

Earning More, Receiving Less: Loss of Benefits and Child Hunger

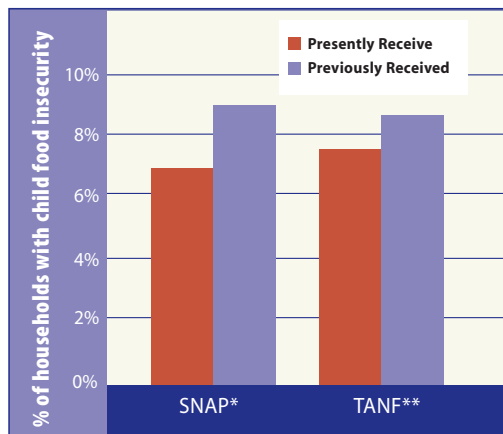
New research from Children's HealthWatch shows that increases in income that trigger loss of public assistance benefits can leave young children without enough food to eat. The Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) and Temporary Assistance for Needy Families (TANF) help buffer low-income families from the hardships and health consequences of living in poverty. Previous research from Children's HealthWatch found that receipt of these benefits helps protect children's health by improving their access to nutritious foods.^{1,2} New research, however, suggests that U.S. born families that have been cut off from SNAP or TANF when their income exceeds eligibility limits are more likely to experience child food insecurity than those currently receiving benefits. These data suggest that income eligibility guidelines should be re-examined to ensure that a modest increase in income does not disqualify a family from the benefits they need to keep their children healthy and well fed.³ Families that successfully increase their earnings should not find themselves worse off due to the consequent loss of benefits.

> Public assistance programs protect children from food insecurity

Within the Children's HealthWatch sample, the rate of child food insecurity among those currently receiving SNAP is 6.9 percent. In comparison, among families that have lost SNAP benefits due to an increase in income, the rate was 8.9 percent. Similarly, those who previously received TANF have significantly higher rates of child food insecurity than those currently receiving benefits.

Children's HealthWatch research has shown that SNAP and TANF reduce, but do not eliminate, the likelihood of household food insecurity.^{1,2} In part, this is because those most in need (i.e. those most likely to be food insecure) are also most likely to enroll in the programs and, in the case of SNAP, because the benefits are insufficient to cover the actual cost of a healthy diet.⁴ Nevertheless, the programs form an important buffer from hardship for children.^{1,2}

Figure 1: Child food insecurity most prevalent among previous SNAP or TANF recipients



Source: Children's Health Watch 1998-2009

*Differences are statistically significant, $p=0.003$

**Differences are statistically significant, $p=0.02$

> 'Cliff effect' counteracts progress towards self-sufficiency

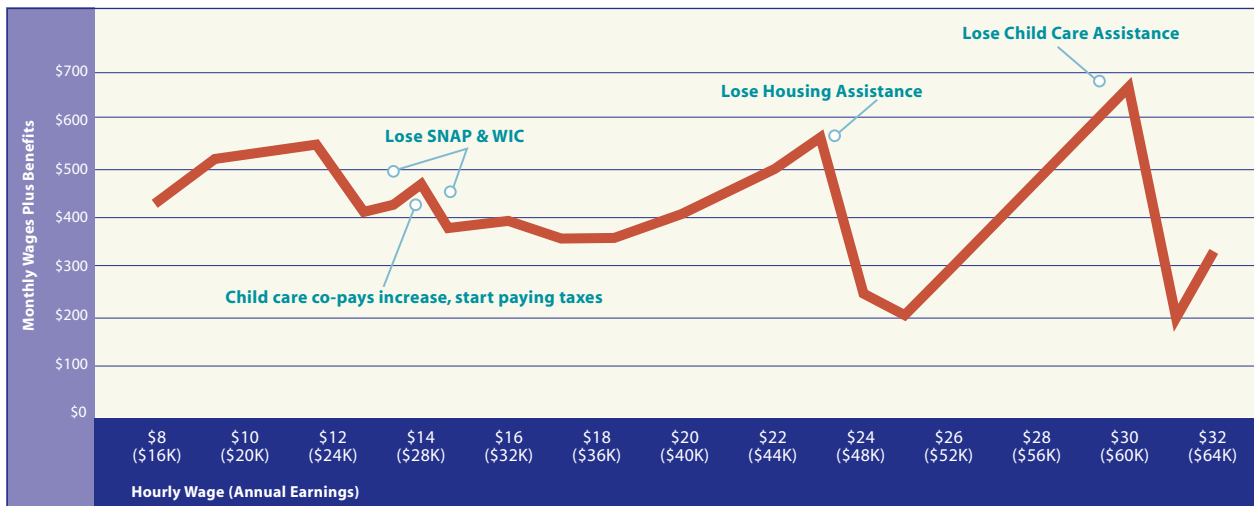
While a higher income can be an important step in a family's progress towards self-sufficiency, the increased child food insecurity in this group suggests they may be experiencing the 'cliff effect.' This occurs when an increase in income causes an overall reduction in total resources due to a loss of benefits or increased tax liability (Figure 2).⁵ Despite research that has recognized the cliff effect, until now there has been no data on what this phenomenon means for children's health.

Household Food Insecurity is limited or uncertain access to enough nutritious food for all household members to lead an active and healthy life due to economic constraints. Food insecurity increases the likelihood that children will be hospitalized, have developmental delays, iron-deficiency anemia and/or be in fair or poor health.⁶

Child Food Insecurity occurs when children experience reductions in quality and/or quantity of meals because their caregivers can no longer buffer them from the household's inadequate food resources. Child food insecurity intensifies the harmful health impacts associated with household food insecurity.⁷

Summary of Findings

- Families that lose SNAP or TANF benefits when they exceed income eligibility limits experience higher rates of child food insecurity than those currently receiving benefits.
- Child food insecurity is linked with worse child health outcomes.

Figure 2: Loss of benefits when wages increase leave many families worse off than before⁸

Source: MA Prenovost and DC Youngblood. *The "Cliff Effect" Experience: Voices of Women on the Path to Economic Independence*. Crittenton Women's Union. April 2009

Conclusion

Research clearly indicates that not all families leaving public assistance programs are financially able to afford adequate nutrition. This has critical implications for children's short- and long-term health and development. Children's HealthWatch supports policies that:

- Make it easier for families to apply for and maintain their benefits.
- More closely match the value of benefits to the real cost of healthy food.
- Ensure that families that experience modest increases in income do not lose critical supports that make it possible for children to maintain a healthy diet.

While our country continues to face fiscal challenges, we must remember that the health of our youngest citizens will shape our future economic well-being. Investments in policies that help ensure the health of young children are a critical step in determining our nation's success.

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For a list of full references, please visit www.childrenshealthwatch.org/page/publications

Children's HealthWatch is a non-partisan pediatric research center that monitors the impact of economic conditions and public policies on the health and well-being of very young children. For more than a decade, Children's HealthWatch has interviewed families with young children in five hospitals in Baltimore, Boston, Little Rock, Minneapolis and Philadelphia that serve some of the nation's poorest families. The database of more than 38,000 children, more than 80% of whom are minorities, is the largest clinical database in the nation on very young children living in poverty. Data are collected on a wide variety of issues, including demographics, food security, public benefits, housing, home energy, and children's health status and developmental risk.

¹ Food Stamps As Medicine: A New Perspective on Children's Health, Children's HealthWatch. 2007.

² Cook JT et al. Archives of Pediatric and Adolescent Medicine, 2002; 156:678-684.

³ Dinan et al 2007 www.wfco.org/web_wfco/images/userpages/file/COCliffEffect-summary.pdf, Loya et al. Boston, MA; 2008.

⁴ Cook JT et al. Real Cost of a Healthy Diet. Children's HealthWatch. 2005.

⁵ Romich JL. Social Service Review, 2006; 80(1): 27-66.

⁶ Cook JT and DA Frank. Ann. N.Y. Acad. Sci., 2008; 1136:193-209. Epub 2007 Oct 22.

⁷ Cook JT et al. American Society for Nutrition, 2006; 136:1073-1076.

⁸ Graph is for a single parent with two children (ages 3 & 8) in Boston with all eligible work supports, which include child care assistance, Child Tax Credit, Earned Income Tax Credit, SNAP, Mass Health, Section 8 rental housing assistance, and WIC.

