

Food Stamp Policy is Failing. Here's Why.

Catherine Plevyak

Plevyak C. Food Stamp policy is failing. here's why. *Harvard Public Health Review*. 2019;22.

Nearly 12% of Americans struggle with putting food on the table ¹. Though this number is the lowest it has been since the height of the Great Recession, it still represents an unacceptable equity gap in the wealthiest nation . The Supplemental Nutrition Assistance Program, or SNAP, which is more commonly referred to as food stamps, has played a significant role in the reduction of hunger by providing aid to 42 million Americans in 2017². Since its introduction in 1964 under President Johnson, SNAP has become the single largest piece of legislation to combat hunger for low income Americans, with 2/3 of the beneficiaries being elderly, caring for children, or being disabled^{3,4}. After threats from Congress to make this key stone piece

of legislation less accessible to many Americans, it is more important than ever to discuss why SNAP cannot be weakened but instead must continue to grow and improve.

Under the Trump administration, the program has been threatened by Republican members of Congress whose plan would put millions of Americans in a state of food scarcity. In 2018, the House narrowly passed a revision of SNAP that would prevent 2 million Americans from accessing the benefits of food stamps ⁵. While work requirements already exist and mandate people under 50 without children to work 80 hours a month or participate in job training, the House revised the bill to increase the number of hours a person must work to maintain eligibility (5). At first glance, this may seem appropriate and even beneficial to

¹ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2018, September). Household Food Security in the United States in 2017. Retrieved from <https://www.ers.usda.gov/webdocs/publications/90023/err-256.pdf?v=0v>

² Supplemental Nutrition Assistance Program Participation and Costs. (2018, December 7). Retrieved from <https://fns-prod.azureedge.net/sites/default/files/pd/SNAPsummary.pdf>

³ SNAP Supports Children and Families. (2018, December 21). Retrieved from

<https://www.rwjf.org/en/library/research/2018/09/snap-supports-children-and-families.html>

⁴ A Short History of SNAP. (2018, September 17). Retrieved from <https://www.fns.usda.gov/snap/short-history-snap>

⁵ Thrush, G. (2018, September 06). About 2 Million Low-Income Americans Would Lose Benefits Under House Farm Bill, Study Says. Retrieved from <https://www.nytimes.com/2018/09/06/us/politics/trump-farm-bill-congress.html>

society, but in reality, it disadvantages the rural poor since many people who use food stamps live in rural areas without many job opportunities to begin with (5). Searching for jobs outside of these communities can be challenging since many rural areas that rely heavily on SNAP don't have internet access. Not to mention, this new bill makes people log their work hours electronically which is not feasible for the same reason (5).

Although this version of the bill was eventually overridden by the Senate, it shows how America is pushing for regressive change rather than working to expand and improve the legislation that positively impacts so many.

Instead of decreasing the spending on food stamps, Congress should be expanding the program. With an average of only \$1.40 to spend per person on each meal, 13% of the population using Food Stamps were still unable to budget their allowance to last all month⁶. Another 13% reported that they could not afford to buy balanced meals (6). Aside from the serious moral obligation to provide equal opportunity for a healthy life to all American citizens, the lack of investment in low income communities'

health has contributed to higher rates of chronic illnesses. Fourteen percent of adults in families that earn \$35,000 or less experience heart disease, four percent experience stroke and 29% have hypertension. In households with incomes of \$100,000 or higher, only 10% of adults have heart disease, 1% suffer from strokes and 22% have hypertension⁷. In addition, diabetes is 100.4% more prevalent in people living below the poverty line compared to people who live 400% above the federal poverty line⁸. A poor diet has been shown to increase the risk of these diseases, so it is not surprising that the population that struggles to buy nutritious foods is less healthy^{9, 10}.

Treating chronic illnesses is expensive. A patient with diabetes costs almost \$8,000 more per year to treat than a patient without diabetes, and this financial burden falls upon society, since people with incomes low enough to qualify for SNAP are also likely

⁶ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2018, September). Statistical Supplement to Household Food Security in the United States in 2017. Retrieved from <https://www.ers.usda.gov/webdocs/publications/90029/ap-079.pdf?v=0>

⁷ Kamal, R., & Sawyer, B. (2017, February 14). What do we know about cardiovascular disease spending and outcomes in the United States? Retrieved from <https://www.healthsystemtracker.org/chart-collection/know-cardiovascular-disease-spending-outcomes-united-states/#item-people-lower-incomes-likely-suffer-heart-disease-stroke-hypertension>

⁸ Beckles, A., MD, & Chou, C., DrPH. (2017, August 14). Disparities in the Prevalence of Diagnosed

Diabetes — United States, 1999–2002 and 2011–2014. Retrieved from <https://www.cdc.gov/mmwr/volumes/65/wr/mm6545a4.htm>

⁹ Foods In A High Blood Pressure Diet. (2014, December 17). Retrieved from <https://my.clevelandclinic.org/health/articles/4249-hypertension-and-nutrition>

¹⁰ Wein, H., Ph.D. (Ed.). (2017, March 21). How dietary factors influence disease risk. Retrieved from <https://www.nih.gov/news-events/nih-research-matters/how-dietary-factors-influence-disease-risk>

to qualify for Medicaid^{11,12}. Furthermore, a person's decrease in productivity due to chronic illnesses also has a negative impact on society. For example, on average a business loses \$203, \$230, \$324, and \$328 annually from workers who suffer from obesity, hypertension, diabetes and heart disease, respectively¹³.

A common rebuttal to the argument that SNAP should be expanded may cite rampant fraud and waste that occurs due to the program's inefficiencies. In reality, only one cent for every dollar spent is used fraudulently¹⁴. While this is an issue that needs to be solved, it is no reason to weaken the program. Even with the fraud that occurs, SNAP has been shown to strengthen weak economies, such as that in 2008, by putting \$1.70 into the economy for every dollar put into snap¹⁵. For example, during the peak of the recession in 2009, \$50 billion were spent in local stores, which generated \$85 billion in the local economy even though the overall economy was struggling (15). SNAP even has a positive impact in stronger economies. About 80% of

SNAP authorized retailers are small businesses that benefit from the added revenue. This is especially true for small businesses in less wealthy areas where an even larger percentage of sales is paid for by food stamps (15). The retail food industry is not the only one benefitting from SNAP. Food stamps provide low income families with more purchasing power, which enables them to buy other essentials like diapers and medications (15).

Food stamps have become an essential safety net for millions of Americans, with 30% of the population utilizing the program for only one year and 56% of the population stopping after 3 years¹⁶. With two-thirds of the Americans utilizing this program being disabled, elderly, or caring for children, this legislation also serves as a form of social equity, limiting the stress of obtaining food (3).

Yet, the program is still too limiting. Many Americans have food insecurity and can't afford healthy options. This shows that the current program still does not eliminate the structural violence¹⁷ in American society

¹¹ Kaiser Family Foundation (2018, January 1) Retrieved December 17, 2018 from <https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

¹² Petersen, M. (2013, March 14). Economic Costs of Diabetes in the U.S. in 2012. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3609540/>

¹³ Mitchell, R. J., MPH, & Bates, P., MB, BS. (2017, January 07). Measuring Health-Related Productivity Loss. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128441/>

¹⁴ USDA Releases New Report on Trafficking and Announces Additional Measures to Improve Integrity in the Supplemental Nutrition Assistance Program. (n.d.). Retrieved from <https://www.fns.usda.gov/pressrelease/2013/fns-001213>

¹⁵ SNAP Boosts Retailers and Local Economies. (2018, April 06). Retrieved from <https://www.cbpp.org/research/food-assistance/snap-boosts-retailers-and-local-economies>

¹⁶ US Census Bureau. (2017, January 07). 21.3% of US Participates in Government Assistance Programs Each Month. Retrieved from <https://www.census.gov/newsroom/press-releases/2015/cb15-97.html>

¹⁷ Farmer, P. (2010). Chapter 1: On suffering and structural violence. Partner to the poor. Berkeley: University of California Press.

since certain subpopulations still suffer. For these reasons, making the eligibility requirements more strict is not acceptable. America should be expanding this program so that no one struggles to afford food.

About the Author

Catherine Plevyak is a student at Harvard College.