Supplemental Nutrition Assistance Program (SNAP) and Family Nutrition

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Summary of Findings:
• SNAP has been shown to significantly reduce rates of food insecurity\(^1\)
• SNAP participants are disproportionately obese and have poorer diet quality in comparison to income eligible non-participants.
• Strategies have been proposed for reshaping SNAP so that it better meets its objective to help people and families buy the food they need for good health.
• However, research is lacking to demonstrate the potential effectiveness of these proposed program changes.

Background
As of November 2012, one in seven Americans participate in the Supplemental Nutrition Assistance Program (SNAP), a Federal food and nutrition program designed to reduce food insecurity and help low-income people and families buy the food they need for good health. SNAP provides funds for the purchase of foods in grocery stores and similar food markets such as farmers markets. Benefits are provided on an electronic benefits transfer (EBT) card that is used like an ATM card. The amount of benefit each participating household receives varies depending on factors such as income and family size. The average monthly benefit per household in 2012 was $278.

While there is no strong evidence that participation in SNAP causes obesity, in recent years there has been recognition that SNAP participants are disproportionately obese and have poorer diet quality in comparison to income eligible non-participants and those with a higher income. There is interest in considering ways in which SNAP may better meet its objective to help people and families buy the food they need for good health, without sacrificing its ability to reduce food insecurity.

Nutritional Status of SNAP Participants
National dietary survey data have been analyzed to examine the diet quality and body weight status of SNAP participants. Key findings:
• Participants in SNAP are consuming diets less consistent with the Dietary Guidelines for Americans in comparison to other low-income non-SNAP participants.
• Adults and children in households participating in SNAP obtained an average of 43% and 39% of their total daily calories from solid fats, alcohol, and added sugars (SoFAAS) respectively, twice that of the most generous discretionary calorie\(^2\) allowance in the MyPlate food guidance system.
• Overweight and obesity rates are higher among women and children in households participating in SNAP compared to low-income non-SNAP participants.

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\(^{1}\) Food insecurity refers to the situation where people have “reduced quality, variety or desirability of diet that may include disrupted eating patterns and reduced food intake”

\(^{2}\) Discretionary calories represent the balance of calories remaining in a person’s “energy allowance” after consuming sufficient nutrient dense forms of foods to meet all nutrient needs for a day
• Adults participating in SNAP are more likely to have metabolic risk factors (elevated triglycerides and lower high density lipoprotein cholesterol) compared to low-income non-SNAP participants.

Is SNAP causing poor nutritional status?
A number of studies have been conducted to evaluate the effect of SNAP on nutritional status and obesity. But, due to study design and data limitations, the causal effect of SNAP remains unclear, with major studies drawing conflicting conclusions. However, SNAP participants are a high-risk group with respect to obesity and the eating habits that contribute to it. As such, a variety of program modifications have been proposed for using the SNAP program to address this issue in the population it serves.

How might SNAP be reshaped to address nutritional concerns?
Ideas proposed for strengthening SNAP to address obesity and other nutrition concerns include:
• Providing program participants a discount (lesser amount deducted from EBT card) for purchasing more nutritious food items such as fruits and vegetables.
• Providing coupons for fruit and vegetable purchases.
• Increasing the program benefit levels so that more money is available for purchasing nutritious food items.
• Prohibiting the purchase of less nutritious food items with SNAP benefits. Foods that are high in discretionary calories such as soft drinks, sweet baked goods, and candies have been proposed as prime targets for exclusion.
• Strengthening SNAP-Ed, the nutrition education component of SNAP.
• Expanding availability of wireless technology in farmers markets so that SNAP EBT cards may be accepted at more of these markets.
• Bi-weekly rather than monthly deposits onto the EBT card to reduce episodic food insecurity which may lead to overeating.
• Encouraging other marketplace changes such as allowing food retailers to offer discounts to SNAP participants for the purchase of more nutritious foods.

A key concern is that proposed policies improve health without being detrimental to program participation.

What is known about the potential effectiveness of proposed program changes?
The Food, Nutrition and Conservation Act of 2008 (also known as the Farm Bill) authorized $20 million for pilot projects to evaluate health and nutrition promotion in SNAP to determine if incentives provided to SNAP recipients at the point-of-sale increase the purchase of fruits, vegetables or other healthful foods. Results are expected in early 2013.

Studies evaluating the effect of prohibiting the purchase of less nutritious food items are sorely lacking. In October of 2010 New York City sought permission from the USDA to temporarily bar SNAP participants in that city from using program benefits to buy sugar sweetened beverages. They planned to evaluate the effects of this temporary ban on health, providing data needed to evaluate this type of program modification; the USDA denied this request.

In 2012 4 million dollars in grant awards were issued to states to increase wireless access at farmers markets so that SNAP EBT cards may be accepted at more markets. Research is lacking, however, to document that increasing SNAP EBT card acceptance at farmers markets will lead to positive changes in the nutritional quality of the diets of SNAP participants. Likewise, research is limited regarding the potential effectiveness of increasing program benefit levels, SNAP-Ed, and marketplace changes.