

SNAP Can Support Health

Lessons for California and the Nation

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The Supplemental Nutrition Assistance Program (SNAP), or CalFresh in California, is responsible for improving access to food for America's most vulnerable populations. While participation in SNAP elevates people out of poverty and reduces food insecurity, whether and how the program changes dietary behaviors is less clear. The primary aim of the current brief is to summarize ways in which SNAP can reach more people, as well as encourage participants to make healthier choices and consume nutritious diets. This brief is a companion to the brief, "The Future of SNAP?", which described challenges and future directions of SNAP. We use California as an example, as it has the largest number of participants; about 4.4 million or roughly 10% of SNAP participants nationwide.

Overview of SNAP

SNAP, formerly known as the Food Stamp Program, is the largest food assistance program in the U.S. that aims to reduce household food insecurity and improve dietary intake (see 2015 SNAP Facts figure). In 2013, one in seven Americans experienced food insecurity and had to rely on food assistance.¹ Individuals and families with incomes below the federal poverty level can participate in SNAP. In 2013, 85 percent of eligible individuals received SNAP nationwide, while in California it was only 66 percent, one of the lowest enrolling states in the country, ranking at 49th.²

2015 SNAP Facts

UNITED STATES	CALIFORNIA
<ul style="list-style-type: none"> Participants: 46 million No. of Participating Households: 23 million Total Budget: \$74 billion Average Household Benefits Amount: \$258/ month 	<ul style="list-style-type: none"> Participants: 4.4 million No. of Participating Households: 2.1 million Total Budget: \$7.5 billion Average Household Benefits Amount: \$294/month

Sources:

U.S. Department of Agriculture Food and Nutrition Service. "Supplemental Nutrition Assistance Program Participation and Costs." <http://www.fns.usda.gov/sites/default/files/pd/SNAPsummary.pdf>

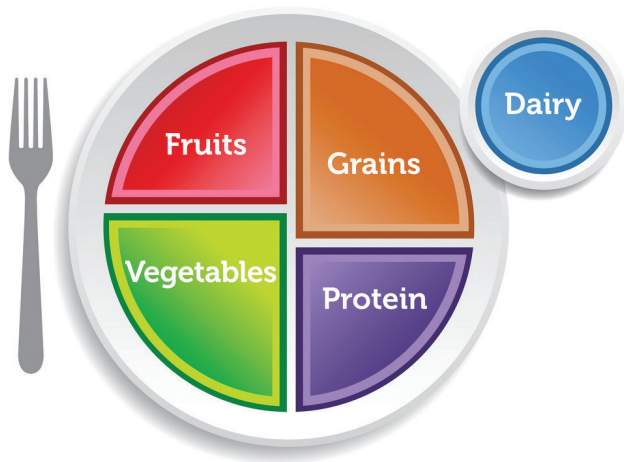
U.S. Department of Agriculture Food and Nutrition Service. "Supplemental Nutrition Assistance Program (SNAP)." <http://www.fns.usda.gov/sites/default/files/pd/34SNAPmonthly.pdf>

Danielson, Caroline, and Monica Bandy. "Just the Facts: The CalFresh Food Assistance Program." http://www.ppic.org/main/publication_show.asp?i=870

The Henry J. Kaiser Family Foundation. "Average Monthly Food Stamp Benefits Per Person." <http://kff.org/other/state-indicator/avg-monthly-food-stamp-benefits/>

SNAP recipients receive economic benefits such as electronic benefit cards (EBT) with a certain monthly fund allotment to purchase groceries. There are few restrictions on the types of foods and beverages SNAP participants can purchase, though benefits cannot be

used for categories such as alcohol or prepared foods (e.g., food from a hot bar). Whether SNAP should have stricter purchasing guidelines is a political and public health debate.³



Choose**MyPlate**.gov

MyPlate is the current dietary guide of the USDA, depicting the five food groups shown above.

Diet Quality Among Americans

In addition to the food security crisis, there is growing concern regarding the poor nutritional status of Americans. Few people meet the 2010 Dietary Guidelines for Americans, which outlines the foods and nutrients needed to achieve optimal health.⁴ Though specific recommendations for each food group can vary by gender and age, MyPlate illustrates the proper portions of foods to consume at mealtime. Overall, Americans consume as much as four times the American Heart Association recommendation for added sugars (six teaspoons for women and nine teaspoons for men), and do not meet recommendations for nutritious foods. Between 2001 and 2004, Americans consumed an average of 22.2 teaspoons of added sugar every day⁵ and only 18 percent had an adequate dietary intake of fruits, 13 percent ate enough vegetables, and 0.8 percent consumed enough whole grains.⁶

Low socioeconomic status (SES) is associated with poor dietary intake.⁷ Overall diet quality protects

against several diet-related chronic conditions, more than any single nutrient can. Diet quality indices are a comprehensive measure of the diet. The Alternative Healthy Eating Index (AHEI) is composed of 11 important food categories and nutrients. Each component is worth up to 10 points and the index has a maximum score of 110. A higher score is associated with lower risk of chronic disease. The average AHEI index for Americans is very low, with upper income Americans (High SES) improving slightly from 1999 to 2009, but still not achieving half of the maximum score. In 2009-2010, the average AHEI among low-income individuals was nearly 8 points lower than their upper-income counterparts.⁸

Opportunities to Improve SNAP

Policymakers and others invested in SNAP are exploring ways to address barriers to participation and to encourage healthy dietary choices and behaviors among participants. A 2013 Institute of Medicine (IOM) report on SNAP identified the following potential areas of improvement: 1) benefits formula and eligibility criteria, 2) nutrition education, 3) allowed retail outlets, and 4) incentives/restriction.⁹ The following sections of this brief describe possible changes in each of these areas that could improve the nutritional benefits of the SNAP program.

SNAP Benefits by Household Size

HOUSEHOLD SIZE	MAX MONTHLY BENEFIT FY 2016	EST. AVG. MONTHLY BENEFIT FY 2016
1	\$194	\$142
2	\$357	\$260
3	\$511	\$382
4	\$649	\$471
5	\$771	\$536

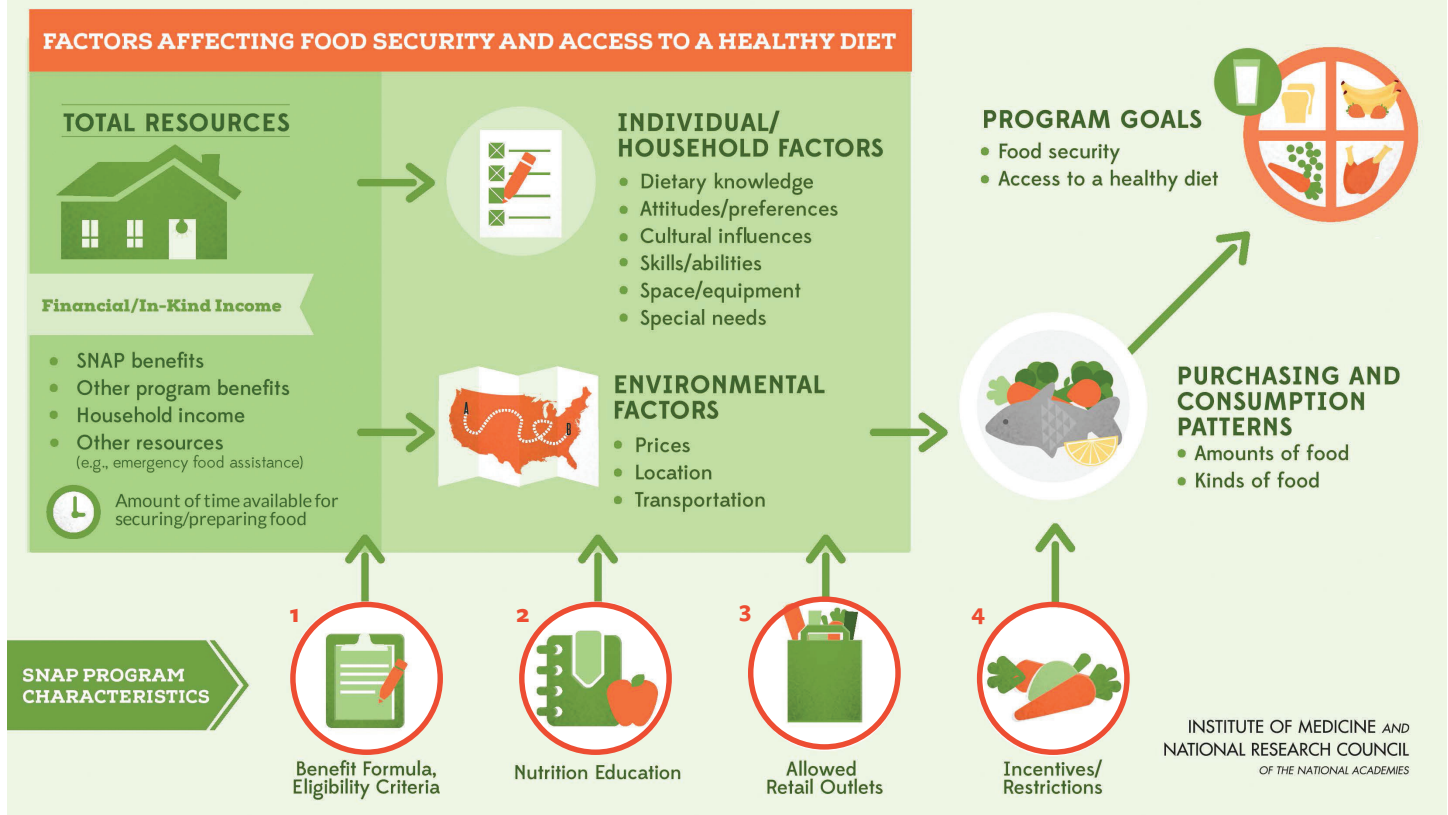
Source: Center on Budget and Policy Priorities. "Policy Basics: Introduction to the Supplemental Nutrition Assistance Program (SNAP)." March 24, 2016. <http://www.cbpp.org/research/policy-basics-introduction-to-the-supplemental-nutrition-assistance-program-snap>.

SNAP

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

Many Americans living in poverty do not have access to healthy food at a reasonable price, compelling them to make unhealthy food choices. The goal of SNAP is to increase food security and access to a healthy diet among low-income households.

A framework for determining the feasibility and defining the adequacy of SNAP allotments.



Source: Institute of Medicine and National Research Council. *Supplemental Nutrition Assistance Program: Examining the evidence to define benefit adequacy*. Edited by Julie A. Caswell and Ann L. Yaktine. Washington, D.C.: The National Academies Press. 2013.

1. Increase Benefits Formula, Eligibility Criteria

Nationally, households earning up to 130 percent of the federal poverty level (FPL) are eligible to apply; in California, households with incomes as high as 200 percent of the FPL are eligible.¹⁰ The SNAP program considers approved deductions (e.g., medical expenses, child support, etc.) to determine net income, which must be below 100% of the federal poverty level. The maximum monthly benefit depends on the number of people residing in the household. In addition, households are expected to contribute a portion of income to the food budget. The USDA estimates that 30 percent of a

household net income should be budgeted for food, and that amount is subtracted from the maximum monthly benefit.¹¹

The IOM SNAP committee recommended changing the benefits formula. One recommendation is to reduce the expected family contribution from 30 percent to an amount that reflects more typical food spending—around 13 to 17 percent of the household budget. Another is to address the extremely limited resource of time. It suggests applying a time adjustment multiplier to the cost of the USDA's Thrifty Food Plan, which is based on the minimal cost of raw foods used to cook from

scratch. These options require more time for procuring, preparing, and cooking, but many Americans rely on semi-prepared or prepared foods that save time but cost a little more. The USDA's Low-Cost Food Plan, the next step up from the Thrifty Food Plan, may reflect a more realistic market basket.¹²

2. Increase Funding for Nutrition Education

The aim of SNAP-Ed is to improve nutrition and prevent or reduce chronic disease and obesity among SNAP recipients. It promotes skills such as purchasing and preparing healthy meals on a limited budget, and encourages the adoption of healthy behaviors through changes to policies, systems, and environments in their communities. While the SNAP-Ed program has grown since the 1990s, the available resources only allow the program's educational services to reach a fraction of the eligible population. The modest SNAP-Ed budget (\$408 million nationally in 2016) is half a percent of the overall SNAP budget. An increase in the SNAP-Ed budget would enable more individuals to participate and more community environments to change. We need innovative approaches to help modernize the program, and to better coordinate and integrate the SNAP-Ed program with SNAP. Increased SNAP-Ed funds could be better targeted to provide food and nutrition education, such as cooking and budgeting, to all SNAP participants who would benefit from the support. The SNAP-Ed program could also work with other stakeholders to ensure that the food and activity environments of SNAP participants help support their efforts to eat well and be physically active. One such possibility is to cooperate with food retailers on in-store strategies (see below).

3. Improve Food Offerings at Allowed Retail Outlets

A number of initiatives to motivate purchase of nutritious foods have been recommended and are being pilot tested at the store level. Some approaches have minimal cost such as shelf labels, product placement, and timing strategies for the promotion of specific foods. For example, stores could promote higher cost perishable items at the beginning of the month and lower cost frozen or canned items at the end of the



Source: USDA SNAP-Ed Connection

month when funds are limited. Other approaches include linking retailers to SNAP-Ed to provide dietary consultation or to conduct in-store nutrition education and cooking classes. Other incentives may be more costly, such as price promotions, rebates for future purchase of nutritious foods, or specials tied to loyalty cards¹³, but tend to be more effective. Another important strategy would be to establish stronger food stocking standards for SNAP retailers. In fact, the USDA recently proposed a rule to strengthen the stocking standards for eligible SNAP retailers, but the proposal faced a harsh congressional response. The following are additional ways in which to improve the food environment of retail outlets that accept SNAP benefits:

- Strengthen criteria for SNAP vendors.
- Improve in-store marketing for healthy foods and limit in-store marketing of unhealthy foods and beverages.
- Provide guidance for healthy-product placement.
- Remove vending machines.
- Hire in-store nutritionists.

4. Prioritize Incentives/Restrictions

A number of previous initiatives suggest that subsidizing nutritious foods is a successful strategy.¹⁴ Researchers have conducted regional studies to determine whether incentives influence purchasing behaviors among SNAP participants. One of the largest studies to evaluate the impact of incentives on SNAP purchases was the Healthy Incentive Pilot (HIP) conducted with 55,000 SNAP participants in Massachusetts.¹⁵ A cost analysis of HIP found that when 7,500 SNAP participants were offered a 30 percent rebate to purchase targeted fruits and vegetables (i.e. 30 cents returned for every dollar spent on produce), the daily consumption of these foods increased by nearly a quarter cup. The success of the HIP program has spurred additional funding for pilot programs. In addition to incentivizing nutritious foods that may cost more, many have advocated for restricting inexpensive, nutrient-poor, energy-dense foods. Chief among these foods are sugar-sweetened beverages. A study predicting behavior change and health outcomes found that incentivizing fruits and vegetables would lead to an increase in consumption, as happened in the HIP program, but would not translate into meaningful reductions in obesity or diabetes.¹⁶ However, eliminating sugar-sweetened beverages from eligible foods that could be purchased with SNAP benefits may translate into significant decreases in both obesity and diabetes. We need more pilot studies to assess if the prediction model would translate into real change for participants.

Conclusion

The original, overarching goal of SNAP was to reduce hunger and improve nutrition among Americans with limited financial resources for food. The SNAP program has made meaningful strides in reducing food insecurity; however, with the current prevalence of obesity and diabetes, SNAP can be better tailored to help low-income Americans achieve a nutritious diet. While there are a number of strategies to improve dietary intake that can be implemented at the programmatic, household, and retail levels, we need future demonstration projects to identify additional promising practices. In the end, a multi-pronged approach using a combination of strategies will help maximize the program's benefits.



Source: USDA

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