

Testimony of Dr. Renée Boynton-Jarrett, MD, ScD

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Chair Hayes, Ranking Member Bacon, and distinguished Members of the House of Representatives Agriculture Committee, good afternoon. Thank you for the opportunity for me to appear before this committee to provide testimony on the important role of the Supplemental Nutrition Assistance Program (SNAP) for families with children during and after the COVID-19 pandemic. I am honored to be here.

My name is Dr. Renée Boynton-Jarrett. I am a pediatrician at Boston Medical Center, the largest safety-net hospital in New England, I am an Associate Professor of Pediatrics at Boston University School of Medicine, and researcher on social-structural factors that impact population health (social epidemiology). I am the Founding Director of Vital Village Networks. In partnership with community residents and organizations, Vital Village Networks develops community-based strategies to promote child wellbeing and advance health and educational equity through research, data sharing, and collective action. I am also a member of the National Academy of Sciences, Engineering, and Medicine (NASEM) committee on Exploring the Opportunity Gap for Young Children from Birth to Age Eight. My career has been dedicated to improving our societal commitment to uphold the dignity of all children through equitable health and education.

As a primary care pediatrician at a hospital that predominantly serves low-income patients, I know firsthand, that all parents, regardless of personal resources, seek to ensure their children have what they need to thrive. Such necessities include nutritious food, a safe and stable home, high-quality child care and education, and health care. We know that when children lack access

to these basic necessities — even for brief periods of time — their health is jeopardized. Research consistently shows that when children live in families struggling with food insecurity, they are more likely to be in poor health, be hospitalized, at-risk of developmental delays, and experiencing difficulties learning in school.[1, 2] Adults and children who are food insecure experience increased rates of mental health issues.[3]

However, supporting children's health and development goes well-beyond ensuring that children receive proper nutrition. Parental well-being is a foundation of healthy child growth and development. When mothers are able to afford basic needs for their children and are well-supported, they are less likely to be depressed or anxious.[4] As a result, mothers are better able to provide the responsive caregiving their children need early in life.[5, 6]

Unfortunately, due to persistent structural inequities, low-wage work, and a lack of high-quality affordable child care, financial stability is out of reach for many families. Black, Indigenous, Latina, and immigrant mothers, in particular, are disproportionately shut out of systems that promote economic advancement due to prejudice, discrimination and systemic racism. Well before the pandemic, I met mothers in my clinic who worked multiple jobs or owned their own businesses and despite their best efforts struggled to put food on the table for their children.

Prior to the current crisis, approximately one in seven families with children nationally experienced food insecurity[7] — at Boston Medical Center, that number is closer to one in five. Due to food scarcity during the pandemic an estimated 13 million children (1 in 6) may experience food insecurity in 2021.[7] Mental health issues also increased in relation to food insecurity during the pandemic.[8] For these families, programs like SNAP, school meals, and WIC, are crucial to filling the gap between insufficient incomes and the costs of raising children. SNAP in particular is not only effective in reducing food insecurity, but also improves child and maternal health outcomes.[9] For children who receive two-thirds of their daily nutritional needs through school and childcare center meals, replacing these meals was an immediate priority but has not led to long-term policy solutions.[10]

During the COVID-19 pandemic, we have seen a dramatic increase in food insecurity and other economic hardship among families with children. School and child care closures coupled with the shuttering of businesses in service sectors that require face-to-face interaction and disproportionately employ women—these circumstances placed an outsized burden of economic hardship and stress on mothers. Women of color have been more profoundly impacted by these economic shocks because they are hold a higher share of low-wage and service industry jobs.[11] Throughout this pandemic, mothers have had to juggle remote schooling, child care responsibilities, paying bills when their incomes were cut, and ensuring that they and their children can remain healthy.

Expansions in SNAP and the Pandemic Electronic Benefit Transfer (P-EBT) program passed in relief packages by Congress have been a lifeline for many families during this pandemic. Unfortunately, these expansions are scheduled to sunset without further action. Failure to

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ensure the nutritional needs of children are met will exacerbate inequities in health and educational attainment. The time is now to move from a short-term policy solution to permanently expand eligibility and access to government nutrition programs.

As vaccination rates increase, as schools and child care settings reopen, and as people return to work, we cannot lose sight of three things: first, the inequities that existed before the pandemic; second, the lessons learned during the pandemic; and, third, the urgent need for long-term policy solutions that respond to the realities of families, women, and children. In order to live in a country where all children have the opportunity to reach their fullest potential, we must seek to understand the ways in which current recovery efforts are leaving women and mothers behind. Data show women and women of color not only lost jobs at higher rates than men during the pandemic, but they are now returning to the workplace at a slower rate than men.[11] Women-owned small businesses like family home daycare centers, catering businesses, and salons suffered significant revenue loss during the pandemic. These significant declines in income that continue to persist have an impact on the well-being of children, families, and communities given the central role mothers play in the lives of others.[11] Moreover, as of December 2020, 13% of both child care centers and family child care homes remained closed.[12]

Given our understanding our understanding of the significant consequences of food insecurity and scarcity, and the fragility of our current food system, solutions to address food insecurity should employ a trauma-informed approach.[13] We urge Congress and the Administration to work alongside communities across the country to build a resilient food system that eradicates hunger, supports families and children optimally and upholds their dignity.

An equitable recovery for all will require comprehensive, family-centric policies that recognize the unique needs of mothers and children, particularly for those with low incomes. An equitable recovery, that invests in families and children, must also consider the important role child care plays in economic security and child development. Increasing SNAP benefits, improving child nutrition programs, investing in high-quality, affordable child care, improving families' ability to afford rent, ensuring access to health care and prescription medicines, increasing wages, providing paid leave, and implementing a permanent, inclusive child allowance are all evidence-based steps Congress can and should take to improve the health and well-being of women, children, and families.

The COVID-19 pandemic has clearly demonstrated the urgent need to develop a resilient and secure food system based on policy and the tremendous cost for millions of American children of our failure to do so.[10] I hope Members of Congress will consider the full range of needs that children and families have – from needing nutritious food to having healthy, safe, and high-quality child care programs to attend.

Thank you for your consideration. Once again, I am honored to be here, and I look forward to our discussion.

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References

- 1. de Oliveira, K.H.D., et al., *Household food insecurity and early childhood development:*Systematic review and meta-analysis. Matern Child Nutr, 2020. **16**(3): p. e12967.
- 2. Pai, S. and K. Bahadur, *The Impact of Food Insecurity on Child Health.* Pediatr Clin North Am, 2020. **67**(2): p. 387-396.
- 3. Whitaker, R.C., S.M. Phillips, and S.M. Orzol, Food insecurity and the risks of depression and anxiety in mothers and behavior problems in their preschool-aged children. Pediatrics, 2006. **118**(3): p. e859-68.
- 4. Zaslow, M., et al., Food security during infancy: implications for attachment and mental proficiency in toddlerhood. Matern Child Health J, 2009. **13**(1): p. 66-80.
- 5. Reading, R. and S. Reynolds, *Debt, social disadvantage and maternal depression.* Soc Sci Med, 2001. **53**(4): p. 441-53.
- 6. Manuel, J.I., et al., *The influence of stress and social support on depressive symptoms in mothers with young children.* Soc Sci Med, 2012. **75**(11): p. 2013-20.
- 7. America, F., The Impact of the Coronavirus on Food Insecurity in 2020 & 2021. 2021.
- 8. Fang, D., M.R. Thomsen, and R.M. Nayga, *The association between food insecurity and mental health during the COVID-19 pandemic.* BMC Public Health, 2021. **21**(1): p. 607.
- 9. Ettinger de Cuba, S.A., et al., *SNAP, Young Children's Health, and Family Food Security and Healthcare Access.* Am J Prev Med, 2019. **57**(4): p. 525-532.
- 10. Dunn, C.G., et al., Feeding Low-Income Children during the Covid-19 Pandemic. N Engl J Med, 2020. **382**(18): p. e40.
- 11. Bateman, N., Ross M, Why has COVID-19 been especially harmful for working women? 2020, Brookings.
- 12. Haynie, K., Analysis Shows Child Care Supply & Attendance Better, but Still Suffering. 2021.
- 13. Hecht, A.A., et al., *Using a trauma-informed policy approach to create a resilient urban food system.* Public health nutrition, 2018. **21**(10): p. 1961-1970.