



Does SNAP Go Beyond Food Security? A Research Brief on the Effects on Nutrition and Health

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Agenda

- Background and research objective
- Methods employed
- Overview of poverty, SNAP, and “nutritionally adequate” diet
- Results
- Conclusions and future directions

Background

- Food insecurity and poverty = drivers of health disparities.
- In 2011, 15% of U.S. households (17.9 million households; 50.1 million people) experienced food insecurity.
- Associated with many negative health outcomes (anemia, depression, heart disease) and increased medical care needs.
- Food assistance and nutrition programs (FANPs) for addressing food insecurity.

(Sources: Bartfeld, Gundersen, Smeeding, & Ziliak, 2015; Hoynes & Schanzenbach, 2015; Lowe et al., 1973).



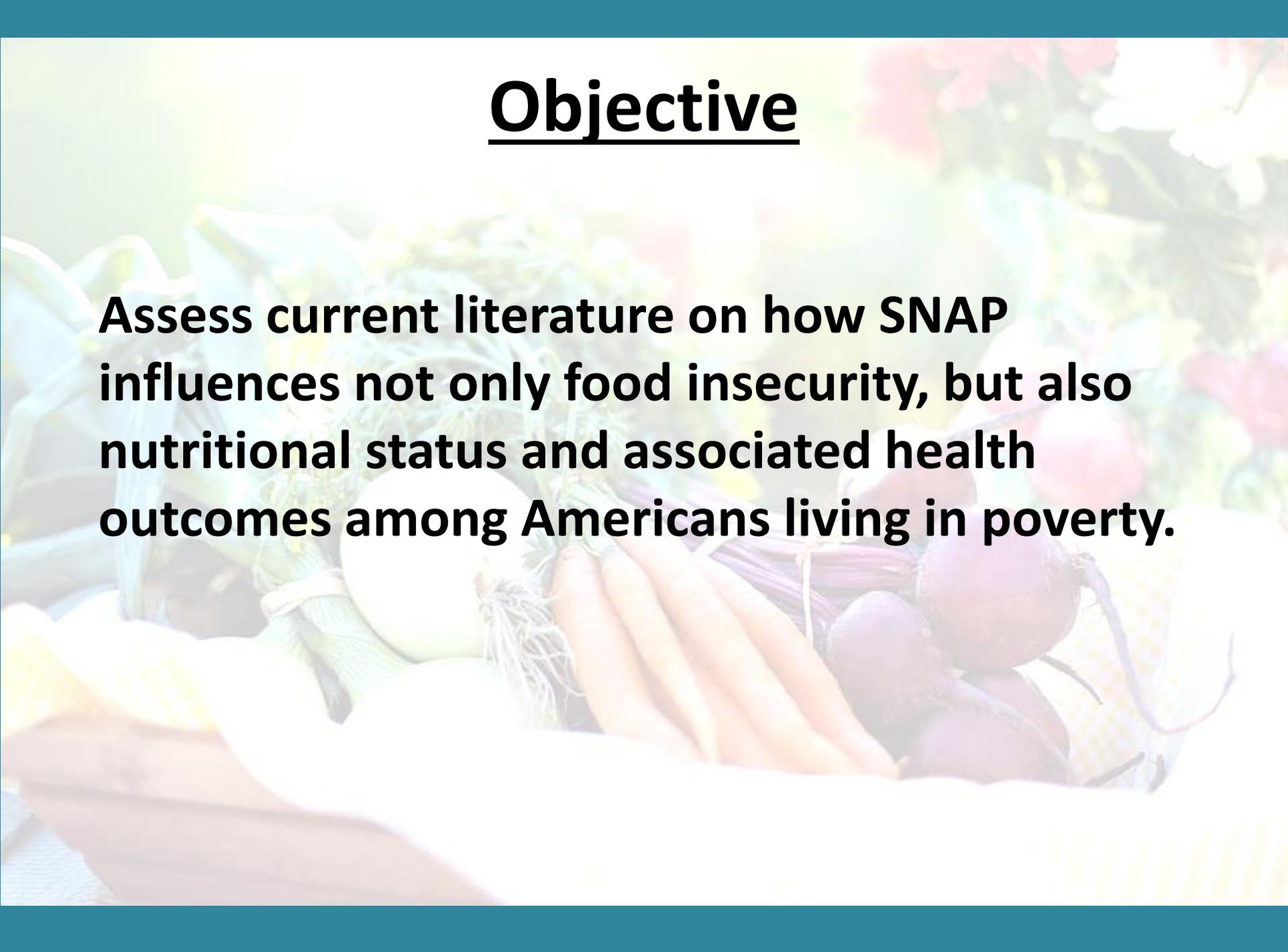
Food Insecurity, Oregon vs. U.S.

	Percent Food Insecure		Percent Hungry (Very Low Food Insecure)	
	2013-15	2010-12	2013-15	2010-12
Oregon	16.1	13.6	6.6	5.8
U.S.	13.7	14.7	5.4	5.6

Welfare programs, SNAP enrollment, food pantries
vs.
Housing/rent, influx of people, unemployment

Sources: Partner for a Hunger-Free Oregon (2016); USDA (2017)

Objective

A photograph of a woven basket filled with fresh vegetables, including several bright orange carrots, a bunch of green leafy vegetables, and several purple onions. The basket is set against a background of more produce, creating a vibrant and healthy scene.

Assess current literature on how SNAP influences not only food insecurity, but also nutritional status and associated health outcomes among Americans living in poverty.

Methods

- 16 studies included
- PubMed and Google Scholar
- Keywords:
 - “Supplemental Nutrition Assistance Program” OR “SNAP”
 - “Poverty” OR “low income” OR “poor”
 - “Nutrition* status” OR “Nutrition* intake” OR “health status” OR “health outcome*”

Defining Poverty

- Economic deprivation
- Official U.S. poverty measure:
 - Federal Poverty Line
 - Annual household income (Allard & Paisner, 2016).
- 14.8% of Americans were considered poor in 2014 (DeNavas-Walt & Proctor, 2015).

Table 1. Poverty guidelines 2017 by family size

2017 Federal Poverty Guidelines

Family Size	Gross Annual Income	Gross Monthly Income	Approximate Hourly Wage
1	\$12,060	\$1,005	\$5.80
2	\$16,240	\$1,353	\$7.81
3	\$20,420	\$1,702	\$9.82
4	\$24,600	\$2,050	\$11.83
5	\$28,780	\$2,398	\$13.84
6	\$32,960	\$2,747	\$15.85
7	\$37,140	\$3,095	\$17.86
8	\$41,320	\$3,443	\$19.87
Over 8 add per person:	\$4,180	\$348	\$2.01

Source: Federal Register vol. 82, no. 19, January 31, 2017, pp. 8831-8832. Monthly and hourly income calculated by OCPP and rounded to the nearest dollar and cent, respectively. The hourly rate is based on 40 hours of work per week for a full year (2,080 hours). These guidelines are for the 48 contiguous states and the District of Columbia.

Oregon Center for Public Policy | www.ocpp.org

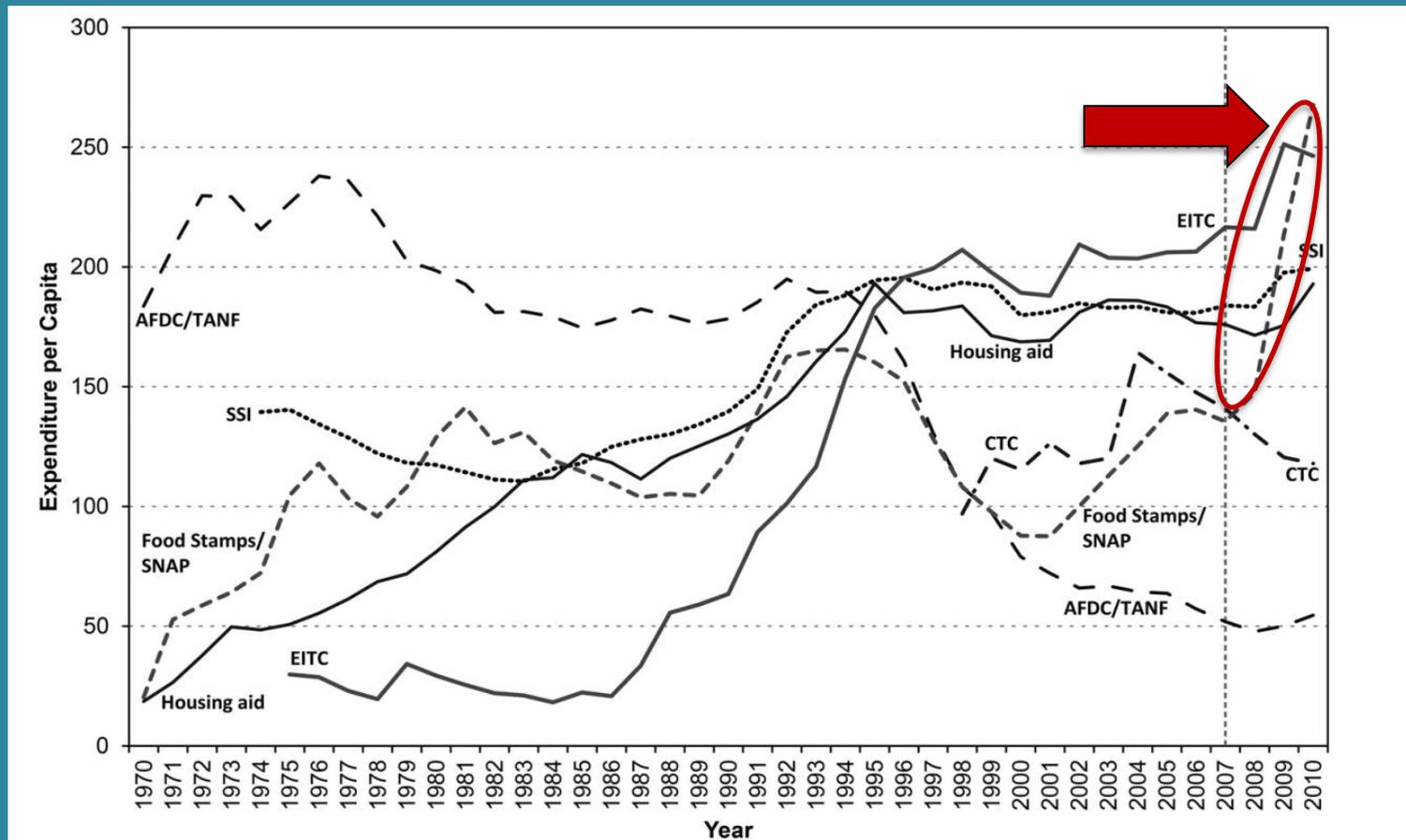


SNAP Overview

- Eligibility
- Foods restrictions
- SNAP participants:
 - Working families facing food insecurity.
 - Families with children; single mothers.
- Food assistance vs. nutrition-specific program

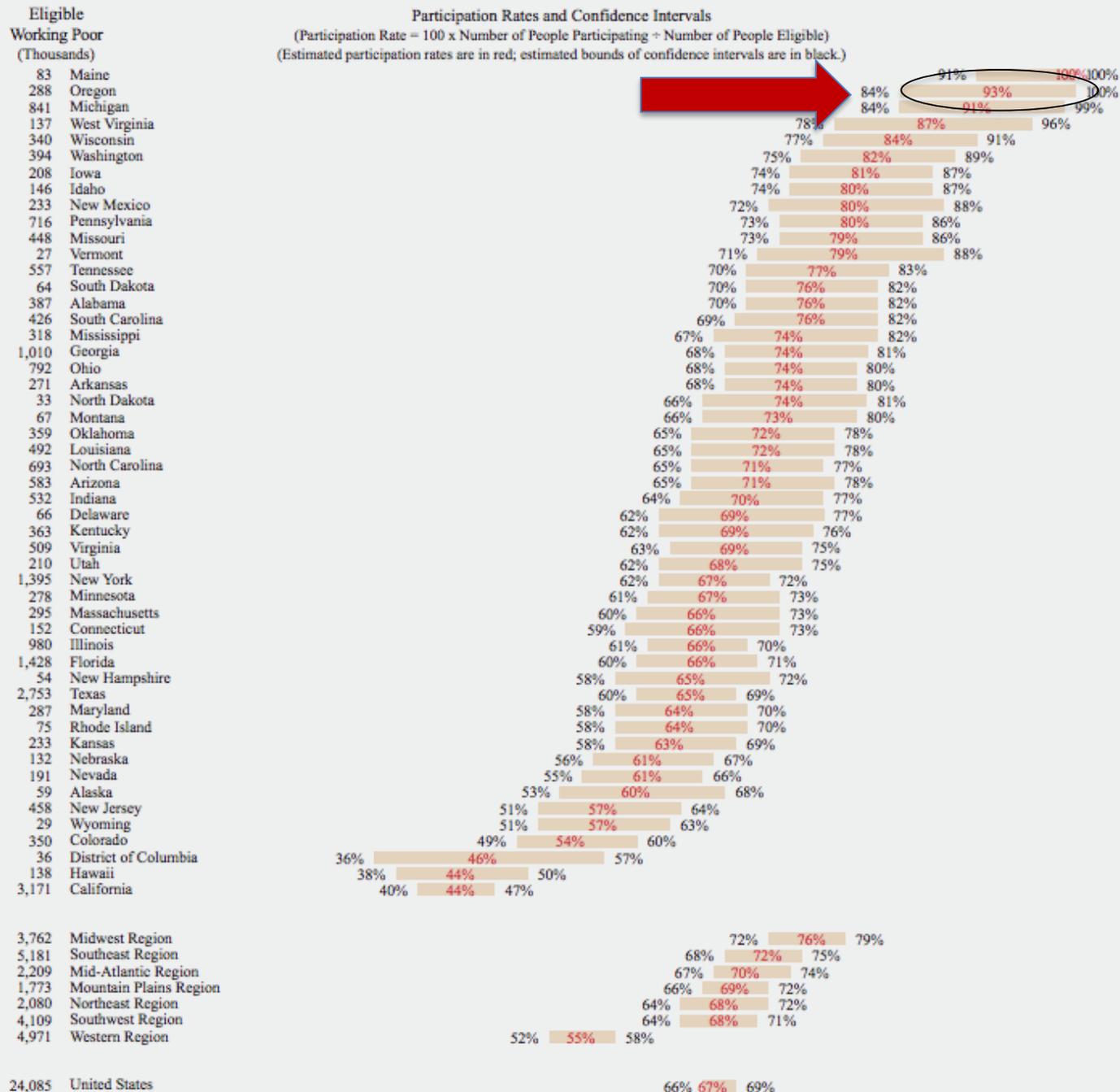
SNAP = cornerstone of U.S. nutrition safety net.

Figure 1. Growth in SNAP in relation to other welfare programs, 1970-2010 (Real 2009 Dollars)



Sources: Various governmental and administrative data series available from the authors upon request.
Note: The U.S. population data are from the "Civilian noninstitutional population" column of the U.S. Bureau of Labor Statistics "Labor Force Statistics from the Current Population Survey" table (see <http://www.bls.gov/cps/cpsaat01.htm>), and they include everyone in that population, including children.

How Many Working Poor Were Eligible in 2011? What Percentage Participated?



“Nutritionally Adequate” Diet & SNAP

- Meets basic nutrient requirements established by the Dietary Guidelines for Americans (DGAs).
- Causality difficult to establish.
- Challenges to measuring dietary intake and quality.
- Nutritional needs vary.
- SNAP participants vs. non-participants.

(Sources: Gleason et al., 2000; Jin, 2016; Currie, 2003)



Results

Existing assumptions:

- (1) SNAP contributes to increased household food spending;
- (2) Contributes to increased household nutrient availability;
- (3) Leads to improved individual diet quality.

(Source: Fox et al., 2004)

Results

- **Research supports:** (1) SNAP increases household food expenditure, and (2) food spending leads to increased nutrient availability, but only for energy, protein and some vitamins/minerals.
- **Assumption (3) not supported:** No conclusive evidence that SNAP impacts individual dietary intake or low-income individual's food choices.
 - Less on nutrition- and health-related outcomes.

(Sources: Fox et al., 2004, Gleason et al., 2000)

Current Research Limitations & Gaps

- Observational studies; secondary data analysis.
- Barriers to establishing causality; lacking experimental and long-term trials.
 - Short-term RCTs and food incentives
 - Food taxation/exclusion
 - Nutrition education voluntary
- Specific nutrient intakes not assessed.

Conclusions & Future Directions

- SNAP may not be reaching its full potential.
- Research remains limited in its ability to establish causality.
- Incentives and education have potential to influence food choices.
- **Future theoretical directions**: Better understand how utilization can be maximized and how to guarantee healthy food access.
- **Future research directions**: More experimental designs; use of valid & reliable dietary measures; long-term studies. State comparisons may be helpful.
- **Future policy directions**: Research-informed policies around SNAP benefits and eligibility should address important factors that influence SNAP utilization.

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