CHILDREN OF IMMIGRANTS AND NUTRITION SUPPORTS

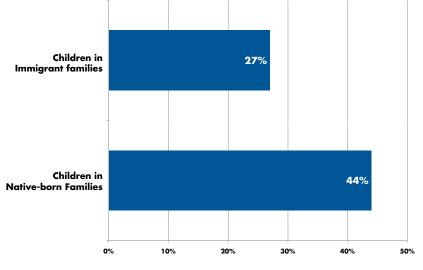




ood safety net programs play an important role in promoting the healthy development of children in low-income families, and recent passage of the Healthy, Hunger Free Kids Act established critical improvements to enable such programs to reach more children in need. Children of immigrants are 1.5 times more likely to live in families with incomes below the official poverty threshold than are children in native-born families, despite high levels of secure parental employment. Likewise, children of immigrants are at greater risk of living in food-insecure households than those of native-born families and are also more likely to live in households where children are also food insecure (14 percent versus 11 percent).^{1,a} In fact, research shows that recently arrived immigrant families who had been in the country for less than five years are 145 percent more likely to be food insecure than U.S. born families.² The high rates of poverty and food insecurity among immigrant families are possible explanations for the decline in health outcomes among children of immigrants over time.3

While many low-income, working families make use of income-based food safety net programs such as the Supplemental Nutrition Assistance Program (SNAP), immigrant families, including those with U.S. citizen children, have lower rates of enrollment in SNAP.4 There are many reasons why immigrant families frequently do not access such programs, including language and cultural barriers, distrust of governmental agencies, and challenges in documenting earnings.⁵ Additionally, immigrants often are confused about eligibility rules for these programs, particularly because many of them subject legal immigrant adults to a five-year waiting period-a waiting period that may not apply to legal immigrant children, as is the case for the SNAP program. Even immigrant parents with U.S. citizen children sometimes worry about accessing such programs on behalf of their children due to fears that applying for benefits may threaten their own future citizenship or family sponsorship prospects.6





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However, research shows that other food assistance programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) have been utilized at much higher rates by eligible immigrant participants due to their effective enrollment models and their lack of immigration status-based restrictions.⁷ A recent Urban Institute study reveals that the places in which parents apply for WIC and NSLP, primarily health clinics and schools, play a big role in addressing the concerns and other access issues associated with welfare offices and other more formal settings.⁸

Many provisions of the Healthy, Hunger-Free Kids Act have the potential to enhance access for children of immigrants. For example, the bill establishes demonstration projects to expand the "direct certification" process, eliminating the need for a second application.^b The bill also provides for the expansion of universal meal service options through the addition of a "community eligibility" provision that will allow schools in high-poverty areas to offer free meals to all students without the need to collect paper applications. Finally, the bill will further improve access for immigrant women and their children to the WIC program through the implementation of an Electronic Benefit Transfer and the extension of the current 6-month certification to a 1-year certification period.^c

The Healthy, Hunger-Free Kids Act will also ensure that children of immigrants continue to have access to schoolbased feeding programs regardless of a child or parent's immigration status. However, it is important to note that unauthorized children will remain ineligible for the SNAP program, and that the five-year residency requirement for legal immigrant adults will remain a possible barrier to the enrollment of eligible legal immigrant children. Thus, outreach strategies will need to be designed to ensure that immigrant families are adequately informed about the eligibility and enrollment processes for different programs.

NOTES:

a Food insecurity refers to the lack of access to enough food to fully meet a person's basic needs at all times due to lack of financial resources. A house-hold that is considered food insecure may not mean that the children in the household are food insecure; thus, households where children are also food insecure are considered to have the lowest levels of food security.

b The direct certification process allows school districts to use information from state welfare or food stamps offices to certify children to receive free meals, eliminating the need for families to complete a second application. Under the bill, children on Medicaid in select Congressional districts will also be directly certified, while benchmarks and incentive bonuses for states to improve their direct certification methods will be established.

c The Electronic Benefit Transfer (EBT) is an electronic system that allows a recipient to authorize transfer of their government benefits from a Federal account to a retailer account to pay for products received. To do this, recipients are issues an "EBT" card similar to a debit card that they can use at stores and farmer markets. EBT cards are currently used in the SNAP program in all 50 states.

CITATIONS:

1 Chaudry, A., Fortuny, K. (2010). "Children of Immigrants: Economic Well-Being." Washington, DC: The Urban Institute.

2 Children's Healthwatch. "Children of Immigrants: Healthy Beginnings Derailed by Food Insecurity." October 2010.

3 Ibid.

4 Chaudry, A., Fortuny, K. (2010). "Children of Immigrants: Economic Well-Being." Washington, DC: The Urban Institute.

5 Ibid.

6 Lincroft, Y., Cervantes, W. (2010). "Language, Culture, and Immigration Relief Options." *Caught Between Systems: The Intersection of Immigration and Child Welfare Policies.* Washington, DC: First Focus.

7 Vericker, T., Fortuny, K., Finegold, K., Ozdemir, S.B. (2010). *Effects of Immigration on WIC and NSLP Caseloads.* Washington, DC: The Urban Institute.

8 Ibid.