

88 East Newton Street Vose Hall, 4th Floor Boston, MA 02118 Phone: 617.414.6366 Fax: 617.414.7915 www.childrenshealthwatch.org

December 12, 2016

Ms. Rosemarie Downer U.S. Department of Agriculture Food and Nutrition Service 3101 Park Center Drive Room 1014 Alexandria, VA 22302

<u>Re: Docket Number FNS-2016-0076: Assessment of the Barriers That Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments</u>

Dear Ms. Downer,

On behalf of Children's HealthWatch please accept these comments on the United States Department of Agriculture's (USDA's) Food and Nutrition Service (FNS) proposed research on barriers that constrain the adequacy of SNAP allotments (Docket number FNS-2016-0076). As pediatricians, public health researchers, and child health and policy experts, we write to comment on the practical utility of the information proposed by this research.

Children's HealthWatch¹ is a nonpartisan network of pediatricians, public health researchers, and policy and child health experts committed to improving children's health in America. Every day, in urban hospitals across the country, we collect data on children ages zero to four, many of whom are from families experiencing economic hardship. We analyze and release our findings to academics, legislators, and the public to inform public policies and practices that can give all children equal opportunities for healthy, successful lives. This nation's youngest children are some of those most at risk for food insecurity.

1. Is the proposed collection of information necessary and does it have practical utility?

In short, yes. The information FNS proposes to collect and analyze is of the utmost importance.

Non-partisan, independent research on SNAP, including from Children's HealthWatch and the Institute of Medicine (cited in the Federal Register abstract), demonstrate that SNAP is an important program for combating food insecurity, but that the benefit allotments are inadequate and have been losing purchasing power for many years. Children's HealthWatch found, in a series of three studies, that in a sample from two cities of 16 stores of a variety of sizes, none of the surveyed stores offered

Arkansas Children's Research Institute Dornsife School of Public Health, Drexel University a) the complete market basket of foods in the Thrifty Food Plan (TFP) and b) that the market basket of TFP foods available were unaffordable on even the maximum SNAP benefit.² The IOM subsequently came to the same conclusion.³ Thus, further investigation conducted by FNS into the adequacy of SNAP is important for advancing the program's ability to provide families with nutritional support necessary for preventing food insecurity and staying healthy. In order to increase relevance of this research, the report released with the research findings should make a statement about how FNS believes the adequacy of SNAP benefits can be solved through policy changes at the state and federal levels as well as best practices for implementation.

2. In what ways can FNS enhance the quality, utility, and clarity of the information collected?

It will be essential for FNS to focus on the access that SNAP participants have in their local environment to not just food, but healthy food. In addition, there should be an assessment of the affordability of the food in the area, in particular the quality and price of the healthy food in the area and the expectations set out under the Thrifty Food Plan and the Low Cost Food Plan for what participating households "should" be able to afford compared to the reality of food prices in their surrounding area. National data are not sufficient for this – FNS should ensure that local data are collected in a systematic way to document the regional variation and the setting-specific variation that low-income households must navigate when trying to maximize the amount of food they can bring home with their benefit.

Inextricably linked to this, FNS should also thoroughly assess barriers to receiving SNAP. SNAP is a vital support for many people in need, but barriers to access leave troubling gaps in coverage. While the national participation rate among people eligible for SNAP has improved, approximately one in six eligible people are still missing out on these basic benefits.

Barriers to accessing SNAP benefits have health consequences for families with children. Research by Children's HealthWatch shows that young children in families who did not receive SNAP due to administrative and other barriers were more likely to be child food insecure and significantly underweight for their age (an indication of under nutrition).⁴ These young children were also more likely to live in households that were household food insecure and housing insecure. Interviewing study participants about the process of applying for SNAP and their history of connection to the SNAP program will be important (Have they lost benefits at any point? What happened? How did they have their benefits reinstated? How was the communication with local office? What was the atmosphere like? How respected did they feel? What made the process hard? What made it easier?).

FNS must also thoroughly examine barriers to receiving the maximum SNAP benefit to which the household is entitled. Many families are receiving less than their potential maximum benefit because they are unaware of additional deductions that they could be taking. As you well know, SNAP is structured to take into account a household's expenditures to meet basic needs such as shelter, utilities, dependent care, and (for elderly persons and persons with disabilities) excess medical costs. These funds are therefore simply not available for food. Nonetheless, SNAP benefit gaps exist as many applicants are unaware of the deductions that are available to them or how to navigate the process for verifying their expenses so they can claim those deductions. For example,

only 8.0 percent of SNAP households with children claimed the dependent care deduction in FY 2014 (compared with 52.2 percent of households with children claiming the earned income deduction that year).

These SNAP participation and benefit gaps not only mean less nutrition for vulnerable people but also less economic activity for needy communities. Indeed, USDA research indicates that each dollar in federal SNAP benefits generates \$1.79 in economic activity.

3. In what ways can FNS minimize the burden of the collection of information on those who are to respond, including use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology?

The role of language and messaging cannot be underestimated in this work. It will be of paramount importance that participants understand in a crystal clear way that their benefits will not be impacted by their participation in the study. Otherwise the validity of the whole study could be called into question. People need to know that they can be honest about their challenges and realities without harmful consequences and they need to know that their participation is truly voluntary. Moreover, participants will need to know that their responses are of genuine interest to the researchers and the researchers' intention is to make the program better for participants. Quantitative and qualitative questions must be carefully vetted so that they are not leading and drawing a conclusion before an answer has been given.

Given the ubiquity of smartphones, implementing the close-ended survey part of the study in a mobile-friendly app may be a way to encourage wider participation, but risks omitting vulnerable rural families and the elderly who may not have access to this technology.

Importance of Proposed Research

Food insecurity and poverty are alarmingly prevalent problems in the U.S. According to USDA data, 16.6 percent of households with children were insecure in 2015.⁵ Children's HealthWatch data show that food insecurity is a particularly prevalent problem for families with young children; in our dataset of over 60,000 children from five cities across the U.S., almost a quarter (23%) of families with young children report being food insecure. Food insecurity is, of course, a threat across the lifespan⁶, however early childhood (the first three years) presents a particularly sensitive period. Children in the first three years of life are experiencing the most rapid brain and body growth of their childhood. The brain architecture – the physical structure – is very literally being shaped during this period and can be adversely affected by a lack of adequate nutrition.⁷

A strong and effective SNAP is crucial for ending hunger and improving health in America. Research shows that SNAP plays a critical role in alleviating poverty and food insecurity and in improving dietary intake, weight outcomes, and health, especially among the nation's most vulnerable children.

Children's HealthWatch has demonstrated that SNAP is like a vaccine, particularly for young children in the critically important early years of development.⁸ It acts to protect them from health threats in both the short and long term. Our research has shown that compared to those whose families are likely eligible for but not receiving SNAP, young children who receive SNAP are more likely to be

child food secure, have a healthy height and weight for their age and less likely to be at risk for developmental delays. Their families also do better; families with young children that participate in SNAP are more likely to be household food secure and report that they have not had to trade off the need for food, housing, or utilities with medical payments.

Increasing SNAP benefits is associated with improved food security and health. Research conducted by Children's HealthWatch shows that the 13.6 percent increase in the SNAP allotment implemented under the American Recovery and Reinvestment Act was associated with improved child health and development.⁹ Following the rollback of the boost to SNAP benefits in 2013, Children's HealthWatch research shows a significant increase in both household and child food insecurity among families with young children participating in SNAP.¹⁰ Other researchers have also documented health improvements associated with increasing SNAP allotments. In Massachusetts, Rajan Sonik found a decrease in inpatient costs among Medicaid participants following the ARRA boost to SNAP benefits.¹¹

Conducting relevant research that can translate into concrete improvements in SNAP allotments is important for ensuring families and children are well-nourished and healthy. Thank you for your consideration of our perspective on this proposed research.

For additional information, please contact Stephanie Ettinger de Cuba, Research and Policy Director for Children's HealthWatch at sedc@bu.edu or 617-638-5850.

Sincerely,

aboved a Frank

Deborah A. Frank, MD Principal Investigator and Founder Children's HealthWatch Boston, MA

Maureen Black, PhD Principal Investigator Baltimore, MD

Patrick H. Casey, MD Principal Investigator Little Rock, AR

duar ROU

Eduardo Ochoa Jr., MD Principal Investigator Little Rock, AR

anana

Mariana Chilton, PhD, MPH Principal Investigator Philadelphia, PA

John Cook, PhD, MAEd Principal Investigator

Boston, MA

Megan Sandel MD, MPH Principal Investigator Boston, MA

Dring Beeten (mit Sm)

Diana Becker Cutts, MD Principal Investigator Minneapolis, MN

ose- Jacobs

Ruth Rose-Jacobs, ScD Principal Investigator Boston, MA

⁴ Bailey K, Ettinger de Cuba S, Cook JT, March EL, Coleman S, and Frank DA. Too Many Hurdles: Barriers to Receiving SNAP Put Children's Health at Risk. Children's HealthWatch. March 2011. Available at: http://childrenshealthwatch.org/wp-

content/uploads/BarrierstoSNAP_brief_March2011.pdf

⁵ Coleman-Jensen A, Rabbitt MP, Gregory CA, Singh A. Household Food Security in the United States in 2015. USDA Economic Research Service Report No. 215. September 2016. Available at:

⁶ Gundersen C and Ziliak JP. Food Insecurity and Health Outcomes. *Health* Affairs. November 2015. Vol 34 (11): 1830-1839. Abstract available online:

http://content.healthaffairs.org/content/34/11/1830.abstract

⁷ Georgieff MK. Nutrition and the developing brain: nutrient priorities and measurement. *Journal of Clinical Nutrition*. February 2007; 85(2):6145-6205. Abstract available online:

http://ajcn.nutrition.org/content/85/2/614S.full and Shonkoff JP and Phillips DA. From Neurons to Neighborhoods: the Science of Early Childhood Development. 2000. Available at:

https://www.nap.edu/read/9824/chapter/1

⁸ Ettinger de Cuba S, Weiss I, Pasquariello J, Schiffmiller A, Frank DA, Coleman S, Breen A, Cook JT. SNAP Vaccine: Boosting Children's Health. Children's HealthWatch. February 2012. Available at: http://www.childrenshealthwatch.org/wp-content/uploads/snapvaccine_report_feb12.pdf
⁹ March E, Ettinger de Cuba S, Bailey K, Cook JT, Coleman S, Schiffmiller A, Frank DA. Boost to SNAP Benefits Protected Young Children's Health. Children's HealthWatch. October 2011. Available at: http://childrenshealthwatch.org/wp-content/uploads/SNAPincrease_brief_October2011.pdf
¹⁰ Ettinger de Cuba S, Bovell A, Coleman S, Frank DA. Diluting the Dose: Cuts to SNAP benefits increased food insecurity following the Great Recession. Children's HealthWatch. September 2015. Available at: http://childrenshealthwatch.org/wp-content/uploads/FINAL-Diluting-the-Dose-forweb-.pdf

¹¹ Sonink RA. Massachusetts Inpatient Medicaid Cost Response to Increased Supplemental Nutrition Assistance Program Benefits. *American Journal of Public* Health. March 2016; 106(3): 443-448. Abstract available online: https://www.ncbi.nlm.nih.gov/pubmed/26794167

¹ More information about Children's HealthWatch available at: www.childrenshealthwatch.org ² Thayer J, Murphy CA, Cook JT, Ettinger de Cuba S, DaCosta R and Chilton M. Coming Up Short: High food costs outstrip food stamp benefits. Children's HealthWatch. September 2008;

http://childrenshealthwatch.org/wp-content/uploads/phila_rcohd2_report_nov11.pdf ; and Cook JT, Morris V, Neault N, Frank DA. The Real Cost of a Healthy Diet: Healthful Foods Are Out of Reach for Low-Income Families in Boston, Massachusetts. C-SNAP, 2005.

³Institute of Medicine. Supplemental Nutrition Assistance Program: Examining the Evidence to Define Benefit Adequacy. January 2013. Available at:

https://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2013/SNAP/SNAP_RB.p df

http://www.ers.usda.gov/webdocs/publications/err215/err-215.pdf