

The Supplemental Nutrition Assistance Program (SNAP): Overview, coverage, impacts, challenges

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Session 11: Anti-Poverty Programs: Coverage, gaps, and implementation

Outline for talk

- What is SNAP?
- Who participates? Caseload trends and characteristics
- Why SNAP? Varied views on what SNAP should be doing
- Is it effective? A (very) quick pass at impacts on poverty, food security, nutrition, health
- What's in store? Critical issues and emerging program threats

What is SNAP?

- Means-tested entitlement program – very broadly targeted
- Provides targeted food assistance in form of debit card limited to food
- Benefits federally funded; admin costs shared fed/state
- Overarching eligibility rules set at federal level, with some state discretion over income and asset limits
- Benefit formula set at federal level
- Authorized every five years as part of the Farm Bill – happening now!

SNAP Eligibility

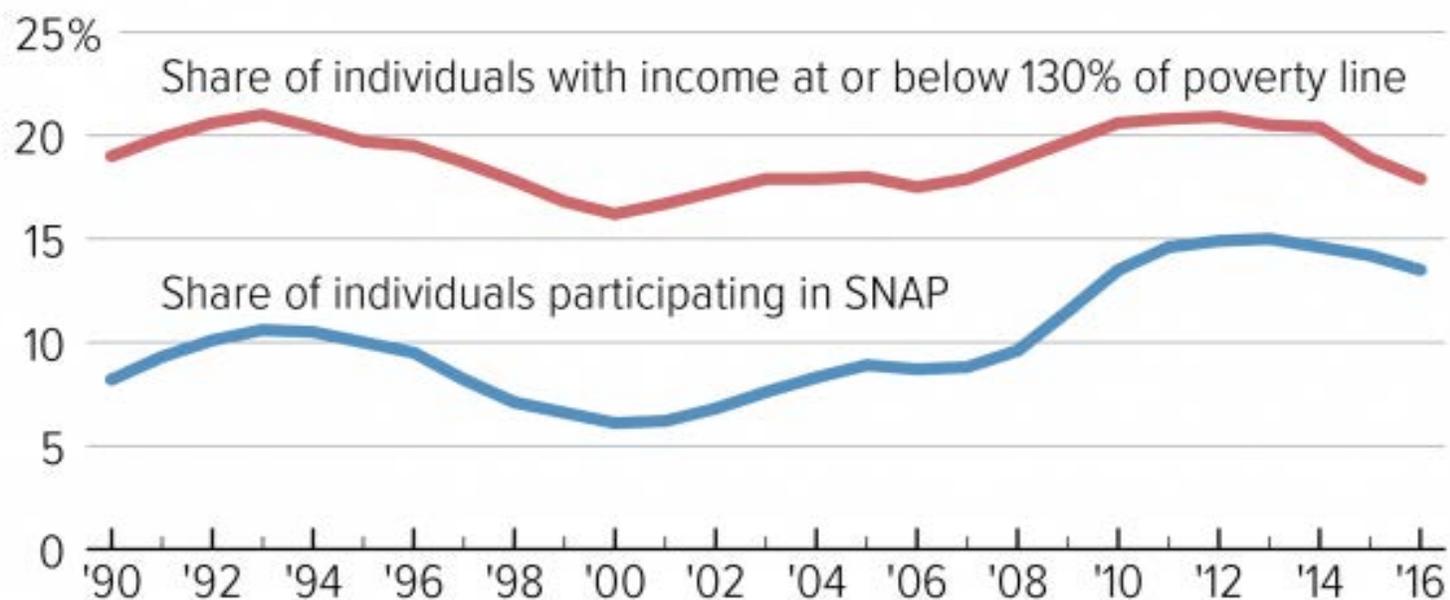
- Needs-based criteria*:
 - Income: Gross income <130% FPL; net income <FPL
 - Assets: \$2250, or \$3500 elderly/disabled; car limit \$4650
 - **But: States can (and most do) use 'Broad-based categorical eligibility' –i.e. use TANF criteria to increase gross income limits and increase/waive asset and vehicle limits*
- Other criteria
 - Much more restrictive for 'ABAWDS' (Able-bodied adults without dependents)
 - Limited to 3 months benefits in 3 years unless working or approved training for 20+ hours/week
 - Much more restrictive for students
 - Generally must work at least ½ time, be a single parent, receive work study, or limited other circumstances
 - Much more restrictive for immigrants
 - Generally have to have been here 5+ years
 - **Despite these restrictions – much more broadly available than other assistance programs**

Who are SNAP participants?

Income levels:

- 40% below 50% of poverty line
- 42% 50-100% poverty line
- 12% 100-130% poverty line
- 6% above 130% poverty line
- 44% are children
- 21% elderly/disabled
- 22% adults with children
- 13% working-age non-disabled adults without children

SNAP Tracks Changes in Share of Population That Is Poor or Near-Poor



Note: Poverty estimates are annual estimates and available through 2016. SNAP shares of resident population are calendar year averages.

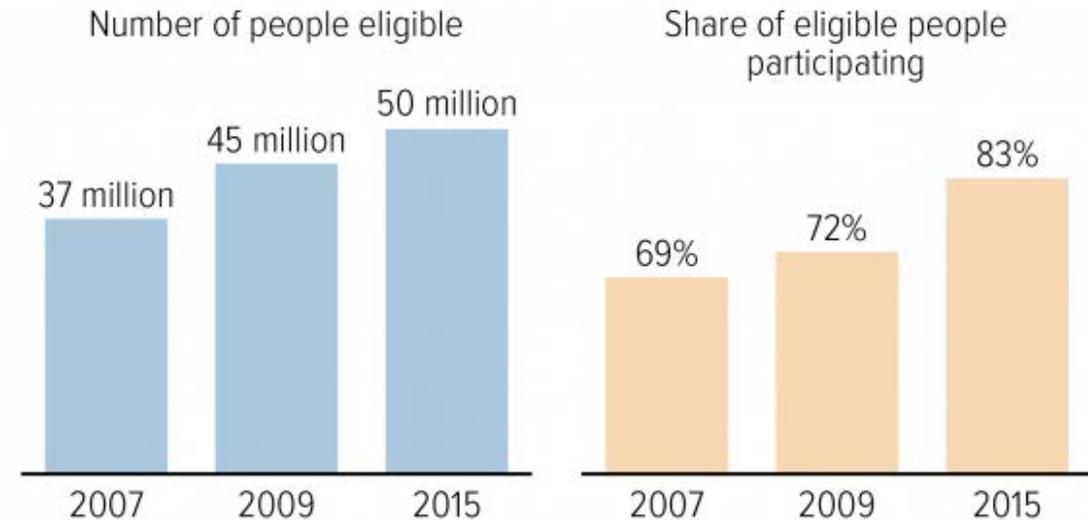
Sources: U.S. Census Bureau, U.S. Department of Agriculture

Why did caseloads go up?

More people eligible, and more eligible households participating

- *Macroeconomic trends* – unemployment rate, stagnant incomes
- *SNAP policy/practice changes*, e.g. more generous income limits in some states, outreach, streamlined processes

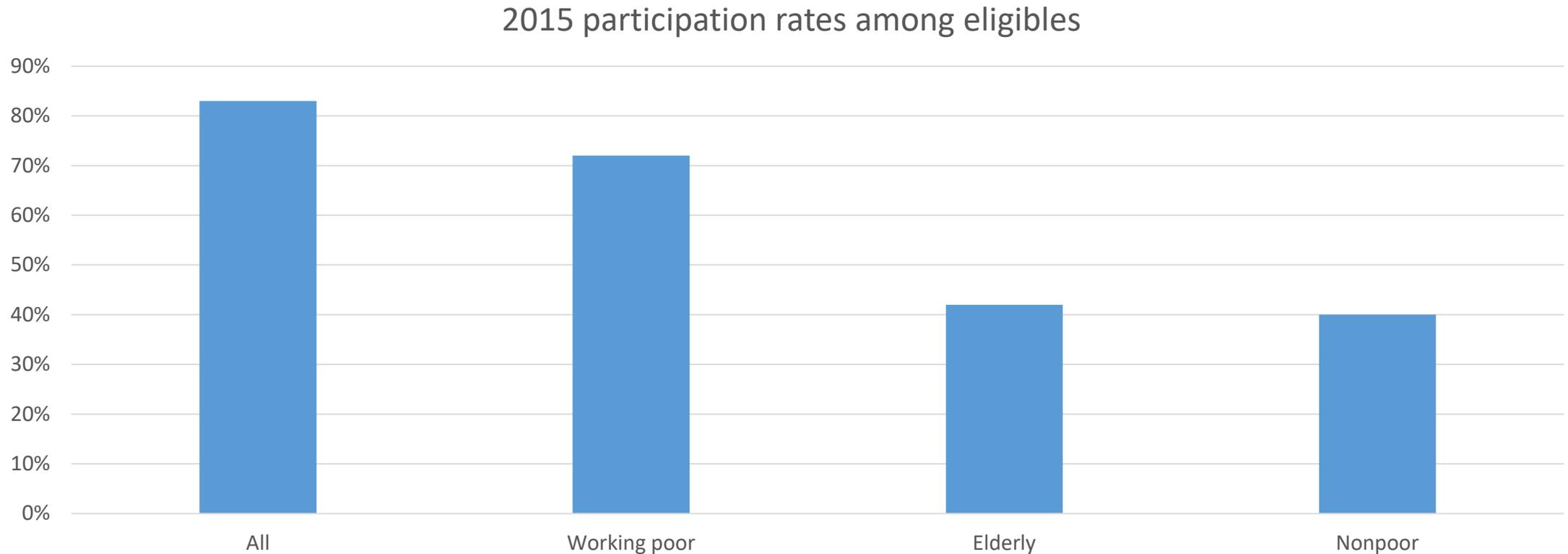
For SNAP, Number Eligible and Participation Rate Rose During and After Recession



Note: This figure uses annual Agriculture Department (USDA) estimates of eligible and participating individuals. USDA revised the methodology for these estimates starting with the 2010 estimates, so the 2007 and 2009 estimates are not directly comparable. The revised methodology does not change the underlying trends.

Source: USDA Food and Nutrition Service, "Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2010 to 2015" June 2017, and earlier reports in the series.

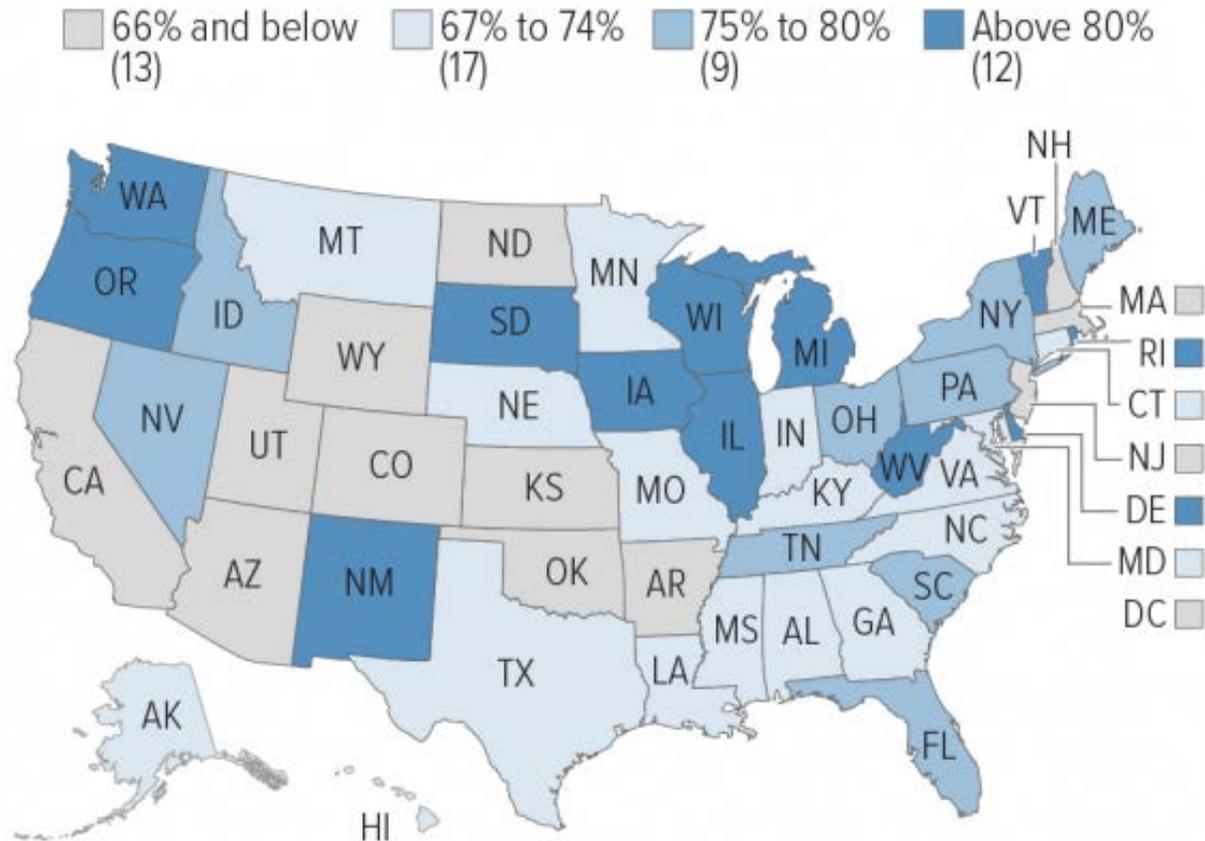
SNAP participation among eligible groups varies widely



USDA 2018. Trends in SNAP Participation Rates, 2010-2015.

<https://fns-prod.azureedge.net/sites/default/files/ops/Trends2010-2015.pdf>

SNAP Participation Rates for Working Poor by State, 2015



Source: Agriculture Department, "Reaching Those in Need: State Supplemental Nutrition Assistance Program Participation Rates for 2015"

How to think about SNAP?

- An anti-poverty program?
- A food assistance program?
- A nutrition/public health initiative?

SNAP as income support / anti-poverty program

- SNAP is 'cash-like', and frees up equivalent dollars for other purposes – leads to more spending on food, but also on other things – so not just a food program
- SNAP made up average of 10.4% of total household income for low-income children (<185% FPL) during 2008-12*
- SNAP removed estimated 8.4 million people from poverty in 2015, and reduced poverty rate by 17% **
- BUT – talking about it as an anti-poverty program is counter to the narrower way many policymakers view it

*Bartfeld, Gundersen, Smeeding, Ziliak. 2015. SNAP Matters.

**Urban Institute, <https://www.urban.org/research/publication/antipoverty-effects-supplemental-nutrition-assistance-program>

SNAP as food assistance

- Helping recipients meet food needs is most immediate purpose of program (and most compelling argument to many)
- The evidence on SNAP and food insecurity (in brief)
 - Food insecure households are more likely than eligible food secure households to participate
 - SNAP reduces food insecurity (according to most of the recent statistically rigorous studies)
 - But, many SNAP recipients are still food insecure
- Priorities if this is main goal: generosity of benefits, ease of access, minimizing stigma, avoiding unnecessary restrictions

SNAP as nutrition / public health initiative

- SNAP as vehicle to promote healthy eating and ultimately better health
- Argument: if gov't subsidizes food, it should use leverage to promote healthy eating
- But: the poor don't have a monopoly on unhealthy eating, so why target SNAP vs the broader population?
- Strategies that fit this perspective include nutrition education, 'carrots' (financial incentives to use SNAP on healthier food) and 'sticks' (restrictions on what SNAP can purchase)

The evidence: SNAP and nutrition

- No consistent conclusions about impact of SNAP on nutritional quality – but SNAP recipients and nonrecipients alike fall short of many dietary recommendations
- Some targeted nutrition education programs for SNAP recipients are beneficial
- Some limited evidence that financial incentives can move the needle on healthy food choices (for instance, USDA Healthy Incentives Pilot)
- Strong disagreements as to whether SNAP restrictions on foods would impact diet and nutrition (has never been tested)

The evidence: SNAP and health

- SNAP has long-term benefits on health outcomes – including lower incidence of obesity and metabolic syndrome as adults -- based on long-term follow-up of children from early years of Food Stamp Program
- SNAP recipients have higher self-reported good/excellent health, and fewer medical visits (other than check-ups, of which they have more)
- Emerging body of evidence suggesting range of SNAP health benefits via reductions in food insecurity

Recent overviews:

https://obamawhitehouse.archives.gov/sites/obamawhitehouse.archives.gov/files/documents/SNAP_report_final_nonembargo.pdf

<https://www.cbpp.org/sites/default/files/atoms/files/1-17-18fa.pdf>

SNAP changes on the horizon – things to pay attention to

- Farm Bill – happening now
- State policy decisions
- Fed response to waiver requests from states
- Immigration rhetoric and policy – has spillover impacts on SNAP participation

Emerging issues and threats

- General retrenchment in scope
 - Discussion of converting to block grants, reducing state discretion to expand eligibility, etc
- Barriers to access / logistical hurdles
 - Fingerprinting, drug tests, photo on EBT card
- Work requirements
 - Based on argument that SNAP reduces work (not supported by evidence)
 - Effective way to reduce caseloads (ex. ABAWD limits)
- Food restrictions
 - State waiver requests have always been denied – but renewed movement at fed and state levels
 - Trump's SNAP proposal – convert to food boxes
 - Support from public health sector
 - Concerns include increasing stigma, reducing participation, slippery slope, ineffective
- Threats for immigrants
 - Largely outside formal SNAP policy
 - Rhetoric – leads people to avoid the system
 - Proposals to treat SNAP recipients as 'public charge'