



RESEARCH BRIEF #51

September 14, 2021

Strengthening SNAP and TANF is Essential to Support Children in Early Childhood

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In the recently proposed U.S. infrastructure bill, President Biden pressed for the inclusion of “human infrastructure.” This includes public funding for programs during early childhood. Although early childhood is considered a critical time for investment in a child’s life, the United States currently lacks many traditional family policy programs available in other high-income countries, like universal paid family leave and widely subsidized daycare. Instead, the U.S. relies on programs that limit eligibility to low-income households, such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). Evidence suggests that programs may play an important role in early childhood health. SNAP participation reduces food insecurity^{1,2,3,4} which is associated with negative cognitive, behavioral, and health outcomes in early childhood.^{5,6,7,8,9,10,11} Despite the importance of these programs in the lives of families with young children, little is known about social welfare program dynamics during early childhood.

This brief summarizes the findings from our recent paper published in [Population Research and Policy Review](#). We examined participation in SNAP and TANF in Virginia during the first six years of life, when children are highly vulnerable and investments are thought to have the highest rate of return.^{12,13} We used administrative data from the Virginia Longitudinal Data System to explore differences in participation by race and residence in rural versus urban counties, key determinants of inequality in the United States.

KEY FINDINGS

- About 1 in 2 children in Virginia participated in SNAP or TANF before age 6.
- Early childhood participation in SNAP is about four times greater than participation in TANF.
- Participation varies greatly by race/ethnicity about a quarter of White children, about half of Hispanic children, and about 75% of Black children in Virginia receive SNAP or TANF before age 6. Participation also varies by location.
- Strengthening SNAP and TANF is critical for improving children’s health and would disproportionately benefit Black, Hispanic, and rural children who tend to be less healthy than their White and urban peers.

Our study finds that SNAP and TANF play an important role in the lives of many more very young children than was previously known. As these children are too young to be enrolled in K-12, they do not have access to other supports delivered through the public school system. Therefore, these social welfare programs play a more central and important role in the lives of children in early childhood, when poverty is likely to have long-term negative consequences and investments are likely to have the highest return.

About Half of Children in Virginia Participate in Either SNAP or TANF in Early Childhood

Previous research suggests that half of all children have lived in a household that participated in SNAP at some point during their childhood, and one quarter did by age five.¹⁴ We find that about half of all children in Virginia receive TANF or SNAP by age 6, when most children enroll in the public school system. Participation typically begins early in life, with one in five children receiving at least one of the programs in their year of birth.

SNAP and TANF participation are persistent during early childhood. For example, 93% of children in Virginia who receive SNAP in their first year of life continue to receive it in the year they turn one. Children who participate earlier in life tend to stay connected longer.

There are substantial differences in participation between the two programs, which is unsurprising given that they differ in scope and have different time limitations. Overall, participation in SNAP is about four times greater than participation in TANF for children in early childhood. While most households on SNAP do not receive TANF, only about 8% of children on TANF do not receive SNAP. Participation peaks earlier for children on TANF, around the age of 2-3, while participation on SNAP peaks around ages 3-4.

Participation Varies by Race and Rural vs. Urban Residence

Participation in SNAP and TANF varies greatly by race and ethnicity and by rural versus urban residence—two known axes of inequality. We examined cumulative receipt of SNAP and TANF in early childhood, which we defined as the share of the population under age 6 that receives either SNAP or TANF before they turn 6. As shown in Figure 1, we found that approximately 25% of White children, about half of Hispanic children, and about 75% of Black children in Virginia receive SNAP or TANF during early childhood. Overall, participation is considerably higher in rural counties than urban counties (about 60% vs. 40%).

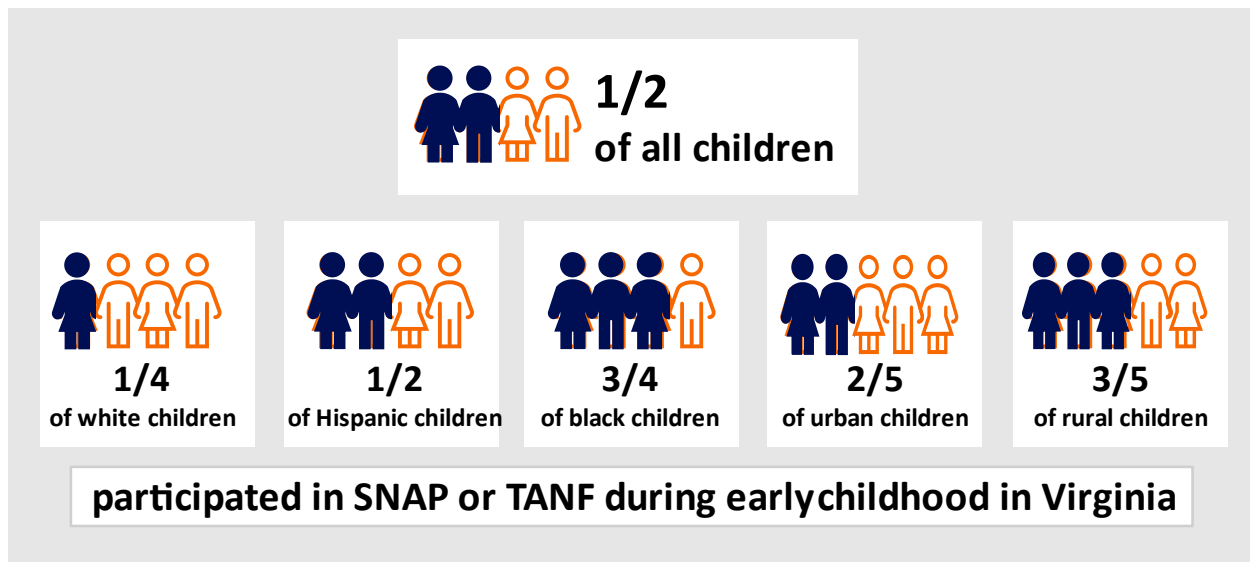


Figure 1. Children in Virginia Receiving SNAP or TANF before age 6 (2007-2018).

Data Source: Virginia Longitudinal Data System

Policymakers Should Strengthen Existing Federal Programs

The United States does not have a traditionally defined family policy that provides a safety net for parents,¹⁵ though recent expansions in the Child Tax Credit shows progress in this area. Our work highlights that almost half of children receive benefits from SNAP or TANF before finishing kindergarten. As such, these programs could be considered the backbone of U.S. family and child health policy.

As most children who receive these benefits begin participating at birth, families seem to be using these programs to cover needs around the birth of their children. Increasing SNAP benefits is likely to affect a large share of families during their children's early years, disproportionately benefiting Black and Hispanic children and those who reside in rural counties.

Our findings also support other research¹⁶ that suggests TANF, which may be the only source of cash support for single mothers that are not stably employed, is a less-widely used support for households with young children. While the role of SNAP during early childhood has grown, SNAP is a near-cash supplement. Unlike TANF, it can only be used on food—not other essentials such as rent, utilities, or diapers. As we enter a recovery in the wake of the COVID-19 crisis, more families with children report being unable to afford basic necessities.¹⁷ With so few federal programs that reach households with young children and provide direct support, we must work to strengthen the ones we have.

Data and Methods

To document patterns of participation in SNAP and TANF, we used administrative data from the Virginia Department of Social Services. We observed four cohorts of children born between 2007 and 2010 who participated in a social welfare program between 2007 and 2018. Using these data, we created complete social program life histories to explore the timing, persistence, first age, and cumulative participation of receipt. For additional information on the methodology, please see the published study, [Below the Tip of the Iceberg: Examining Early Childhood Participation in SNAP and TANF from Birth to Age Six.](#)

References

1. Ettinger de Cuba, S., Chilton, M., Bovell-Ammon, A., Knowles, M., Coleman, S. M., Black, M. M., Cutts, D. B., Casey, P. H., Heeren, T. C., & Frank, D. A. (2019). Loss of SNAP is associated with food insecurity and poor health in working families with young children. *Health Affairs*, 38(5), 765-773.
2. Hoynes, H. W., & Ziliak, J. P. (2018). *Increasing SNAP purchasing power reduces food insecurity and improves child outcomes*. The Brookings Institution.
3. Nord, M., & Golla, M. (2009). *Does SNAP decrease food insecurity: Untangling the self-selection effect (Economic Research Service Report No. 85)*. US Department of Agriculture.
4. Ratcliffe, C., & McKernan, S. M. (2010). *Childhood poverty persistence: Facts and consequences*. The Urban Institute.
5. Alaimo, K., Olson, C. M., & Frongillo, E. A. (2002). Family food insufficiency, but not low family income, is positively associated with dysthymia and suicide symptoms in adolescents. *The Journal of Nutrition*, 132(4), 719-725.
6. Bhattacharya, J., Currie, J., & Haider, S. (2004). Poverty, food insecurity, and nutritional outcomes in children and adults. *Journal of Health Economics*, 23(4), 839-862.
7. Bronte-Tinkew, J., Zaslow, M., Capps, R., Horowitz, A., & McNamara, M. (2007). Food insecurity works through depression, parenting, and infant feeding to influence overweight and health in toddlers. *The Journal of Nutrition*, 137(9), 2160-2165.
8. Cook, J., & Frank, D. (2008). Food security, poverty, and human development in the United States. *Annals of the New York Academy of Sciences*, 1136(1), 193.
9. Cook, J. T., Black, M., Chilton, M., Cutts, D., Ettinger de Cuba, S., Heeren, T. C., Rose-Jacobs, R., Sandel, M., Casey, P. H., & Coleman, S. (2013). Are food insecurity's health impacts underestimated in the US population? Marginal food security also predicts adverse health outcomes in young US children and mothers. *Advances in Nutrition*, 4(1), 51-61.
10. Duncan, G. J., Brooks-Gunn, J., & Klebanov, P. K. (1994). Economic deprivation and early childhood development. *Child Development*, 65(2), 296-318.
11. Hernandez, D. C., & Jacknowitz, A. (2009). Transient, but not persistent, adult food insecurity influences toddler development. *The Journal of Nutrition*, 139(8), 1517-1524.
12. Heckman, J. J. (2006). Skill formation and the economics of investing in disadvantaged children. *Science*, 312(5782), 1900-1902.
13. Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., & Yavitz, A. (2010). The rate of return to the HighScope Perry Preschool Program. *Journal of Public Economics*, 94(1-2), 114-128.
14. Rank, M. R., & Hirschl, T. A. (2009). Estimating the risk of food stamp use and impoverishment during childhood. *Archives of Pediatrics & Adolescent Medicine*, 163(11), 994-999.
15. Kamerman, S. B., & Kahn, A. J. (2001). Child and family policies in the United States at the opening of the twenty-first century. *Social Policy & Administration*, 35(1), 69-84.
16. Edin, K., & Shaefer, H. L. (2015). *\$2.00 a day: Living on almost nothing in America*. Houghton Mifflin Harcourt.
17. Center for Budget and Policy Priorities. (2020). A quick guide to SNAP eligibility and benefits tracking the COVID-19 recession's effects on food, housing, and employment hardships. Retrieved January 11, 2021 from <https://www.cbpp.org>.

Acknowledgements

This research was funded by the Economic Research Service at the United States Department of Agriculture through cooperative agreement #58-4000-8-0036R. The opinions expressed are those of the authors and do not represent views of the Virginia Department of Social Services or the U.S. Department of Agriculture. Special thanks to Shannon Monnat and Nicole Replogle for their help editing this brief.

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