Abstract: Hunger and poverty affect countless Americans. Food security plays a critical role in establishing positive medical and health outcomes. As the national nutritional safety net, the Supplemental Nutrition Assistance Program (SNAP) is essential to combating hunger and malnutrition. It provides substantial nutritional and economic benefits to children and families living in impoverished conditions. Yet these families often struggle with accessing SNAP benefits. This article examines current literature on the consequences of food insecurity and potential barriers to the SNAP program, particularly its impact on children. It also introduces current policy, H.R. 208 “Anti-Hunger Empowerment Act.” Finally, future policy recommendations are suggested based on expert opinion and literature synthesis.

Keywords: SNAP; poverty; hunger; children; nutrition

Background

A 2012 report made by the Food Research and Action Center (FRAC) cited that more than 1 in 6 Americans suffered food hardships within the past 12 months. More alarming is the increasing trend of reported food hardship. This trend has been closely correlated with economic recession. It has also been reflected in the number of participants, provided benefits, and government spending on the Supplemental Nutrition Assistance Program (SNAP). In the same report, total federal expenditure on SNAP jumped from $30 to $78 billion and benefits expanded by 135%. Current data project the highest recorded number of active SNAP participants now, with approximately 45 million or 1 in every 7 residents receiving SNAP benefits. Such individuals and families are subject to a multitude of hardships, but access to food—healthy food, at that—is a real problem given America’s poor nutrition standards. Given these data, there are vast opportunities for public health and policy development to combat barriers to food security through streamlining SNAP enrollment and benefits.

Consequences of Childhood Hunger

Food insecurity can have a disproportionate impact on childhood development. In the United States, 16.6 million or 22.4% of all children faced food insecurity in 2011. But experts consider even a number as substantial as this to be an underestimation. Unfortunately, parents can be hesitant to report childhood hunger because of the associated social stigma, personal shame, and judicial repercussions.
Food insecurity plays a critical role in child health. The lack of food security increases risk for hospitalization, iron-deficiency anemia, cognitive development delay, and behavioral problems. Food stamps serve as a significant protective factor. For instance, the Children’s Sentinel Nutrition Assessment Program found that children of immigrant families who receive SNAP benefits are 32% less likely to be in poor health. Children in food insecure households are twice as likely to suffer poor health and one third more likely to be hospitalized. Furthermore, a Children’s HealthWatch study found that children of families who received increased SNAP benefits are more likely to be of normal ranged weight, in good health, developing normally for their age, and has never been hospitalized.

### Barriers to Receiving SNAP Benefits

Many of those who qualify for SNAP aid do not receive it because of procedural, informational, and societal barriers. Eligible children who do not participate in SNAP are more likely to face food and housing insecurity. They also are at higher risk of being hungry and underweight. Nationwide, SNAP serves approximately 67% of all eligible individuals; however, 14% of eligible children do not participate.

Enrolling into SNAP programs can be a complex and daunting task. To qualify for SNAP benefits, a family must meet specific criteria regarding their countable resources, incomes, deductions, and employment. SNAP benefits are typically calculated based on net income and size of household. There are also specific rules designated for the elderly or disabled populations. For immigrants to be eligible for SNAP benefits, they must have resided in the country for 5 years, have children younger than 18 years, or be receiving disability-related assistance. Verification of eligibility may take between 6 to 12 months, after which applicants must then navigate the complex administrative application system.

A recent Children’s HealthWatch study compared families who were receiving SNAP and those who were eligible but did not receive SNAP because of barriers. It was found that nearly a fifth of all families reported difficulties in enrolling to the program. Potential applicants often lack information about the SNAP program or knowledge if they qualified. Adolescents were ineligible because they were too young to be the head of household for SNAP benefits. Moreover, bureaucratic barriers, social stigma, immigration concerns, and administrative issues deterred many families from applying for SNAP.

### Policy Background

The Anti-Hunger Empowerment Act of 2013 (H.R. 208) was introduced in January of 2013 to amend the Food and Nutrition Act of 2008. Its aims are to increase access to the SNAP program by “reducing duplicative and burdensome administrative requirements, authorize the Secretary of Agriculture to award grants to certain community-based nonprofit feeding and anti-hunger groups . . . and implementing a Beyond the Soup Kitchen Pilot Program.”

At present, the process of establishing eligibility can be difficult: SNAP office hours are too short or inaccessible to working parents or the wait time is too long, for example. H.R. 208, if passed, would increase the number of operating hours of SNAP offices, thereby offering more access to households with full-time jobs and reducing the average wait time for SNAP applicants. The bill would also mandate that applications can be submitted online, making it easier for families who do not have access to transportation or child care. Further amendments include upgrading the office’s computer systems and technology and providing checklists to applicants in an effort to streamline the entire process.

In an effort to reduce the redundancy of multiple office visits, the bill also mandates that the household does not have to be present at the time of application, unless specified. If, for some reason, the state agency believes that information in the application is false, the agency must provide a written statement specifying the factual basis of their beliefs and inform the applicant of information that is incorrect or missing and give instructions on how to correct the mistake.

The Anti-Hunger Empowerment Act of 2013 goes on to address the implementation of a “Beyond the Soup Kitchen Pilot Program,” which would provide “grant assistance to community-based nonprofit feeding and anti-hunger groups” in order to reduce the reliance on soup kitchens and food pantries and promote relative autonomy with respect to nutrition and food programs. The bill stipulates that $190 000 000 will be available for grants to such nonprofit feeding and anti-hunger groups, in addition to an extra $8 000 000 that would be used for technical assistance grants. Furthermore, those who participate in SNAP programs may not have computer access. The total federal expenditure for SNAP programs in 2011 was $78 billion. The number of participants were highest that they have ever been in the United States (1 in every 7 US residents participated in this program). Ultimately, H.R. 208 is developed to increase enrollment into SNAP program. This expansion of the program will incur an even higher financial burden on the country.

Despite the potential fiscal implications of H.R. 208, the changes that it presents significantly outweigh the costs. To begin, a study on the Children’s Sentinel Nutrition Assessment Program presents that “food stamps can make a crucial difference in determining a child’s health status.” Minimizing food insecurity has proven to reduce childhood medical conditions, hospitalization, anemia, behavioral and mental problems, and deficits in development. Additional research showed that children with food insecurities are about “twice as likely to suffer poor health and one-third more likely to be hospitalized.” The study also demonstrated potential for closing health disparities in minorities. It was
presented that “compared with black infants and toddlers whose family food stamp benefits were not reduced in the last year, young black children whose family benefits were reduced had 38% greater odds of being reported in poor health.”

Even with the proven benefits to children’s health outcomes, 14% of eligible children nationwide did not participate in the SNAP programs. A Children’s HealthWatch survey was conducted on mothers with children younger than 3 years to develop an understanding of the barriers to receiving SNAP benefits (both those who received and did not participate in SNAP). The most notable hurdles to participating in SNAP were the lack of knowledge about program eligibility, difficulties with the application (bureaucratic hurdles and disrespectful treatment in the office), immigration concerns, and struggles with administrative issues (meeting deadlines). Although strides are made to reduce such barriers, 1 out of 5 families continue to report difficulties with enrolling into food assistance programs. H.R. 208 ameliorates many of these issues by providing more funding and support for the application process by increasing access to, follow up with, and simplifying it. Also, investing in community-based organizations will help establish comprehensive outreach and education targeting populations with low participation rates.

**Stakeholders**

Dr Deborah Frank, Founder and Principal Investigator of Children’s HealthWatch and a supporter of H.R. 208, compares SNAP to a vaccine: “SNAP, like an effective immunization, significantly decreases families’ and children’s food insecurity, which are established health hazards.” According to The SNAP Vaccine, released by Children’s HealthWatch, preserving SNAP’s flexible structure is necessary to ensure that all young and developing children receive adequate nutrition. Dr Frank has seen firsthand the immense benefits of SNAP to children’s health: a healthier birth; better birth weight; better micronutrient intake; better early childhood development; a lower prevalence of anemic, overweight, and underweight children; and improved functioning in school.

Unfortunately, a number of barriers exist that limit the feasibility and accessibility of SNAP. In terms of the enrollment process alone, Frank recalls a number of problems, including overworked caseworkers with too large of caseloads; inadequate infrastructure (such as voicemail, fax, and functional computers) to deal with the increasing number of applicants; a deficiency of bilingual caseworkers and translators; and large amounts of paperwork that repeatedly need updating (D. Frank, MD, written communication, April 2013).

Another barrier, according to Jessica Soldavini, Public Health Nutritionist at the Santa Clara County Public Health Department, is simply that many people who are eligible for SNAP do not realize that they are. “There are a lot of myths about receiving SNAP benefits, such as not being able to receive benefits if you have a home, have a job, or have a savings account, which causes many people not to apply,” says Soldavini.

Like Frank, Soldavini also recalls a number of administrative problems that act as a barrier to potential SNAP recipients: business hours that overlap with potential recipients’ own working hours. Extending SNAP’s operating hours to nonbusiness hours, as well as opening an online application, would be pivotal in making SNAP more accessible (J. Soldavini, MPH, RD, written communication, April 2013).

Tom Vilsack, another SNAP supporter and head of the US Department of Agriculture, pledged to protect the bill, stating that “our nutrition programs are under attack. They are under attack in a very consistent, thoughtful campaign to delegitimize the programs.” While the Senate and House Agriculture committees are advocating for the reduction in SNAP funding in order to promote efficiency and reduce fraud, Vilsack recommends training and education programs that would reduce America’s dependence on the program—which would also cut down on SNAP members.

Soldavini, who currently works in a pilot county similar to those described in the bill, indicates other groups who are eligible for grant funding as one of the primary stakeholders in the passing of H.R. 208. Many of these groups currently face challenges regarding the availability of time, resources, and money. Soldavini and her peers are “supportive of making it easier for the people we work with to obtain benefits. We would also be supportive because . . . we could potentially get grant money to continue and expand our services” (J. Soldavini, MPH, RD, written communication, April 2013).

**Impact**

Historically, SNAP has been successful in alleviating poverty. In 2009, SNAP lifted 3.6 million people out of poverty; in 2010, it brought 3.9 additional people (1.7 of whom were children) above the poverty line. In 2011, 13% of participating households moved above the poverty line when SNAP benefits were included in gross income, and 15% of the poorest SNAP households moved out of extreme poverty. And according to the Current Population Survey data from 2000-2009, the average annual decline in the depth and severity of childhood poverty, when adding in SNAP benefits, was 15.5% and 21.3%, respectively. Children’s HealthWatch found that children receiving SNAP benefits were 26% less likely to be “food insecure” compared with income-eligible nonparticipants. Thus, while countless Americans struggle with poverty and hunger, SNAP has proven to be effective at helping to alleviate such problems.

The Anti-Hunger Empowerment Act not only helps make it easier for low-income individuals to receive SNAP benefits, but it also benefits the entire community. Individuals who use SNAP support local businesses and bring money into their communities. The California Food Policy Advocates publication “Lost Dollars, Empty Places”
SNAP goes beyond the national problems of poverty and food insecurity: It also helps in protecting against childhood obesity, improving dietary intake, and improving other health outcomes. According to the Institute of Medicine, increasing participation in federal nutrition programs as a whole would help in the prevention of childhood obesity.13 Because limited financial resources lead shoppers to buy cheaper, more calorie-dense, and less nutrient-dense foods—and SNAP reduces this financial strain—SNAP members face fewer nutritional deficiencies. In a study published in the Journal of Nutrition, SNAP increased preschoolers’ intake of iron, zinc, niacin, thiamin, and vitamin A. And in terms of other health outcomes, SNAP exposure in utero or early childhood reduced incidence of metabolic syndrome in adulthood and resulted in lower rates of failure to thrive and hospitalizations than comparable nonparticipants.14

The grant portion of the bill, which provides fiscal assistance to community-based nonprofit feeding and anti-hunger groups is crucial in providing additional resources and assistance in applying for SNAP benefits. Because many low-income families are unable to afford a personal dietician or even attend nutrition classes, providing funding for nutrition outreach programs makes seeking SNAP aid and nutrition education affordable and accessible. And because SNAP also addresses programs in job creation, financial management, microenterprise and small business development, the passage of H.R. 208 will help make participants self-sufficient and, ultimately, food secure, such that they do not have to rely on SNAP benefits in the long term or, in the event of budget cuts, at risk of food insecurity15 (J. Soldavini, MPH, RD, written communication, April 2013).

Recommendations

Support for the Anti-Hunger Empowerment Act, H.R. 208 is essential to addressing the widespread and increasing food insecurity trend of the United States. This amendment would ensure the financial sustainability of nonprofit anti-hunger groups. It would also address the complex application process by limiting administrative burdens such as reducing the application wait times, prolonging SNAP office hours, and providing guidance at each step of the application. H.R. 208 also aims to reduce duplicative processes by allowing applications to be filed online. These steps line up closely with recent FRAC recommendations.

To reduce administrative costs, cut delays and improve the processing of SNAP applicants, FRAC recommends limiting the need for face-to-face interviews.16 By establishing waivers and creating a phone interview system, families will be able to complete their application without dedicating valuable employment time to travel to the SNAP offices. Additionally, interpreters must be staffed to ease the application process for individuals with limited English proficiency or disabilities.

It is important to reduce verifications burdens for both SNAP applicants and administrative workers. By reducing excessive and cumbersome verification requirements, caseworkers will have fewer documents to record and file. Moreover, SNAP staff must be properly trained to understand the verification requirements to minimize delay in applications. SNAP caseworkers should also be versed with a range of alternative verification methods and not impose excessive verification demands. These would help streamline the complex application process while reducing administrative workload.

Finally, SNAP applications and document submissions should be made available online. The expansion of Web-based SNAP applications should allow for electronic signatures and verification. These would prove useful for tracking and processing applications while reducing the need for paper records. Moreover, it could provide the opportunity for joint applications with other essential programs such as Medicaid, unemployment insurance, school meals, Woman, Infants, and Children, and subsidized child care services.

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References


