

# Diluting the Dose

## *Cuts to SNAP benefits increased food insecurity following the Great Recession*

### Increase in SNAP benefits during the Great Recession

The Supplemental Nutrition Assistance Program (SNAP—formerly the Food Stamp Program) is designed to respond quickly to increases in unemployment and the associated rising need for nutrition assistance. In 2009 during the Great Recession, Congress passed the American Recovery and Reinvestment Act (ARRA) which included an increase to SNAP benefits for all participants by a minimum of 13.6 percent.<sup>i</sup> This boost was used as a way to stimulate the economy (SNAP has been shown to generate between \$1.73 and \$1.79 in economic activity for every \$1 in benefits spent<sup>ii</sup>), create and save jobs, and improve the food security of low-income households. A study by the USDA's Economic Research Service (ERS) showed that the ARRA SNAP enhancements improved food security among likely SNAP eligible households during a time of tremendous economic hardship, while food security rates were unchanged among households with incomes somewhat above the SNAP eligibility limit<sup>iii</sup>. Other studies also demonstrated improvements linked to the ARRA benefit boost, such as, among SNAP participants, fewer fluctuations in monthly caloric intake<sup>iv</sup> and more food purchases and for greater amounts.<sup>v</sup> During this same period, food prices rose quickly, eroding the purchasing power of the increased benefit.<sup>vi</sup> Despite this, Children's HealthWatch also found positive effects of the benefit increase; after the ARRA boost to SNAP benefits, young children whose families received SNAP were significantly more likely to be in good health and growing and developing normally, than their peers who were likely eligible but did not receive SNAP.<sup>vii</sup>

### SNAP benefits prematurely reduced

Under ARRA, SNAP benefit levels were not intended to be adjusted again until food price inflation caught up with the increase, which was estimated to occur at the end of 2014.<sup>viii</sup> However, the timeline for maintaining the increased benefit was cut back by Congress when two pieces of legislation were passed reallocating SNAP funding in order to fund other programs, several of which serve similar (or the same) populations:

- Funding for Medicaid and jobs in education in 2010 brought the end-date for the SNAP ARRA increase back to March 31, 2014
- Reauthorization and improvements to child nutrition programs under the Healthy, Hunger-Free Kids Act of 2010 moved up the rollback of the ARRA increase to October 31, 2013, more than a year ahead of schedule.

On November 1st, 2013, monthly SNAP benefits for all program participants were cut.<sup>ix</sup> The total national cut was approximately \$5 Billion—decreasing the SNAP amount allotted per person from approximately \$1.70 per meal to approximately \$1.40 per meal. For a family of four the monthly benefit decreased by about \$36, equivalent to about 21 meals per month.<sup>x</sup> The effect of the decrease was not offset by funding other programs because a) young children do not benefit from school meals as they are not in school and b) school-age children need to eat nutritious meals outside of school hours as well as at school. Ultimately, by cutting SNAP to fund these programs, young children were placed at greater risk of food insecurity.

### Summary of Findings

- SNAP benefit allotments were raised during the Great Recession, holding food insecurity rates down nationally and improving health among young children.
- The SNAP benefit boost was prematurely reduced in November 2013 to fund other programs.
- Compared to SNAP households before the rollback, SNAP households with young children after the rollback were:
  - 23 percent more likely to be household food insecure
  - 17 percent more likely to be child food insecure
- These findings confirm that the amount of the monthly benefit matters and that the SNAP benefit rollback had a measurable, negative effect on both household and child food insecurity.



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

*Children's HealthWatch is a nonpartisan network of pediatricians and public health researchers with the mission to improve the health and development of young children by informing policies that address and alleviate economic hardships.*

## ARRA benefit rollback increased food insecurity among families with young children

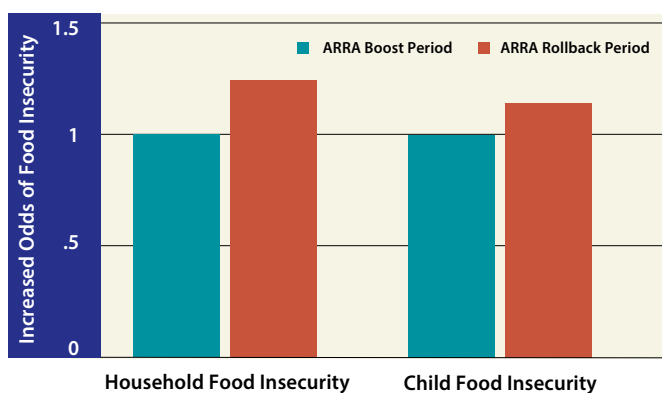
To examine the impact of the rollback on food insecurity, Children's HealthWatch analyzed information from 12,335 SNAP-participant families with young children under the age of three from across the country whose caregivers sought care for them in a hospital emergency department or primary care clinic. We compared 9,867 young children seen during the period from April 1, 2009, when the boost to SNAP benefits began, through October 31, 2013, just before the benefit rollback. This sample was then compared to 2,468 similar children seen in the period after the rollback (November 1, 2013 to December 31, 2014). The average SNAP benefit per person in the household was \$92.20 during the Stimulus period and dropped to \$81.40 per person after the rollback.

We found that:

Compared to families with young children during the SNAP benefit boost period, families with young children after the SNAP benefit rollback were:

- **23 percent more likely to be household, but not child, food insecure**
- **17 percent more likely to be household and child food insecure**

**Figure 1. Household and child food insecurity increased after the ARRA SNAP benefit rollback**



Source: Children's HealthWatch Data, April 2009–December 2014. All differences are significant at  $p < 0.05$ .

### Household Food Insecurity:

When families lack access to sufficient food for all members to lead active, healthy lives because of insufficient family resources. Households are categorized as household, but not child, food insecure when they endorse three or more questions related to difficulty affording enough food on the US Food Security Survey 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). Households are categorized as both household and child food insecure if they endorse two or more questions specifically related to their children's access to food.

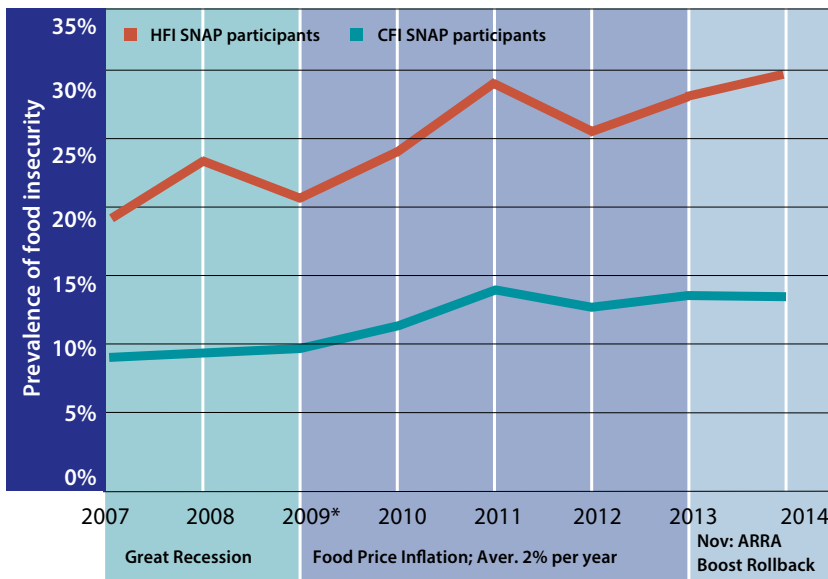
### Consequences of increased food insecurity

Doctors and health providers are alarmed at this rapid increase in food insecurity among families with young children. Children who live in households that are food insecure, even at the mildest levels, are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently.<sup>xix</sup> Lack of enough healthy food cannot only harm young children's brain development in early life, putting them at higher risk of developmental delays, but also their older brothers and sisters as well.<sup>xiii</sup> Among school-age children, food insecurity can impair children's ability to concentrate and perform well in school.<sup>xiv</sup> Food insecurity is linked to higher levels of behavioral and emotional problems from preschool through adolescence.<sup>xv, xvi</sup> Child food insecurity further increases the odds of harmful outcomes for children.<sup>xvii</sup> Only future research will tell whether the already fragile physical and mental health of children in poverty has deteriorated further since this rollback, but there is cause for great concern.

### The SNAP vaccine: dose matters

As with many medicines the "dose" of the monthly SNAP benefit matters. Children's HealthWatch and others have found that SNAP acts like a vaccine as it protects children's health over the short and long-term by reducing food insecurity and improving their families' ability to meet their basic needs. SNAP has been shown to improve overall child health, help children have a healthy weight for age, and reduce risk of iron deficiency anemia, while also supporting their cognitive and emotional development and academic performance.<sup>xviii, xix, xx</sup> Research has shown that the pre-increase benefit levels were set at a 'dose' that was too low because they are based on a calculation of a sample market basket (the Thrifty Food Plan) that does not reflect the latest nutrition science.<sup>xxi, xxii</sup>

**Figure 2: Prevalence of Household and Child Food Insecurity Among Households with Children under 3 Participating in SNAP**



\*April 2009: American Recovery Reinvestment (Stimulus) implemented  
June 2009: The Great Recession Officially Ends

In 2013, prior to the rollback, the Institute of Medicine confirmed this, finding that the SNAP benefit was already inadequate to purchase a healthful diet.<sup>xxxiii</sup> These findings demonstrate that the ARRA rollback diluted the SNAP dose and the effects were seen immediately in worsening food insecurity for America's youngest children and their families.

## Conclusion

For America's future prosperity, we must ensure that families are able to provide the resources to nourish their children and keep them healthy and ready to learn from birth to adulthood—providing them with healthy food at home as well as at school or in child care. Children's HealthWatch research indicates that increased SNAP benefits can have positive child health impacts; conversely, cuts to SNAP benefit amounts have harmful effects both on children and their families. Changing the calculation of the benefit to be based on the Low Cost Food Plan would provide a SNAP allotment based on a diet grounded in science and reality. Just as children need immunizations to protect them now and in the future, they need a SNAP benefit which truly matches the cost of a healthy diet to nourish their bodies throughout childhood.



"Thanks to food stamps, she's got food on the table. She's able to eat dinner.... I can buy more fruits and vegetables. If we didn't have food stamps, it would be: 'do we do without water this month? or, do we not pay the electric bill?' Something else would have to give. I want Daitona to be a healthy, bright young child with a better future than I could ever imagine. I don't want her to grow up with the hard times we are going through now. I want to make sure that when she grows up she doesn't have to decide between keeping the heat running in the house or putting food on the table."

Photo and Voice by Amanda, Hyde, PA

This brief was made possible by generous funding from the Annie E. Casey Foundation and MAZON: A Jewish Response to Hunger.

Part of this research was presented by Deborah A. Frank at the Pediatric Academic Sciences 2015 Meeting in San Diego, California.

Children's HealthWatch would like to thank Amanda, a member of Witnesses to Hunger in Hyde, PA, for sharing her story.

Authors: Stephanie Ettinger de Cuba, MPH, Research and Policy Director; Allison Bovell, MDiv, Research, Policy, and Communications Coordinator; Sharon Coleman, MS, MPH, Statistical Analyst; Deborah A. Frank, MD, Principal Investigator

**For additional information, please contact:  
Stephanie Ettinger de Cuba, MPH, Research and Policy Director  
Tel. (617) 638-5850/ Email: sedc@bu.edu**

- 
- <sup>i</sup> The actual percentage increase for each household varied and often turned out to be higher than 13.6 percent due to the calculation laid out in the ARRA legislation. The USDA used the maximum benefit as a base and calculated a 13.6 percent benefit increase for each household size. They then kept the dollar amount of this increase constant and applied that amount to all benefit levels of the same household size.
- <sup>ii</sup> Zandi MM. Assessing the Macroeconomic Impact of Fiscal Stimulus 2008. Moody's Economy.com January 21, 2009.
- <sup>iii</sup> Nord, M. Prell, M. Food Security Improved Following the 2009 ARRA Increase in SNAP Benefits. ERR-116, USDA ERS, 2011.
- <sup>iv</sup> Todd JE. Revisiting the Supplemental Nutrition Assistance Program cycle of food intake: Investigating heterogeneity, diet quality, and a large boost in benefit amounts. *Applied Economic Perspectives & Policy*. 2014: E-pub 26 November.
- <sup>v</sup> Castner L and Henke J. Benefit Redemption Patterns in the Supplemental Nutrition Assistance Program U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis. 2011.
- <sup>vi</sup> Nord, M. Effects of the Decline in the Real Value of SNAP Benefits From 2009 to 2011. ERR-151, U.S. Department of Agriculture, Economic Research Service. 2013.
- <sup>vii</sup> March EL, Ettinger de Cuba S, Bailey K, Cook J, Coleman S, Schiffmiller A, and Frank DA. Boost to SNAP Benefits Protected Young Children's Health. *Children's HealthWatch*. 2011.
- <sup>viii</sup> Supplemental Nutrition Assistance Program – ARRA. USDA ERS. Accessed on May 18, 2015. <http://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-%28snap%29/arra.aspx>
- <sup>ix</sup> Dean S and Rosenbaum D. SNAP Benefits Will Be Cut for Nearly All Participants In November 2013. Center for Budget and Policy Priorities. August 2, 2013.
- <sup>x</sup> Calculated using the approximate per meal allotment of the average SNAP benefit - \$1.40 per meal, per person. See Dean S and Rosenbaum D. 2013.
- <sup>xi</sup> 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.
- <sup>xii</sup> Cook JT and Frank DA. Food Security, Poverty, and Human Development in the United States. *Annals of the New York Academy of Sciences*. 2008; 1–16.
- <sup>xiii</sup> Rose-Jacobs R, Black MM, Casey PH, Cook JT, Cutts DB, Chilton M, Heeren T, Levenson SM, Meyers AF and Frank DA. Household Food Insecurity: Associations with At-Risk Infant and Toddler Development. *Pediatrics*. 2008; 121;65-72
- <sup>xiv</sup> Jyoti DF, Frongillo EA, Jones SJ. Food insecurity affects school children's academic performance, weight gain, and social skills. *Journal of Nutrition*. 2005 Dec;135(12):2831-9.
- <sup>xv</sup> Melchior M, Chastang J-F, Falissard B, Gale, C, Tremblay RE, Cote, SM, and Boivin M. Food Insecurity and Children's Mental Health: A Prospective Birth Cohort Study. *PLoS ONE*. 2012; 7(12): e52615
- <sup>xvi</sup> McLaughlin KA, Greif Green, J, Alegria M, Costello, EJ, Gruber MJ, Sampson NA, Kessler RC. Food Insecurity and Mental Disorders in a National Sample of U.S. Adolescents. *Child and Adolescent Psychiatry*. 2012; 51(12): 1293–1303.
- <sup>xvii</sup> Cook JT, Frank DA, Levenson SM, Neault NB, Heeren TC, Black MM, Berkowitz C, Casey PH, Meyers AF, Cutts DB and Chilton M. Child Food Insecurity Increases Risks Posed by Household Food Insecurity to Young Children's Health. *Journal of Nutrition*, 2006; 136(4):1073-6
- <sup>xviii</sup> Frongillo E, Jyoti DF and Jones SJ. (2006) Food Stamp Program Participation Is Associated with Better Academic Learning among School Children. *Journal of Nutrition*. 136(4): 1077-1080.
- <sup>xix</sup> Ettinger de Cuba, S, Weiss, I, Pasquariello, J, Schiffmiller, A, Frank, DA, Coleman, S, Breen, A, and Cook, J. The SNAP Vaccine: Boosting Children's Health. *Children's HealthWatch*, February 2012.
- <sup>xx</sup> Kreider B, Pepper JV, Gundersen C, and Jolliffe D. Identifying the effects of SNAP (Food Stamps) on child health outcomes when participation is endogenous and misreported. *Journal of the American Statistical Association*. 2012;107(499), 958-975.
- <sup>xxi</sup> Thayer J, Murphy C, Cook J, Ettinger de Cuba S, DaCosta R, Chilton M. The real cost of a healthy diet: Coming up short – high food costs outstrip food stamp benefits. *Children's HealthWatch and Center for Hunger-Free Communities*. 2008.
- <sup>xxii</sup> Hartline-Grafton H and Weill J. Replacing the Thrifty Food Plan in order to provide adequate allotments for SNAP beneficiaries. *Food Research and Action Center*. 2012.
- <sup>xxiii</sup> Committee on Examination of the Adequacy of Food Resources and SNAP Allotments. Supplemental Nutrition Assistance Program: Examining the Evidence to Define Benefit Adequacy. *Institute of Medicine*. January 2013.

