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A Qualitative Review of the Supplemental Nutrition Assistance Program (SNAP) and Recommendations for Improving Nutritional Output

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A Qualitative Review of the Supplemental Nutrition Assistance Program (SNAP) and Recommendations for Improving Nutritional Output

A Capstone Submitted to the Graduate Faculty of
Georgia State University's School of Public Health and
Georgia State University's College of Law

In Partial Fulfillment of the Requirements for the Degrees
Juris Doctor Health Law Certificate
and Master in Public Health

By

Shefa F. Saulat

Atlanta, Georgia
July 28, 2016

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and Recommendations for Improving Nutritional Output**

By Shefa F. Saulat

Approved:

Committee Chair, Douglas Roblin

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AUTHOR'S STATEMENT PAGE

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DEDICATION

My proudest moments pale in comparison to the greatness of Ammi's moral fortitude and unconditional love and support, particularly in my most desperate and lonely times. Ammi has taught me life lessons that no religion, university, or other relationship could teach me, and nothing I can say or do can begin to show my love, appreciation, and humility for having had her as my mother and inspiration.

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ABSTRACT

The Food Stamp Program (FSP) is a federal food assistance program for income-eligible individuals and households aimed at preventing hunger and improving nutrition (SNAP, 2016). Although immense growth in the program over the years has served millions of people, a growing body of research has found that program participants consume more calories, less fresh fruits and vegetables, and purchase more sugar-sweetened beverages than their non-participant counterparts (Leung, Blumenthal, Hoffnagle, Jensen, Foerster, Nestle, & Willett, 2013; Nguyen, Shuval, Njike, & Katz, 2014; Bleich, Vine, & Wolfson, 2013).

Additionally, other studies have found that SNAP participants consume more high-fat dairy and processed meats and fewer nuts, seeds, and legumes than comparable non-participants (Bleich, Vine, & Wolfson, 2013). In the aggregate, the research suggests a correlation between program participation and long term diminished nutrition. In addition to nutritional deficiencies, concerns about increased program spending, welfare dependence, and fraud and abuse have also surfaced over the years (Schanzenbach, 2013).

In response to growing concern and criticism, Congress passed the Food, Conservation, and Energy Act (FCEA) of 2008, which among other things, changed the name of the Food Stamps Program to the Supplemental Nutrition Assistance Program (SNAP), thereby promoting diet quality (nutrition) rather than simply promoting food (Leung, Ding, Catalano, et. al., 2012). The new law acknowledged fundamental deficiencies in SNAP and brought them to the forefront of a political agenda, paving the way for more substantive future changes.

Studying SNAP's nutritional impact and amending ineffective policies is critical because of the program's sheer size and impact (Leung, Cluggish, Villamor, Catalano, et. al., 2014). Today, SNAP is the largest federal nutrition-assistance program in the country, with 44.6 million Americans currently enrolled (Leung, et al., 2014). This paper analyzes aspects of SNAP's nutritional delinquencies and seeks to develop recommendations for healthy legislative reforms.

CHAPTER I: HISTORY AND EVOLUTION OF THE FOOD STAMPS PROGRAM

A. Inception of the First Food Stamps Program

The Secretary of Agriculture Henry Wallace and Milo Perkins first developed the idea of a Food Stamps Program in 1939 (Caswell & Yaktine, 2013). The program allowed eligible individuals to purchase orange food stamps equal in value to the food they purchase. For every \$1 of orange food stamps acquired, individuals would also receive \$0.50 of blue stamps. The orange stamps could be used towards any food purchases, while the blue stamps were reserved for foods that the government deemed to be in surplus (Caswell & Yaktine, 2013). Approximately 20 million people enrolled in the program until 1943, when the program ended because “the conditions that brought the program into being- unmarketable food surpluses and widespread unemployment- no longer existed” (“Short History,” 2014).

B. Food Stamps Act of 1964 Makes the Program Permanent

Eighteen years later, in 1961, President Kennedy initiated a food stamps pilot program that promoted consumption of perishable foods such as fruits and vegetables (Peters & Woolley, 2016). Once again, the pilot programs enrolled 380,000 participants from 22 different states in just three years. As a result of the rapid growth and success, President Johnson’s subsequent administration made the Food Stamps Program (FSP) permanent by way of the Food Stamps Act of 1964 (Peters & Woolley, 2016).

The formal legislation established several goals, one of which was government oversight and involvement by establishing distinct state and federal government roles (Peters & Woolley, 2016). According to the Act, states would determine participant eligibility rules and regulate certification and issuance, the federal government would authorize retailers and wholesalers

and fund the food stamp benefits, and both the federal government and states would share administrative costs. The Act also prohibited certain foods from eligibility. The House of Representatives had proposed prohibiting alcohol, imported foods, soft drinks, and luxury foods, but Congress approved only the alcohol and luxury foods prohibitions (Peters & Woolley, 2016).

C. Cycles of Growth, Reform, and Cutbacks through the 1970s and 1980s

After Congress passed the Food Stamps Act of 1964, 4 million Americans enrolled at an annual cost of \$360 million ("Public Law 88-525," 1964). The program grew more quickly than anticipated, with enrollment at approximately half a million in April 1965 and 15 million in October 1974. The rapid growth during the 1960s through the early 1970s raised questions among Republicans and Democrats about the program's cost, access, administration, and sustainability ("Short History," 2014). While both political parties agreed that the program needed reform, their recommendations differed.

The outgoing Republican administration called for targeting benefits towards the neediest populations, simplifying the administration, and tightening controls to improve accountability ("Short History," 2014). In contrast, the new Democratic administration sought to increase access to food stamps, curb participant abuse, and streamline the administration to reduce error and delays. In short, Republicans wanted to improve sustainability, while Democrats wanted to improve quality ("Short History," 2014). Ongoing proposals for reform led to the Food Stamps Act of 1977, which established tighter controls to prevent abuse and increased public access to the program. More specifically, the new law ("Public Law 108-269," 1977):

- Eliminated categorical eligibility for statutory income eligibility guidelines;
- Reduced and standardized permissible income deductions to show eligibility;
- Increased the purchase limit for food stamps participants;
- Penalized voluntary job resignations and limited eligibility for aliens and students;
- Required stores to provide substantial amounts of staple foods to participate as vendors;
- Adopted mail, phone, and home visits for certification to accommodate more people;
- Provided bilingual outreach and educational materials; and
- Enforced a 30-day processing standards to create accountability for delays.

In addition to preventing abuse and increasing access, the Act also incorporated several integrity provisions, including increasing federal funding for states to enforce anti-fraud policies and providing new financial incentives to states to produce lower error rates (“Public Law 108-269,” 1977).

Although the Food Stamp Act of 1977 dramatically reformed the food stamps program, the most influential aspect of the Act was the Elimination of the Purchase Requirement (EPR) (“Public Law 108-269,” 1977). Just one month after implementation, program enrollment increased by an additional 1.5 million people (“Short History,” 2014). Because of the dramatic increases in costs and enrollment, legislation in 1981 and 1982 imposed major cutbacks.

New laws required annual rather than semi-annual budgetary adjustments, more frequent required reporting, and prohibitions on using federal money for state outreach (Peters & Woolley, 2016). The laws also heightened the penalties for voluntary job resignations and established additional tests for calculating income for eligibility. Further amendments in the late 1980s eliminated the sales tax on food stamp purchases, increased the resource limits for participants, and expanded nutrition education. The most important of the 1980s amendments,

however, was the introduction of the Electronic Benefit Transfer (EBT) system (Peters & Woolley, 2016).

D. EBT System Revolutionizes the Program

The EBT system revolutionized the Food Stamps Program by modernizing and streamlining the process (Peters & Woolley, 2016). Participants established electronic accounts with monthly funds based on a federally managed disbursement system, and received EBT cards in the mail or through the local food stamps office. EBT accounts were protected by a pin number and created an automatic, error-free log of purchases, enabling state federal governments to track and identify fraudulent purchasing. By 1996, all states were required to use the EBT system, establishing a nationwide standard of interoperability and portability (Peters & Woolley, 2016).

By the early 1990s, the EBT system helped SNAP reach a new enrollment record of 28 million, which prompted calls for substantive welfare reform (“Short History,” 2014). The Farm Bill of 1996 introduced time limits for able bodied adults without dependents (ABAWDs) to receive food stamps and prohibited legal immigrants from eligibility (“1996 Farm Bill”). Closely thereafter, the Balanced Budget Act of 1997 and the Agricultural Research, Education, and Extension Act of 1998 revisited those laws by providing funding for employment and training opportunities targeting ABAWDs and exempting certain elderly, disabled, and child immigrants from the immigrant restriction (Peters & Woolley, 2016). Even during a time of stringent welfare reform, the laws passed during the 1990s sought to manage costs and prevent abuse while nevertheless encouraging access and supporting vulnerable groups (Peters & Woolley, 2016).

E. Modern Reforms Bring Stability, Access, and Quality Control

As the economy improved and unemployment decreased in the late 1990s, participation declined for the first time in decades (Peters & Woolley, 2016). Consequently, the recess in growth afforded attention to rules simplification, increased access, and quality control. With regard to rules simplification, the Farm Bill of 2002 offered states a new, more simplified reporting system, which forty-seven states adopted (“2002 Farm Bill”). It also aligned various definitions between the state and federal governments to promote transparency and interoperability (“2002 Farm Bill”).

The Farm Bill of 2002 also increased access by restoring eligibility to certain qualifying aliens, to all children of immigrants, as well as to certain disabled immigrants (“2002 Farm Bill”). Additionally, it established a performance bonus system to reward states with low error rates, thereby incentivizing greater quality control (“2002 Farm Bill”). Between 2000 and 2004, the payment accuracy rate improved by 34%, bringing the national average to 94.12%. As a result of these changes, the 2002 bill brought payment accuracy to its highest level since the program’s inception, awarded a cumulative \$48 million to 24 states for their exemplary quality control administration, and increased enrollment from 17.2 million to 26 million between year 2000 and 2006 (“Short History,” 2014).

The Farm Bill of 2008, known as the Food, Conservation, and Energy Act of 2008, passed in May of 2008 and arguably achieved even greater progress than the preceding bill (“2008 Farm Bill”). First, it changed the program’s name from the Food Stamps Act to the Supplemental Nutritional Assistance Program to help participants avoid social stigma and welfare-related censure (“2008 Farm Bill”). Although the change was optional at the state level,

more than ten states had already changed their program names before Congress' formal action, and most other states promptly followed suit ("Short History," 2014).

Second, the bill increased commitment to hunger prevention by allocating a \$10 billion increase in funding over the next ten years ("2008 Farm Bill"). Third, the bill institutionalized many of the programs priorities by including them in the enabling act of the bill. These included commitments to (1) maintaining access; (2) improving health by providing nutrition education; (3) simplifying administration; and (4) maintaining state flexibility and options. Fourth, the bill passed several reforms that improved access. For example, it recalculated asset limits after accounting for economic inflation, which resulted in greater enrollment and increased benefit allocations. It also excluded combat pay, retirement payments, and education accounts as countable resources in determining assets for program eligibility. Finally, the Farm Bill of 2008 authorized \$20 million of research funding to test healthy advertising initiatives ("2008 Farm Bill").

The latest Farm Bill, known as the Agricultural Act of 2014, was signed into law on February 7, 2014, and focused heavily on job training, advertising, and greater access to health foods (Swinburne, 2015; "2014 Farm Bill"). More specifically, the law allocated \$200 million dollars for training unemployed SNAP recipients for work, \$100 million towards advertising for increased fruit and vegetable consumption, and \$125 million towards steps to make healthy food more accessible for low income residences (Swinburne, 2015; "2014 Farm Bill").

F. SNAP Today: Success and Controversy

SNAP today is the largest of the fifteen federal nutrition assistance programs in the United States, with more than 260,000 participating retailers and approximately \$75 billion in

cumulative benefits annually (Bleich, et. al., 2013; Finding Common Ground, 2015). Additionally, over 46.6 million Americans are enrolled in SNAP as of 2013, equaling approximately one in every seven Americans, or fourteen percent of the entire population (Bleich, et. al., 2013; Schanzenbach, 2013; Finding Common Ground, 2015). In light of the program's size and the breadth of its operations, quality control and fraud prevention are of paramount importance. As a result, SNAP's Quality Control System (QCS) regularly collects data regarding the accuracy of State eligibility and benefit disbursement determinations ("Quality Control Error Rates," 2015). Since 2000, SNAP reduced its error rate by more than 50%, achieving lower error rates than any other federal program. As of 2014, more than 96% of the national disbursement calculations were accurate, while applicant eligibility determinations were more than 99% accurate ("Quality Control Error Rates," 2015).

Despite SNAP's growth and progress over the years, the House Budget Committee for the 2017 Budget Plan seeks to cut more than \$150 billion from SNAP's budget over the next ten years (Keith-Jennings & Rosenbaum, 2016). The budget proposal would convert SNAP into a block grant beginning 2021 and further cut the SNAP budget by approximately \$125 billion of funding through 2026 (Keith-Jennings et. al., 2016).

Members of Congress who support the budget cuts argue that the program's eligibility restrictions are too lax and the benefits too generous (Schanzenbach, 2013). In reality, however, 44% of SNAP recipients are children, 9% are 70 years of age or older, and 20% of SNAP-enrolled households support a person with a mental or physical disability (Crone, Payne, & Shahin, 2015). That means only 27% of all SNAP recipients are non-disabled, non-elderly, able-bodied adults (Crone et. al., 2015). Furthermore, SNAP benefits average a mere \$1.41 per

person per meal (Keith-Jennings, Rosenbaum, 2016; “Finding Common Ground,” 2015), thus voiding objections regarding excessive benefits. As evidenced by the facts, such drastic budget cuts are unwarranted.

Another common criticism for SNAP is that because participation is not contingent on employment status, that SNAP creates welfare dependence and disincentivizes able-bodied individuals from working (Schanzenbach, 2013). This, too, is inaccurate. Federal SNAP rules strictly regulate the employment circumstances in which SNAP participants may qualify for benefits (“E&T Policy and Guidance,” 2016). SNAP recipients may not have voluntarily quit their employment or reduced their hours. Additionally, all recipients must be registered (i.e. have applied) for work and are obligated to accept any subsequent job offers. Finally, all recipients are required to enroll in employment and training programs assigned by their state for as long as they receive benefits. Applicants who fail to meet any of these requirements must be rejected from receiving benefits (“E&T Policy and Guidance,” 2016).

In addition to the aforementioned general restrictions, able-bodied adults without dependents (referred to as ABAWDs) must meet certain additional criteria. Specifically, ABAWDs in good mental health may only receive three months of SNAP benefits in any three-year period (7 U.S.C. § 2011, Sec. 6(o)). The only way to bypass the three month benefits cap is to work a minimum of 80 hours per month and participate in qualifying training programs or comply with state-assigned workfare programs (“E&T Toolkit,” 2016). These workfare programs provide ABAWDs state-organized volunteer work in accordance to the benefits they receive (“E&T Toolkit,” 2016).

The three-month time limit for ABAWDs has been part of SNAP legislation since the 1990s and includes a waiver for economic downturns (“SNAP ABAWDs,” 2016). According to the waiver, the Secretary of Health and Human Services may, “on the request of a state agency,” temporarily waive the time limit if “the area in which the individuals reside has an unemployment rate of over 10 percent or does not have a sufficient number of jobs to provide employment for the individuals” (7 U.S.C. 2011, Sec. 6(o)(4)). This kind of employment flexibility is crucial for SNAP’s effectiveness, since the program was founded as a societal safety net. As of March 2016, 11 states are operating under ABAWD time limit waivers, 28 states are operating under partial waivers, and 14 states have not applied for or do not qualify for waiver of the ABAWD time limit (“Status of ABAWDS,” 2016).

CHAPTER 2: SNAP'S LEGISLATIVE INTENT AND THE HEALTH OF SNAP RECIPIENTS

A. Nutritional Outcomes of SNAP Participation

Several studies have been conducted on SNAP's efficacy as a food-assistance program. While most research concludes that SNAP does ultimately improve food security, the same cannot be said about whether it facilitates nutrition and diet quality. In three recent studies on SNAP's nutritional impact, researchers concluded that SNAP yielded no statistically significant improvement on nutrition. In contrast, SNAP participation was correlated with diminished nutrition and diet quality compared to income-eligible non-participating counterparts.

In the first of three studies on SNAP's nutritional impact, researchers focused on SNAP's impact on children. The study sought to determine whether low-income children's obesity rates and dietary quality improved by participating in the program (Leung, Blumenthal, Hoffnagle, Jensen, Foerster, Nestle, & Willett, 2013). Using the National Health and Nutrition Examination Surveys (NHANES) from 1999 through 2008 to select the study population, these researchers identified 5,193 children between the ages of 4 and 19 with household incomes at or below 130% of the federal poverty level, and measured their diets using 24 hour recalls. 28% of the children resided in households participating in SNAP, while 72% resided in households eligible for SNAP but not participating in the program.

After adjusting for sociodemographic differences, researchers concluded that children in SNAP-participating homes consumed 43% more sugar-sweetened beverages, 47% more high-fat dairy products, and 44% more processed meats than comparable children in non-participating households (Leung et al., 2013). Additionally, children in SNAP-participating homes

consumed 19% fewer healthy nuts, seeds, and legumes than non-participating homes (Leung et al., 2013).

A second study on the correlation between SNAP enrollment and diet quality on adults corroborated those results by yielding similar outcomes. This study also used data from NHANES for a seven-year timeframe from 2003 to 2010 (Nguyen, Shuval, Njike, & Katz, 2014). Researchers selected 4,211 low-income adults between the ages of 20 and 64, for which 43% participated in SNAP and 57% did not. The study compared the nutritional intake between SNAP participants and non-participants according to the Healthy Eating Index and stratified the results by age, sex, food insecurity, race, and ethnicity. Similar to the first study, SNAP participants consumed less fruits, vegetables, seafood, plant proteins, and empty calories than did their counterpart low-income non-participants (Nguyen et al., 2014).

Finally, in a more narrowly tailored NHANES-based study conducted by Johns Hopkins and Columbia University, researchers examined whether SNAP-participants and non-participants consumed sugar-sweetened beverages differently (Bleich et. al., 2013). The study identified 17,198 individuals aged 20 and older who had performed dietary recalls for NHANES between 2003 and 2007. Researchers compared the sugar-sweetened beverage consumption rates based on SNAP enrollment and found that SNAP-enrolled individuals consumed 6% more sugar-sweetened beverages than their income-eligible, non-participating counterparts. Additionally, amongst all sugar-sweetened beverage drinkers regardless of SNAP enrollment, SNAP participants consumed the most calories of all drinkers, totaling an average of 20% more calories than SNAP non-participants (Bleich et al., 2013).

All of these studies indicate dire problems in SNAP's infrastructure and implementation. The literature concludes that although SNAP does provide food assistance, its participants have lower dietary quality than like households not participating in the program (Nguyen et al., 2014). As a result, the program should be evaluated and restructured to improve diet quality and incentivize better habits (Leung et al., 2013; Bleich et al., 2013; Nguyen et al., 2014).

B. Literature Strengths and Limitations

One of the limitations pervading most of the research and scientific literature on SNAP nutrition is the bias inherent in 24-hour diet recalls. All three of the nutritional comparisons between SNAP participants and non-participants entailed recalls. Patterns of over and underestimation and other inaccuracies can impact the accuracy of the results over time.

Another limitation in the literature is the use of the NHANES for all three surveys. Most of the studies on SNAP rely on previously collected information from NHANES. As a result, if any limitations or patterns exist that are unique to NHANES' collection methods, then those unaccounted-for patterns and effects become relevant but unaccounted for in other derivative studies. Findings regarding SNAP's nutritional quality would be better supported if the random population samples came from varied sources rather than from the same source each time.

One of the strengths of the literature is the consistency of study results and the clear identification of factors that inhibit healthy food purchases. All SNAP studies on diet quality point to the same issues: the cost disparity between healthy foods and unhealthy foods, lack of access, and a lack of financial incentivizing and marketing for fruits, vegetables, and other nutritious foods.

CHAPTER 3: HEALTH POLICY ISSUES AND PROPOSALS FOR HEALTH IMPROVEMENTS

Although the evidence is clear that SNAP recipients consistently demonstrate diminished health outcomes compared to non-recipients, multiple confounding factors make it difficult to pinpoint a single root cause. In order to assess how SNAP policies and procedures might have contributed to poor nutrition, researchers engaged 27 experts in detailed, semi-structured interviews to better understand the nutritional obstacles and to brainstorm strategies for improving the diet quality of program participants (Leung, Hoffnagle, Lindsay, Lofink, Hoffman, Turrell, & Blumenthal, 2013). The study revealed experts' opinions on the top four SNAP-related barriers to healthy nutrition: (1) the high cost of nutritious foods compared to processed foods, (2) inadequate SNAP benefits coverage, (3) individuals' limited access to healthy foods in low-income areas, and (4) general environmental factors associated with poverty (Leung, Hoffnagle et al., 2013).

To address these problem areas, several legislative improvements have been suggested, of which five will be discussed in detail. First, experts recommend that SNAP be restructured to incentivize participants to purchase more nutrient-rich food consistent with the 2010 Dietary Guidelines for Americans (Leung et al., 2013). One way to do so is to discontinue subsidizing unhealthy foods by eliminating those foods from SNAP eligibility (Leung et al., 2013; Bleich et al., 2013).

The second recommendation is to introduce financial incentives, such as lowering the purchase price of fresh foods and setting caps on the percentage of unhealthy EBT purchases, which would make healthy diets affordable for low-income families and promote healthier

purchase choices among SNAP participants in the long term (Blumenthal, Hoffnagle, Leung et al., 2012; Cucurullo, 2012).

Third, SNAP reforms should increase SNAP participants' physical access to healthy foods by working to alleviate "food deserts" and "food swamps" (Blumenthal et al., 2012; Leung, Hoffnagle et al., 2013). Facilitating farmers' markets in participating in SNAP ("SNAP to Health!," 2016), adopting healthier and more stringent guidelines for SNAP-participating retailers, and helping the development of groceries stores in low-income residential neighborhoods are just a few of the ways that SNAP recipients could gain greater access to healthy foods (Leung, Hoffnagle et al., 2013).

Fourth, arming the public with more substantive nutritional education and expending more resources on healthy advertising aimed at low income demographics are crucial in countering the unhealthy ads that strategically target low income families and youth (Dorin, 2011; Harris, Schwartz, LoDolce et. al., 2014, Blumenthal et. al., 2012). Finally, SNAP policies and procedures must be modernized to reflect more stringent retailer guidelines, more protective advertising guidelines, and more transparency (Training Guide, 2014; FY 2017 SNAP Education Plan Guidance; Blumenthal et. al., 2012; Montgomery, Grier, Chester, & Dorfman, 2011). Each of these five recommendations are explained in greater detail.

A. Changing the Foods that Qualify for SNAP Participation

Today, SNAP participants purchase more snack foods and sugar sweetened beverages than comparable SNAP non-participants (Leung et al., 2013; Bleich et al., 2013), and consistently consume more calories than comparable SNAP non-participants (Nguyen et al., 2014; Bleich et al., 2013). Unhealthy purchases impact children's long term dietary choices,

paving the way for children to buy similar products as adults and experience diminished long term health (Leung et al., 2013). In addition to consuming more calories, SNAP participants are statistically at a higher risk of health problems associated with sugar sweetened beverages than comparable SNAP non-participants (Leung et al., 2013; Bleich et al., 2013). As a result, SNAP's association with unhealthy foods further burdens a healthcare system that is already riddled with obesity and chronic diseases.

One method of improving SNAP's nutritional output is to limit or exclude foods that provide little or no nutritional value (Blumenthal et. al., 2012; "Freedom from Hunger," 2015). The National Commission on Hunger, which Congress created in 2014 to provide Congress and the USDA with food-related policy recommendations, unanimously recommended Congress to "exclude a carefully defined class of sugar-sweetened beverages" from the list of purchasable foods in SNAP ("Freedom from Hunger," 2015). The report argued that "SNAP benefits should help families meet their nutritional needs; not contribute to negative health outcomes through poor nutrition choices" ("Freedom from Hunger," 2015, P. 52). Furthermore, it cited the long term detriments of sugar-sweetened beverages, and referred to the corroborating recommendations of several leading health agencies around the world, including the World Health Organization (WHO), the National Institutes of Health (NIH), the Centers for Disease Control (CDC), and the Institute of Medicine ("Freedom from Hunger," 2015, P. 52). While limiting the criteria for participating foods would introduce a new kind of government involvement in SNAP, public opinion among SNAP participants and non-participants seems to approve of the new measures to promote health.

i. Public Perception of Limiting or Excluding Unhealthy Foods

Public perception on how to improve SNAP's nutritional output seems to agree with public health recommendations to limit or exclude unhealthy foods from participation. In two structured, qualitative studies on public opinion, SNAP participants and experts opined on SNAP's nutritional barriers, as well as what changes could alleviate nutritional gaps. In the first qualitative study, surveyors asked 3,024 randomly selected individuals about their support for federal SNAP spending and program policy changes aimed at improving nutrition (Long, Leung, Cheung, Blumenthal, & Willett, 2012). Of those randomly selected group, 418 individuals were enrolled in SNAP. 82% of the respondents supported benefits being limited to healthful foods, while 69% of respondents supported removing SNAP benefits for sugary drinks such as sodas and artificial juices (Long et al., 2012).

When the same questions were posed to SNAP the participants in the study, 54% supported removing benefits on sugary drinks (Long et al., 2012). Of the remaining 46% who opposed removing sugary drinks, all but 1% changed their mind if the policy would replace the benefits on sugary drinks with benefits on healthier options (Long et al., 2012). As a result, only 1% of SNAP participants declined replacing sugary drink benefits with healthier food options (Long et al., 2012). The study concluded that the public would not oppose and in many cases, would actively support incorporating a more nutritional approach rather than a solely financial one (Long et al., 2012). In yet another study, 78% of all SNAP-participating respondents agreed that SNAP benefits should not extend to soda and similarly unhealthy beverages (Blumenthal et al., 2014).

ii. Policy Objections to Increasing SNAP Regulations

Critics of increased restrictions argue that restricting SNAP-eligible foods would undermine the autonomy of participants and invite excessive government oversight and control into day-to-day personal choices (Lewis, 2013). However, government programs similar to SNAP have legally and healthily operated with stringent dietary restrictions for decades. The Special Nutrition Program for Women, Infants, and Children (WIC), for example, outlines specific nutritious foods that fulfill the dietary health needs of its participants (Cucurullo, 2012). The food packages predetermine food content, quantity, and brand based on the age and subjective dietary needs of each participant, and only very specific, healthful foods are incorporated into the program. The program's subsidies are limited to infant formula, milk, cheese, cereal, juice, fruits, vegetables, whole wheat bread, grains, eggs, peanut butter, canned fish, and legumes (Cucurullo, 2012).

In contrast to WIC, SNAP participants have almost complete discretion over the foods they purchase for their families, and corporations' multimillion dollars in advertising play a large part in shaping that discretion (Blumenthal et. al., 2012). The only legal restrictions that SNAP participants must conform to are restrictions on alcohol, tobacco, hot foods, prepared foods, and vitamins (7 U.S.C. § 8701, 2008). The contrast is rooted in WIC's origin as a nutritional assistance program for medically vulnerable populations (42 U.S.C. § 1786(a), 2006), versus SNAP's origin as a general income supplement for purchasing groceries (7 U.S.C. § 2011, 2006).

Although varying program intentions warranted different degrees of participant discretion, the public health landscape has transformed over the last several decades. Rising

obesity rates and the prevalence of chronic diseases have brought national attention to SNAP's nutritional deficiencies (Cucurullo, 2012). Furthermore, strategic advancements in corporate advertising and funding have exacerbated the current health crisis. Today, one-sixth of the population is food-insecure, while approximately two-thirds of adults and one-third of children are either overweight or obese (Cucurullo, 2012). The combination of food inadequacy and excessive weight presents an urgent health crisis for the country's poorest population.

iii. States' Attempts at Implementation

Because of the overwhelming evidence against the adverse health impact of sugary beverages and snacks and the disproportional impact they have on SNAP participants, many states have already attempted limiting SNAP-eligible foods in their jurisdictions, of which Minnesota was the first. In 2004, Minnesota's State Department of Human Services (DHS) petitioned to the U.S. Department of Agriculture (USDA) to waive the federal definition of "eligible foods" in 7 CFR 271.2 and replace it with a narrower definition that excluded candies and soft drinks (Skorburg, 2004). The Minnesota DHS' Assistant Commissioner argued that it was "inconsistent to encourage healthy nutrition and simultaneously allow the purchase of candy and soft drinks," and lobbied to exclude candy and soft drinks from SNAP participation in order to support the "broader state effort to improve eating habits" (Skorburg, 2004).

Following two months of review, the USDA promptly denied the petition on grounds that the ban would "stigmatize food stamp recipients" and "perpetuate the myth that FSP participants do not make wise food purchasing decisions" (Holden, 2004). The USDA's rejection letter also argued that SNAP participants are "smart shoppers" and that there is "little difference in nutrient intakes between low-income participants and higher income consumers"

(Holden, 2004). Since then, several scientific studies throughout the country have contradicted the USDA's position (Leung et al., 2013; Bleich et al., 2013; Blumenthal, et al, 2012; Cucurullo, 2012).

Seven years later, New York City submitted a petition to the USDA requesting permission to pilot test a study on the health outcomes of temporarily removing sugar sweetened beverages from SNAP eligibility. The pilot test sought to compare sugar and calorie intake between New York's limited SNAP foods eligibility and other cities' control group criteria. However, the study was rejected on the basis of "potential stigmatization of SNAP participants" (Long et al., 2012).

Even more recently, in April 2015, Missouri's legislature attempted similar restrictions when State Representative Rick Brattin proposed a bill preventing SNAP funds from purchasing cookies, chips, energy drinks, and soft drinks, among other foods (Brattin, 2015). According to Brattin, the bill aimed to "get the food stamp program back to its original intent, which is nutrition assistance" (Ferdman, 2015). However, the USDA rejected that bill, as well.

The USDA's repeated rejections of the state petitions to amend or otherwise study changes to SNAP's federal food eligibility standards present a roadblock for SNAP reform. Congress should restrict the eligibility of nutrient-poor foods and beverages or, at the very least, allow states to do so on their own statewide level so that participants purchase unhealthy foods out-of-pocket rather than with the help of taxpayer dollars (Leung, Hoffnagle et al., 2013).

B. Using Financial Incentives to Improve Purchase Behavior

i. Lower the Cost of Healthy Foods

SNAP participants frequently cite the high cost of fruits, vegetables, and whole grains as one of the biggest obstacles for healthy eating (Cucurullo, 2012). Perishable greens and grains consistently cost more than processed, preserved foods such as chips, sodas, and snack foods. As a result, SNAP participants, who are financially restricted by definition of their eligibility, often can't afford to purchase healthy foods (Blumenthal, et. al., 2012). Even after receipt of their EBT cards, families must weigh the benefits of food quantity versus food quality, and ultimately purchase food primarily to prevent hunger rather than to provide nutrition.

Countless studies over the years have irrefutably illustrated the impact that price has had on healthy food purchases in SNAP participating families. In several case studies, increasing the prices of fruits, vegetables, and whole grains dramatically yielded decreased purchase rates in low income neighborhoods, while decreasing prices yielded increases in healthy purchases in the same neighborhood (Blumenthal, et. al., 2012; Cucurullo, 2012).

In another study, 522 adult SNAP participants were provided web-based surveys of questions on current SNAP policies, their impacts, and various proposed policy changes to improve quality and access to healthier foods (Blumenthal et al., 2014). 70% of the respondents indicated that current levels of SNAP benefits were insufficient to maintain a healthy diet because of the higher cost of healthy food. Upon further questioning, they revealed that price incentives such as vouchers and coupons on healthy foods would diminish the financial impossibility of a healthy diet for SNAP participants (Blumenthal et al., 2014).

The intuitive solution to the comparatively high cost of healthy foods is to decrease the prices through a government-funded program (Cucurullo, 2012). However, some realistic obstacles must be accounted for before any such operation can be successful. According to a Maine policy review, one of the greatest obstacles to enforcing a government-funded incentive program would be to ensure that SNAP-participating consumers would understand and value the benefits of healthy eating to the extent that they would change their purchase habits (Schumacher, Nischan, & Simon, 2011). To that effect, the Food, Energy, and Conservation Act of 2008, commonly known as the Farm Bill of 2008, delegated \$20 million for “pilot projects to evaluate health and nutrition promotion in the Supplemental Nutrition Assistance Program” (7 U.S.C. § 8701, 2008).

The Act paved the way for the Healthy Incentives Pilot (HIP) Program, which tested whether financial incentives (lower prices) on fruits and vegetables could significantly impact healthy food purchase, preparation, and consumption in the long term, eventually leading to diminished obesity and chronic disease prevention (Pirtle, 2015). After two years of investigating possible site locations, the USDA eventually chose Hampden County, Massachusetts as the first HIP pilot site in 2010 (Healthy Incentives Pilot, 2014).

Under the HIP pilot study, 7,500 SNAP participants were randomly selected to participate in an EBT incentive program. For every dollar that participants spent on targeted vegetables and fruits (TVF), the federal government credited \$0.30 to the EBT card (Healthy Incentives Pilot, 2014). TVFs were not limited to fresh variety, but rather included canned, dried, and frozen varieties without added sugars, fats, oil, or salt. The Massachusetts

Department of Transitional Assistance operated the program from November 2011 through December 2012 (“Healthy Incentives Pilot,” 2014).

At the end of the 13-month trial period, researchers found that HIP participants consumed approximately 26% more targeted fruits and vegetables per day, reported higher spending on both targeted and non-targeted fruits and vegetables, and had more fruits and vegetables available in the home than similarly situated non-participants (“Healthy Incentives Pilot,” 2014). These findings illustrate a realistic option for decreasing the cost of healthy foods while increasing purchase and consumption. Programs similar to this study have been successful in private and state government-led ventures, as well (Blumenthal et. al., 2012).

ii. Setting a Cap on Sugary Purchases

Another method to disincentive unhealthy SNAP purchases is to set a cap on the percentage of EBT credit that can be used towards snack foods and sugar-sweetened beverages. Rather than preventing SNAP shoppers from exercising free will at the grocery store, the cap would simply require unhealthy purchases that exceed the SNAP limit to be purchased out of pocket, thereby creating personal accountability for such purchases. Over time, decreasing the permissible percentage would help to gradually change spending and consumption, possibly leading to a sustainable and healthy improvement in purchase preferences. Although it would be hard to determine eligibility standards and tests for nutritional adequacy, different pilot programs could test the waters and help determine a long term standard.

Some states have already attempted to pass caps on SNAP content purchases. In May 2015, for example, Wisconsin’s State Assembly passed a state bill requiring SNAP participants to

spend at least two-thirds of their SNAP disbursement on WIC-eligible foods and other nutritional items such as meat, fish, fresh produce, and white potatoes (Assembly Bill 177). The remaining one-third of the monthly disbursement could be used to purchase any food items that the federal definition allows, including cookies, chips, and sugar-sweetened beverages (Assembly Bill 177). Like other states' attempts, the bill required a federal waiver to the USDA, which never passed.

C. Increase Access to Healthy Foods

i. Understanding Food Deserts and Food Swamps

Although financial incentives such as lower health food prices make a nutritious diet more affordable, physical access to healthy food continues to be a significant nutritional barrier for many SNAP-enrolled families (Leung, Hoffnagle et al., 2013). Many low income neighborhoods in both urban and rural settings lack groceries stores, thus making it impossible to shop from the local community groceries stores where consumers have real dietary options.

Inaccessibility is further exacerbated by environmental problems that pervade most low income residential areas (Leung, Hoffnagle et al., 2013). Many families do not have the transportation to shop at stores more than a mile away (Leung, Hoffnagle et al., 2013). According to one study, 5.8 million American households, which accounts for 5.5% of the population, reside at least half a mile from the closest groceries store and do not have access to a vehicle (Blumenthal et al., 2012). Among those, 2.4 million households live further than a one mile away and still lack access to a vehicle (Blumenthal et al., 2012).

Even for stores that are within walking distance, walking to buy groceries presents time constraints, the challenge of purchasing only as much groceries as an individual or a family can

carry for the walking distance, as well as safety concerns in crime and violence-riddled neighborhoods (Leung, Hoffnagle et al., 2013). Areas where residents either (1) do not have groceries stores or (2) lack transportation to reach there are referred to as food deserts because of the general shortage of food sources (Leung, Hoffnagle et al., 2013). In those environments, where the cost of groceries, the distance to a store, limited transportation, limited time to shop, and questionable pedestrian safety are all typical concerns for each trip to the store, nutrition becomes a secondary, far less urgent need (Leung, Hoffnagle et al., 2013). The average SNAP household in the United States today lives approximately 1.8 miles from the closest groceries store, but travels approximately 4.9 miles each way to get to the store they shop at regularly, most likely for reasons of affordability (Blumenthal et al., 2012).

In contrast to food deserts, food swamps are also a common phenomenon in low income areas (Blumenthal et al., 2012). They refer to areas where fast food restaurants, gas stations and corner stores far outnumber stores that carry fresh, whole foods and produce. For families living in food swamps and food deserts alike, the nutritional consequences are the same. Both scenarios yield diminished expenditures on fruits, vegetables, and milk, and are associated with increased prevalence of obesity and obesity-related chronic diseases (Blumenthal et al., 2012). Food swamps and food deserts highlight problems within the SNAP retailer system, which allows low quality food sources such as corner stores to provide for the nutritional needs of large communities.

ii. Improving SNAP Retailer Standards

Inappropriate retailers are made possible from lax retailer standards, which have only one requirement (Blumenthal et al., 2012). All SNAP retailers must either (1) stock and sell food

for home preparation in four categories of staple foods- breads/cereals, fruits/vegetables, dairy products, or meat/fish/poultry, or must (2) obtain more than half of their gross sales from selling foods within the four staple categories. As a result, any snack store that sells any bread, any single option of fruit, any serving of milk, and even 1 variety of frozen chicken meets the retailer standard regardless of how many other candies, sodas, and chips are sold more predominantly. Unsurprisingly, full-service grocery stores account for a surprisingly small minority of SNAP-eligible stores (Blumenthal et al., 2012).

One way to improve access to healthy food for low income neighborhoods is to implement stricter standards for retailers to become SNAP-eligible. For example, requiring all SNAP retailers to carry a predetermined percentage of fresh produce, fruits, or dairy products would force these stores to carry more diverse foods to maintain their SNAP retailer status and preserve their consumer base. Today, the majority of all SNAP-certified stores are small drug stores, liquor stores, and other small scale vendors that have expanded an incidental food service and have yet to offer substantive nutritional options (Blumenthal et al., 2012).

Another method for improving retailer standards is to limit the percentage of sugar sweetened beverages and processed foods that a SNAP-eligible retailer can sell. For snack food vendors operating in food deserts, meeting SNAP requirements is essential to business. As a result, a backwards approach that revokes eligibility unless certain criteria is met would immediately and dramatically increase SNAP consumers' food quality and variety. Stores in food deserts that choose to forgo SNAP-retailer status would simply invite competition from new stores to compete for the untapped SNAP market.

iii. Solutions to Practical Barriers

One of the practical barriers in requiring small stores to carry fresh fruits and vegetables in order to maintain SNAP eligibility is the inherent cost in expanding a store supply (Blumenthal et al., 2012). Stores have limited space and resources, and these changes would require more storage and display space, refrigeration costs, display equipment, more staff training, as well as higher maintenance costs and spoilage rates for the perishable foods.

To overcome these barriers, public and private investments could cover the cost of the initial transition, such as for the purchase of equipment and store modifications (Blumenthal et al., 2012). For future costs, small stores and SNAP-ED could work together to advertise the health benefits of nutritious foods, thereby offsetting the costs with greater sales. The lower cost of nutritious foods, coupled with the out-of-pocket expense of unhealthy items would collectively make healthier foods the more affordable and readily available option.

D. Media to Change Participant Food Preferences

i. Media's Disproportionate Impact on Vulnerable Populations

One of the greatest nutritional obstacles in the United States is the stark imbalance in advertising for healthy versus unhealthy foods, which tends to tip the scale against consumers purchasing wisely (Montgomery et al., 2011). Food and drink companies bombard consumers with innutritious, tasty, affordable food options on television, through radio ads, and in weekly newspapers, while fresh fruits, vegetables, 100% juices, and water receive a fraction of the marketing (Harris et al., 2014).

According to one study, approximately 87% of the food and beverages ads children between 6 and 11 see on television are for foods high in sugar, sodium, or saturated fats

(Blumenthal et. al., 2012). In another 2014 online study conducted on 914 different beverages from 106 brands, sugar-sweetened drinks and energy drinks constituted two-thirds of all of the beverage advertisements for children during the prime-time TV hours, while advertisements targeted at teenagers focused most heavily on energy drinks (23%) and soda (20%) (Harris et. al., 2014). Plain water and natural 100% juices were the least advertised drinks for teenagers, totaling to a combined 16% of beverage ads (Harris et al., 2014).

The hundreds of billions of dollars spent on advertising strategically on prime time television and on virtually every online platform, cell phone browser and targeted smartphone apps make purchasing and eating healthy foods increasingly difficult. SNAP consumers, who as a demographic are (1) less informed about nutrition and (2) more strongly driven by cost than non-SNAP consumers, are especially vulnerable to elaborate marketing strategies (Dorin, 2011; Montgomery et al., 2011). Corporations maximize on the opportunity to garner brand loyalty among younger, more willing demographics, and therefore target their marketing towards racial minorities, a large part of whom participate in SNAP (Dorin, 2011; Montgomery et al., 2011).

In 2013, advertisements for sugary drinks and energy shots on Spanish-language TV increased by 44% between 2010 and 2013, accounting for a total of \$83 million dollars (Harris et al., 2014). The rise in advertising on Spanish channels constituted 14% of the total television advertising budget of 2013, a disproportionate percentage for the English to Spanish channel ratio. Similarly, PepsiCo and Dr. Pepper increased their Spanish-language television advertising for sugary drinks by \$17 million and \$13 million respectively, establishing a stronghold in Hispanic youth culture. For the first time in 2013, SK Energy and 7UP advertised only on

Spanish-language channels, while Dr. Pepper and Sunny D allocated approximately one-third of their television spending budgets to Spanish-language channels, again, in stark disproportion to the English to Spanish channel ratio (Harris et al., 2014).

As a result of the disparities in advertising, Hispanic preschoolers and children saw a 23% and 32% rise in ads for sugary drinks and energy shots between 2010 and 2013 (Harris et al., 2014). Even on English-language channels, black children and teenagers saw more than twice the ads for sugary drinks and energy drinks as white children and teenagers. Since 2010, advertising to white youth has declined, while advertising targeting black youth has increased. In 2013, black teenagers saw four times as many ads for Sprite and three times as many ads for Coca-Cola as white children did (Harris et al., 2014).

ii. Methods to Use Advertising for Positive Change

One way to curb the influence of these advertisements is to improve advertising in stores, where the purchase is made, referred to as point-of-purchase (POP) marketing (Quelch, 1983). POP marketing advertises products at the same place as where the decision to purchase or pay is made. To improve POP marketing for healthy foods, retailers would need to increase advertising for fresh fruits and vegetables at the entrance of groceries stores, throughout the fruits and vegetable stands, as well as at the register (Blumenthal et al., 2012).

Effective POP displays could include ceiling banners and hanging signs, countertop and floor displays, as well as automatic coupon dispensers next to advertised products. The displays could describe the health benefits of eating more fresh foods and advertise low prices and good taste. Alternatively, displays could warn consumers about the importance of a healthy weight and the caloric or carbohydrate count that a healthy snack should have. Both of these options

would educate consumers and create nutrition-consciousness at the point of purchase.

According to several studies, people who notice POP signs for healthy foods are more likely to purchase healthy foods than people who didn't see POP signs (Ernst, Wu, Frommer, et al., 1986).

Another way to encourage healthy food purchases is to move fresh fruits and vegetables to the front of the store and place them at eye level, while moving sugar-sweetened beverages and candy to the back of the store (Blumenthal et al., 2012). Common grocery store layouts currently limit fresh fruits and vegetables to a side wall of the store, while candy and chips inhabit their own aisles and deli breads and cakes are displayed through the store entrance at eye-level on stand-alone tables throughout. This layout attracts children and impulse buyers, who make their purchase decisions as they walk from the entrance to the back of the store. Reversing these advertising methods to *benefit* impulse buyers and children would decrease unhealthy spending and give consumers the chance to consider health purchases before they pick up snacks rather than after.

Store advertising can also help consumers by offering shoppers samples of easy-to-prepare healthy foods such as cantaloupe, grapes, apples, cucumbers, and carrots rather than promoting processed meats, juices, and snacks. The hot foods, desserts, and juices that are usually advertised contain preservatives and unhealthy levels of fat, sugar, and sodium (Blumenthal et al., 2012). Advertising fresh fruits and vegetables would help diminish new consumers' hesitations about fruit not being ripe, tasty, or preparation-friendly.

E. Changes to SNAP Policies and Procedures

Although implementing lower prices and healthier advertising for SNAP participants would undoubtedly improve SNAP participants' purchase habits (Blumenthal et al., 2012), certain laws and retailer guidelines unintendedly prevent these productive measures and must be changed. For example, SNAP's federal Training Guide (2014) requires stores to place "We Accept Food Stamp" posters "in a prominent place" in the store. Although the policy sought to provide greater access and transparency to SNAP shoppers ("Training Guide," 2014), the signage has instead been used for indirect product advertisement. Retailers often place the signs next to images of sugar sweetened drinks, candy, and snacks to lure SNAP shoppers to those items in the store rather than to the store itself (Blumenthal et al., 2012). Additionally, many of the retailers that use the signs are gas stations, convenience stores, and side shops that predominantly sell snacks, candy, and drinks rather than groceries (Blumenthal et al., 2012).

To reduce the effects of these advertising tactics, SNAP's federal signage policy should be limited to neutral signage or to advertising only healthy, recommended foods. Retailers' association of SNAP signage with unhealthy foods should be strictly prohibited and penalized, and federal guidelines should tighten retailer eligibility restrictions to limit retailer participation. Only retailers that stock a minimum quantity of fresh produce and nutritious foods should be permitted to participate in the Food Stamps Program.

The federal policy prohibiting manufacturers and retailers from offering exclusive sales, coupons, and discounts to SNAP participating customers, even if they are for healthy foods such as fruits and vegetables is another problematic policy ("FY 2017 SNAP Education Plan Guidance"). The prohibition aims to prevent SNAP participants from discrimination at grocery

stores by ensuring equality among all shoppers regardless of SNAP participation. Contrary to the desired result, however, SNAP participants are constantly exposed to negative advertising (Montgomery et al., 2011) and seduced by low prices of unhealthy foods (Leung, Hoffnagle et al., 2013), which jointly incentivize unhealthy purchase decisions. The guidelines prohibiting discounts and rebates for healthy foods all further promote unhealthy decisions. The prohibition should be amended to allow retailers and manufacturers to offer exclusive sales and discounts for healthy foods for SNAP participants.

Finally, current SNAP-Ed Guidance severely limits partnership rights, publication rights, and the provision of wellness committees. Under federal law 2 C.F.R. 200.315(b), the “FNS reserves a royalty free, non-exclusive right to reproduce, publish, use, or authorize” SNAP-Ed literature (“SNAP-Ed Guidance,” 2015). Although the restriction’s purpose is to control the content and quality of educational materials for the public, it also cripples NGO and non-profit organizations’ efficacy in promoting educational materials for greater access to SNAP. The prohibition’s bottom-line result is that nutrition specialists and public health scientists cannot advise or educate stores on how to lower prices and increase sales for fresh fruits and vegetables. Strict quality control measures such as those enumerated in 2 C.F.R. 200.315(b) should be loosened to accommodate productive dialogue between health specialists, retailers, and consumers.

CHAPTER 4: CONCLUSION

Because scientific studies so strongly indicate a correlation between SNAP participation and diminished nutrition, it is imperative to make structural changes to the SNAP benefits program. Congress should limit the foods that SNAP discounts can be used towards, increase access to healthy foods by implementing changes to SNAP retailer standards, and begin subsidizing healthy foods. Additionally, SNAP policies and procedures must be modernized and SNAP educators and public health professionals must begin focusing on positive advertising and nutritional education.

In addition to these changes, it is important to recognize that most research and proposals on SNAP reform have hinged on individuals' purchase habits, while comparatively few studies and organizations have committed to improving SNAP vendors' accommodations. Requiring SNAP-participating vendors to carry more nutritious foods would improve the food environment in SNAP-heavy environments and would prevent the growth of food deserts and food swamps (Ohri-Vachaspati, Wharton, DeWeese, & Tucker, 2011).

In 2008, the supplemental program for women, infants, and children (WIC) implemented similar pilot guidelines for vendors in New York, Texas, California, Illinois, Wisconsin, New Hampshire, and Pennsylvania (Ohri-Vachaspati et al., 2011). Studies in all seven states found that more stringent guidelines focused on fresh fruits and vegetables improved the nutritional environments by making stores more likely to carry fresh produce, low-fat milk, whole wheat bread, and brown rice (Ohri-Vachaspati et al., 2011). Improving the nutritional quality of the foods available for purchase by improving SNAP vendor standards would inevitably improve SNAP consumer's quality of purchases, as well.

In addition to improving vendor standards, implementing broader institutional and organizational reforms can also improve SNAP's efficacy as an assistance program. For example, SNAP policy advocates should take steps to streamline the debit card process for farmers' markets to encourage more participation from private farmers and small local businesses. Doing so would diversify the kinds of SNAP vendors, provide healthier food options to SNAP recipients, create new jobs, support local businesses, and help to eliminate food deserts by increasing the numbers of SNAP-friendly vendors. Additionally, SNAP could sponsor educational seminars to ease new vendors' transition into the SNAP programs to make the process more transparent. Over time, small scale changes such as these can help balance the focus between changing individual habits and changing organizational norms.

With regard to corporate marketing and lobbying agendas, as SNAP research continues to prove the medical detriments of SNAP consumers' unhealthy purchase choices, large corporations will likely oppose efforts to disqualify brand name soda, chips, and other snack foods from SNAP enrollment. Consequently, detailed research and overwhelming scientific data will be critical to implementing meaningful change.

Current studies indicate that lowering the price of fresh fruits and vegetables by even 30% would change diets in a way that would prevent nearly 200,000 deaths in the United States within the next 15 years, but more policy research is necessary (Leschin-Hoar, 2016). Scientists at Tufts University produced a projection tool called the U.S. IMPACT Food Policy Model, which can use current and estimated future rates of fruit and vegetable consumption to help project the impact of various proposed policies for nutrition (Leschin-Hoar, 2016). While reliable

projection tools will help guide effective policy making, they alone are insufficient (Leschin-Hoar, 2016).

Because of SNAP's sheer size as a federal program, novel structural changes such as the ones suggested in this paper and other researched opinions would require extensive regulation and oversight. As states' attempts have illustrated, the USDA continues to resist SNAP structural amendments aimed at healthier decision making (Wiley, 2013). More research on the political feasibility of changing the USDA's waiver requirement or legislating more stringent guidelines for the basis of the USDA's continued rejections would be important reforms to consider (Wiley, 2013). Additionally, requiring retailers to stock healthier foods before becoming SNAP-certified may discourage retailers from wanting to maintain SNAP-certification, which could hinder food security in exchange for furthering food quality. As a result, enrollment options and monetary incentives for SNAP-certified retailers should also be considered.

Scientific cases studies and qualitative literature regarding public, expert, and participant opinion largely concur that although SNAP provides nearly 46 million American families with greater food security, it does so by providing primarily non-nutritious, cost-efficient, processed foods. As an unintended result, SNAP fails to encourage nutritious eating and health-conscious purchasing habit as evident by lower consumption of fruits, vegetables and whole grains, and higher intake of calories and sugar-sweetened beverages. The SNAP program must be reevaluated to improve diet quality through new legislation.

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