

Lifting children out of food insecurity

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Replacing the maximum Supplemental Nutrition Assistance Program (SNAP) allotment with a benefit that reflects the real cost of a healthy diet, expanding the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) eligibility to age 6, and maintaining the Community Eligibility Provision (CEP) of the National School Lunch Program (NSLP) and School Breakfast Program (SBP) may effectively address the needs of many families who experience food insecurity and increase access to healthy options, according to a new policy brief released by Children's HealthWatch, a nonpartisan network of pediatricians and public health researchers headquartered at Boston Medical Center with research sites in Arkansas, Massachusetts, Minnesota, Pennsylvania, and Maryland.

"Hunger is especially devastating for children who need proper nutrition to develop physically and mentally in the first three years of life", said John Cook, PhD, MAEd, Children's HealthWatch co-principal investigator. "Unfortunately, many families who receive assistance are still having to choose between quantity and quality of food."

Household food insecurity refers to limited or uncertain access to enough food for all household members to live active and healthy lives. Children from [food insecure households](#) are more likely to miss key developmental milestones and have poorer health outcomes. In Massachusetts, the proportion of food-insecure households averaged 9.7% over 2013-2015, a statistically significant increase from the average of 7.8% over 2003-2005, according to the USDA Economic Research Service's most recent report on Household Food Security in the

US (2015).

Programs including SNAP, WIC, NSLP, and SBP have been shown to reduce food insecurity and improve health and development in early childhood. However, inadequate funding and participation barriers have limited their ability to effectively alleviate food insecurity nationwide, which results in adverse, long-term costs to the health care system. Research from Children's HealthWatch has shown that food insecurity among families with children under age 4 cost the United States at least \$1.2 billion in health-related expenditures in 2015 alone.

"Children who experience hunger are at higher risk for chronic health conditions, frequent hospitalizations and oral health issues," said Ana Poblacion, PhD, MSc, research associate at Children's HealthWatch and nutritionist. "Additionally, inadequate access to food during pregnancy has been shown to increase the risk for low birth weight in newborns—resulting in costly NICU stays. Food insecurity is a preventable public health concern that we must address to reverse the drain it puts on our health care system and society as a whole."

Using simulation modeling techniques, researchers looked at three policy changes currently being debated in Congress. First, they assessed replacing the U.S. Department of Agriculture's standard food plan, known as the Thrifty Food Plan, with the Low-Cost Food Plan as the basis for SNAP benefits. Researchers argue that the Thrifty Food Plan, which was intended to provide short-term assistance in emergency situations at a minimal cost, does not reflect a realistic cost of a sustainable [healthy diet](#). By replacing the Thrifty Food Plan with the Low-Cost Plan, researchers found that 5.3% of SNAP-participant families with children who are currently food insecure would become fully food secure over the course of one year.

"By increasing the purchasing power for nearly a half million people,

we're giving these families a fighting chance at providing healthy meal options to their loved ones," said Diana Cutts, MD, Children's HealthWatch co-principal investigator and medical director of the Children's Growth and Nutrition Clinic at the Hennepin County Medical Center in Minneapolis.

Secondly, researchers looked at expanding WIC eligibility to age 6. WIC provides nutrition services for children up to age 5, when some enter kindergarten and become eligible for school meals. However, many kids do not enter school until after age 5, thus experiencing a gap in provisions. If the age-eligibility were increased, researchers found a 1.5% reduction in food insecurity among WIC-eligible 5-year-olds and their families; this means 13,208 families would become fully food secure in the first year of the study.

Finally, researchers analyzed the importance of school meal programs. The CEP is a tool within the NSLP and SBP which allows school districts with high-poverty populations to provide all students with free meals by identifying eligible students without an application requirement. It has been shown to increase access to food for children in food-insecure households by simplifying how students receive free meals and eliminating associated stigma, while decreasing school and federal administrative costs.

To provide free meals to all students, the current community eligibility standard requires 40 percent of students within a district to be at high-risk of food insecurity. Proposals within Congress aim to raise the threshold to require 60 percent of students within a district to be at-risk of food insecurity. Researchers argue that raising the threshold would likely increase—rather than decrease—the risk of food insecurity among students and their families.

"Policy solutions that form an effective treatment plan for [food](#)

[insecurity](#) are within reach," said Cook, who is also an associate professor of pediatrics at Boston University School of Medicine. "We must provide resources that support families struggling with economic hardship and have the added potential of reducing long-term health care costs."

More information: www.childrenshealthwatch.org/

Provided by Boston University Medical Center

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