

Boost to SNAP Benefits Protected Young Children's Health

The Great Recession has taken a significant toll on America's children. In 2010, 25 percent of children under age six were living in poverty, up from 21 percent in 2007.^{1,2} Not surprisingly, the increase in the poverty rate has gone hand in hand with the rising rate of food insecurity among families with children under age six, which increased from 17 to 22 percent over the same period – a 29 percent increase.³

Fortunately, the Supplemental Nutrition Assistance Program (SNAP – formerly The Food Stamp Program) is designed to respond quickly as unemployment increases and the number of families needing assistance rises. Since the beginning of the recession SNAP participation increased by 17.2 million people, or 63 percent, to 44.5 million in May 2011.⁴ SNAP recipients received increased assistance in 2009 when the American Recovery and Reinvestment Act (ARRA) raised SNAP benefits across the board by a minimum of 13.6 percent⁵ 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^{6,7}), create and save jobs, and improve the food security of low-income households. A recent study by the USDA's Economic Research Service (ERS) showed that the ongoing ARRA SNAP enhancements improved food security among low-income households during a time of tremendous economic hardship. ERS found that food insecurity rates among likely SNAP-eligible households (those with incomes less than 130 percent of the federal poverty line) declined by 2.2 percentage points. Food security rates were unchanged among households with incomes somewhat above the SNAP eligibility limit.⁸

What works: SNAP benefit levels that more closely match the cost of food

ERS findings are also borne out in medical findings about the health of young children. Recent research by Children's HealthWatch compared the health of young children in families receiving SNAP with those in families that are likely eligible for the program, but not receiving SNAP before and after the benefit increase. (Families' eligibility was based on their participation in other means-tested programs.)

Well child: What every parent wants – a child who is not overweight or underweight and whose parents report that s/he is in good health, developing normally for his/her age, and has never been hospitalized.

Children's HealthWatch analyzed information from nearly 3400 young children whose parents sought care for them in a hospital emergency department or primary care clinic during the period from December 2007, when the Great Recession began, until just prior to the ARRA increase (January 1, 2008 to March 30, 2009). This sample was then compared to over 5000 similar children seen in the two year period after the increase (April 1, 2009 to December 31, 2010). We found that:

- Prior to the increase, receipt of SNAP benefits showed no detectable difference in child health.
- However, in the two years after the increase, children in families receiving SNAP were **significantly more likely to be classified as "well"** than young children whose families were eligible but did not receive SNAP.

Summary of Findings

1. The April 2009 increase in SNAP benefits protected the health and well-being of very young, low-income children during a period of great financial hardship for many families in America.
2. Prior to the increase, very young children in families receiving SNAP were no more likely to be well as those in similar families who were eligible but not receiving SNAP.
3. In the two years after the increase, children in families receiving SNAP were significantly more likely to be classified as well than young children whose families were eligible but did not receive SNAP.

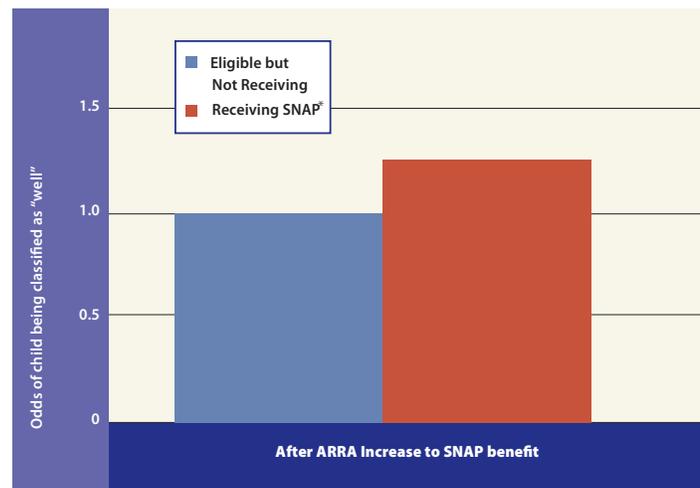


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A non-partisan pediatric research center that monitors the impact of public policies and economic conditions on the health of young children.

Children's HealthWatch and others have previously found that SNAP indirectly protects children's health by reducing food insecurity.^{9,10} **This new research demonstrates that improved SNAP benefit levels also have a positive impact on young children's health.** We have known for some time that the pre-increase benefit levels were set at a 'dose' that was too low. A central element of the SNAP benefit calculation is the cost of the Thrifty Food Plan- the national standard for "a nutritious diet at minimal cost."¹¹ Our previous research showed that a household of four SNAP recipients receiving the maximum benefit in 2008 (before the ARRA increase) would have to spend an additional \$210 per month in Boston and \$263 per month in Philadelphia to purchase the Thrifty Food Plan.¹² The ARRA increase, which raised benefits by \$80 a month for a household of four,¹³ appears to have helped to bridge the gap between food costs and limited family resources and thus improved child health.

Figure 1.
Young children who received SNAP benefit boost more likely to be well



*The difference is statistically significant at P= 0.05

Conclusion

The latest scientific evidence shows that much of the foundation for children's health and academic success is established in their first three years of life. As we seek to ensure that all our children arrive at school healthy and ready to learn, as a nation we must make sure that families have the resources to nourish their children and keep them well in their early years. Children's HealthWatch research indicates that increased SNAP benefits can have positive child health impacts. Sustaining these improved benefits would promote the health and well-being of America's youngest and most vulnerable children. SNAP can help them to be ready to learn and, later, ready to earn.

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¹ U.S. Census Bureau. Current Population Survey, 2008, 2009. Annual Social and Economic Supplements.

² US Census Bureau. Current Population Survey, 2010, 2011. Annual Social and Economic Supplements.

³ Coleman-Jensen A, et al. Household Food Security in the United States in 2010. ERR-125. USDA, ERS, 2010.

⁴ Food and Nutrition Service. Supplemental Nutrition Assistance Program; Average Monthly Household Participation, 2011.

⁵ 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.

⁶ Zandi, M. The Economic Impact of the American Recovery and Reinvestment Act. Moody's Economy.com. January 21, 2009.

⁷ Hanson, K. The Food Assistance National Input-Output Multiplier (FANIOM) Model and Stimulus Effects of SNAP. ERR-103. USDA, ERS, 2010.

⁸ Nord, M. Prell, M. Food Security Improved Following the 2009 ARRA Increase in SNAP Benefits. ERR-116, USDA, ERS, 2011.

⁹ Perry, A, et al. Food Stamps as Medicine: A New Perspective on Children's Health. C-SNAP, 2007.

¹⁰ Nord, M, Prell, M. Food Security Improved Following the 2009 ARRA Increase in SNAP Benefits. ERR-116, USDA, ERS, 2011.

¹¹ *The Real Cost of a Healthy Diet* was a community food security research project investigating whether low-income residents in Boston and Philadelphia could buy food for a healthy diet using the maximum SNAP benefit in neighborhood food stores.

¹² Thayer, J, et al. Coming up Short: High food costs outstrip food stamp benefits. Children's HealthWatch, 2008.

¹³ Benefits increased by an average of \$80 per month for a household of four people.

¹⁴ American Recovery & Reinvestment Act of 2009 Supplemental Nutrition Assistance Program. USDA, FNS, 2010.