

# Food Insecurity Intervention: Increased Funding for Participants in the Supplemental Nutrition Assistance Program (SNAP)

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## Introduction

### *Defining the Problem*

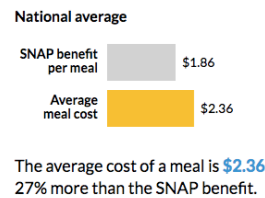
Access to healthy food is a common issue that plagues the poorest regions in the US. The USDA Economic Research Service estimates that 23.5 million Americans and more than 6 million children currently live in a food desert or “a low-access community, which are areas where at least 33% of the population resides more than a mile away from a supermarket<sup>1</sup>. This multifaceted problem may not be initially obvious to the public eye. If small stores are even available in the local area, they often carry processed, premade food products that lack the necessary nutritional value instead of fresh produce or meat for a family<sup>2</sup>. Nearby supermarkets may be too expensive as a result of gentrification. Since residents of an resource-poor area may not be able to afford groceries, a business owner may be averse to opening a grocery store in a less affluent area. Improving food stamps and food assistance programs are central to the plan to combat food deserts<sup>3</sup>. The three fundamental barriers to supermarkets selling healthy foods in impoverished urban communities are accessibility, affordability, and safety.

## Background

Commonly known as food stamps, SNAP assists low-income families to purchase healthy foods that are relatively expensive like fresh produce. They do so by using an Electronic Benefits Transfer (EBT) card that is often highly stigmatized. SNAP is an entirely federal program despite state budgets being almost all bounded by balanced-budget laws or constitutional statutes. Stores licensed to accept SNAP provide these customers additional payment methods and are reimbursed fully for purchases using these payment methods. A store must meet certain requirements in order to become a licensed

vendor. By becoming a SNAP licensed store, it can attract new customers and increase overall food sales<sup>4</sup>.

SNAP benefits do not cover the cost of 99% of recipients’ daily meals because there is a 27% national average difference between the average per meal cost and the average per meal SNAP benefits that they receive (Urban Institute). Currently, the national average cost of a meal is \$2.36, which is 27% more than the SNAP benefit<sup>4</sup>. Also, this price gap widens even further in overpopulated urban areas compared to smaller rural areas (21% vs.



28%). Unfortunately, President Trump’s 2019 budget proposes to cut the Supplemental Nutrition Assistance Program by more than “\$213 billion over the next ten years — nearly a 30 percent cut...cutting eligibility for at least 4 million people”<sup>5</sup>.

Those with the least resources bear a disproportionate amount of the social health burden, and they are unable to gain access to the means to alleviate these burdens. As a result, inequity is increased in communities that already face significant injustice, and because these communities often rely on government assistance for their healthcare and food sources, these costs are passed along to taxpayers. The Supplemental Nutrition Assistance Program should be financially supplemented to promote buying healthier foods and therefore reduce disease risk among this low-income demographic who cannot afford it<sup>6</sup>.

## Research Findings

### *Connection Between Food and Health in Low-Income Areas*

The connection between a lack of affordable, EBT-eligible foods and negative health outcomes is well-documented. Lack of financial resources for food is associated with not only negative health outcomes like diabetes and hypertension but also with higher healthcare costs. Also, low-income communities of color experience a significantly

higher rate of these negative health outcomes<sup>7</sup>. These individuals on public assistance are more likely to experience both the negative outcomes and associated health costs that become the responsibility of taxpayers. Health determinants correlated with diet also impact the ability to live a healthy lifestyle among their families in these communities. Children learn much of their eating habits and attitudes from their parents, and some of the strongest predictors of adult obesity are maternal obesity and childhood socioeconomic status (SES). Efforts to ameliorate these issues stand to reduce both negative parental and child outcomes.

Within low-income, under-resourced urban communities, there exists a problematic combination of heightened inaccessibility to healthy foods due to an increase in costs resulting in related health risks. This food insecurity results in limited availability to safe nutritionally adequate foods, and poor diet is an important factor that increases the risk of obesity and other diseases. The average cost of healthy food per meal costs \$1.50 per day compared to eating unhealthy meals (Harvard School of Public Health, 2013). They found that on a 2,000-calorie diet, it costs about \$1.50 more per day to eat healthy foods compared to unhealthy options. This comes out to roughly \$550 per person each year<sup>8</sup>.

### *Systemic Barriers to Healthy Food*

Low-income, under-resourced communities in urban areas often face a unique set of access barriers to healthy foods. For example, these areas with grocery stores or corner convenience stores are plagued by high crime rates, residential overcrowding, dangerous or inaccessible transportation routes, and high traffic volumes in chronic stress that make it harder to safely walk in the neighborhood. Higher-end grocery stores with healthier food options may be averse to opening a business in a dangerous area. Therefore, these neighborhoods are significantly less likely to have accessible grocery stores with affordable healthy foods.

Mothers with children face further financial barriers because their financial income can barely support the cost of rent per month to keep a roof over their children's heads. Therefore, they are less likely to buy healthy foods that tend to be more costly than cheaper frozen and fast foods. Also, they may prioritize feeding their children over themselves, resulting in increased food insecurity. Most food stamp recipients seem to purchase high-starch and high-fat foods that are less perishable than fresh produce. However, these unhealthy food choices in the long term tend to cause increases in weight because it is difficult to buy healthy food on a budget<sup>9</sup>.

One study found that those recipients that used the EBT card often felt depressed because of the social stigma attached to the card. This stigma may increase if these individuals were purchasing their food at a more expensive store that sells healthier options<sup>10</sup>. Another study found that although "SNAP can promote health, its administration can cause food insecurity, stress, and poor health"<sup>11</sup>. Folks in favor of the work requirements for Medicaid may argue that the same apply for SNAP because they find it important that people pay at least some money out of their own pocket when using government funds. Despite some people viewing this way to ensure that there is some level of responsibility, this pre-requirement may exclude many low-income community members like single mothers from qualifying for SNAP due to their unemployment.

### *Existing Policies*

Multiple studies have analyzed an alternate policy to the one proposed below - which is to implement new and full-service supermarkets in heart of the food deserts. Researchers found that these supermarkets do not have an effect on the residents' dietary quality (Dubowitz et al., 2015) and that there was only a small improvement in the net availability of healthy foods<sup>12</sup>.

Another proposed solution to combat food deserts is effective public transportation

methods that leverages the latest technologies. By encouraging the development of technologies like variable route busses, carpooling services, and light rail technologies, this allows citizens in food deserts to more readily access nutritional food. However, the main criticism of this approach is how it would be funded and if it is even fiscally possible. It seems unlikely that those in need of food stamps will travel and go out of their way to buy these healthy foods, even if it's paid for.

### **Policy Recommendations**

The main objectives of this policy are to lower financial barriers by increasing SNAP funds and making more health foods EBT-eligible for a known high-risk population. This policy proposal would ensure that individuals currently using SNAP would receive the necessary funding to account for the aforementioned \$1.50 per day discrepancy. The aim is to prevent future health problems in both parents and children and thereby both reduce healthcare costs and increase equity for under-resourced communities. This will be accomplished by raising the SNAP benefits to match the amount needed to purchase healthy foods and to equal the average per meal costs.

An increase in monthly EBT funds decreases the risk of families lacking financial assistance to provide for their families and feed their children. Families will then be able to afford healthy foods available in grocery stores. In low-income communities, cost is a barrier for access, and by supplementing the cost of access to healthy foods in grocery stores, this policy seeks to increase federal funding toward EBT among low-income populations in the US. Currently, food stamps supplement rather than replace the entire food budget for most recipients, with earned, income, school free-lunch programs, and local food banks filling the gaps<sup>9</sup>.

Increased EBT funding for mothers and dependents promotes the likelihood among families to have more government assistance to buy healthier foods, and this sets the foundation for lifelong health habits. Parents who eat healthy foods improve the health

outcomes and habits of children eating healthy foods. Increasing distribution of SNAP funds to families will increase their monthly budget allocated to food, and this may have a significant influence on improving youth healthy diet habits and long-term health outcomes both for future generations and for the community as a whole.

### *Policy Implementation Strategy*

- Use SNAP/EBT to supplement healthy food consumption and access to affordable healthy foods
- Since it's difficult to change poverty-blaming attitudes, the federal government should improve the EBT card to resemble any other credit card.
- Healthcare personnel could screen patients for food insecurity and instruct them on how to properly apply for the EBT card.
- Families that currently meet the EBT Income Standard by SNAP will be eligible for financial supplementation.
- During the summer and holidays when children are out of school and do not have access to free breakfasts and lunches, parents deplete their monthly allocated SNAP funds quicker. This issue could be addressed in the future through USDA's Summer EBT grants. This would help offset the lack of free school lunches for families with school-age children.
- Shift focus of discussion + participant education to improving health behaviors in the family rather than focusing on foods
- Weave practical, how-to information, and skill building activities into EBT education
- Active promotion of healthy lifestyles with nutrition education.

### *Who Bears the Cost?*

Taxpayers will bear the burden of these costs as EBT is a fully federally funded program with no state-matching clause. The proposed increase in SNAP benefits will not require a

new tax but rather an increase in the federal discretionary budget allocated to SNAP. By funding this program through EBT, there may be a relatively small increase in federal taxes. This cost will be diffused through the general population if other parts of the budget are not decreased. The direct benefits would be substantial to particularly children and working parents in low-income families. In addition to the diffusion of cost through a large population of taxpayers, the societal benefits of lowering future necessity for healthcare interventions, this cost should be offset in the long run. This policy will offset the costs of the current burden placed onto the taxpayer by long-term public healthcare costs associated to obesity and unhealthy diets.

### Links to Other Resources of Interest

- USDA SNAP Eligibility:  
<https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>
- USA Gov How to Apply for SNAP:  
<https://www.usa.gov/food-help>
- USDA SNAP State Directory:  
[fns.usda.gov/snap/state-directory](https://www.fns.usda.gov/snap/state-directory)

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