

Food Stamps Effectively Target Those Most in Need

Research by Steven Yen, Donald Bruce, and Lisa Jahns, The University of Tennessee

The federal food stamp program helps approximately 15 million households (about 34 million individuals) put food on the table each year. At \$39 billion in 2008, the budget of the program, now called the Supplemental Nutrition Assistance Program, or SNAP, is nearly two-thirds of the USDA's food assistance budget. Not surprisingly, given the outlay, policymakers want to know its impact on participants' nutrition and health.



Steven Yen, Donald Bruce, and Lisa Jahns in their recent paper offer some insights on who benefits from the program and how. Specifically, they examine the relationship between SNAP participation and health and participants' social and demographic characteristics. The focus of the study is on SNAP recipients in Tennessee between January 2001 and August 2008. They look at current and former TANF (welfare) recipients, comparing those who receive SNAP to those who do not.



SNAP Participants Are Less Healthy Overall

The authors find, first, that those individuals with more children are more likely to participate in SNAP, which is not wholly surprising. SNAP is designed to support families who are struggling to make ends meet, and those with more mouths to feed are more likely to need help. In addition, unemployed childless adults are limited to three months of food stamps in many areas of the country. Also not surprising, the less income and employment in the prior year, the more likely a family is to need food stamps. Less frequently examined, having car insurance lessens the need for food stamps, perhaps because those with insurance have greater financial means than those without insurance.

The authors find some distinct health differences between low-income families who receive SNAP and those who do not. SNAP participants who are white and employed, for example, are more likely to be in good, very good, or excellent health than SNAP participants without these characteristics. In contrast, those who had children with a health condition, were younger (between age 30 and 44), and had gone hungry in the past were more likely to be in poor or fair health than SNAP participants without these characteristics. None of the factors listed above was found to have noticeable impacts on health status for SNAP nonparticipants.



What is SNAP?

The Supplemental Nutrition Assistance Program (SNAP) helps low-income people and families buy the food they need for good health. SNAP is the cornerstone of the Federal food assistance programs, and provides crucial support to needy households and to those making the transition from welfare to work.



These findings indicate that the program is effective in targeting those most in need.

In several other cases, the authors found similar effects of certain factors on health for participants and

nonparticipants. Being divorced, separated, or widowed, for example, had negative effects on self-reported health for both participants and nonparticipants, as did being older (aged 45 to 64). Individuals aged 45-64, both food stamp recipients and not, for example, were over 10 percent more likely to have only fair health than their younger (age < 30) counterparts. The more children one had, the greater the chances of being in good to excellent health, regardless of SNAP participation status.

Overall, those in the SNAP program are less healthy than similar low-income individuals who are not enrolled in SNAP. This is not to say that SNAP causes the poor health, but rather that the neediest families—those with low incomes and poorer health—are enrolling in SNAP.

How Food Stamps and Health Interact



The finding that food stamps are associated with poorer health runs counter to two past studies that found no effect of SNAP on self-reported health, and a handful of studies that reported mixed findings. The problem inherent in any study of food stamps and health is the classic chicken or egg. In this case, which comes first, poor health or low income?

Research has established a clear link between higher income and better health, although the direction of this effect is still unclear. Food stamps can help families stretch budgets, and they thus may be able to use the extra income to visit the doctor or dentist more often. It could also be, on the other hand, that those with better health can land better jobs and thus earn more money.

With such complicated pathways, the methods used to untangle the story must be rigorous enough to accommodate both the two-way causality between food stamps and health, and the correlation between other genetic or social background factors that affect both health and income. The authors' method is a first step in solving this complicated puzzle.



Policy Implications

The American Recovery and Reinvestment Act of 2008 temporarily boosted food stamp benefits

by 13.6 percent beginning in April 2009. Since May 2007, the caseload has grown 30 percent as the national recession took hold, according to data from the Food Action Resource Center. SNAP is an entitlement program, which means that anyone eligible can receive benefits. Because of this, SNAP is an effective program to ward off hardship as it responds quickly to economic downturns.

The expanded benefits are also, according to the Center on Budget and Policy Priorities (CBPP), one of the most effective provisions of the economic stimulus. Because low-income individuals are generally unable to save money, every dollar in food stamps enables the family to spend an additional dollar on food or other essential items.

It is also evident from the above study that the program is effective in targeting the most in need, including children. According to the CBPP, food stamps lifted 2.4 million children out of "deep poverty" in 2005, more than any other government program. Therefore, continued funding of the SNAP program is warranted. Future studies should adopt a more fine-tuned approach that can better capture the subtle effects of the program, in particular assessing the unique impacts of SNAP participation on health outcomes.

Study Description

The authors rely on data from Tennessee's Family Assistance Longitudinal Study (FALS), a longitudinal survey conducted by the Tennessee Department of Human Services and researchers at the University of Tennessee and the University of Memphis. Respondents were age 19 to 63 in 2001 and participated in Families First, the state's welfare program. Respondents were interviewed every six, and later every nine, months. Attrition was low. Nearly all respondents were eligible for SNAP. The authors confirmed eligibility against state administrative records. Respondents assessed their own health as either poor, fair, good, very good, or excellent at the time of each survey. The data set also contains detailed information

SNAP and the Recession



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Development Center at
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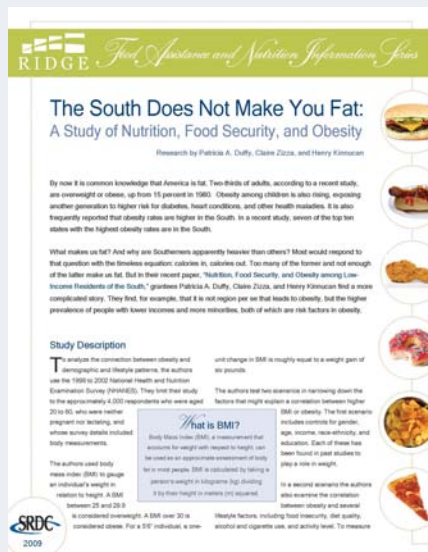
on the study's explanatory variables, including income; household size; number of children; respondent's age; race; employment status; education; marital status; urbanization; car ownership and insurance; health insurance; child or adult health conditions preventing work or school; Women, Infants, and Children (WIC) participation; ability to afford medical care; and food insecurity. To assess the relationship between these characteristics and health and SNAP participation, the authors used an ordered probability model with endogenous regime switching. The model uses alternative error distribution assumptions to accommodate the discrete nature of SNAP participation and self-reported health outcomes, as well as endogeneity of SNAP participation, and skewness in the

distribution of the error terms.

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Other Briefs in Food Assistance and Nutrition Information Series



The South Does Not Make You Fat:

A Study of Nutrition, Food Security, and Obesity

Research by Patricia A. Duffy, Claire Zizza, and Henry Kinnucan, Auburn University
September 2009

By now it is common knowledge that America is fat. Two-thirds of adults, according to a recent study, are overweight or obese, up from 15 percent in 1980. It is also frequently reported that obesity rates are higher in the South, but can region itself be a contributing factor? Researchers Patricia A. Duffy, Claire Zizza, and Henry Kinnucan asked this question in their recent paper "Nutrition, Food Security, and Obesity among Low-Income Residents of the South," and they found that the South does not make you fat.



Rural Seniors Have Fewer Options for Healthy Diets

Research by Joseph R. Sharkey, Scott Horel, and Cassandra M. Johnson
Texas Healthy Aging Research Network (TxHAN), Center for Community Health Development, and Program for Research in Nutrition and Health Disparities
October 2009

Eating well is a critical component in a healthy lifestyle. A balanced diet can help prevent or ease chronic conditions such as heart disease, high cholesterol or blood pressure, or obesity. For seniors, who suffer more chronic conditions, diet can be an important (and less expensive) way to manage their health. However, choosing the right foods is only one part of eating well. Having access to quality foods at affordable prices is an often overlooked second component to a healthy diet. As Joseph Sharkey, Scott Horel, and Cassandra Johnson report in their recent study, seniors in rural communities find that getting to a well-stocked and affordable grocery store is frequently a challenge. About one-third of respondents in a six-county central Texas area had to drive more than ten miles to supermarket, and six in ten of those surveyed said there were too few grocery stores in their town. As a result, very few of the seniors were getting their daily recommended servings of fruits and vegetables, and six in ten were eating at fast-food restaurants at least once a week.