

Food Stamps and Immigrant Families

How Health Care Workers Can Promote Child Health

FEBRUARY 2008



Authors

This report was prepared by:

David Kane

Bill Emerson National Hunger Fellow
Medical-Legal Partnership for Children
Boston Medical Center

Significant contributions were made by these
MLPC Boston staff members:

Jose Alberto Betances, MD
Local Medical Director

Cristina Dacchille, JD
Equal Justice Works Fellow

George-Marie Jasmin, JD, MPH
Income Supports Attorney

Samantha Morton, JD
Deputy Director

Support and input was also provided by the
following friends of MLPC:

Pat Baker
Massachusetts Law Reform Institute
Boston, MA

Stephanie Ettinger de Cuba, MPH
Children's Sentinel Nutrition Assessment Program
Boston, MA

Acknowledgements

The development of this report was made possible by the generosity of the law firm McDermott, Will & Emery, whose Boston office makes MLPC's Energy Clinic possible.

We want to thank Rebekah Knapp for advancing the vision and operations of the Energy Clinic. We are equally grateful to Project HEALTH for dedicating volunteers to staff the Clinic.

Our work would not be possible without our BMC-based collaborators, especially the researchers and staff of the Children's Sentinel Nutrition Assessment Program (C-SNAP).

MLPC operations have been supported by: Bank of America, Boston Bar Foundation, Mary A. and John M. McCarthy Foundation, Massachusetts Department of Public Health, Paul and Phyllis Fireman Foundation and State Street Foundation.



The Challenge: Barriers to Immigrant Child Health

Children in immigrant households make up an estimated one out of every four low-income children in the United States.ⁱ Nearly half of these children live below 200% of the poverty line, compared with only 34% of children in nonimmigrant households.ⁱⁱ More likely to struggle with food insecurity, lack of health care, and crowded housing conditions, children in immigrant homes suffer from common health problems at a higher frequency in relation to their peers from citizen-headed households.

Food insecurity:

limited or uncertain access to enough nutritious food.^{viii}

Food insecurity among children leads to:

- › Poor health
- › More emergency hospitalizations
- › Nutrient deficiencies
- › Learning and developmental deficits
- › Emotional and behavioral problemsⁱⁱⁱ

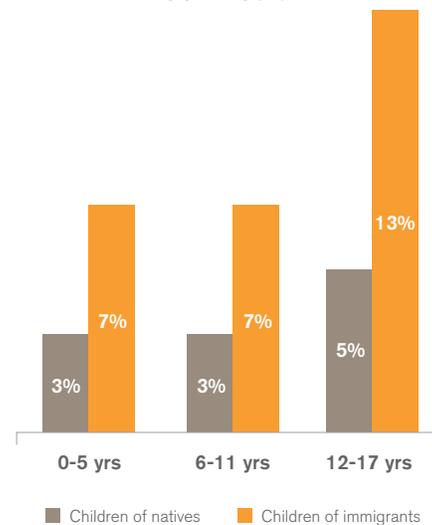
Despite their higher poverty rates and medical vulnerability, children of low-income immigrant families are less likely to receive benefits like food stamps compared to other low-income children. The factors driving this phenomenon include:

- › Stigma about federal benefits programs
- › Fear of negative changes in immigration status
- › Misinformation about eligibility
- › Lack of services in native languages^{iv}

Heat or Eat

With the rising costs of home energy and utilities, parents in low-income families are frequently unable to satisfy even their most basic needs. Federal research shows that poor families—many of them immigrant households—offset their home energy costs through decreasing the amount of money they spend on food.^v Some families must forgo heating or cooling during extreme weather months in order to put food on the table. The lower the family's income, the greater the percentage of their total wages must be spent on energy costs. As a result, affected children face a 10% decrease in caloric intake, as well as a series of potential developmental health risks.^{vi}

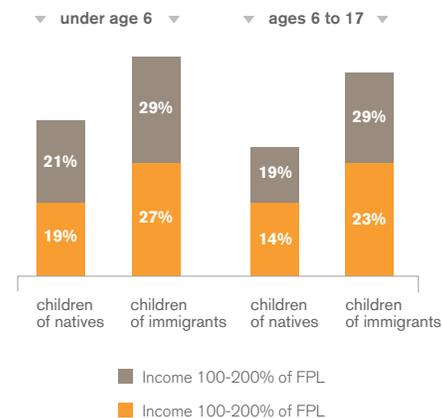
Share of Children in Fair or Poor Health*



* These responses are to be contrasted with reports that children are in "good," "very good," or "excellent" health.

Source: Reardon-Anderson, Jane, Randy Capps, and Michael Fix. 2002. "The Health and Well-Being of Children in Immigrant Families." *Assessing the New Federalism* Policy Brief B-52. Washington, DC: The Urban Institute.

Low-Income and Poverty Rates for Children by Age

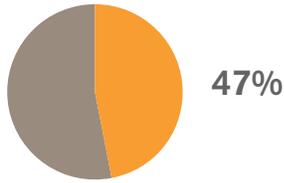


Source: Capps, Randy, Michael Fix, Jason Ost, Jane Reardon-Anderson, and Jeffrey Passel. *The Health and Well-Being of Young Children of Immigrants*. Washington D.C.: The Urban Institute, 2004.

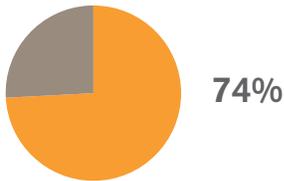
Compared with children of citizens, children of immigrants are more than twice as likely to be reported in fair or poor health.^{vii}

Food Stamp Participation Rates for Eligible Children

Eligible Immigrant Children



All Eligible Children



Source: Cunningham, Karen. [Food Stamp Program Participation Rates: 2003](#). Princeton, NJ: Mathematica Policy Research Inc, 2005.

Share of Low-Income Children under 6 Receiving Food Stamps



Source: Capps, Randy, Michael Fix, Jason Ost, Jane Rardon-Anderson, and Jeffrey Passel. [The Health and Well-Being of Young Children of Immigrants](#). Washington D.C.: The Urban Institute, 2004.

About the Federal Food Stamp Program

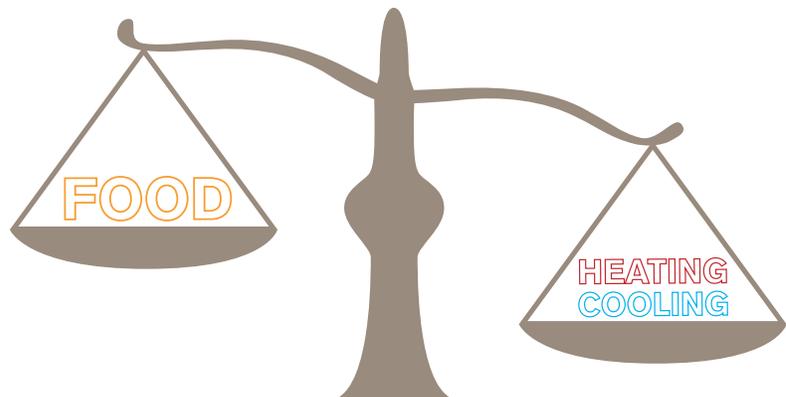
The Food Stamp Program helps low-income families purchase the food they need to stay healthy. Participants enrolled in the program use an electronic benefits transfer (EBT) card, much like a debit card, to purchase certain food items at supermarkets and local stores. Anybody can apply for food stamps, but final eligibility depends on both financial and non-financial factors. Immigration status, household size, expenses, income and assets are all considered. Some legal immigrants are eligible, but others are not. While exact benefit amounts vary, in 2007 a household of four could receive a maximum of \$542 per month.^x The majority of food stamp benefits—nearly 80%—go to households with children, **but at disproportionately low rates in immigrant households.**^x

Food Stamps: A Prescription for Better Health

Food stamp benefits can make a critical difference in a child's overall health and development. Providing parents with extra income to purchase the food that they normally cannot afford, food stamps allow children to receive the nutrients they need for healthy development. Recent research has shown that citizen children of immigrant parents in households that receive food stamps are 32% less likely to be in poor health than if their families did not receive food stamps.^{xi} And the positive benefits are not just biological: children in households receiving food stamps have been found to achieve higher results on academic exams.

Heat and Eat

By supplementing parents' income for the purchase of healthy foods, the Food Stamp Program brings families closer to achieving a balance between heating and cooling their homes, and feeding their children.



“ Young low-income children of U.S. citizens are twice as likely to receive food stamps than are young low-income children of immigrants.^{xiii}

Medical-Legal Partnership: An Effective Response to Hunger

The Medical-Legal Partnership model unites legal advocates and health care workers in the clinical setting to promote health and well-being. These advocates work with clinical staff to address families' basic needs, including food, housing, health care, education and safety. Doctors, nurses, social workers and other front-line staff screen families for the social determinants of health. When obstacles to basic needs are identified (such as a denial of an eligible family's food stamp application), health care staff contact their advocate colleagues to respond. By training medical teams to recognize food insecurity, and by making legal advocacy available in the clinical setting, the Medical-Legal Partnership model promotes early identification and elimination of conditions that threaten patient health.

Case Study: Boston Medical Center's Energy Clinic

Recognizing growing food insecurity and rising energy costs among patients seen at Boston Medical Center (BMC), the Medical-Legal Partnership for Children (MLPC) combines the power of advocates and health professionals to secure food stamps and utility supports for eligible patient-families. During routine pediatric appointments, medical staff ask parents about their household circumstances. When problems accessing nutritious food or challenges paying utility bills are identified, clinicians refer the family to the Energy Clinic.

Energy Clinic staff and volunteers advise patient-families about the Food Stamp Program, screen them for eligibility, and if eligible, submit a food stamp application on the spot. They then track the application from beginning to end, ensuring that applicants are treated fairly and that decisions on eligibility follow state and federal regulations. Advocates also assist families with low-income discounts and shut-off protection on their utility accounts, freeing up income to spend on healthy food. As a result of Energy Clinic advocacy during 2006, BMC patient-families cumulatively received over \$7,000 per month in food stamp benefits.

BY THE NUMBERS

\$242 – the amount of monthly food stamps awarded to a family that came into the Energy Clinic with immigration concerns, and decided to apply, but only after being reassured that benefits would not affect their immigration status.

SCREENING QUESTIONS



Are you making ends meet?

Does your family always have enough food to eat?

Are you having any troubles paying your utility bills?

Health Care Workers: Uniquely Poised to Identify Barriers to Health

Health care professionals play a critical role in addressing food insecurity, given the trusting relationship that exists between them and their patients.^{xiv} In fact, Boston focus groups have indicated that a family's pediatrician is the most trusted messenger for delivering information about welfare and public benefits.^{xv} Additionally, families return to see their pediatrician frequently – even when parents have stopped receiving health care themselves.

For these reasons, pediatric and other health care teams are uniquely positioned to screen for food and energy insecurity issues preventively.^{xvi} When immigrant parents express hesitation or fear in the exam room, medical professionals are in the trusted position to encourage families to apply for the benefits to which they are entitled.

“The best way to help children is to help their parents, and the best way to reach parents is through their children.”^{xvii}

—Dr. Barry Zuckerman, Chief of Pediatrics, Boston Medical Center

**Misconceptions
about benefits and
immigration status
often discourage
immigrant families
from applying for
food stamps.**

Rules and regulations vary by state, but here are

the facts: xviii □
□

fiction

I can only apply for food stamps if I am a United States citizen.

My children can't get food stamps if I am undocumented.

I must provide my own immigration information and social security number in order for my children to get food stamps.

I must speak English to apply for food stamps.

If I ask my local office about the Food Stamp Program or live with people who receive food stamps, I will be reported to federal immigration authorities.

If I apply for food stamps for my children, I will be reported to federal immigration authorities.

I shouldn't apply for food stamps because I'll just have to pay them back.

If I receive food stamps, it will harm my sponsor.

Receiving food stamps will result in me being declared a public charge and will impact my chances of obtaining a green card or becoming a citizen.

fact

1

Many legal immigrants are eligible for food stamps. In general, if you have held a green card for five years, are a child under 18, get a disability-related benefit, or were admitted to the U.S. for humanitarian reasons, you may be able to get food stamps.

2

All children who are citizens or hold green cards can get food stamps, regardless of their parents' status. Many legally present immigrant children are also eligible.*

3

Undocumented immigrants can't get food stamps, but citizens and some legal immigrants who live with them can. If the only eligible person in the family is a child, an undocumented parent may apply for food stamps on the eligible child's behalf without having to give information about immigration status.

4

It is not necessary to speak English. Food stamp workers can find interpreters to help you, or you may bring a friend or family member who speaks English. Many states have applications in multiple languages.

5

Simply asking about your family's food stamp eligibility or living with people who apply for or receive benefits will not result in being reported to immigration authorities.

6

Food stamp offices verify the information you give to them. If you are undocumented, you can remove yourself from the application, and don't need to provide immigration documents. Other people in the household can still apply and may be eligible.

7

Nobody has to pay anything back to the government unless they are given an incorrect amount of food stamp benefits.

8

Receiving food stamps will not harm your sponsor, although their income may impact your eligibility.

9

Getting food stamps should not

- › impact your ability to get citizenship through naturalization,
- › harm your chances of obtaining a green card, or
- › prevent you from traveling outside of the U.S. and returning successfully.

Getting food stamps may reflect that you have insufficient income to sponsor relatives to come to the United States.*

* Please contact an advocate for details on any issues that may need clarification.

References

- ⁱ Capps, Randy, Robin Koralek, Katherine Lotspeich, Michael Fix, Pamela Holcomb, and Jane Reardon Anderson. Assessing Implementation of the 2002 Farm Bill's Legal Immigrant Food Stamp Restorations: Final Report to the United States Department of Agriculture Food and Nutrition Service. Washington D.C.: The Urban Institute, 2004.
- ⁱⁱ Haskins, Ron, Mark Greenberg, and Shawn Fremstad. "Federal Policy for Immigrant Children: Room for Common Ground?" The Future of Children 14 (2004). <www.futureofchildren.org/usr_doc/Federal_Policy_for_Immigrant_Children.pdf>.
- ⁱⁱⁱ For information on effects of food insecurity on children: The Impact of Food Insecurity on the Development of Young Low-Income Black and Latino Children: Protecting the Health and Nutrition of Young Children of Color. Washington D.C.: The Joint Center for Political and Economic Studies, 2006; Reardon-Anderson, Jane, Randy Capps, and Michael Fix. 2002. "The Health and Well-Being of Children in Immigrant Families." Assessing the New Federalism Policy Brief B-52. Washington, DC: The Urban Institute; and Rose-Jacobs, Ruth, et al. "Household Food Insecurity: Associations with At-Risk Infant and Toddler Development." Pediatrics 121 (2008): 65-72.
- ^{iv} For detailed studies on immigrant access barriers to food stamps: Mastman, Katy. A Closer Look At Immigrant-Access Barriers in the Massachusetts Food Stamp Program. Massachusetts Law Reform Institute, February 2005; and McCarthy, Elizabeth, and Almas Sayeed. Immigrant Access to the Food Stamp Program: An In-Depth Analysis of New York City's Immigrant Communities, Estimates of Unmet Need and Barriers to Access. New York: FoodChange, Inc.
- ^v Bhattacharya, Jayanta, Thomas Deleire, Steven Haider, and Janet Currie. Heat or Eat? Cold Weather Shocks and Nutrition in Poor American Families. Joint Center for Poverty Research and the Institute for Research on Poverty. Cambridge, MA: National Bureau of Economic Research, June 2002.
- ^{vi} Frank, Dr. Deborah A., and Kennedy II, Joseph P. "The Heat or Eat Dilemma." The Boston Globe 21 Oct. 2007.
- ^{vii} Capps, Randy. "Hardship Among Children of Immigrants: Findings from the National Survey of America's Families." New Federalism: National Survey of America's Families. The Urban Institute, February 2001.
- ^{viii} Nord, Mark, Margaret Andrews, and Steven Carlson. Household Food Security in the United States, 2006. Economic Research Report No. 49. United States Department of Agriculture, Economic Research Service, 2007.
- ^{ix} "Fact Sheet on Resources, Income and Benefits." United States Department of Agriculture, Food and Nutrition Service. 4 Oct. 2007. 10 Nov. 2007.
- ^x The Almanac of Hunger and Poverty in America 2006. Chicago, IL: America's Second Harvest.
- ^{xi} Perry, Avi, Stephanie Ettinger de Cuba, John Cook, and Deborah A. Frank. Food Stamps as Medicine: A New Perspective on Children's Health. Boston, MA: Children's Sentinel Nutrition Assessment Program, February 2007.
- ^{xii} Frongillo, Edward, Diana Jyoti, and Sonya Jones. "Food Stamp Program Participation is Associated with Better Academic Learning Among School Children." Journal of Nutrition 136 (2006).
- ^{xiii} Capps, Randy, Michael Fix, Jason Ost, Jane Reardon-Anderson, and Jeffrey Passel. The Health and Well-Being of Young Children of Immigrants. Washington D.C.: The Urban Institute, 2004.
- ^{xiv} For information on attitudes concerning medical staff: Lawton, Ellen and Mark Hansen. Pediatric Emergency Department Legal Needs Assessment Study: Project Status Report. October 10, 2007. Publication forthcoming.
- ^{xv} Boston Private Industry Council and the Mayor's Office of Jobs and Community Service. "Welfare to Work Outreach Campaign: Report on Focus Groups." February 1998.
- ^{xvi} Lawton, Ellen M. "The Family Advocacy Program: A Medical-Legal Collaborative to Promote Child Health and Development." Management Information Exchange Journal (2003).
- ^{xvii} Lawton, 2003.
- ^{xviii} U.S. Department of Agriculture, Food and Nutrition Service. "10 Myths and Facts about Food Stamp Benefits and Immigrants." March 2006.

The Medical-Legal Partnership for Children (MLPC) is a program of the Department of Pediatrics at Boston Medical Center and the BU School of Medicine.

The Medical Legal Partnership for Children

RAISING THE BAR FOR CHILD HEALTH

88 East Newton Street, Vose 5
Boston, MA 02118
www.mlpcforchildren.org



BOSTON MEDICAL CENTER | BOSTON UNIVERSITY SCHOOL OF MEDICINE