

February 17, 2012

The Honorable Debbie Stabenow  
Chairwomen  
U.S. Senate Committee on Agriculture, Nutrition and Forestry  
328A Russell Senate Office Building  
Washington, DC 20510

The Honorable Pat Roberts  
Ranking Member  
U.S. Senate Committee on Agriculture, Nutrition and Forestry  
328A Russell Senate Office Building  
Washington, DC 20510

Dear Chairwoman Stabenow and Ranking Member Roberts,

As pediatricians and researchers from Children's HealthWatch, a pediatric research group, we are writing to you to express serious concern about the content of the up-coming Farm Bill with regard to the Supplemental Nutrition Assistance Program (SNAP).

Based on our research findings, we would urge you to reject any proposals that reduce program benefit allotments and/or alter the program's unique structure and ability to react quickly in times of widespread hardship. For example, we are very concerned about any proposals that would limit state options, including the ability to coordinate the Low-Income Home Energy Assistance Program (LIHEAP) and SNAP, as this change would result in a direct cut to SNAP benefits.

Doctors know food insecurity (lack of adequate, nutritious food) and hunger are dangerous—jeopardizing children's health and normal development. Children are particularly vulnerable to these dangers in the first three years of life: a critical period of development when brain and body require very high levels of quality nutrients. Early childhood food insecurity increases the risk for developmental delays, poor health, hospitalizations and iron-deficiency anemia – endangering children's future academic achievement and subsequent adult health and workforce participation.

However, solutions are within reach. Children's HealthWatch has previously shown that **young children in families that receive SNAP are more likely to be food secure, in good health and less likely to have developmental delays** compared to young children whose families are likely eligible for but not receiving SNAP.<sup>i</sup>

The calculation of the SNAP benefit is based on both income and expenses, including shelter costs. The "Heat and Eat" program coordinates benefits between SNAP and LIHEAP to ensure qualified families receive the benefits at a more realistic level that helps families to stay warm and fed. We have demonstrated that **young children whose families receive LIHEAP are more likely to have a healthy**

**weight for their age and less likely to need to be hospitalized after visiting the emergency room** than are children whose families are likely eligible for but not receiving LIHEAP.<sup>ii</sup>

The Heat and Eat policy streamlines processes by helping state agencies to meet their requirement for LIHEAP outreach to vulnerable populations and by simplifying the SNAP shelter deduction calculation. A recent proposal for deficit reduction considered by the leaders of the House and Senate Agriculture Committees would cut spending on SNAP by limiting Heat and Eat. The proposed cut would reduce SNAP benefit levels and thus the amount of food families are able to afford, essentially eliminating meals. This, in turn, would have very real and serious effects on the developing bodies and brains of young children. In economic terms, sicker children need more health care resources – the average pediatric hospitalization costs \$11,000.<sup>iii</sup>

Every parent knows that children need to be warm and fed –these are not either/or situations. When families are better able to afford their energy bills, more resources in the household budget become available for food. Children’s health directly affects parents, too; when children are healthy, parents do not need to miss days of work; fewer parental work absences can translate into better job security and steadier income, particularly for those parents who earn low wages or are underemployed and whose jobs do not qualify for family leave. Moreover healthy children are less likely to stay home from daycare or miss school and better able to perform well in school,<sup>iv</sup> so that they will eventually be able to achieve their potential and be contributing adult members of our society.

Until nutrition and other assistance programs for families are adequately supported, our society can expect accelerating disparities in the health and future prospects between children from low-income families and their higher-income peers. Reductions in benefits and program coordination moves policy backwards. We would urge that leadership in Congress instead take steps to improve and simplify access to and coordination between benefit programs, streamlining systems to allow eligible families efficient access to all the assistance and benefits for which they qualify.

The 2012 Farm Bill provides legislators with an opportunity to ensure that SNAP continues to improve its ability to support the health, growth and learning potential of our nation’s children. We urge you to share with your colleagues the value of adequately funding and calculating SNAP benefits, preserving its flexible, fast-acting structure and maintaining--even expanding--its role as part of a system of coordinated benefits for America’s most vulnerable families. It is essential that we employ the measures needed to maximize the effectiveness of federal nutrition and non-nutrition programs, while supporting families’ ability to work and save for the future. Our country’s future success depends on the strength and health of our children today. When times are tough, it is especially important that we continue to invest in solutions that work to sustain all our children and give them a fair chance to develop to their full potential.

Thank you for your time and attention to our letter.

Sincerely,



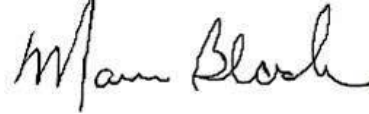
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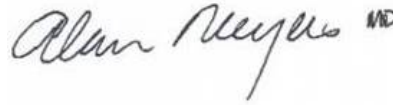
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**CC: United States Senate Committee on Agriculture, Nutrition and Forestry.**

[Children's HealthWatch](#) is a pediatric research group that monitors changes in economic conditions and public policies and their impact on the well-being of young children. We interview families in urban medical centers serving low-income populations in Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia and have been providing original research and analysis from the frontlines of pediatric care to policy makers and the public for more than a decade.

For questions or further information, please contact Stephanie Ettinger de Cuba, Children's HealthWatch Research and Policy Director, at [sedc@bu.edu](mailto:sedc@bu.edu) or 617-638-5850.

<sup>i</sup> Ettinger de Cuba, S, Weiss, I, et al. The SNAP Vaccine: Boosting Children's Health. Children's HealthWatch. Forthcoming February 2012.

<sup>ii</sup> Frank, D, Neault, N, et al. Heat or Eat: The Low Income Home Energy Assistance Program and Nutritional and Health Risks Among Children Less Than 3 Years of Age. *Pediatrics*. 2006; 118(5): 1293-1302.

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<sup>iii</sup> *Care of Children and Adolescents in U.S. Hospitals, 2003* (HCUP Fact Book No. 4, Publication No. 04-0004. Accessed February 16, 2012. <http://archive.ahrq.gov/data/hcup/factbk4/factbk4b.htm#series>

<sup>iv</sup> Cook, J and Frank, D. Food Security, Poverty and Development in the United States. *Annals of NY Acad Sci*, 2008; 1136:193-209.