The Future of SNAP?
Improving Nutrition Policy to Ensure Health and Food Equity

This brief summarizes key points and critical questions about the “Future of SNAP,” highlighting approaches to improve nutrition policy to ensure health and food equity nationwide. This summary emerged from a workshop held in May 2015 at the University of California, Berkeley (UCB), which brought together leading researchers from UCB and other universities as well as representatives from respected non-profit organizations and government agencies. The following is intended to serve as a launching point for ideas moving forward and future research in creating a more equitable food system.*

Why SNAP Matters

SNAP (the Supplemental Nutrition Assistance Program, formerly known as food stamps) is the fundamental safety net program in the United States, providing critical assistance to over 46 million people living in 23 million households. The majority of SNAP households include a child, an elderly individual, or someone who is disabled.

One of the original purposes of the program was “to provide for improved levels of nutrition among low-income households” and “to safeguard the health and well-being of the nation’s population.” Despite recent federal cuts to the program, SNAP participation rates are at an all time high, while error rates are at an all time low, without any significant increase in administrative costs.

SNAP is critical to reducing poverty. SNAP benefits provide modest income support, averaging about four dollars per person per day. As a result, most households combine cash and SNAP to buy food. However, even in small amounts, SNAP expands users’ budgets overall, so that they are better able to cover basic needs. With the exception of the Earned Income Tax Credit (EITC), SNAP is the largest antipoverty program for families with children in the United States. As shown in the figure above, SNAP lifted 10.3 million people, including 4.9 million children, out of poverty in 2012, significantly more than other federal assistance programs.

SNAP is the closest thing the United States has to a “universal safety net.” While some restrictions exist for able-bodied adults and

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SNAP Expenditures Closely Follow Economic Cycles

Source: Authors’ tabulations of USDA and Census data.

immigrants, eligibility is need-dependent.\(^5\) As an entitlement, anyone who is eligible can receive benefits, allowing the program to respond to recessions and other changes in need. This was never more important than during the 2008 Great Recession; as the unemployment rate grew to almost 10 percent in 2010, SNAP expenditures per capita expanded to meet the need (see figure above).

SNAP is one of the few programs that supplements low-income families throughout the year. Contrary to popular belief that SNAP recipients are largely unemployed, most adult able-bodied recipients use SNAP to supplement wage earnings.\(^6\) However, earnings for low and moderately skilled workers over the past five decades have remained relatively stagnant or declined, and the rates of inequality in the US have reached levels not seen since before the Great Depression.\(^7\) Furthermore, the extension of benefits from the Great Recession, such as unemployment insurance, has expired and TANF assistance has greatly declined since welfare reform (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996). With lower wages, higher inequality, and few other safety net programs, SNAP is vital to making up for falls in family income.

SNAP is an important tool in combatting hunger and improving health. Several studies have shown that participation in SNAP reduces food insecurity.\(^8\) Additionally, a recent study found that access to SNAP during pregnancy led to improved health outcomes, including increased birth weight.\(^9\) These effects also had a long-term impact; childhood exposure to food stamps in early life was found to lower the incidence of metabolic syndrome in adulthood (obesity, high blood pressure, and diabetes).\(^10\)

Challenges

Still, 14.3 percent (17.5 million) of US households were food insecure in 2013, and people of color and households with children headed by a single parent are disproportionately affected by food insecurity.\(^11\) SNAP faces several administrative, political, and policy challenges. While the following is by no means an exhaustive list, these challenges must be addressed in order to fulfill SNAP’s goals of income support and improving the welfare and nutrition of low-income populations.

1. Participation is Incomplete

Even though SNAP take-up rates are at an all-time high, participation varies widely across demographic groups and regions. The percent of eligible individuals who receive SNAP in the US is 83 percent, while in California it is only 57 percent, making it one of the lowest participating states in the country.\(^12\) People who are elderly, eligible non-citizens, or those who are working are the least likely to participate in SNAP.\(^13\)

Reasons for non-participation include misinformation about eligibility and benefits, poor customer service, lengthy and time-intensive application processes, administrative churning, and stigma.\(^14\)

2. Nutrition Remains Inadequate

Studies have shown that SNAP and non-SNAP participants equally value and are knowledgeable about nutrition, yet SNAP participants tend to eat less fruits and vegetables and are more likely to be obese than non-SNAP participants.\(^15\) This is found to be true starting at ages zero to five, and is especially true for young girls.\(^16\) However, it is unclear if poor nutrition among SNAP recipients reflects SNAP or reflects poverty and its influences. In the face of higher prices for nutritious foods, SNAP participants must allocate a higher share of both their income and time budgets to meeting their nutritional needs.\(^17\)
Furthermore, while studies have shown that low diet quality persists for lower-income populations over time, the same can be said for the United States overall. In fact, Americans’ diet quality has been persistently low over time, with only a slight increase for those earning more than $75,000. This suggests that diet is difficult to change even under the best conditions.

3. Coping Mechanisms Lead to Adverse Health Effects

Even though SNAP has been shown to reduce food insecurity, many SNAP recipients face regular periods of scarcity. With an average monthly benefit of $257 per household, SNAP participants are able to spend more on food at the point they receive benefits, but often run out of benefits by the end of the month. Food budgets are also further stretched as households struggle to pay for housing, education costs, transportation, and health services. The psychological and behavioral effects of poverty and fluctuations in food insecurity can lead to coping strategies such as hoarding, fasting, and bingeing, all of which can be severely harmful to health.

4. Political Opposition to SNAP is Increasing

As SNAP participation rates have risen, political hostility towards the program has grown. The 2014 Farm Bill authorized $8.6 billion in cuts to SNAP over the next ten years. Furthermore, several states have reinstated a three-month SNAP time limit for unemployed childless adults, while others have proposed reinstating drug felon bans, further restricting eligible food purchases, and requiring photos on benefit cards. Despite very low error rates, concerns over waste and fraud continue to threaten SNAP and its ability to support low-income populations.

Ideas Moving Forward and Needs for Further Inquiry

Despite SNAP’s challenges noted above, community organizations, policy makers, and individuals are developing best practices to increase SNAP participation and improve nutrition. Yet further action is needed. The following outlines ideas that have been put forward to improve SNAP, and identifies areas for further research.

1. Increasing Participation

- Connecting enrollment with other state and federal programs. California counties such as Alameda use a process called “in-reach”, whereby households are identified as eligible for CalFresh (California’s SNAP program) using information from their Medi-Cal (California’s Medicaid program) application forms. The Alliance to Transform CalFresh is pursuing dual enrollment strategies for CalFresh and Medi-Cal, which could streamline the application process for approximately 12 million people.

- Making the application process more accessible and user-friendly. The Alameda County Food Bank created a call center to pre-screen applicants and provide assistance. To reduce the burden of traveling to a county office, food bank workers also set up regular enrollment clinics in local communities, and are partnering with community-based organizations to provide information and applications at their sites.

- Expanding eligibility. Following actions in other states, California enacted policy changes that have made SNAP more accessible, including repealing the requirement for participants to be fingerprinted and removing an eligibility ban for drug felons, allowing more individuals to participate in SNAP.
• **Improving customer service.** Examples include modernizing technology to provide faster application processes, streamlining services across counties, and improving the language of SNAP communications.

**Areas for Further Research:** A better understanding of SNAP participants’ experience is needed. Improved data collection and analysis of SNAP participants over time, with respect to administrative and benefit errors, churn, and drop-off rates, is crucial to enhancing the customer experience and identifying strategies to increase participation. Both quantitative and qualitative data can be used to make more informed policy decisions. For example, agency workers and officials may consider participating in the SNAP application process themselves in order to gain a deeper understanding of challenges that applicants face.

2. Improving Nutrition

- **Increasing nutrition incentive programs.** The Food Insecurity Nutrition Incentive (FINI) program was authorized in the 2014 Farm Bill and recently awarded $31 million to support programs that help SNAP participants better afford fruits and vegetables. For example, organizations such as the Ecology Center in Berkeley, California and the Fair Food Network in Ann Arbor, Michigan have created dollar match programs to increase the purchasing power of SNAP benefits.

- **Increasing the number of farmers markets that accept SNAP benefits.** USDA’s Food and Nutrition Service office in California, for example, holds farmer retail sign-up events where markets can become authorized to accept SNAP in hours instead of days.

- **Expanding nutrition education.** The 2010 Healthy, Hunger-Free Kids Act established SNAP-Ed as a nutrition education program that can be broadened to include social marketing as well as policy, systems, and environmental interventions that promote healthy nutrition on a limited budget. For example, Healthy Retail SF in San Francisco, California trains and compensates residents to provide technical support to retail stores to offer healthier, culturally appropriate food options.

**Areas for Further Research:** Deeper analysis of the effects of SNAP on health and nutrition is needed, especially as they each relate to the influences of poverty and our current food supply system. Given that Americans’ diet quality overall is low, what role can SNAP reasonably play in improving nutrition? What role does the availability of cheap, high-fat and high-sugar, processed foods and drinks play in a SNAP recipient’s ability to purchase food throughout the month? Additionally, while many organizations are exploring opportunities for SNAP to do more to improve nutrition without undermining the program’s benefits, further research is needed to understand the most effective strategies. Evaluation of programs such as those included in the FINI grant and SNAP-Ed program can shed light on the most effective use of funds to improve nutrition.

**Conclusion**

For lower-income populations, SNAP serves as both a food assistance program and a critical income support program that helps individuals and families meet their basic needs. These two pillars of SNAP provide a framework for understanding how food insecurity, poor health, and poverty reinforce each other and are inextricably linked. Under the current food system, nutrition cannot be improved without the financial, social, and environmental resources to do so. Meanwhile, food insecurity, poor health, nutrition and unemployment make it difficult for households to lift themselves out of poverty.

Research, policy, and advocacy efforts to improve SNAP must focus on preserving the SNAP program’s strengths. In spite of political opposition, efforts must be taken to protect SNAP against budget cuts and to prevent a decline in enrollment by eligible participants, since it is proven to be a critical safety net.

For any effort, policy makers and researchers who may not have the lived experience of food insecurity and poverty must work closely with SNAP recipients and those who are in the field, in order to understand the nuances of how policy affects people’s lives on a daily basis. It is our hope that these linkages will help SNAP affirm its status as the fundamental safety net in the United States while continuing to promote an equitable food system.
References


5. Several restrictions for able-bodied adults still apply. These include restrictions for all undocumented immigrants and certain other non-citizens, students enrolled in college or other institutions of higher education at least half time, and, in some states, people who have previously been convicted of a drug felony. For able-bodied adults aged 18 to 50 who do not have children and are not pregnant, there is a 3 month time limit for receiving SNAP benefits.

6. Over 30 percent of all households receiving SNAP have wage earnings. This statistic is effectively higher considering that a substantial share of the overall SNAP caseload is elderly or disabled (and not expected to work). See Gray, K. (2013) Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2013. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support by Kelsey Farson Gray. 40.


### Workshop Panelists

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### Other Participant Affiliations

- Alliance to Transform CalFresh
- Centers for Educational Equity and Excellence (CE3)
- San Francisco Human Services Agency
- Bend the Arc
- Children’s Hospital Oakland Research Institute
- SF-Marin Food Bank
- Berkeley Food Institute
- City and County of San Francisco
- UCANR Nutrition Policy Institute
- California Association of Food Banks
- Ecology Center
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- California State University, East Bay
- Roots of Change