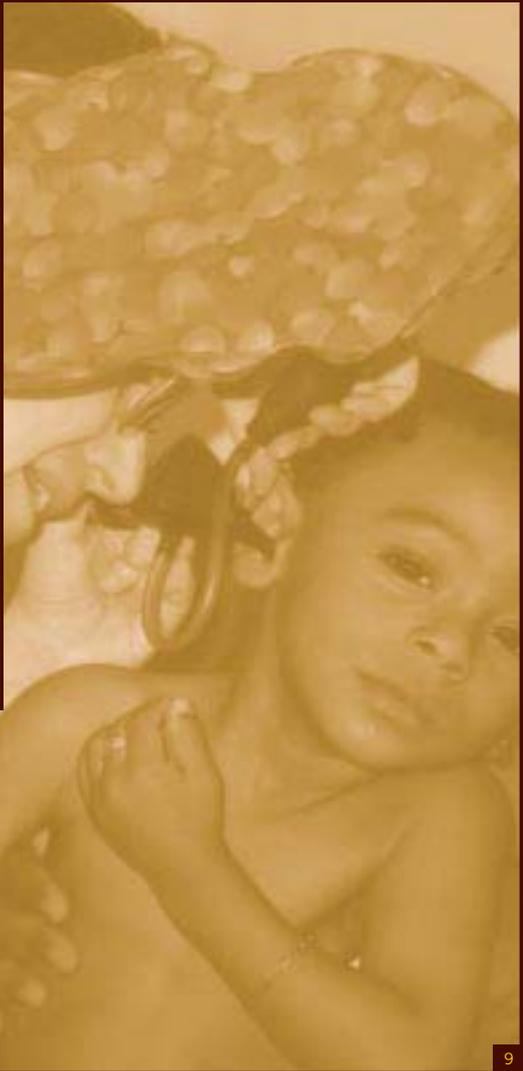
Protecting the health and well-being of our nation's young children is a basic moral duty of our country's institutions and leaders. It also happens to be the soundest possible investment we can make in the future of our social and economic systems. Free and democratic societies can only flourish when all citizens are prepared to participate effectively in civic, social and economic life. We look to our policy makers and political leaders to meet the challenge of adequately funding and effectively using our social safety net programs in order to ensure the human capital assets necessary for the future success of our society and economy.



Marshall N. Carter

*Chairman, Board of Trustees,
Boston Medical Center*

Retired Chairman/CEO, State Street Bank



“The solution of adult problems tomorrow depends in large measure upon the way our children grow up today. There is no greater insight into the future than recognizing when we save our children, we save ourselves.”

– Margaret Mead, *anthropologist*



Appendix

Overview of the Children's Sentinel Nutrition Assessment Program (C-SNAP)

C-SNAP is a policy-oriented research and advocacy collaboration with a mission of researching, advocating and intervening to combat child hunger and promote children's health. C-SNAP was created in 1998 in response to a dearth of research on the impact of changes in public policy on the health and food security of poor, young children. Well-known pediatric clinicians/researchers from six geographically and ethnically diverse urban medical centers in the United States joined together to perform this research on a national level.

C-SNAP Study Design

On a daily basis, C-SNAP conducts repeated cross-sectional convenience sampling of caregivers of children under 3 years of age accessing emergency departments (ED) and clinics in C-SNAP medical centers. A household survey instrument is administered during waiting periods in the ED or clinic with detailed information collected about household demographics, child health, parent health, and assistance program participation. The US Food Security Scale¹ is included in the instrument to assess household and child food insecurity. Children are weighed and measured at the time of the interview.

C-SNAP Interview Inclusion Criteria

- Caregivers with children 3 years of age or younger presenting to ED or clinic with non-life threatening conditions.
- Caregivers who speak English, Spanish or Somali (Minneapolis site only).
- Caregivers who have knowledge of the household.
- Caregivers who have not been interviewed within the past 6 months.
- Caregivers who live in the state in which they are being interviewed.

C-SNAP Sample Demographics

Since 1998, C-SNAP has interviewed over 15,000 caregivers with young children. The typical caregiver in the C-SNAP sample is African American (49%) or Hispanic (32%). The majority of the caregivers are US born (61%), single (54%), unemployed (57%), over 21 years old (82%), and do not have a High School degree (37%) or have completed High School (37%). The majority of the caregivers sampled are seeking medical care for children under 1 year of age (56%). Most of the children are insured by Medicaid or other public insurance (77%).

C-SNAP Data Analysis

C-SNAP interview data are analyzed using chi-square tests to assess bivariate associations between demographics and outcomes, and multiple logistic regression to test associations between predictors and outcomes while controlling for other characteristics that might influence the outcomes. More detailed description of analytic methods are available in C-SNAP publications.^{2,12,16}

C-SNAP Study Sites

- Boston Medical Center, Boston, MA
- Hennepin County Medical Center, Minneapolis, MN
- Harbor-UCLA Medical Center, Torrance, CA
- Mary's Center for Maternal and Child Care, Washington, DC
- University of Arkansas for Medical Sciences, Little Rock, AR
- University of Maryland School of Medicine, Baltimore, MD

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continued



References (continued)

- 17 Calculations are based on the mean and standard deviation of z-scores in the sample. The normal Gaussian distribution was used to estimate the percent of children under the 5th percentile of standard norms.
- 18 See USDA Food and Nutrition Service. Monthly WIC Participation. http://www.fns.usda.gov/pd/WIC_Monthly.htm Accessed 5/25/2004.
- 19 Frank DA, Skalicky A, Cook J, et al. Heat or eat: Low-Income Home Energy Assistance Program and nutritional risk among children < 3. Abstract No. 921 presented at Pediatric Academic Society Meetings, Seattle, WA, May 2003.
- 20 There are no data readily available on children ages 0-3 in the United States who are eligible but are not receiving LIHEAP. This figure was derived using data from the US Department of Health and Human Services, Administration for Children and Families: *FY 2000 Estimates of the Number of Income Eligible Households for LIHEAP, Using the Federal Maximum LIHEAP Income Standard, By Vulnerability Category* <http://www.acf.dhhs.gov/programs/liheap/eligibles.xls> Accessed 6/2/2004. Since this figure is for families with children under 6 years old, it was multiplied by 58% to estimate the number of families with children under 3 years old (derived from US Census data on the proportion of children 3 and under in the 0-6 age category). The figure was then multiplied by 80% to estimate the number of families with children under 3 years old who are eligible but are not receiving LIHEAP (derived from *Executive Summary: Low Income Home Energy Assistance Report to Congress FY 2000* <http://www.acf.dhhs.gov/programs/liheap/execsum.htm> Accessed 6/15/04).
- 21 Meyers A, Cutts D, Frank DA, et al. Subsidized housing and child nutritional status: Data from a multisite surveillance study. Abstract No. 3438 presented at Pediatric Academic Society Conference, San Francisco, CA, May 2004.
- 22 There are no data readily available on children ages 0-3 in the United States who are eligible but are not receiving housing assistance. This figure was derived using data from US Current Population Survey on the number of families with children under 6 years old who are under the 185% Federal Poverty Level http://ferret.bls.census.gov/macro/032003/pov/new08_185_01.htm Accessed 6/15/04. Since this figure is for families with children under 6 years old, it was multiplied by 58% to estimate the number of families with children under 3 years old (derived from US Census data on the proportion of children 3 and under in the 0-6 age category). The figure was then multiplied by 75% to estimate the number of families with children under 3 years old who are eligible but are not receiving any housing assistance (derived from Center on Budget and Policy Priorities. *Introduction to the Housing Voucher Program*. <http://www.cbpp.org/5-15-03hous.htm> Accessed 6/2/2004).



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