

## SERIES – HUNGER: A NEW VITAL SIGN

# RX for Healthy Child Development:

## Nutritious, Affordable Food Promotes Health and Economic Stability for Boston Families

Over the past decade, the number of families with young children in Boston who have limited or uncertain access to nutritious and safe foods, known as **food insecurity**, has increased significantly. Children's HealthWatch research has shown that when Boston families are food insecure, their young children are more likely to be in poor health and at risk for developmental delays, and mothers are more likely to struggle with both their physical and mental health. Understanding a family's ability to buy enough healthful food serves as a critical vital sign that provides important information on family members' health risks, and risk for other hardships.



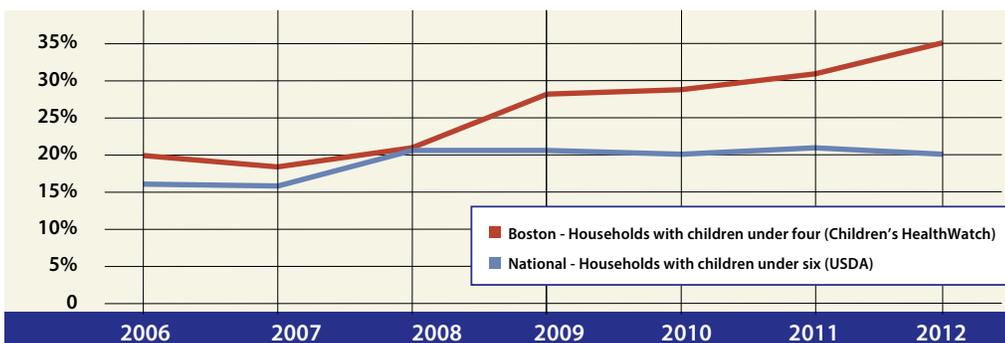
"Actually, I got a compliment yesterday: 'You look like you're losing weight.' I said 'thank you.' I didn't want to tell them I'm not eating like I'm supposed to. Like, yesterday, my kids asked, 'Mommy, you going to eat something?' I said, 'No, you guys just go ahead and eat. Just go ahead. I'm not hungry,' and I'll just go to bed, and call it a day. I'll think, the seventh is right around the corner, one more day until I can buy more food." Bonita C., Boston Witness to Hunger

Tamara S., Boston Witness to Hunger

### Food Insecurity Continues to Rise Among Boston Families

In a sample of more than 5,000 families with children under age four receiving care at Boston Medical Center, Children's HealthWatch found a 77 percent increase in the proportion of food-insecure families between 2006 and 2012. The figure below shows a gap of almost 15 percent between Children's HealthWatch data and the 2012 national rate for households with children under age six.

**Figure 1:** Prevalence of food insecurity among low-income Boston families. Children's HealthWatch Boston households compared to U.S. households.



Source: Children's HealthWatch Data, 2006-2012 and USDA 2006-2012<sup>ii</sup>

### Summary of Findings

Compared to those in food-secure Boston families, young children and mothers in food-insecure Boston families are:

1. Twice as likely to be in fair/poor child health and at risk for developmental delays
2. Two and a half times as likely to be in fair/poor maternal health
3. Nearly four times as likely to experience maternal depressive symptoms

### Recommended Public Policy Solutions

1. **Access:** Optimize effectiveness of SNAP benefits for eligible families
2. **Stability:** Provide sufficient housing subsidies and cash assistance grants to stabilize family well-being
3. **Economic Mobility:** Reward work and foster mobility by increasing the minimum wage and encouraging employers to pay a living wage



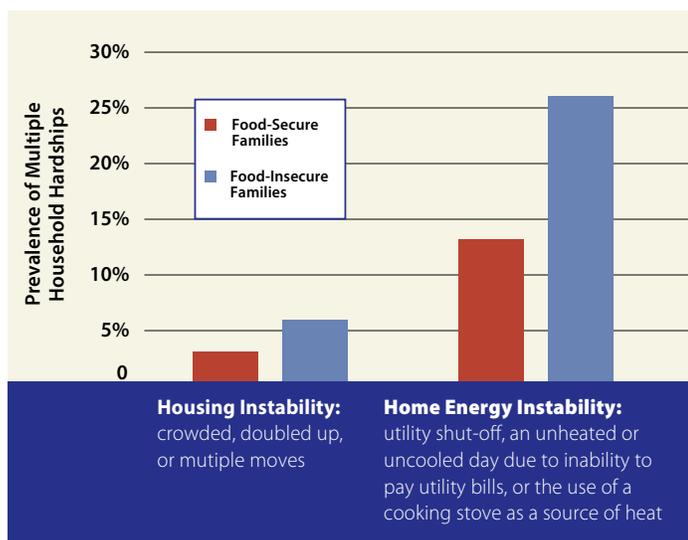
[www.childrenshealthwatch.org](http://www.childrenshealthwatch.org)

*Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and policy and child health experts that conduct primary research to inform public policies that impact children's health.*

### Multiple Hardships: Food Insecurity is Only One Piece of the Family Hardship Puzzle

Children's HealthWatch research shows that for families facing economic hardship, struggling to put healthy food on the table often-times does not happen in isolation – it also frequently means difficulty paying for rent, utilities and other needs, like health care and child care costs. Our research has also demonstrated that **nutrition, housing, and utility assistance programs, such as SNAP, WIC, housing subsidies, and the Low-Income Home Energy Assistance Program (LIHEAP), can effectively offset the worst impacts of these hardships.**

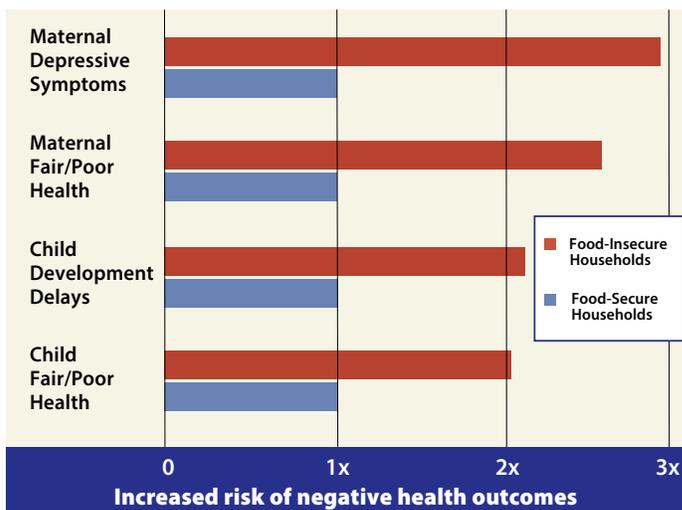
**Figure 2:** Families that do not have enough money for food also struggle to afford stable housing and utilities



All outcomes reflect household level food insecurity. Source: Children's HealthWatch Data, 2006-2012. All increases statistically significant at  $p < 0.05$

### SNAP Protects the Health of Boston Mothers and Children

**Figure 3:** Food-insecure Boston families are at significantly higher risk of fair/poor maternal and child health.



Maternal outcomes reflect household level food insecurity and child outcomes reflect household and child food insecurity. Source: Children's HealthWatch Data, 2006-2012. All increases statistically significant at  $p < 0.05$

**Compared to those in families with adequate nutritious food, we found that mother in Boston who experience food insecurity are:**

- Nearly three times as likely to experience symptoms of maternal depression
- Two-and-a-half times as likely to be in fair or poor health

**Children in Boston who experience food insecurity are:**

- Twice as likely to be at risk for developmental delays
- Twice as likely to be in fair or poor health

Juell F., Boston Witness to Hunger

**Food insecurity:** When families lack access to sufficient food for all members to lead active, healthy lives because of insufficient family resources. Food insecurity is most precisely measured by the USDA's 18-item US Food Security Module.

**Child food insecurity:** When children experience reductions in the quality and/or quantity of meals because caregivers can no longer buffer them from inadequate household food resources (the most severe level of food insecurity).

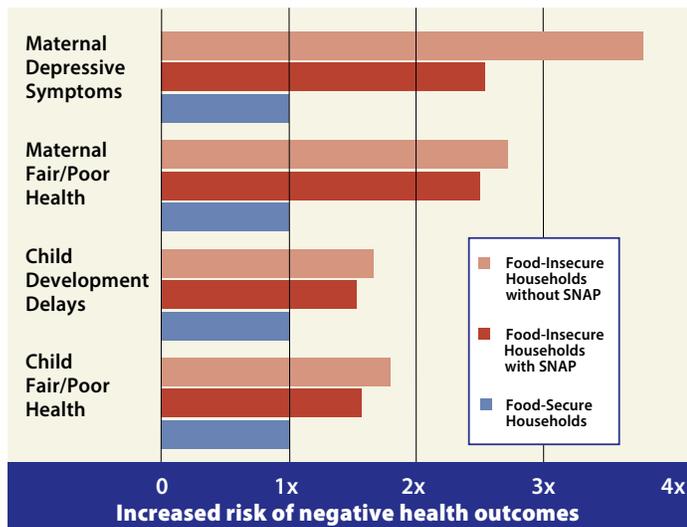
**Children's HealthWatch 2-question food insecurity screener:** Children's HealthWatch has validated a shortened 2-question screener suitable for clinical use, which identifies families as being very likely food insecure if they answer positively ('Often true' or 'sometimes true' vs. 'never true') to either of the following two statements:

"Within the past 12 months we worried whether our food would run out before we got money to buy more."

"Within the past 12 months the food we bought just didn't last and we didn't have money to get more."



**Figure 4:** Food-insecure Boston families not receiving SNAP are at significantly higher risk of fair/poor health, compared to similar families receiving SNAP.



All outcomes reflect household level food insecurity. Source: Children’s HealthWatch Data, 2006-2012. All increases statistically significant at p<0.05

While SNAP participation does not eliminate the health risks associated with food insecurity, Children’s HealthWatch data show receiving SNAP helps to buffer mothers and children from the worst of food insecurity’s effects. Compared to those in families with adequate nutritious food, we found that mothers in food-insecure families were 2.5 to nearly 4 times as likely to experience symptoms of maternal depression. **However, mothers in food-insecure families that receive SNAP are:**

- 122 percent less likely to experience symptoms of maternal depression
- 14 percent less likely to be in fair or poor health

**Children in food-insecure families that receive SNAP are:**

- 16 percent less likely to be at risk for developmental delays
- 12 percent less likely to be in fair or poor health

“Hunger doesn’t just affect a single child, it affects a whole community. If a child in a classroom is hungry and therefore struggling with the material, that affects the ability of every child in the classroom to learn. We need to make sure that every child in Massachusetts has the chance to reach his or her potential by ensuring access to enough food, and a stable, heated home.”

Dr. Megan Sandel, Children’s HealthWatch Principal Investigator

## Policy Solutions

A family’s ability or inability to buy enough healthful food is a critical vital sign, providing important information on mothers’ and children’s health risks, and the families’ risk for other hardships. Children and families in Boston will be far more likely to be healthy and to fulfill their potential as creative and productive members of society with public policies that:

### 1. Increase Access to and Effectiveness of SNAP Benefits

#### for Eligible Families:

- Support multi-agency outreach and horizontal integration among state agencies (e.g. EOHHS\*, DTA\*\*) to identify MassHealth families eligible for, but not participating in SNAP; offer a simplified SNAP application using MassHealth data to re-connect these families to SNAP; and re-link a single SNAP/MassHealth on-line portal for dual applications.
- Increase the use of the **Children’s HealthWatch 2-question food insecurity screener** in healthcare and other settings to enable pediatricians, community outreach workers and others to identify families in need of food resources and facilitate access to SNAP screening and application assistance.
- Ensure SNAP households receive the full amount of benefits for which they are eligible by advising DTA to affirmatively screen families with young children for underutilized deductions and inform households of their right to claim deductions, which include child care (for families engaged in work, training or job search), and medical-related expenses for families with disabled members.

### 2. Promote Family Stability by Providing Sufficient Housing, Education, and Support Services:

- Increase funding for the Massachusetts Rental Voucher Program (MRVP) ensuring that more eligible families struggling to put food on the table can also afford safe and secure housing.
- Respond to families living in extreme poverty by level funding\*\*\* Transitional Aid to Families with Dependent Children (TAFDC), which will result in a modest cash assistance grant increase. The current maximum grant is only 37 percent of the federal poverty level.
- Provide more comprehensive and integrated education and training services to TAFDC recipients.

### 3. Invest in Family Economic Mobility by Rewarding Work

- Increase the state minimum wage and index it to inflation. This will help stabilize low-income families’ financial well-being and prevent downward economic mobility.
- Support initiatives among public and private sector employers that pay employees a living wage. \*\*\*\*

\*EOHHS - Executive Office of Health and Human Services

\*\* Department of Transitional Assistance

\*\*\*House 2 proposes to spend \$38 million less for TAFDC (4403-2000) than the FY 14 budget because of projected declining caseloads. Level-funding TAFDC would support a grant increase of about \$70 a month for the typical family. Massachusetts Welfare Advocates

\*\*\*\*Living Wage in in Boston is \$13.76 an hour. The City of Boston Living Wage Ordinance assures that employees of vendors who contract with the City to provide services earn an hourly wage that is sufficient for a family of four to live on or above the poverty line ([http://www.cityofboston.gov/jcs/Liv\\_wage\\_ord.asp](http://www.cityofboston.gov/jcs/Liv_wage_ord.asp)).

## Conclusion

Food insecurity is an issue that affects us all. Our neighbors who struggle to make ends meet should not have to choose between putting food on the table, paying rent, and heating their homes. Children's HealthWatch research shows food insecurity puts young children at greater risk of poor health and developmental delays and increases their mothers' risk of having poor physical and mental health as well. None of us can be really effective parents to our children if we are physically sick or depressed ourselves.

To increase the health and vitality of Boston families experiencing economic hardship, and the quality of life for all Bostonians, Massachusetts should ensure eligible families are able to access and receive the full amount of SNAP benefits for which they are eligible; effectively allocate resources to strengthen state housing and cash assistance programs; and give working families the opportunity to earn a wage that meets basic costs of living.

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<sup>ii</sup> Coleman-Jensen, A., Nord, M., and Singh, A. (2013). Household Food Security in the United States in 2012, Economic Research Report no.155. U.S. Department of Agriculture, Economic Research Service. Retrieved from: <http://www.ers.usda.gov/publications/err-economic-research-report/err155.aspx#.UuARENi67Gg>.

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<sup>iv</sup> Child Care Aware of America. (2012). Parents and the High Cost of Child Care. Retrieved from: [http://www.naccrra.org/sites/default/files/default\\_site\\_pages/2012/cost\\_report\\_2012\\_final\\_081012\\_0.pdf](http://www.naccrra.org/sites/default/files/default_site_pages/2012/cost_report_2012_final_081012_0.pdf).

<sup>v</sup> Frank, D. A., Casey, P.H., Black, M. M., Rose-Jacobs, R., Chilton, M., Cutts, D...& Cook, J.T. (2010). Cumulative Hardship and Wellness of Low-Income, Young Children: Multisite Surveillance Study. *Pediatrics*, 125(5), e1115 -e1123.

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<sup>vii</sup> Liberman, R. (2014). A Plan for Building Skilled Workers and Strong Families through the Massachusetts TAFDC (Transitional Aid to Families with Dependent Children) Program. Crittenton Women's Union. [http://www.liveworkthrive.org/site/assets/docs/OnlineSkilled\\_Workes\\_Strong\\_Families\\_Through\\_MATAFDC.pdf](http://www.liveworkthrive.org/site/assets/docs/OnlineSkilled_Workes_Strong_Families_Through_MATAFDC.pdf).

<sup>viii</sup> Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., & Frank, D. A. (2010). Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126(1), e26-e32.

