



According to a report from the Children's Sentinel Nutrition Assessment Program (C-SNAP), food insecurity increased among low-income families with infants and toddlers between 1999 and 2003, a trend that has important implications for children's health, growth, and development.

- Children in food insecure households are at increased risk for poor health, illnesses requiring hospitalization, infection, malnutrition, deficits in vitamins and minerals, deficits in cognitive development, as well as behavioral and emotional problems.
- Household food insecurity is defined as a household's access to sufficient nutritious food becoming uncertain or limited; child food insecurity occurs when adults in food insecure households cannot buffer their children from food shortages.
- In 2003, more than 1 in 5 families reported that they did not have access to enough nutritious food in their households; more than 1 in 10 reported that they could not buffer their children from food shortages.

Benefits and services that comprise the safety net have been associated with improved child health and food security. Conversely, removal of benefits has been associated with more negative outcomes.

- The five public Safety Net programs examined in this report are associated with improved child health and food security: **TANF** (Temporary Assistance for Needy Families), **the Food Stamp Program**, **WIC** (Special Supplemental Nutrition Program for Women, Infants and Children), **LIHEAP** (Low-Income Home Energy Assistance Program) and **Subsidized Housing**.
- In families receiving **TANF** whose benefits are reduced or ended due to sanctions, infants and toddlers are:
 - 30% more likely to have a history of hospitalization
 - 90% more likely to be admitted to the hospital at an Emergency Department visit
- **Food Stamp** receipt can help reduce the association between food insecurity and children's poor health status. In families receiving Food Stamps whose benefits are reduced or terminated, infants and toddlers are 80% more likely to be in food insecure households.
- Participation in **WIC** protects infants against underweight and undernutrition. Eligible infants not receiving WIC are almost two times more likely to be reported in fair or poor health.
- Children in families participating in **LIHEAP** have better growth outcomes than children in eligible families who do not receive LIHEAP. If LIHEAP was received by all eligible families, the number of underweight young children in this country could be reduced by at least 37,000.
- Children in families receiving **subsidized housing** have better growth outcomes than children in low-income families who do not receive subsidized housing, including significantly greater weight-for-age. If housing subsidies were received by all eligible families, the number of underweight young children in this country could be reduced by at least 26,000.

Safety net programs are good preventative medicine and are cost effective but policy improvements are needed to maintain and strengthen these programs.

- Safety net programs are cost effective. For example, the average total cost of a single hospitalization for pediatric illness is \$11,300, an amount that can purchase almost five years of food stamps for a family receiving the average household benefit.
- These programs are not reaching all eligible children because of a lack of funding and administrative barriers like unnecessary verifications and poorly accessible program offices and workers.

Docs can help families access safety net programs and advocate for these programs.

- Docs can make sure that families are aware of and able to access services and programs for which they are eligible.
- Doctors can advocate for additional funding to these programs so all eligible families may participate and for the reduction of administrative barriers to access. Contact Docs For Tots (dft@docsfortots.org) for help with child advocacy.

Additional Resource for Docs:

- Children's Sentinel Nutrition Assessment Program, <http://dcc2.bumc.bu.edu/csnappublic/home.html>
- What Docs Should Know About... Welfare Policy and Young Children and WIC and *Food For Thought: How Social Policy Impacts Child Nutrition*, www.docsfortots.org

Source: Adapted from: Neault, N., & Cook, J. (2004). *The safety net in action: Report from a multi-site children's health study*. Boston, MA: Children's Sentinel Nutrition Assessment Program. <http://dcc2.bumc.bu.edu/csnappublic/CSNAP2004.pdf>

All data in this publication are from this report. All families referred to in the report were participating in the Children's Sentinel Nutrition Assessment Program (C-SNAP), a 6-city study of over 15,000 caregivers with young children who accessed emergency departments and clinics in C-SNAP medical centers.