SNAP Overview Panelists

Moderator: Angie Tagtow, MS, RD, LD

Panelists:

- **Sara Bleich, PhD**, Professor of Public Health Policy, Harvard T.H. Chan School of Public Health
- **Wesley Dean, PhD**, USDA Food and Nutrition Service Office of Policy Support Senior Analyst
- **Tracy Fox, MPH, RD, MBA**, Founder and President, Food, Nutrition & Policy Consultants, LLC
- **Angela Odoms-Young, PhD**, University of Illinois at Chicago
- **Maya Sandalow, MPH**, Policy Associate, Center for Science in the Public Interest
HER NOPREN
Summer Speaker Series for Students

Questions? Ideas?
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Supplemental Nutrition Assistance Program (SNAP)

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50 Years of SNAP

- **1939** – first Food Stamp purchase made
- **1961** – President Kennedy initiates pilots
- **1964** – President Johnson signs Food Stamp Act
- **1974** – program expands to all 50 states
- **1984** – initiation of Electronic Benefit Transfer (EBT) instead of coupons
- **2004** – EBT is nationwide
- **2008** – Food Stamp Program renamed SNAP
What is SNAP?

- First line of defense against hunger for low-income people – $55.6 billion in benefits in FY 2019
- Mandatory entitlement – available to nearly anyone with little income and few resources
- Participating households receive monthly benefit allotments on EBT cards to be used at authorized retailers nationwide
- Monthly benefit level depends on household size and income level
- Benefits 100% Federally funded but program operated by each State
Who is eligible for SNAP?

- Households must have a gross income below 130% of poverty and a net income (after various deductions) below 100% of poverty
- Many States have a resource limit as well
- Must be U.S. citizen or legal immigrant with 5 year residency in U.S.
- Able-bodied adults without young children must meet work requirements
How large are SNAP benefits?

- Monthly benefit level varies depending on income
  - start with monthly household gross income
  - subtract 20% of earned income
  - subtract dependent care costs
  - subtract child support payments (noncustodial parent)
  - subtract medical expenses (elderly/disabled only)
  - subtract deduction for high shelter costs (if applicable)
  - arrive at monthly household net income
How large are SNAP benefits?

- Monthly benefit varies depending on household size
  - subtract 30% of household net income from maximum benefit to determine monthly SNAP benefit level
  - maximum benefit based on the Thrifty Food Plan

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<th>Maximum Benefit</th>
<th>Average Benefit</th>
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<td>$1,164</td>
<td>$873</td>
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<tr>
<td>Add'l person</td>
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</table>

- Average monthly benefit per person in FY 2019: $129.83
How do you use SNAP benefits?

• Benefits are automatically deposited on an Electronic Benefit Transfer (EBT) card each month

• Can be redeemed at over 250,000 authorized food retailers nationwide

• Can be spent on any eligible food item – excludes alcohol, tobacco, vitamins, non-food grocery items, or hot foods

• 80% of benefits are redeemed within two weeks of issuance
Global spread of COVID-19

Total cases: 8,184,331
Total deaths: 443,960

US cases: 2,137,731
US deaths: 116,963

Source: JHU CSSE COVID-19 Dashboard
Increasing SNAP is a proven policy approach to stimulate the economy and reduce food insecurity.

- SNAP reduces food insecurity by 30%.
- In 2018, SNAP lifted 3.2 million people out of poverty, including 1.5 million children.
- Current SNAP benefit levels are insufficient, which is amplified as a result of COVID-19.

Federal legislation for coronavirus

March 5
Coronavirus Emergency Spending Package
- $8 billion
- States and local preparedness, medical supplies, vaccine R&D

March 18
Families First Coronavirus Response Act
- $100 billion
- Paid sick and family leave for some workers, extended unemployment benefits, free testing, boost SNAP and Medicaid

March 27
Coronavirus Aid, Relief, and Economic Security (CARES) Act
- $2.2 trillion
- Direct payments to Americans and loans to large and small companies; greatly expands unemployment insurance to cover freelance and gig workers
- Additional paycheck protection added afterwards

May 15 (House)
Health Economic Recovery Omnibus Emergency Solutions (HEROES) Act
- $3 trillion
- Another round of stimulus checks, extended unemployment benefits, funds for school meals program
Changes to SNAP through Family First Act: Emergency SNAP

States have flexibility to ask for emergency SNAP benefits

- **Emergency allotments (supplements)** for all SNAP households up to the maximum benefit ($646 for a family of four) for up to 2 months
- **Pandemic-Electronic Benefits Transfer (P-EBT)** for households with children who would normally receive free/reduced-price school meals (~$114 per child/month)

Who is ineligible or potentially left out of P-EBT?

- Non-school-aged preschool children participating in the CACFP do not qualify
- Public Charge Rule may dampen participation for some families
Relevant aspects of Family First Act for nutrition assistance: SNAP Waivers

- Suspends the work and work training requirements (~700,000 people)
- Allows states to request waivers to provide temporary, emergency SNAP benefits to existing SNAP households up to the maximum monthly allotment
- Allows USDA to provide much more flexibility for States in managing SNAP caseloads by state

These approaches depend on each state's use of these flexibilities, which vary greatly

Changes to SNAP through CARES Act

$15.8 billion appropriation for

This allocation is only for anticipated surges in administrative and benefit costs resulting from increased unemployment.
Changes to SNAP through Heroes Act

**Raise SNAP benefits**

- **15%** Raise maximum benefits from June 1, 2020 through September 30, 2021 (~$25/person/month)

- **100%** Raise minimum SNAP benefit from $15/month to $30/month

**Suspend time limits and work requirements for ABAWDs for 2 years**

**Raise administrative funding for 2 years to help state SNAP agencies with increased enrollment**

**Extends P-EBT through the summer, includes children in childcare programs**
Prior legislative boosts to SNAP benefits: American Reinvestment and Recovery Act

ARRA boost during Great Recession

\[ \uparrow \text{14\%} \]
Average monthly SNAP benefit ($80/month for family of 4)

Evidence from the ARRA boost:
Increasing SNAP benefits can reduce food insecurity and increase food spending as well as mitigate the decline in calorie intake over the month

Strengthening the public health impact of SNAP

POLICY OPPORTUNITIES

Food production and distribution
Example: Restrict SSB purchases

Benefit allocation
Example: Increase size of benefit

Eligibility and enrollment
Example: Increase participation

Impact of nutrition shortfalls on health

- Fatigue
- Reduced immune response, placing people at higher risk for communicable diseases
- Immediate loss of academic learning for children and widening disparities in academic achievement
- Food rationing for adults/older children
- Negative developmental, psychological, physical, and emotional consequences
Implications of coronavirus: Charitable food system

- Tremendous strain due to increased need
- Reduced staffing due to vulnerability of elderly workers
- Unhealthy food items
Wrap up

Significant changes to SNAP policy

More change is needed

Need to work towards better equitable readiness for future crises
INTRODUCTION TO SNAP-ED

Angela Odoms-Young, PhD
Associate Professor
Department of Nutrition and Kinesiology
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Supplemental Nutrition Assistance Program Education (SNAP-Ed) is a grant program that funds projects in all US States and Territories.

SNAP-Ed projects encompass:
- Nutrition education
- Social marketing
- Policy, systems, and environmental change (PSE)

The method for determining State SNAP-Ed allocations is based on State shares of SNAP-Ed expenditures in addition to State shares of SNAP participation.

For FY 2018 and each year thereafter, the ratio of expenditures to participation is a 50/50 weighting of expenditures to participation.
SNAP-ED

Goal

• “To improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current DGA and the USDA food guidance.”

Focus

• Implementing strategies or interventions, among other health promotion efforts, to help the SNAP-Ed target audience establish healthy eating habits and a physically active lifestyle;
• Primary prevention of diseases to help the SNAP-Ed target audience that has risk factors for nutrition-related chronic disease, such as obesity, prevent or postpone the onset of disease by establishing healthier eating habits and being more physically active.
SNAP-Ed eligible individuals refers to the SNAP-Ed target audience, specifically SNAP participants and other low-income individuals who qualify to receive SNAP benefits or other means-tested Federal assistance programs. It also includes individuals residing in communities with a significant (50 percent or greater) low-income population.
SNAP-Ed, formerly known as the Family Nutrition Program and Food Stamp Nutrition Education, began in 1988 when cooperative extension faculty in Brown County, Wisconsin and University of Wisconsin extension staff discovered that by committing state and local funding and contracting with the state SNAP agency, an equal amount of federal dollars could be secured to expand the reach of nutrition education to low-income persons in that area.

In 1990 Congress authorized cost sharing for food stamp nutrition education. Since 1992—when only seven states had approved food stamp nutrition education plans totaling $661,076 in federal dollars—the nutrition education program has grown exponentially.

In 2007, there were 52 food stamp nutrition education plans for states and territories approved at a total cost of more than $275 million.

By 2004, SNAP-Ed was conducted throughout the country using nearly $460 million, with $228.6 million in SNAP administration funds and the remainder contributed by the states.
The Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296, section 241) established SNAP-Ed as the Nutrition Education and Obesity Prevention Grant Program.

- The Act calls for SNAP-Ed to include an emphasis on obesity prevention in addition to nutrition education.
  - Activities must be evidence-based and delivered through individual and group-based strategies, comprehensive multi-level interventions, and/or community and public health approaches.
  - Many SNAP-Ed efforts also focus on policy, systems, and environmental change (PSE) interventions with a stronger emphasis on partnerships.
  - Allowed for gardening and physical activity interventions.
A Social-Ecological Model for Food & Physical Activity Decisions

The Social-Ecological Model can help health professionals understand how layers of influence intersect to shape a person’s food and physical activity choices. The model below shows how various factors influence food and beverage intake, physical activity patterns, and ultimately health outcomes.

SOCIAL & CULTURAL NORMS & VALUES
- Beliefs
- Systems
- Traditions
- Heritage
- Religion
- Geographic
- Economy
- Lifestyle
- Media

SECTORS
- Government
- Education
- Health Care
- Transportation

Organizations
- Hospitals
- Community
- Advocacy

BUSINESSES & INDUSTRIES
- Planning & Development
- Agriculture
- Food & Beverage
- Manufacturing
- Retail
- Entertainment
- Marketing

SETTINGS
- Homes
- Early Care & Education
- Schools
- Workplaces
- Recreational Facilities
- Food Service & Retail Establishments
- Other Community Settings

INDIVIDUAL FACTORS
- Demographics
- Age
- Sex
- Socioeconomic Status
- Race/Ethnicity
- Disability

Other Personal Factors
- Psychological
- Knowledge & Skills
- Home Environment
- Interactions

FOOD & BEVERAGE INTAKE

PHYSICAL ACTIVITY

= HEALTH OUTCOMES

CREATING OPPORTUNITIES FOR HEALTHY EATING AND ACTIVE LIVING: A SOCIO-ECOLOGICAL APPROACH

• **Policies** include laws, rules, regulations, ordinances, and procedures designed to guide behavior.
  - **Examples**: passing a law allowing residents to plant community gardens in vacant lots or a school allowing use of facilities for recreation during non-school hours.

• **Environmental interventions** include changes to the physical, social, or economic environments.
  - **Physical**: Opening a farm stand at a local welfare office, or posting signage at vending machines identifying healthy foods.
  - **Social**: Changing attitudes among teachers about disallowing candy in the classroom, or improving parenting practices and social supports to limit their children’s time watching television or playing video games.
  - **Economic**: Offering financial incentives to consumers who purchase fresh fruits and vegetables. 
    (NOTE: SNAP funds cannot pay for financial incentives)
SNAP-ED EVALUATION FRAMEWORK
Nutrition, Physical Activity, and Obesity Prevention Indicators

INDIVIDUAL
GOALS AND INTENTIONS
ST1: Healthy Eating
ST2: Food Resource Management
ST3: Physical Activity and Reduced Sedentary Behavior
ST4: Food Safety

BEHAVIORAL CHANGES
MT1: Healthy Eating
MT2: Food Resource Management
MT3: Physical Activity and Reduced Sedentary Behavior
MT4: Food Safety

MAINTENANCE OF BEHAVIORAL CHANGES
LT1: Healthy Eating
LT2: Food Resource Management
LT3: Physical Activity and Reduced Sedentary Behavior
LT4: Food Safety

ENVIRONMENTAL SETTINGS
ORGANIZATIONAL MOTIVATORS
ST5: Need and Readiness
ST6: Champions
ST7: Partnerships

ORGANIZATIONAL ADOPTION AND PROMOTION
MT5: Nutrition Supports
MT6: Physical Activity and Reduced Sedentary Behavior Supports

ORGANIZATIONAL IMPLEMENTATION AND EFFECTIVENESS
LT5: Nutrition Supports Implementation
LT6: Physical Activity Supports Implementation
LT7: Program Recognition
LT8: Media Coverage
LT9: Leveraged Resources
LT10: Planned Sustainability
LT11: Unintended Benefits

SECTORS OF INFLUENCE
MULTI-SECTOR CAPACITY
ST8: Multi-Sector Partnerships and Planning

MULTI-SECTOR CHANGES
MT7: Government Policies
MT8: Agriculture Policies
MT9: Education Policies
MT10: Community Design and Safety
MT11: Health Care
MT12: Community Linksages
MT13: Social Marketing
MT14: Media Practices

MULTI-SECTOR IMPACTS
LT12: Food Systems
LT13: Government Investments
LT14: Agriculture Sales and Incentives
LT15: Educational Assessment
LT16: Shared Use Streets and Clean Reduction
LT17: Health Care Cost Savings
LT18: Commercial Marketing of Healthy Foods and Beverages
LT19: Community-Wide Recognition Programs

CHANGES IN SOCIETAL NORMS AND VALUES
APRIL 2016
In FY 2016, the three most common IAs were universities (48 percent), followed by non-profits (22 percent), and State agencies (e.g., public health or social services) (10 percent).

https://fns-prod.azureedge.net/sites/default/files/ops/SNAPED-Data-AllStates.pdf
SNAP-Ed Connection: https://snaped.fns.usda.gov/