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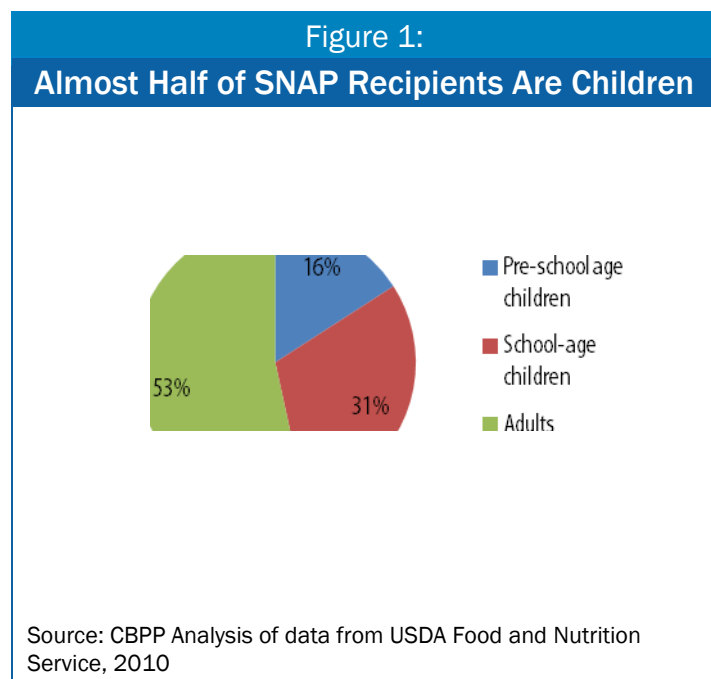
SNAP PLAYS A CRITICAL ROLE IN HELPING CHILDREN

By Brynne Keith-Jennings

The Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) is the nation's largest child nutrition program, providing benefits to help one in three children in the nation to be able to eat a nutritionally sound diet. As such, SNAP is crucially important to children's health and well-being.

SNAP is the Nation's Biggest Child Nutrition Program

- SNAP provides families with an estimated 22 million children with resources to purchase a nutritionally adequate diet. This represents close to 1 in 3 children (29 percent) in the United States. Almost half of all SNAP recipients are children (47 percent), and an additional 26 percent are adults living with children. (See Figure 1.) Forty percent of all SNAP recipients live in households with preschool-age children (ages 4 and below).
- Over 70 percent of SNAP benefits go to households with children. In 2011, SNAP provided an estimated \$51 billion in benefits to families with children, over half of which went to families with preschool-age children.



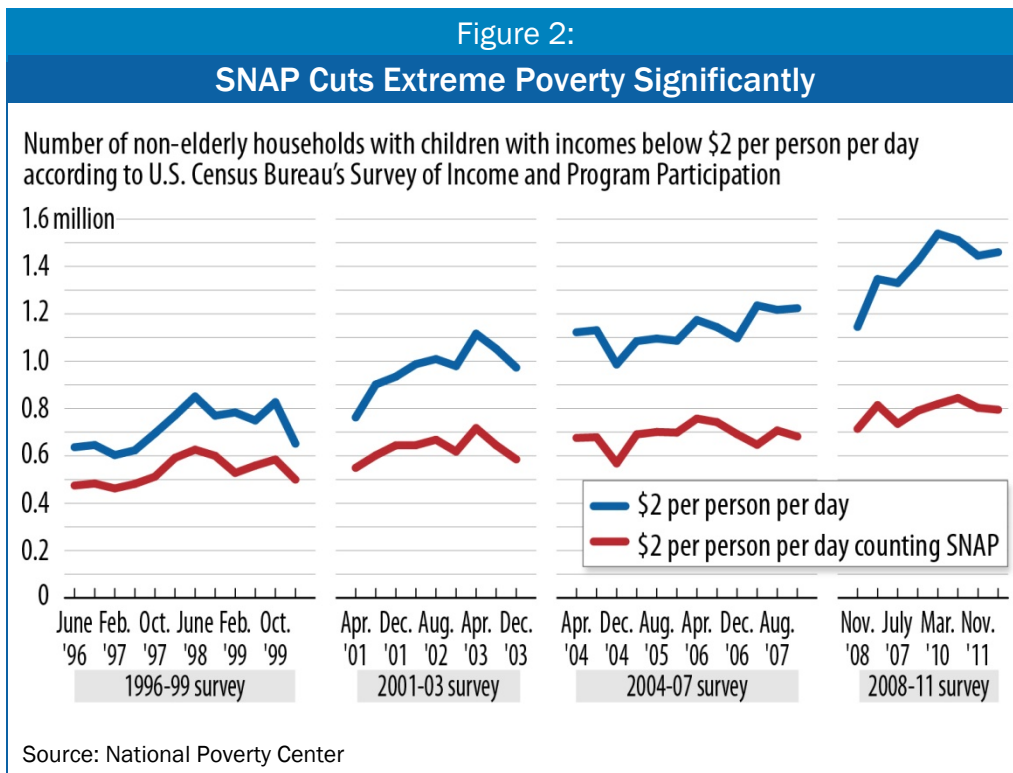
- SNAP families are low-income. A typical family with children that is enrolled in SNAP has income (not including SNAP) at 57 percent of the poverty line. For a family of three, 57 percent of the poverty line corresponds with an annual income of \$10,785 in 2012. A typical family with

children on SNAP spends close to three-quarters of its income on housing and/or child care costs. Families with children currently receive an average of \$420 a month in SNAP benefits, or about \$5,000 a year.

- SNAP benefits help working families support their children. Nearly half (48 percent) of children who receive SNAP live in low-wage working families. A typical working household with children receives an average of \$400 a month in SNAP benefits, representing about 30 percent of the family’s average income.

SNAP Significantly Reduces Poverty Among Children

- SNAP kept about 2 million children out of poverty in 2010, according to a CBPP analysis using the National Academy of Science measures of poverty, which counts SNAP as income. SNAP lifted 1.3 million children out of deep poverty, or above 50 percent of the poverty line, in 2010 — more than any other benefit program.¹
- SNAP kept children out of extreme poverty. A recent study by the National Poverty Center estimated the number of households in the United States earning less than \$2 per person per day, which the World Bank defines as “extreme poverty,” a classification used in developing nations. The study found that counting SNAP benefits as income reduced the number of extremely poor families with children in 2011 from 1.46 million to 800,000, and reduced the number of *children* in extreme poverty in 2011 by *half* — from 2.8 million to 1.4 million.² (See Figure 2.)



- Poor children are more likely to get SNAP benefits than any other group – 92 percent of eligible children and 95 percent of eligible preschool-age children received benefits in 2009, compared to 71 percent of non-elderly adults and only 34 percent of elderly adults. Still, an estimated 1.4 million eligible children are missing out on benefits, according to the USDA’s most recent estimates.³

Food Insecurity and Poverty Remain High Among Families with Children

- Close to one in six children (16.2 percent) lived in families that faced difficulties affording adequate food (“food insecure”) in 2010. Close to 1 million children lived in families that had to substantially change their eating patterns or reduce food intake as a result of inability to afford an adequate diet.⁴ Food insecurity among families with children would be even higher without SNAP benefits.
- Poverty is growing among children. The child poverty rate has continuously risen since 2000, similar to the overall poverty rate. Over one in five children in the United States lived in poverty in 2010 (22 percent), the most recent year for which Census data on income and poverty are available.⁵

Food Insecurity Has Severe Consequences for Children

- Food insecurity is particularly harmful in prenatal life and early childhood, when humans experience rapid growth in their bodies and brains. Studies have shown that inadequate nutrition, even mildly below target nutritional goals, stunts growth and development.⁶ Infants and toddlers from food-insecure families are 90 percent more likely to be in fair or poor health, and 30 percent more likely to be hospitalized, than their counterparts in food-secure households.⁷
- Food insecurity is also associated with negative health outcomes in older children, including poorer physical health, decreased school achievement in reading and math, and behavioral and psychological conditions.⁸ These conditions affect children’s ability to learn and perform well in school, which has long-range implications for their future well-being and earning potential.

SNAP Has Been Shown to Increase Food Security and Improve Health Outcomes for Children

- Studies have shown that children in families receiving SNAP were less likely to be underweight or at risk of developmental delays than children in households that were eligible for, but not receiving, SNAP.
- When compared to children in families with similar incomes eligible for but not receiving SNAP, children in families receiving SNAP were more likely to be food secure and to be classified as “well” — not overweight or underweight, in good health, developing normally for their age, and having never been hospitalized.⁹ Similarly, young children eligible for, but not receiving, SNAP

because of barriers to access were more likely to be significantly underweight for their age, living in households that were food and housing insecure, and to experience food insecurity themselves.¹⁰

¹ Unpublished CBPP analysis of March 2011 Current Population Survey. For a discussion of the method used, see Arloc Sherman, “Poverty and Financial Distress Would Have Been Substantially Worse in 2010 Without Government Action, New Census Data Show,” Center on Budget and Policy Priorities, November 7, 2011, <http://www.cbpp.org/files/11-7-11pov.pdf>

² H. Luke Schaefer and Kathryn Edin, “Extreme Poverty in the United States, 1996-2011.” National Poverty Center Policy Brief #28, February 2012, http://npc.umich.edu/publications/policy_briefs/brief28/policybrief28.pdf

³ Joshua Leftin, Esa Eslami, and Mark Strayer, “Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2002 to Fiscal Year 2009,” United States Department of Agriculture Office of Research and Analysis, August 2011, <http://www.fns.usda.gov/ORA/menu/Published/SNAP/FILES/Participation/Trends2002-09.pdf>

⁴ Alisha Coleman-Jensen, Mark Nord, Margaret Andrews, and Steven Carlson, “Household Food Security in the United States in 2010,” Economic Research Service, Report No. (ERR-125) 37 pp, September 2011, <http://www.ers.usda.gov/publications/err-economic-research-report/err125.aspx>

⁵ This figure uses the official poverty measure, which does not count SNAP as income.

⁶ Ruth Rose-Jacobs, et al., “Household Food Insecurity: Associations With At-Risk Infant and Toddler Development.” *Pediatrics*, Volume 121, Number 1, January 2008, http://www.childrenshealthwatch.org/upload/resource/peds_hh_fi_infantstoddlers_1_08.pdf

⁷ John T. Cook and Deborah A. Frank, “Food Security, Poverty, and Human Development in the United States,” *Annals of the New York Academy of Sciences*, Volume 1136, Reducing the Impact of Poverty on Health and Human Development: Scientific Approaches pp. 193–209, June 2008, <http://onlinelibrary.wiley.com/doi/10.1196/nyas.2008.1136.issue-1/issuetoc>

⁸ J. Cook and K. Jeng, “Child Food Insecurity: The Economic Impact on our Nation,” July 2009, http://www.childrenshealthwatch.org/upload/resource/FA_Report_july2009_full.pdf

⁹ “The SNAP Vaccine: Boosting Children’s Health,” Children’s HealthWatch Report, February 2012, http://www.childrenshealthwatch.org/upload/resource/snapvaccine_report_feb12.jpg.pdf; E. March, et al., “Boost to SNAP Benefits Protected Young Children’s Health,” Children’s HealthWatch, October 2011, http://www.childrenshealthwatch.org/upload/resource/snapincrease_brief_oct11.pdf

¹⁰ “Child food insecurity” is the most severe form of food insecurity. Children are often protected from food insecurity as adults in food insecure households reduce their own food intake in order to provide adequate nutrition for children; in households with food insecurity among children, however, the children are subject to reductions and changes in food intake.