

Children with special health care needs and their families have high food insecurity risk

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Low-income families with children who have special health care needs are at high risk for food insecurity, even when they receive Supplemental Security Income (SSI) and participate in public assistance programs, such as Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC). According to a new study led by researchers from Children's Health Watch at Boston Medical Center (BMC) and published online ahead of print in the *Journal of Developmental and Behavioral Pediatrics*, there is a need to re-evaluate criteria determining qualifications for nutritional assistance in families with children with special health care needs in order to decrease the risk of food insecurity.

Children with chronic health, physical, developmental, and behavioral conditions are classified as having "[special health care](#) needs" (SHCN); a 2011 report indicated that 11.4 percent of children in the US under the age of 5 fall into that category. These children often require significant medical care and assistance as well as specific, and often expensive, diets, which can be a considerable financial burden for low-income families. This may lead to household [food insecurity](#), defined as the inability to afford enough food for an active and healthy life for all household members; or child food insecurity, a severe form of food insecurity when resources in the household are so constrained that children's meals need to be skipped or include less expansive and lower quality (thus less nourishing) foods.

For example, a low-income family with a child with SHCN that has

expensive nutritional or formula requirements due to diabetes or a neurological impairment may not qualify for a SNAP benefit that meets the cost of these extra health-related needs. Therefore the family may need to cut back on healthy food options in order to compensate for the increased nutritional expenses for that child, resulting in the family experiencing food insecurity.

"Providing for children with SHCN can result in financial hardship, which disproportionately - and negatively - impacts low-income families," said Ruth Rose-Jacobs, ScD, research scientist from the department of pediatrics at BMC and associate professor of pediatrics at Boston University School of Medicine. "Not only does this exacerbate socio-economic and racial/ethnic health disparities, but it infringes on whether the families' most basic needs are met, particularly when it comes to being able to provide healthy food for all children and adults in a family."

The study, which was conducted in both emergency and primary care settings at five urban medical centers in various locations in the US between 2013 and 2015, included surveying caregivers about their participation in public assistance programs, their child's healthcare needs, and food insecurity. Of the 6,724 children under 4 years of age who were eligible for participation in the study, 14.8 percent screened positive for SHCN but did not receive SSI, and 3.7 percent screened positive for SHCN and received SSI. The SSI program for children is intended to offset in very low-income households some of the financial burden of raising children with severe SHCN. Households with children with SHCN were more likely to experience household and child food insecurity than those without SHCN. Additionally, within the group of households with children with SHCN, those who received SSI (after meeting that program's stringent income and child disability requirements) were more likely to report household but not child food insecurity compared to households with children not receiving SSI.

"We were surprised to see that after controlling for SNAP and WIC receipt, low-income families receiving SSI for a child with SHCN were more likely to experience household food insecurity than those who did not receive SSI," Rose-Jacobs said. "SSI may begin to close the financial gap for households with children with SHCN who are also disabled and experiencing the most severe levels of food insecurity. However, while SNAP and WIC have been shown to benefit all children in low-income households, the current calculations for receipt of the combined benefits of SSI, SNAP and WIC may not be adequate to prevent food insecurity in these households with children with SHCN."

The researchers suggest the need for an effort by policy makers to re-evaluate the income and medical deduction criteria for households with [children](#) who have SHCN and apply for SNAP and WIC. This includes better coordination and communication between SSI, SNAP, WIC and other programs that are in place to provide access to critical resources for low-income families.

Provided by Boston University Medical Center

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