

**National Commission on Hunger
Testimony by Kate Breslin, President & CEO
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Rockefeller Institute, Albany, NY**

Thank you for the opportunity to testify before the National Commission on Hunger today.

The Schuyler Center for Analysis and Advocacy is a 143-year-old statewide, nonprofit organization dedicated to policy analysis and advocacy in support of public systems that meet the needs of people in poverty. Schuyler Center often works in areas that fall between multiple policy arenas and systems of care including public health, health care, and mental health; child welfare; human services; and family economic security. For more about Schuyler Center and our work, please visit our website www.scaany.org

My comments today are framed from the point of view of Schuyler Center's work – particularly family economic security, public health, and healthy child development -- and endeavor to be responsive to the Commission's charge:

- Provide policy recommendations to more effectively use existing programs and funds to combat domestic hunger and food insecurity; and
- Develop innovative recommendations to encourage public-private partnerships, faith-based sector engagement, and community initiatives to reduce the need for government nutrition assistance programs, while protecting the safety net for the most vulnerable members of society.

It bears noting, at the outset, that, in the United States, people experience food insecurity because they are poor. It would be hard to argue that there is any other primary reason than poverty or low-income for food insecurity in today's United States of America.

Food insecurity has a public health impact, because of the physical impact of poor nutrition on children and adults, and also because of the impact the stress of insecurity has on families' social, emotional, and physical well-being. A significant and growing body of research documents the significance of early childhood for an individual's lifelong health and well-being. Research is additionally demonstrating what we've known intuitively for generations – parental stress and instability can have lifelong deleterious impacts on developing children. So, while it is essential that we ensure that children have optimal nutrition to set them on a strong health and developmental path in life, it is imperative that we additionally address the needs of and stressors that affect their parents. Food insecurity is integrally tied to health and family economic security.

Thus, the policy solutions to address hunger and food insecurity and to reduce the need for government nutrition programs, at the highest levels, are self-evident:

- Increasing employment rates and full-time work;

- Increased wages and benefits, including a minimum wage increase, sick leave, and paid family leave;
- Expanded, improved, refundable tax policies that support low-income people, like the Earned Income Tax Credit;
- Adequate and robust income supports, like Unemployment Insurance, TANF, SSI/SSD;
- Expanded access to high quality and affordable child care; and
- Robust, accessible nutrition programs.

Specifically, and urgently, the Schuyler Center's first set of recommendations to address food insecurity involve the many things that we can do to address income security. Here in New York State and nationally, these include:

- Raising the minimum wage and indexing it to inflation;
- Enacting paid family leave;
- Expanding the Earned Income Tax Credit and ensuring it is refundable (as it is in New York);
- Fixing and investing in our less-than-effective system of subsidized child care;
- Continuing to expand affordable health insurance options, especially for low- and moderate-income people.

In the interests of health, healthy child development, food security, and family economic security, it is essential that we protect and enhance access to food and nutrition for children, adults, seniors, and families in need. There is evidence that programs such as SNAP, WIC, Child and Adult Care Food Program, School meal programs, and summer food programs improve food security and family economic security. Additionally, evidence demonstrates that families that lose or have reductions in SNAP benefits are more likely to be in poorer health and to forego important health services and prescriptions. And WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children, contributes to positive developmental and health outcomes for low-income women and young children. WIC participation is associated with healthier births, more nutritious diets, stronger connections to preventive health care, and improved cognitive development.

The Schuyler Center for Analysis and Advocacy's recommendations fall into three categories:

- Income security, discussed above;
- Strengthening existing programs;
- Enacting policies that focus on improving the public's health

Maintain SNAP as an "entitlement" and do not convert it to a "block grant." SNAP participation increased following our nation's great recession, because more people needed it. Converting SNAP to a block grant would mean that SNAP would no longer be able to respond to increasing need as it did so successfully during the recent recession. It is essential that the President and Congress protect SNAP and its entitlement structure so that it can be responsive to individual, community, and state needs.

Streamline and coordinate eligibility and enrollment. Most SNAP recipients are poor, as are eligible participants in other public means-tested programs. One way to get more eligible people enrolled would be by streamlining and coordinating eligibility and enrollment across Medicaid and SNAP, and perhaps other programs as is allowed under the Affordable Care Act. California has instituted a policy that automatically enrolls an applicant who qualifies for SNAP into Medicaid. Streamlining enrollment in New York between SNAP and Medicaid is challenging due to New York's complicated patchwork of eligibility levels as well as different eligibility and enrollment infrastructure. In the future, the New York State of Health Marketplace (the Exchange) will be a one stop shop for Medicaid, other coverage and,

we hope, SNAP and other programs. In the near term, New York State should reach out to Medicaid members and SNAP beneficiaries who do not have either Medicaid or SNAP and who qualify to provide them with assistance on how to enroll in the other program.

Increase participation in Afterschool and Summer Food Programs, School Lunch and School Breakfast Programs, and The National School Lunch and Child and Adult Care Food Programs. These programs are critical components of our national efforts to combat child hunger, with results that include better health and school performance, and we should find ways to encourage and enhance eligibility for them. This can be done by reducing red tape and administrative work and streamlining eligibility. For example, for School Lunch and Breakfast, food and nutrition advocates have put forward several recommendations to improve participation, including increasing participation in the community eligibility provision that allows high poverty schools to offer free meals to all students and strengthening direct certification (certifying eligibility by matching the names of children who receive SNAP, TANF, or Food Distribution Program on Indian Reservation with school enrollment records).

Consider policies that reduce the consumption of sugar-sweetened beverages, which have no nutritional value and contribute to health problems. Sugar-sweetened beverages add a significant amount of sugar and non-nutritive calories to the diets of children and adolescents, putting them at risk for a host of future concerns. Research demonstrates connections between the consumption of sugar-sweetened beverages and obesity, poor health, poor oral health, and risk of chronic disease. Sugar-sweetened beverage consumption has a negligible impact on hunger and reduces children's intake of calcium, Vitamin D, and potassium to the extent its consumption displaces milk consumption. The WIC program already does not include sugar-sweetened beverages and shows results in healthy food intake and dietary outcomes as well as improved access to healthy food access in neighborhoods that appears to be related to the stocking requirements of WIC-authorized stores. A study recently published in Health Affairs suggests that banning the purchase of sugar-sweetened beverages with SNAP would reduce obesity and diabetes. A tax on sugar-sweetened beverages should be considered. Studies have shown that relative prices of foods and beverages can lead to changes in how much people consume them, so a tax has the capacity to both reduce consumption and generate revenue that could be used for nutrition or other health-related concerns.

Fix the cliffs that result in reduced or lost benefits and contribute to family instability and other negative outcomes. In SNAP, as in other programs, a modest increase in income, from an increase in hours worked or hourly wages, can result in a significant reduction in, or loss of, benefits. Commissioner Mariana Chilton and the team at Children's HealthWatch, produced a report (Punishing Hard Work: The Unintended Consequences of Cutting SNAP Benefits, December 2013) with recommendations to "ensure that when families increase their income, assistance benefits decline on a gentle slope, rather than plunging off a sharp cliff." These recommendations include:

- Improving the SNAP calculation to accurately reflect real costs of housing, health care and healthy food by removing the limit on shelter costs; expanding the medical deduction to all households; adopting the Low-Cost Food Plan as the basis for maximum SNAP benefits;
- Creating a more gradual and coordinated decline in benefits across programs;
- Increasing eligibility limits and removing asset tests to encourage economic independence; and
- Accounting for income fluctuations by calculating income over a longer period of time and encouraging longer recertification periods.

It bears repeating that children, adults and families experience food insecurity, and the resultant stress and poor health, because of poverty. The evidence continues to demonstrate that lack of adequate food, stable housing, health care, and other essentials in infancy and early childhood can affect children's brain development, with long-term consequences for their physical, mental, academic, and economic well-being.

Our solutions need to address the big picture and overarching problem of poverty as well as the nitty gritty details of making programs work better for more people. There are no silver bullets. Addressing food insecurity and improving nutrition requires crosscutting policies and the political will to implement them.

I am appreciative of the opportunity to testify before you today and the Schuyler Center for Analysis and Advocacy stands ready to work with you to combat hunger and food insecurity and protect the safety net for the most vulnerable members of society.