



# SNAP TO HEALTH:

## A Fresh Approach to Strengthening the Supplemental Nutrition Assistance Program

CENTER FOR THE STUDY OF THE PRESIDENCY AND CONGRESS  
Health and Medicine Program



# Executive Summary:

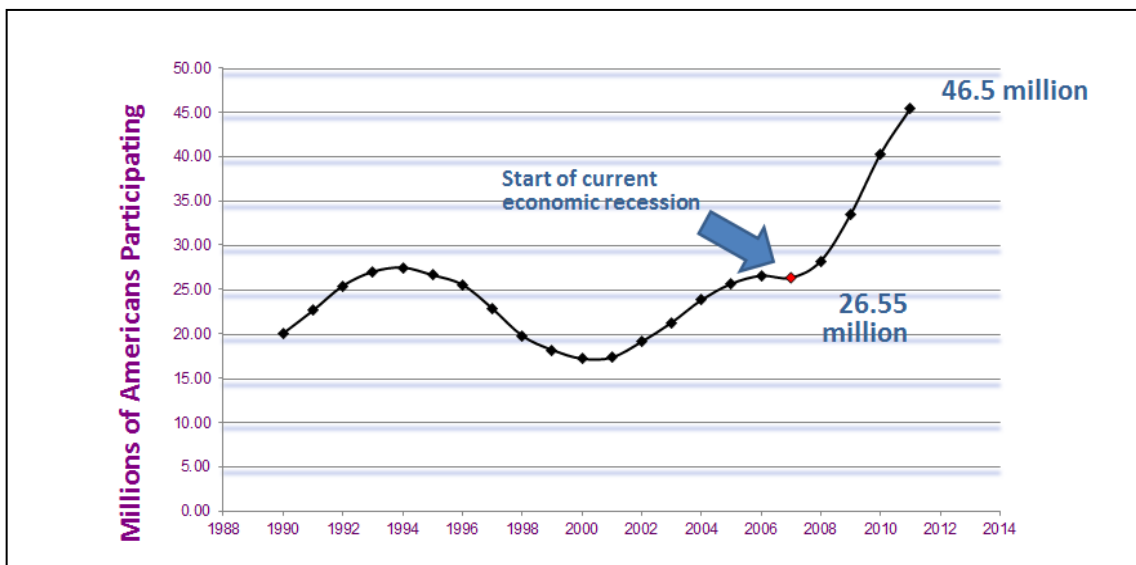
## A Menu of Recommendations for Strengthening SNAP

### Background

Hunger and food insecurity are major public health problems in the United States. The Supplemental Nutrition Assistance Program (SNAP) serves as the U.S. Department of Agriculture's (USDA) largest food assistance program with a total budget of \$75.6 billion in FY2011. This important program provides a safety net for America's low-income population and aims to alleviate hunger and improve the nutritional status of participants by increasing the resources available to individuals and households to purchase food.

Enrollment in SNAP has risen dramatically during the past three years as a result of the current economic recession and changes in SNAP policies (see *Figure 1*).<sup>1</sup> In April 2012, a record 46.2 million people (approximately 15 percent of the U.S. population) were enrolled in SNAP. Since 2007, participation in the program has increased by 60 percent.<sup>2</sup> Nearly 50 percent of SNAP beneficiaries are children, and 49 percent of America's youth will be enrolled in SNAP before their 19th birthday.<sup>3,4</sup>

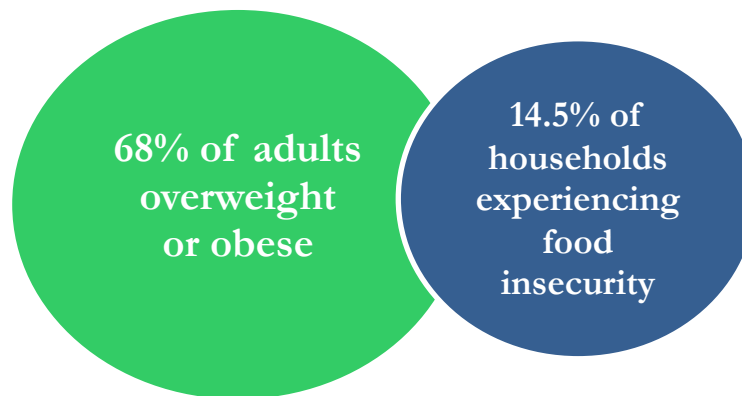
**Figure 1: Increased SNAP Utilization in the Current Economic Recession<sup>5</sup>**



SNAP is widely regarded as one of the most important stimulus programs in place for mitigating the impact of economic recessions in America by sustaining demand for goods and services provided by businesses in communities throughout the United States. Every \$1 in new SNAP benefits generates up to \$1.80 in economic activity.<sup>6</sup> Furthermore, the Census Bureau indicates that the value of SNAP benefits, when added to cash income, moved 13 percent of participating households above the federal poverty line in 2010. SNAP benefits had an even greater impact on the poorest households, raising 16 percent of them above one-half of the federal poverty threshold.<sup>7</sup> A study examining the

program's effects in three states found that SNAP has important benefits for children in particular, reducing child poverty by 3.4 to 5.1 percentage points in 2008.<sup>8</sup>

When the Food Stamp Program (now known as SNAP) was passed by Congress in 1964, its purpose was to achieve a more effective use of agricultural overproduction, strengthen the agricultural economy and address hunger and food insecurity among low-income Americans. Over the past 40 years, however, an obesity epidemic has emerged in America that co-exists with food insecurity—a *modern paradox*. Today one-in-six people in the United States are food insecure, while two-thirds of adults and one-third of children are overweight or obese.<sup>9,10</sup> Among low-income young children in the U.S., the prevalence of overweight and obesity now exceeds underweight by about 7 to 1.<sup>11</sup>

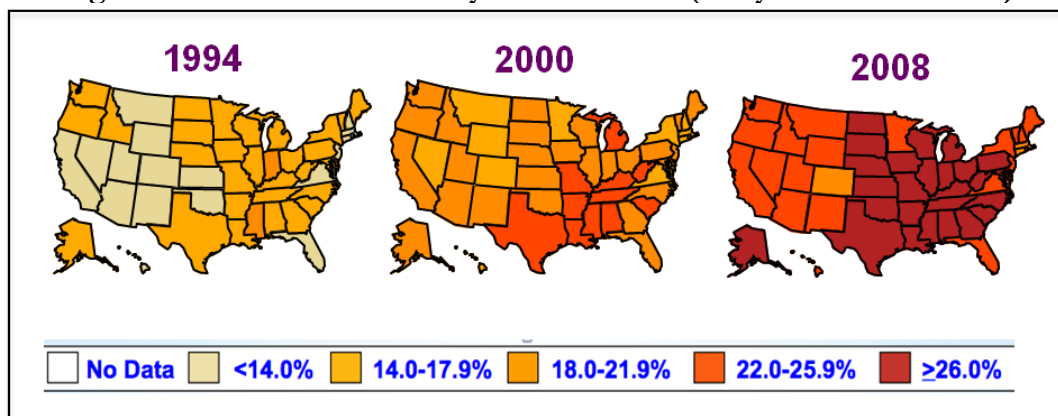


In 2010, 14.5 percent of households in the United States were food insecure, meaning that they did not always have access to enough food for all family members to live active, healthy lives. Food insecurity and poverty are associated with significant social, economic, and health consequences. Children living in poverty are more likely to experience adverse health conditions including low birth weight, lead poisoning, asthma, delayed immunizations, dental problems, mental illness, and accidental death.<sup>12</sup> In the long term, children that grow up in impoverished conditions are more likely to have lower academic achievement and to live in poverty as adults. Among adults, food insecurity is associated with postponed medical care and medications, increased hospitalizations, inadequate intake of key nutrients, and poor physical and mental health, including increased rates of depression.<sup>13,14</sup>

The physical, emotional, social, economic, and national security consequences of obesity are similarly serious and insidious. Since the mid-1970s, America has seen the rise of an obesity epidemic (see *Figure 2*) with an estimated 68 percent of American adults currently classified as overweight, and of those people, 34 percent are obese, based on body mass index (BMI).<sup>15</sup> The highest rates of obesity are among low-income Americans.<sup>16</sup> Obesity has adverse effects on the health of almost every organ system of the body and is linked to high rates of chronic disease including type 2 diabetes, coronary heart disease, hypertension, stroke, arthritis, and some cancers.<sup>17</sup>



**Figure 2: Prevalence of Obesity in U.S. Adults (Body Mass Index  $\geq 30$ )<sup>18</sup>**



Over the past three decades, childhood and adolescent obesity rates have more than tripled. Obese children are more likely to have risk factors for cardiovascular disease including high blood pressure or elevated cholesterol levels, and the onset of heart disease and type 2 diabetes in youth is occurring at earlier ages.<sup>19</sup> A recent report found that rates of type 2 diabetes and pre-diabetes among adolescents in America have skyrocketed from 9 percent in 2000 to 23 percent in 2008.<sup>20</sup> As a result, this generation of children may not be as healthy or live as long as their parents.<sup>21</sup> Furthermore, a recent study identified a growing socioeconomic gap in childhood obesity rates: Children from more affluent families are experiencing a greater reduction in obesity rates compared to youth from low-income families.<sup>22</sup>

The increasing prevalence of obesity and its co-morbidities present a significant financial burden to the U.S. healthcare system. The total annual medical cost of obesity in the United States is now an estimated \$190 billion.<sup>23</sup> There are also indirect costs of obesity, including the value of income lost from decreased productivity, restricted activity, and absenteeism—accounting for an estimated \$450 billion annually.<sup>24</sup> A recent report estimated that by 2030, U.S. healthcare spending will rise by as much as \$66 billion to \$68 billion annually if obesity rates in America continue to increase.<sup>25</sup> A significant portion of these costs is shouldered by federal health insurance programs, including Medicaid and Medicare, which spent approximately \$61.8 billion to treat obesity and related diseases in 2009. It is estimated that if current trends continue, 65 million more Americans will become obese by 2030; as a result, there will be an estimated 400,000 new cases of cancer, 6 million to 8 million additional cases of diabetes, and 5.8 million to 6 million additional cases of coronary heart disease or stroke due to overweight and obesity.<sup>26</sup> Additionally, obesity is now a national security concern with 27 percent of young people in the United States ineligible for military service because they are overweight.<sup>27</sup>

### **Improving Nutrition in Federal Food Assistance Programs**

To respond to the growing obesity epidemic in America, Congressional legislation has recently addressed the need to improve nutritional health among people enrolled in federal food assistance programs. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC), established in 1972, was revised in 2009 to provide a defined food package that aligns with the

*Dietary Guidelines for Americans*. In addition, the *Healthy, Hunger-Free Kids Act* of 2010 required that the National School Lunch Program and National School Breakfast Program, and the Child and Adult Care Food Program be modified to improve the nutritional quality of meals. However, such policy changes to improve nutrition and prevent obesity have not yet been applied to SNAP.

As the program is currently structured, SNAP recipients face numerous barriers to achieving nutritious diets. Some impediments include: the limited availability and often higher cost of healthy foods; the heavy marketing and low cost of high-calorie, unhealthy foods; a SNAP benefit level that is too low for many households; and a lack of nutrition knowledge and cooking skills. There are also broader macro-level factors that shape food production, manufacturing, marketing, and distribution that influence SNAP participants' food choices. Additionally, the nutrition education component of the program—SNAP-Ed—receives only a modest amount of funding. Very little is known about the types of foods purchased with SNAP benefits because the USDA does not collect data about the items that are bought by SNAP recipients. Therefore, researchers, advocates, educators, and policymakers face challenges in understanding how to improve nutrition among program participants. The USDA possesses but does not make publicly available data on SNAP redemptions at retail establishments. Access to this information is critical to improving the effectiveness of the program, increasing its transparency, and reducing fraud.

At the federal level, the Congressional legislation with the greatest impact on SNAP is the *Food Conservation and Energy Act*, commonly known as the Farm Bill. In 2008, this legislation changed the name of the Food Stamp Program to the Supplemental Nutrition Assistance Program (SNAP). However, the name change was not paired with significant structural changes to the program that would improve the nutritional quality of participants' diets (except for some recent modifications to its educational component—SNAP-Ed).

Given the concurrent hunger and obesity epidemics in the United States, and the critical role that SNAP can play in addressing these public health problems for millions of Americans, the reauthorization of the program in the 2012 Farm Bill has presented an opportunity to explore a range of strategies to improve the nutritional status of SNAP beneficiaries now and into the future.

### **The SNAP to Health Initiative**

To study the feasibility of enhancing nutritional policies in SNAP and to develop innovative strategies to address the pressing 21st century public health challenges of food insecurity and obesity, the Center for the Study of the Presidency and Congress (CSPC) convened an interdisciplinary team of experts in federal and state health policy, nutritional epidemiology, public health, agricultural economics, and health communications, which has undertaken the following activities:

- Prepared a comprehensive scientific literature review on SNAP.
- Conducted in-depth key informant interviews with experts across multiple sectors about innovative strategies to improve nutritional policies in SNAP.
- Designed and implemented a survey of more than 500 key stakeholders to identify barriers and opportunities for improving nutrition for SNAP beneficiaries.
- Conducted a comprehensive statistical analysis of data from the 1999-2008 National Health and Nutrition Examination Survey (NHANES) to examine the association of SNAP

participation with obesity prevalence, dietary intake, and obesity rates of children, ages 4-19 years old.

- Launched an interactive website ([www.snaptobhealth.org](http://www.snaptobhealth.org)) to function as a “virtual town hall” for public discourse on improving nutrition in SNAP. The site serves as a platform to gather ideas, discuss approaches, and build national support for strategies to improve nutrition in SNAP now and in the years ahead.

The project team has identified a set of *10 key recommendations* that, taken together, constitute a fresh approach to improving nutritional health and preventing obesity among SNAP recipients. In combination, these policies would be more effective than any individual strategy applied alone. Although some of the recommendations may raise questions about cost and feasibility in the current political climate, the hope is that they will catalyze greater awareness about the public health impact and potential of this important program.

The need to alleviate food insecurity, reduce obesity rates, and enhance the health of America’s low-income population is so pressing that every effort must be made to not only strengthen SNAP as a critical safety net program for 1 in 7 Americans, of whom 50 percent are children, but modernize it to address these contemporary public health challenges.

# MENU OF RECOMMENDATIONS

*Fresh policy approaches to improve nutrition in SNAP*

## ● Protect Current Funding Levels for SNAP

Debate in Congress over SNAP has included proposals for dramatic funding cuts. A reduction in SNAP spending would jeopardize the health and well-being of the 1 in 7 Americans, including millions of children, for whom SNAP is a food lifeline. Cuts would hurt the working poor and would also harm the economies of low-income communities.

## ● Collect Data on SNAP Purchases

Although more than 46 million Americans participate in SNAP and the total program budget was \$75 billion in FY2011, the USDA does not collect data about what items SNAP participants purchase with their benefits. The agency should collect real-time, transaction-level data (without personal identifiers to protect privacy) to help inform interventions aimed at improving participants' dietary intake and preventing obesity. This information should be available to researchers, educators, and policymakers as a valuable tool to promote public health. Such data collection and analysis would increase the effectiveness, efficiency, and transparency of SNAP as well as reduce fraud in the program.

## ● Identify a Set of Integrated Strategies to Align SNAP Purchases with the *2010 Dietary Guidelines for Americans*

Recent Congressional legislation has addressed the need to improve nutritional health and prevent obesity among children enrolled in federal food assistance programs by aligning the food package offered by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) with the *Dietary Guidelines for Americans*. Furthermore, the *Healthy, Hunger-Free Kids Act of 2010* required modification of the National School Lunch Program, the National School Breakfast Program, and the Child and Adult Care Food Program to improve the nutritional quality of the meals that are served. Although SNAP is the largest federal food assistance program, it has few structural provisions that promote the purchase of nutritious foods, aside from a modestly funded nutrition education component (SNAP-Ed). As a complement to other USDA nutrition assistance programs, especially WIC and the National School Meal Program, identify and test a set of transformative improvements for SNAP to promote more nutritious diets and prevent obesity among low-income Americans.

## ● Focus Attention on Children's Health in SNAP

Children represent nearly 50 percent of SNAP participants, and almost one-half of all youth in the United States will be enrolled in SNAP at some time before their 19th birthday. As currently structured, SNAP is a missed opportunity for improving children's nutrition and preventing obesity. Increased attention should be placed on promoting the nutritional health of children in SNAP. Adequate nutrition is essential to children's development, scholastic performance, social functioning, growth, and health. A strategy to strengthen children's nutrition in SNAP would be to consider pilot-testing a defined food package for youth.

### **☛ Use Incentives to Make Fruits, Vegetables, and Whole Grains the Easy Choice**

The relatively high cost of fruits, vegetables, lean meats and whole grains is often cited as a barrier for SNAP participants to purchase healthy foods. Research supports the effectiveness of decreasing the price of healthy foods to promote their purchase, and several program initiatives have demonstrated the efficacy of this approach. Allowing retailers to offer SNAP participants discounts for defined healthy foods, expanding incentive programs through farmers' markets and other venues, and rolling out SNAP incentive programs that reduce the price of nutrient-dense products, including fruits, vegetables, and whole grains, could encourage increased consumption of healthier foods.

### **☛ Establish Stronger Food Stocking Standards for SNAP Retailers**

To expand SNAP participants' access to fresh produce and other healthy options in low-income communities, require retailers to stock a variety and better quality of fruits, vegetables, and other recommended foods in order to be certified as a SNAP retailer. Implementing rigorous SNAP stocking standards would increase the availability of healthy options in more community locations across the country.

### **☛ Provide States with Flexibility to Evaluate Fresh Approaches to SNAP**

To assess the feasibility of incentivizing the purchase of healthy foods and/or limiting the purchase of particular unhealthy products, several states and municipalities have requested waivers from the USDA. However, the USDA has denied waiver requests that would limit what items can be purchased. To examine ways to improve nutrition among SNAP participants, the USDA should grant states greater flexibility for waivers to pilot test and evaluate program changes in SNAP that would improve nutrition and help prevent obesity among beneficiaries.

### **☛ Promote Innovation in SNAP**

To promote innovation in SNAP, the USDA should establish a Center for Health and Nutrition Innovation, headed by a Chief Public Health Officer, to develop novel strategies and support pilot projects that enhance healthy nutrition for SNAP beneficiaries. An area of emphasis would include the application of information technology and social media to promote healthy food choices by program participants.

### **☛ Create a Partnership to Move SNAP towards Health**

The USDA and the U.S. Department of Health and Human Services (HHS) should establish a strong partnership to increase the involvement of health professionals in the design, implementation and administration of SNAP. The partnership would promote research on SNAP participants' diets and health outcomes as well as foster alignment of the program's nutrition requirements with the *2010 Dietary Guidelines for Americans*.

### **☛ Establish a National Strategy of Fresh Approaches to Strengthen SNAP**

Create a National SNAP to Health Strategy for strengthening the program under the auspices of a Federal Interagency Taskforce with participation from the USDA, HHS, and the Departments of Defense (DOD), Veterans Affairs (VA), Housing and Urban Development (HUD), Education, and other agencies. The plan should identify the actions needed to promote research, program policy change, technological innovation, and evaluation to improve nutrition as well as prevent and reduce obesity and its adverse health consequences among SNAP beneficiaries.



## Summary

The urgent need to address the nation's dual burden of food insecurity and obesity in low-income populations cannot be overstated. One in seven Americans is enrolled in SNAP. At some time between ages 1 and 18, nearly one-half of all children in the United States will have been a member of a household that participates in SNAP.<sup>28</sup>

*The principal message of this report is that SNAP funding must not be cut and should be maintained as a lifeline for low-income populations, but it should be strengthened and modernized to serve as a 21<sup>st</sup> century public health program to improve nutrition, alleviate food insecurity, reduce obesity rates, and enhance the health of America's low-income population. Strengthening SNAP to encourage healthy, nutritious food choices would also catalyze short-and long-term cost savings in areas such as healthcare, worker productivity, and educational achievement for children.*<sup>29</sup>

As President Franklin D. Roosevelt once said of our nation, "The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little." Implementing innovative policy changes to SNAP represents an opportunity to have a positive influence on the health and economic security of more than 46 million Americans, reduce health care costs linked with hunger and obesity, and as a result strengthen America's future in the years ahead.

## PROJECT TEAM MEMBERS AND STAFF

This project is an initiative of the non-profit, non-partisan Center for the Study of the Presidency and Congress's Health and Medicine Program. The views expressed in this non-partisan analysis do not necessarily reflect the views of the institutional affiliations of any or all of the members of the project team. This is not a consensus document; individual members of the team endorsed the general policy direction, assessments, and the majority of recommendations in this report, though not necessarily every aspect.

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# Center for the Study of the Presidency and Congress

President: David M. Abshire, PhD

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- Draw on a wide range of talent to offer ways to better organize an increasingly compartmentalized Federal Government; and
- Educate and inspire the next generation of America's leaders to incorporate civility, inclusiveness, and character into their public and private lives and discourse.



## Health and Medicine Program

### Center for the Study of the Presidency and Congress

Director: Rear Admiral Susan Blumenthal, MD, MPA (ret.)

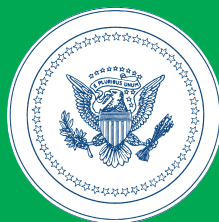
Health is vital to the economy, productivity, and national security of the United States. From the beginning of our nation's history, Presidents and the Congress have played a significant role in steering a course of action for the health of the Nation. Applying lessons learned from previous Presidents and Administrations, the Health and Medicine Program of the Center for the Study of the Presidency and Congress (CSPC) frames health care challenges and opportunities for the President, Executive, and Legislative Branches of government, and crafts recommendations to enhance public policymaking.

The program examines such health issues as re-engineering the health system to increase access, effectiveness, equity, efficiency and decrease costs; health disparities; the obesity and chronic disease epidemics; funding for biomedical research; ethical issues arising with scientific discovery; global health issues; and the potential for health diplomacy and peace-building through health.

The program coordinates the *Commission on U.S. Federal Leadership in Health and Medicine: Charting Future Directions* and the *SNAP to Health Initiative: Strengthening Nutrition in the Supplemental Nutrition Assistance Program*. The goal of these activities is to generate innovative strategies and actions for the Administration, Congress, and the American public to consider for accelerating progress in science and medicine to improve the health of people in the United States and worldwide.

*For more information, please contact: 202.872.9800 or [healthcommission@gmail.com](mailto:healthcommission@gmail.com)*





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