

**Protecting the Health and Nutrition of Young Children of Color:
The Impact of Nutrition Assistance and
Income Support Programs**

Research Findings from the Children's Sentinel Nutrition Assessment Program

**Prepared for the Joint Center for Political and Economic Studies
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Executive Summary

Children of Color are Particularly Vulnerable

Children of color, especially Black and Hispanic children, are disproportionately vulnerable to poverty, poor health, and food insecurity, compared with White children. The consequences of these disparities for young children of color are profound. Economic deprivation and poor health and nutrition in early life jeopardize their future success in school and the workplace.

Safety Net Programs Linked to Better Health Outcomes for Young Black and Hispanic Children

The report shows that safety net programs mitigate the effects of poverty on young Black and Hispanic children's health and physical development. This research shows safety net programs that make a difference include TANF, the Food Stamp Program, WIC, Subsidized Housing and LIHEAP. Legislative and policy choices determine access to and funding for these programs..

The Children's Sentinel Nutrition Assessment Program (C-SNAP) is a sentinel sample of children younger than 3 years of age attending inner-city emergency departments or clinics; the program has been collecting data since 1998.

C-SNAP data show that the following programs have positive outcomes for Black children's food security, health status, and overall growth: TANF, the Food Stamp Program, WIC, Subsidized Housing, and LIHEAP. There are serious implications for young Black children's nutrition, health, and growth when their families do not receive the benefits for which they qualify.

Similarly, C-SNAP data demonstrate that Hispanic children's food security, overall growth, weight and height benefit from family receipt of: TANF, the Food Stamp Program, WIC, and Subsidized Housing. Young Hispanic children's health, growth, and nutrition are jeopardized when their families do not receive the benefits for which they are potentially eligible.

Safety Net Programs Must Be Protected

Increases in food insecurity and poverty levels in 2004 place all poor children, a disproportionate number of whom are children of color, in increasing need of programs that protect their health and growth in early childhood. Although evidence presented here suggests that safety net programs are "good medicine" for children's health, these programs are currently targeted for drastic reductions in funding, reductions which will disproportionately endanger poor children of color. A dispassionate reading of the medical evidence suggests that instead these programs should be expanded to cover impoverished American children of all races and ethnicities to provide a firm foundation for their future success as healthy citizens and productive participants in tomorrow's workforce.

Background and Introduction

Non-Hispanic Black and Hispanic¹ children now comprise 35% of the total population of children in the United States.² Children of color are disproportionately vulnerable to poverty, poor health, and food insecurity (limited or uncertain access to enough nutritious food)³, compared with White children. The consequences of these disparities for young children of color are profound. Economic deprivation and poor health in early life jeopardize their future success in school and the workplace.⁴

Racial and Ethnic Disparities in Poverty Rates

In 2004, 37 million Americans lived in poverty. Among children, children of color in the United States are more likely to live in poverty than White children, as shown by the US Census poverty data for 2004 in the table below. Among families with related children in the United States, more than 1 in 3 (38%) Black children under the age of 5 live below 100% of the Federal Poverty Level (FPL), and more than 1 in 5 (21%) Black children under the age of 5 live in extreme poverty, below 50% of the FPL. For Hispanic children under the age of 5, the rates are 31% below 100% of the FPL, and 11% below 50% of the FPL. For White children under the age of 5, the percent in poverty is lower: 12% live under 100% of the FPL, and 7% live under 50% of the FPL.⁶

In 2004, 100% of the Federal Poverty Level for a family of four was \$19,157.

US Census Data: 2004 Poverty Rates Among People in Families with Related Children		
Children Under 5 Yrs Old Below 100% FPL		
	<i>Number</i>	<i>Percent</i>
Black	1.15 million	38%
Hispanic	1.35 million	31%
Non-Hispanic White	1.35 million	12%
Children Under 5 Years Old Below 50% FPL		
	<i>Number</i>	<i>Percent</i>
Black	636,000	21%
Hispanic	475,000	11%
Non-Hispanic White	1.15 million	7%

¹ In this report we use the words Black, Hispanic, and White, however, we recognize and respect that many people prefer to identify as African American or Latino. Non-Hispanic Black, Hispanic, and Non-Hispanic White are the terms that the US Census and USDA/Food and Nutrition Service use, so to maintain consistency with the data we present, we have also chosen abbreviated versions of these words. Latin Society: Silent Voices – Latino vs. Hispanic. <http://www.latinsociety.com/latinovsHispanic.htm> Accessed October 28, 2005.

² Federal Interagency Forum on Child and Family Statistics: childstats.gov. <http://www.childstats.gov/americaschildren/index.asp>

³ Nord M, Andrews M, Carlson S. USDA Food and Nutrition Research Report No. 42. Household Food Security in the United States, 2003. Published October, 2004.

⁴ Mistry, RS, Vandewater, EA, Huston, AC and McLoyd, VC. Economic well-being and children's social adjustment: the role of family process in an ethnically diverse low-income sample. *Child Development*. 2002; 73(3): 935-51.

⁵ McLoyd, VC. Socioeconomic disadvantage and child development. *American Psychologist*. 1998; 53(2): 185-204.

⁶ US Census Bureau, Current Population Survey, 2005 Annual Social and Economic Supplement. Table POVO3: People in families with related children under 18, by family structure, age, and sex, iterated by income-to-poverty ratio and race.

http://pubdb3.census.gov/macro/032005/pov_new03_000.htm

Racial and Ethnic Disparities in Child Health Status

Of particular concern to pediatricians across the United States are the well-documented child health disparities between American children of differing race/ethnicities. The government's 2004 National Health Disparities Report describes racial disparities in child disease prevalence for conditions such as asthma and overweight.⁷ Other researchers have documented similar disparities in the prevalence of childhood diabetes, preterm birth, low birth weight, infant death, and children's mental health problems.⁸ Disparities have also been found in access to health insurance and health services, and quality of care.³⁻⁴ A report from the Disparities Project at the Boston Public Health Commission notes the growing body of evidence demonstrating that social and environmental factors play a major role in health disparities; genetic factors, personal behaviors, or lower income do not adequately explain health disparities.⁹ Of these social/environmental factors, lack of access to adequate food for an active and healthy life (food insecurity) and to income maintenance, housing, and energy assistance are the focus of this report, since these are all remediable by legislative and policy choices.

Racial and Ethnic Disparities in Rates of Food Insecurity

Pronounced racial and ethnic disparities also exist in the national rates of food insecurity. While all households with children are at significantly higher risk for food insecurity than households without children, Black and Hispanic households with children are disproportionately vulnerable to food insecurity. From 2003 to 2004 the number of food insecure Americans increased by nearly one million people. And in 2004, the overall rate of food insecurity among children under 18 years old was 19% (13.87 million children, almost 600,000 more than in 2003). However, among Black households with children, 31% reported food insecurity. Similarly, among Hispanic households with children, 30% reported food insecurity. But among non-Hispanic White households with children, 13% reported food insecurity. These rates are very similar to the poverty rates cited previously.¹ The table below shows the 2004 prevalence of food insecurity in all households, as well as households with children.¹⁰

Food insecurity is the government's technical term to describe uncertain or limited access to enough nutritious food for all household members, as a result of insufficient resources for food.

⁷ US Department of Health and Human Services, Agency for Healthcare Research and Quality. 2004 National Healthcare Disparities Report. Publication No. 05-0014. December 2004.

<http://www.qualitytools.ahrq.gov/disparitiesreport/documents/nhdr2004.pdf>

⁸ Donovan EF, Rose B. Use of evidence to reduce child health disparities in the US: An introduction to this issue of *Public Health Reports*. 2005; 120; 366-369.

⁹ The Disparities Project. Boston Public Health Commission. A presentation and analysis of disparities in Boston. June 2005. <http://www.bphc.org/director/pdfs/datareport/datareport.pdf>

¹⁰ Nord M, Andrews M, Carlson S. USDA Food and Nutrition Research Report No. 11. Household Food Security in the United States, 2004. Published October, 2005.

USDA Data: 2004 Prevalence of Food Insecurity, by Selected Household Characteristics		
	Total Food Insecure	
	<i>Number</i>	<i>Percent</i>
All Households	13.49 million	11.9%
All Black Households	3.21 million	23.7%
All Hispanic Households	2.61 million	21.7%
All White Households	7.01 million	8.6%
All Children < 18		
All Children < 18	13.87 million	19.0%
Children < 18 in Black Households	3.39 million	31.2%
Children < 18 in Hispanic Households	3.85 million	29.6%
Children < 18 in White Households	5.81 million	13.0%

Food Insecurity is a Health Issue

Food insecurity poses a serious threat to children's health and development, especially for the youngest children who are in a uniquely vulnerable period of rapid growth and development. Since Black and Hispanic children are at higher risk than Whites for living in food insecure households, they are also at greater risk for the long-term adverse consequences associated with food insecurity and malnutrition. Food insecurity in young children is linked with poor health and increased risk of hospitalizations,¹¹ as well as nutrient deficiencies,¹² learning and developmental deficits,¹³ and emotional and behavioral problems.¹⁴

Protecting Young Children of Color from Poverty, Poor Health, and Food Insecurity: Public Assistance Programs in the United States

Several federal assistance programs exist in the United States to buffer low-income families from extreme poverty and hunger. Nutrition assistance programs such as the Food Stamp Program and WIC (the Special Supplemental Nutrition Program for Women, Infants and Children) provide direct support for the family food budget. TANF (Temporary Assistance for Needy Families) is the nation's primary income support program that provides impoverished families with minimal income to cover their basic needs. Other assistance programs such as LIHEAP (Low-Income Home Energy Assistance Program) and Subsidized Housing provide support for specific expenses in order to cover survival needs such as heating, cooling and housing. Despite the claims of some who have said that these programs harm poor children by contributing to overweight¹⁵, there has been no evidence that this assertion is actually true.^{16 17 18 19}

¹¹ Cook JT, Frank DA, Berkowitz C, et al. Food insecurity is associated with adverse health outcomes among human infants and toddlers. *Journal of Nutrition*. 2004; 134: 1432-1438.

¹² Rose D. Economic determinants and dietary consequences of food insecurity in the United States. *Journal of Nutrition*. 1999; 129: S215-S245.

¹³ Alaimo K, Olson CM, Frongillo EA Jr. Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics*. 2001; 10: 44-56.

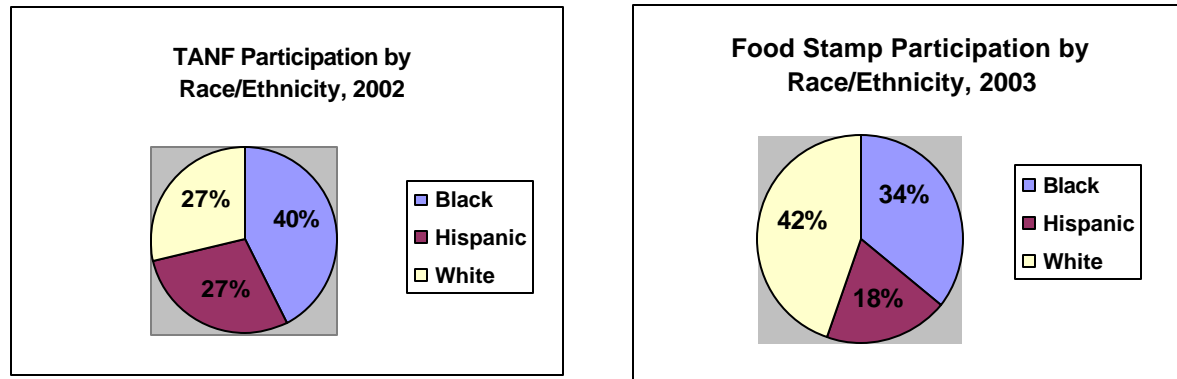
¹⁴ Murphy JM, Wehler CA, Pagano ME, Little M, Kleinman RE, Jellinek MS. Relationship between hunger and psychosocial functioning in low-income American children. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1998; 37: 163-170.

¹⁵ Besharov, DJ. "We're feeding the poor as if they're starving." *The Washington Post*. December 8, 2002.

¹⁶ Casey, P, Black, M, Cook, JT, et al. Food insecurity is not associated with overweight status in 2 year old children. Abstract No. 1250 presented at Pediatric Academic Societies Conference, San Francisco, CA, May 2004.

Since Black and Hispanic families are disproportionately poor compared to White families, they constitute a substantial proportion of the participants in these means-tested assistance programs. For example, in 2003, over half of the nearly 5 million households with children who received Food Stamps were either Black or Hispanic.²⁰ Similarly, in 2002, over half of the WIC recipients were either Black or Hispanic.²¹ The majority of TANF recipient children are children of color. In 2002, Black children were the largest single group of TANF recipients, comprising 40% of the recipient children. About 27% of TANF recipient children were Hispanic, and 27% were White.²² Many impoverished Hispanic families are not eligible or even if eligible do not access TANF and Food Stamps because of immigration concerns.^{23,24}

The charts below show food stamp and WIC program participation data from the United States Department of Agriculture (USDA), and the TANF participation data from the Department of Health and Human Services (DHHS). Although Black and Hispanic children together comprise just over one-third of the total population of young children in the United States,⁶ due to their disproportionate burden of poverty they make up more than half of the assistance program participants.



¹⁷ Black, M, Cutts, D, Frank, DA, et al. WIC Impact on Infant Growth, Health, and Food Security: Results of a Multisite, Multiyear Surveillance Study. *Pediatrics*. 2004; 114(1): 169-176.

¹⁸ Frank, DA, Skalicky, A, Cook, J, et al. Heat or eat: Low-Income Home Energy Assistance Program and nutritional risk among children < 3. Abstract No. 921 presented at Pediatric Academic Society Meetings, Seattle, WA, May 2003.

¹⁹ Meyers, A, Cutts, D, Frank, DA, et al. Subsidized housing and child nutritional status: Data from a multisite surveillance study. Abstract No. 3438 presented at Pediatric Academic Society Conference, San Francisco, CA, May, 2004.

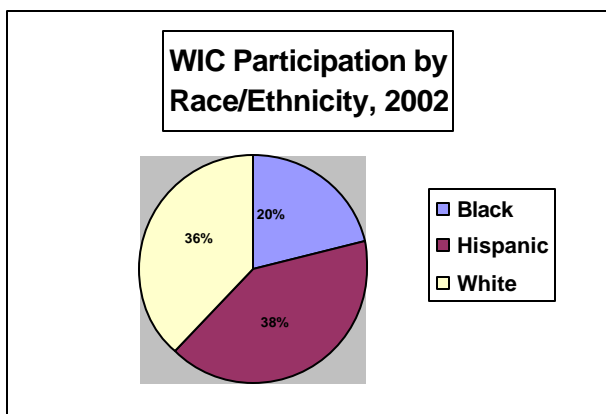
²⁰ Characteristics of Food Stamps Households Fiscal Year 2003, USDA Food and Nutrition Service, Report No. FSP-04-CHAR. <http://www.fns.usda.gov/oane/MENU/Published/FSP/FILES/Participation/2003Characteristics.pdf>

²¹ WIC Participation and Program Characteristics 2002, USDA Food and Nutrition Service, Report No. WIC-03PC <http://www.fns.usda.gov/oane/MENU/Published/WIC/FILES/PC2002Tables.pdf>

²² TANF Sixth Annual Report to Congress: Chapter X, Characteristics and Financial Circumstances of TANF Recipients. <http://www.acf.dhhs.gov/programs/ofa/annualreport6/chapter10/chap10.htm#families>

²³ Zedlewski SR. *Left Behind or Staying Away? Eligible Parents Who Remain Off TANF*. Report No. B-51 in Series, "New Federalism: National Survey of America's Families". Urban Institute, Washington, DC, September 30, 2002. <http://www.urban.org/urlprint.cfm?ID=7963>.

²⁴ Fremstad S. Immigrants, Persons with Limited Proficiency in English, and the TANF Program: What Do We Know? Center on Budget and Policy Priorities, Washington, DC, March 18, 2003. <http://www.cbpp.org/3-18-03tanf.pdf>



**Assessing the Impact of Assistance Programs on Young Children of Color:
The Children's Sentinel Nutrition Assessment Program**

Although many Black and Hispanic families participate in federal assistance programs, the programs' impact specifically on young children of color has not yet been examined. The Children's Sentinel Nutrition Assessment Program (C-SNAP) is uniquely positioned to assess the links between public assistance program participation and health, growth, and food security outcomes among young children of color. C-SNAP, started in 1998, is a multi-site child health research network collecting data on young children 0-3 years old who are seen in urban medical centers around the country. The C-SNAP caregiver survey instrument includes information on food security (using the 18-item US Household Food Security Scale), household demographics, assistance program participation, child health status, child hospitalization history, and maternal depression. In addition, children are weighed and measured at the time of the caregiver interview.

C-SNAP has published findings on the impact of public assistance programs on all young children (see www.c-snap.org for a list of publications and a detailed description of study methods), but until now has not assessed the data stratified by race/ethnicity.

The total C-SNAP sample, currently over 20,000 children, is a vulnerable population: 85% receive public insurance; 32% of the caregivers are immigrants; and 14% of the children were born with low birthweight. While minority children are underrepresented in most national datasets, Black and Hispanic children comprise over 80% of the C-SNAP sample (59% are Black and 22% are Hispanic). The tables on the following page show C-SNAP sample characteristics and unadjusted outcomes by race/ethnicity.

- C-SNAP Study Sites**
Emergency Departments or Acute Care Clinics in Urban Medical Centers
- Boston Medical Center, Boston, MA (coordinating site)
 - Hennepin County Medical Center, Minneapolis, MN
 - Mary's Center for Children, Washington, D.C.
 - University of Arkansas for Medical Sciences, Little Rock, AR
 - University of Maryland Medical Center, Baltimore, MD
 - St. Christopher's Hospital for Children, Philadelphia, PA
 - Harbor-UCLA Medical Center, Los Angeles, CA

C-SNAP collects data from a **sentinel sample** of children younger than 3 years of age attending inner-city emergency departments or clinics. ‘Sentinel samples’ are used worldwide to identify “key health events that may serve as an early warning or represent the tip of an iceberg,” of problems afflicting hard-to-reach populations.²⁵

*"The marked vulnerability of the health of infants and young children also makes assessments of child growth a 'sentinel' indicator in evaluations of the health and socioeconomic development of communities in which they live."*²⁶

C-SNAP Sample Characteristics by Race/Ethnicity: August 1998 – December 2004				
<i>Sample Restricted to Black, Hispanic, White</i>				
	Black N=9,582	Hispanic N=5,615	White N=3,090	P-value
Site*				
Baltimore	17%	<1%	5%	<.0001
Boston	38	24	17	
Little Rock	20	2	60	
Los Angeles	2	26	3	
Minneapolis	23	36	14	
Washington D.C.	<1	12	<1	
Mother US Born	76%	22%	94%	<.0001
Caregiver Married	29%	59%	60%	<.0001
Caregiver Employed	48%	32%	50%	<.0001
Caregiver Education				
Some HS	28%	57%	21%	<.0001
HS Grad	41	29	37	
Any College	31	14	42	
Mother Age	26.6 yrs	26.6 yrs	27.6 yrs	<.0001
Child Age	12.5 mos	11.6 mos	13.6 mos	<.0001
Child Breastfed	47%	75%	45%	<.0001
Low Birthweight	15%	10%	13%	<.0001
Child Insurance				
Public	85%	78%	62%	<.0001
None	6	17	9	
Private	9	5	30	
Program Participation				
Food Stamps	45%	21%	26%	<.0001
TANF	33	18	13	
WIC	80	86	59	
Housing	35	13	9	
LIHEAP	15	6	8	
TANF Sanction**	24%	30%	22%	.001
Food Stamp Sanction**	6%	9%	8%	.02

* Boston, Little Rock, and Minneapolis have been collecting data continuously since 1998. Due to funding constraints, Baltimore collected data from 1998-2001 and 2004-present, and Los Angeles and Washington, D.C. collected data from 1998-2001. The Philadelphia site did not begin collecting data until January 2005; data from that site are not included in this analysis.

**See box below.

²⁵ Stroup, NE, Zack, MM, Wharton, M. Sources of routinely collected data for surveillance. In: Teutsch, SM, Churchill, RE. *Principles and Practice of Public Health Surveillance*. New York: Oxford University Press, 1994, p 45.

²⁶ Garza, C and de Onis, M. Rationale for developing a new international growth reference. *Food and Nutrition Bulletin* for the WHO Multicentre Growth Reference Study Group. 2004; 25(1): S5-S14.

Why are TANF or food stamp benefits reduced or sanctioned (terminated)?

Due to the 1996 welfare reform legislation, states can mandate or permit work requirements; living arrangements or school/training for minor parents; time limits; family cap policies; and eligibility limits for immigrant families, among others requirements. Common reasons for sanctions include missed appointments for recertification and review of eligibility, inability to meet work requirements, and failure to promptly re-pay overpayments due to a changed household situation. All of these can occur due to lack of dependable, affordable childcare and lack of information.

C-SNAP Findings:
The Impact of Public Assistance Programs on Young Children of Color

To assess the associations between assistance program participation and the health, growth, and food security of young children of color, C-SNAP looked at each racial/ethnic group separately and examined the data from five federal assistance programs: TANF, Food Stamps, WIC, Housing, and LIHEAP. Due to the relatively small sample size of White children in the C-SNAP study compared to the sample of Black and Hispanic children, the results below are shown only for Blacks and Hispanics. The outcomes for the White sample were usually in the same direction as the Black and Hispanic children (see box), but the sub-sample size was often not large enough to reach statistical significance. Consequently, if the same analyses were repeated with a larger group of impoverished White children we would expect similar results *and* statistical significance.

Only statistically significant results are presented in summary below. Data tables are presented in the Appendix. All odds ratios were adjusted for potential confounders.

Important Terms:

What does statistical significance mean?

“Statistical significance” means that we have analyzed data from two groups and found that the outcomes (results) for each group are different enough that they can be attributed to chance in less than 5% of cases.

When results are not statistically significant or “do not reach statistical significance” this means that the data do not definitively tell us that we can rule out chance as the reason for the results with very high confidence.

However, sometimes we say that the results are not significant but are “in the same direction” as the statistically significant results. This means that the outcomes were showing the same kinds of results but perhaps did not have a large enough group of people (sample size) to reach criteria for statistical significance.

Less than or equal to two standard deviations below the mean for weight or height:

This standard is a way of identifying the children whose weight or height falls into approximately the lowest 3% of weight or height measurements compared to the national average. A child who is less than two standard deviations below the mean for weight or height would be considered malnourished, according to the World Health Organization’s international guidelines.

Z-score:

This standardized measure is a way to compare an individual child to the national average weight or height for a child of the same age and gender. If the z-score value is negative then it means that the child weighs or measures less than the expected average.

Safety Net Programs: Important for Black and Hispanic Children's Health

Black Children

The following programs have positive outcomes for Black children's food security, health status, and overall growth: TANF, the Food Stamp Program, WIC, Subsidized Housing, LIHEAP. There are serious implications for young Black children's food security, health, and growth when their families do not receive the benefits for which they qualify, as the results below show.

TANF (Temporary Assistance for Needy Families) Linked to Improved Food Security

Compared to Black infants and toddlers whose family benefit was not reduced in the past year:

- Black infants and toddlers whose family benefit was ***reduced*** were ***56% more likely to be food insecure***.
- Black infants and toddlers whose family benefit was ***sanctioned*** were ***78% more likely to be food insecure***

Food Stamps Linked to Improved Food Security and Child Health Status

Compared to Black infants and toddlers whose family benefit was *not* reduced in the past year:

- Black infants and toddlers whose family benefit was ***reduced*** were ***33% more likely to be food insecure***.
- Black infants and toddlers whose family benefit was ***sanctioned*** were ***84% more likely to be food insecure***.
- Black infants and toddlers whose family benefit was ***reduced*** were ***38% more likely to be reported as being in fair or poor health***.

Receipt of food stamps is not associated with overweight in young Black children.²⁷

WIC Linked to Improved Overall Growth and Healthy Weight and Height for Child's Age

Compared to Black infants who received WIC, those who were potentially eligible but *did not* receive WIC were:

- 56% more likely to be at nutritional risk for growth problems.
- More than twice as likely to be underweight (as measured by being less or equal to than two standard deviations below the mean for their weight for age).
- More likely to have a shorter height (as measured by height-for-age z-score).

²⁷ Neault, N, Cook, JT et al. The Safety Net in Action: Protecting the Health and Nutrition of Young American Children – Report from a Multi-Site Children's Health Study. July 2004.

Receipt of WIC was not associated with overweight in young Black children.²¹

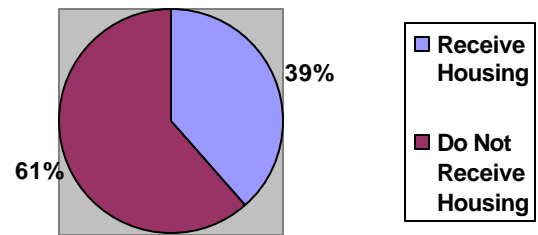
Subsidized Housing Linked to Healthier Weight and Height for Child's Age

Compared to Black infants and toddlers in families who received a housing subsidy, those in potentially eligible families who did not receive a housing subsidy were:

- 33% more likely to be underweight (as measured by being less than or equal to two standard deviations below the mean for weight-for-age).
- More likely to have a shorter height (as measured by height-for-age z-score).

Receipt of housing subsidies was not associated with overweight in young Black children.²¹

% Black Families in C-SNAP sample who receive Subsidized Housing



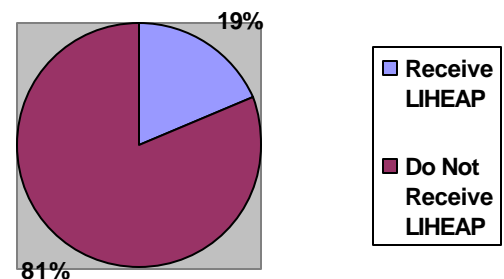
LIHEAP Linked to Fewer Growth Problems and Healthier Weight for Child's Age

Compared to Black infants and toddlers in families who received fuel assistance, those who were in potentially eligible families but did not receive fuel assistance were:

- 29% more likely to be at nutritional risk for growth problems (less than the 5th percentile for weight-for-age, or less than the 10th percentile for weight-for-height).
- More likely to have a lower weight (as measured by weight-for-age z-score).

Receipt of LIHEAP was not associated with overweight in young Black children.²¹

% Black Families in C-SNAP sample who receive LIHEAP



Hispanic Children

The following programs have positive outcomes for Hispanic children's food security, overall growth, weight and height: TANF, the Food Stamp Program, WIC, and Subsidized Housing. The associations between LIHEAP receipt and Hispanic children's health and growth did not reach statistical significance due to the small sub-sample of Hispanic LIHEAP recipients. This limited program participation reflects the fact that substantial proportion of the Hispanic children in this sample lived in California where few families of any ethnicity access LIHEAP. There are serious implications for young Hispanic children's health, growth, and food security when their families do not receive the benefits for which they qualify, as the results below show.

TANF (Temporary Assistance for Needy Families) Linked to Improved Food Security

Compared to Hispanic infants and toddlers whose family benefit was *not* reduced in the past year:

- Hispanic infants and toddlers whose family benefit was ***reduced*** were ***more than twice as likely to be food insecure***.
- Hispanic infants and toddlers whose family benefit was ***sanctioned*** were ***63% more likely to be food insecure***

Food Stamps Linked to Improved Food Security

Compared to Hispanic infants and toddlers whose family benefit was *not* reduced in the past year:

- Hispanic infants and toddlers whose family benefit was ***sanctioned*** were ***more than twice as likely to be food insecure***.

Receipt of food stamps was not associated with overweight in young Hispanic children.²¹

WIC Linked to Healthy Weight and Height for Child's Age

Compared to Hispanic infants who received WIC, those who were potentially eligible but *did not* receive WIC were:

- More likely to have a lower weight and a shorter height (as measured, respectively, by weight-for-age and height-for-age z-scores).

Receipt of WIC was not associated with overweight in young Hispanic children.²¹

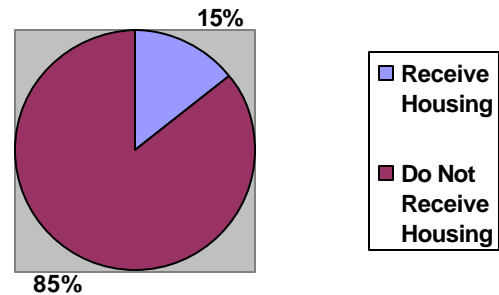
Subsidized Housing Linked to Healthier Height for Child's Age

Compared to Hispanic infants and toddlers in families who received a housing subsidy, those who were potentially eligible but did not receive a housing subsidy were:

- 99% more likely to be short (as measured by being less than or equal to two standard deviations below the mean for height-for-age).

Receipt of subsidized housing was not associated with overweight in young Hispanic children.²¹

% Hispanic Families in C-SNAP sample who receive Housing



Limitations

There are several important limitations of this study. First, C-SNAP did not examine the effects of the safety net programs on infants and toddlers' health and growth of other groups of color. C-SNAP does not have interviewers who are able to conduct the interview in languages than English, Spanish or Somali (Minneapolis only). Groups other than Blacks and Hispanics were not included because the sample size of other groups in the study is too small to yield interpretable results. Second, the cross-sectional study design can demonstrate associations but not causation. Third, although potentially confounding effects of many relevant factors were statistically controlled in the analyses, other unmeasured confounders may have influenced the outcomes. Exclusion of the most severely ill or injured cases from the emergency department sub-sample may have biased the results. Lastly, the population studied is not a nationally representative sample, but rather a sentinel sample of families with children younger than three years brought for care to an emergency department or clinic serving low-income populations in five United States cities. National survey data which would permit valid national estimates of the impacts of program participation on the health and growth of all young American children are not currently collected by any federal agency.

Conclusions

Contrary to popular perception that public income maintenance, nutrition support, and housing and energy assistance are of little benefit (or indeed actively harmful) to children of color, these findings suggest that participation in these programs has measurable positive impact on indicators of health and growth in early childhood, which give children the foundation necessary for successful participation in future learning and in the workforce. In contrast, sanctioning families' TANF and food stamp benefits seriously endangers the health and food security of Black and Hispanic infants and toddlers at this critical period in their growth and development. Moreover,

given the increase in food insecurity and poverty levels in 2004, the current proposed cuts to safety net programs would create a serious child health crisis for all poor children, but, in particular, for children of color. Safety net programs are a wise social investment and should be expanded to cover children of all races and ethnicities who are in need. Furthermore, the impact of safety net programs on children's health, growth, and learning should, in the future, be monitored in all nationally representative surveys such as the National Health and Nutrition Examination Survey (NHANES).

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