Recommendations
for a Healthy Eating SNAP Pilot in Pennsylvania

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The Problem

The Supplemental Nutrition Assistance Program (SNAP) is the largest of 15 federal nutrition assistance programs, providing benefits to millions of Americans, including 1.8 million Pennsylvanians. In 2017, SNAP provided over $63 billion in benefits to approximately 42 million Americans with over 260,000 participating retailers. SNAP benefits are used at most supermarkets, large and small grocery stores, convenience and specialty stores, and farmers markets.1

SNAP is effective at addressing food security, reducing poverty, responding to natural disasters and economic downturns, and providing economic stimulus. However, research fails to show that SNAP improves dietary quality for low-income families.2 This represents a missed opportunity to support healthier eating for millions of American—and Pennsylvanian—adults and children.

In January 2016, the National Hunger Commission—a congressionally required and appointed bipartisan panel of experts in domestic hunger convened to advise Congress and the U.S. Department of Agriculture (USDA)—recommended improving SNAP to better support healthy eating by:

- Using financial incentives to encourage SNAP recipients to purchase fruits, vegetables, high-quality proteins, whole grains, and other healthy foods and promoting cost-sharing opportunities with states, nonprofits, and municipal governments to incentivize purchases of healthy foods.

- Employing evidence-based product placement strategies in retail stores that encourage purchase of healthy products with SNAP benefits and link it to SNAP eligibility for stores.

- Not permitting sugar-sweetened beverages to be purchased with SNAP benefits.

- Reforming SNAP-Education to ensure that states use state-of-the-art nutrition education that is effective, relevant,
and meaningful to SNAP recipients and are likely to lead to measurable improvements in the health of SNAP recipients.

In March 2018, the Bipartisan Policy Center’s SNAP Task Force, a bipartisan 13-member task force co-chaired by Former Senate Majority Leader Bill Frist and former agriculture secretaries Dan Glickman and Ann Veneman made similar recommendations. The task force requested $100 million for research on ways to better support healthy eating through SNAP in the next farm bill. The Report emphasized that SNAP benefits were “meager” and that any changes to the program that would decrease access or benefit levels should be opposed. The Task Force recommendations also include:

• Adding diet quality as a core SNAP objective.
• Removing sugar-sweetened beverages from the list of items that can be purchased with SNAP benefits.
• Continuing and strengthening incentives for purchasing fruits and vegetables.
• Improving SNAP data collection to include retailer records of purchases. (USDA currently lacks the authority to collect store-level SNAP food-purchase data, making it difficult to evaluate diet quality and purchasing patterns of SNAP recipients.)
• Strengthening SNAP retailer standards by implementing stronger stocking rules that increase the availability of healthy foods at SNAP retailers.
• Studying the feasibility of including evidence-based product-placement strategies and restrictions on the marketing of unhealthy products by SNAP retailers.
• Strengthening SNAP-Education infrastructure to better support implementation and evaluation of the program.

Several states and localities have called for limits on certain food purchases through SNAP to support health and reduce health care costs. For example, New York City requested a waiver from USDA
to allow it to limit sugar-sweetened beverage purchases through SNAP. Officials in Maine, Minnesota, South Carolina, Wisconsin, and other jurisdictions have proposed restricting purchases of unhealthy foods with SNAP benefits. As much as $4 billion in SNAP benefits nationally are spent on soda and other nutritionally devoid sugar sweetened beverages, contributing to obesity and diverting funds from healthier food.³

It is vital to do a better job in leveraging the SNAP program to support healthy eating, but to do so in a way that does not deepen stigma or decrease access or levels of benefits. Better addressing nutrition through SNAP can also help to inoculate the program from attacks by those who wish to defund the program.
The Pennsylvania Project

Over a six-month period from December 2017 to May 2018, the Center for Science in the Public Interest (CSPI) brought together Pennsylvania stakeholders from anti-hunger, public health, government, and academic groups to generate ideas and cultivate consensus for pilot approaches to support healthy eating through SNAP. CSPI convened three roundtables across the state—in Harrisburg on 12/5/17; Philadelphia on 3/13/18; and Pittsburgh on 4/10/18—and interviewed 13 stakeholders by phone. In all, more than 50 Pennsylvania stakeholders participated in the project through roundtables or interviews (see list of participants).

The project was supported by a broad consortium of Pennsylvania funders, including the HealthSpark Foundation, Hillman Family Foundations, Jewish Healthcare Foundation, Partnership for Better Health, Pierce Family Foundation, Pottstown Area Health & Wellness Foundation, and the Springbank Foundation.

Pennsylvania stakeholders were identified through a variety of channels, including CSPI’s national, state, and local partners; statewide efforts such as participants in Governor Tom Wolf’s Blueprint for a Hunger-Free Pennsylvania and the Inter-Agency Council on Food and Nutrition; major statewide convenings such as the Food Alliances Best Practices Convening; and recommendations from Pennsylvania organizations and foundations.

Stakeholders contributed depth and breadth of knowledge and experience in public health, nutrition, food insecurity, and with the SNAP program, and represented leaders and senior policy staff in anti-hunger and public health organizations and coalitions, researchers, and government officials. In addition, two current SNAP recipients joined the Philadelphia roundtable and one SNAP recipient participated in the interviews.

Prior to each roundtable and interview, CSPI shared background information such as the Blueprint for a Hunger-Free Pennsylvania, recommendations from the National Commission on Hunger and Bipartisan Policy Center, materials on in-store marketing strategies, and a summary of the state of the research on sugar-sweetened beverages and dietary quality.

For the roundtables, stakeholders self-selected into one of two groups for focused discussions on pilot ideas related to 1) in-store
marketing and 2) incentives and disincentives. These two themes were selected because they commonly arose among experts as key areas for exploration and further consensus-building. To provide consistency and structure, CSPI led facilitated discussions for each convening. The two groups then reported out their pilot proposal ideas and all participants engaged in additional discussion to identify top recommendations for SNAP pilots.

Interviewees included those who were unable to attend the roundtables and individuals recommended to us by other stakeholders. Interviewees were asked the same questions that were used in the facilitated small group discussions. They also were asked to share additional ideas for low- or no-cost approaches for supporting healthy eating through SNAP. Interviews lasted one hour or less.

Qualitative data from the roundtables and interviews were transcribed and coded for themes. The following box summarizes the stakeholders’ top recommendations for healthy SNAP pilots that could be tested in Pennsylvania. There was broad support for these approaches, except where otherwise noted.

**TOP RECOMMENDATIONS FOR HEALTHY SNAP PILOTS:**

- Provide SNAP recipients with an option to opt into a pilot that offers them incentives (additional spending power) for fruits and vegetable purchases if they agree not to purchase sugary beverages with benefits.
  - Two of the three roundtables, and most of those interviewed, recommended this pilot approach. The other roundtable suggested instead that reducing sugary beverage purchases for everyone (all consumers, not just SNAP recipients) is a better approach, such as through a soda tax.

- Expand existing fruit and vegetable incentives with SNAP to more retailers, including national chain grocers and stores in rural Pennsylvania. Currently fruit and vegetable incentives in Pennsylvania are primarily offered at farmers markets and corner or convenience stores in urban areas.

- Test and assess the effect of stronger minimum stocking standards to incentivize small store owners to stock a greater number and variety of healthy food options by offering training, technical assistance, and hardship waivers.

- Evaluate an in-store nutrition education program that includes services like cooking demonstrations, taste tests led by dietitians or nutrition students, or meal kits.

- Combine one or more of these ideas as a pilot.
The table on the following page outlines considerations expressed by stakeholders pertaining to each recommendation and identifies whether a waiver would be required to conduct such a pilot. We distinguish between considerations that apply only to that pilot approach and those that pertain to if the pilot approach was implemented throughout the SNAP program. Although the focus of the convenings and this grant is to identify pilot approaches to test, throughout the discussions, participants naturally grappled with the logistics of implementation and the impact a pilot would have if it were rolled out on a statewide or larger scale.
## Considerations Regarding Pilots Expressed by Pennsylvania Stakeholders

<table>
<thead>
<tr>
<th>Pilot Strategy</th>
<th>Considerations: Positive</th>
<th>Considerations: Negative</th>
<th>Waiver required</th>
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| Provide SNAP recipients the option to opt into a pilot that offers them increased benefits (incentives) for fruit and vegetable purchases if they agree not to purchase sugary beverages with benefits. | For a pilot:  
- Combining incentives with disincentives could appeal to both anti-hunger and public health groups, preserving a relationship between the two that will help to protect SNAP recipients in the current political climate.  
- Allowing SNAP recipients to voluntarily opt into a sugary beverage disincentive program is respectful of a variety of perspectives.  
- Could be paired with existing fruit and vegetable incentive programs in PA, including those funded through the federal FINI program.  
- Could include a nutrition education, in-store marketing and/or stocking standards component. | For a pilot:  
- Testing limitations on sugary beverages might increase stigma around the program, but the pilot could test for stigma.  
- The Pennsylvania Food Merchants Association opposed the soda tax and would likely oppose this pilot. However, a pilot could test potential concerns from retailers and determine how to better address them.  
- SNAP recipients might still purchase sugary beverages with non-SNAP dollars or from retailers that are not part of the pilot.  
- Participants would self-select into the pilot, which may create a selection bias. For instance, health-conscious participants who already consume fewer sugary beverages might be more likely to opt in. The pilot should control for selection bias. | A waiver would only be required if this pilot was administered through SNAP officially (using EBT cards) and with SNAP recipients. Alternatively, this pilot could be tested without a waiver with SNAP-eligible individuals. |
| Expand existing fruit and vegetable incentives to more retailers, including national chain grocers and stores in rural Pennsylvania. | For a pilot:  
- The governor’s office is interested in expanding FINI programs, particularly in rural areas.  
- Could increase participation among seniors since they receive such a small benefit.  
- Consider adding and assessing the effect of an in-store marketing component. | For a pilot:  
- Need to also address quality and cost, as availability is not the only factor.  
- Secure small stores in low-income neighborhoods and rural areas to fully participate in stocking more healthy products and sharing data. | None |
| Test stronger minimum stocking standards to increase access to healthier food options by offering training, technical assistance, and hardship waivers to small retailers. | For a pilot:  
- Especially important for those who shop at small stores with limited choices and have less healthy foods.  
- A wider variety of canned and frozen produce is important for rural communities who do not shop very often and buy less fresh food.  
- Include a nutrition education component. | For a pilot:  
- Need to also address quality and cost, as availability is not the only factor.  
- Secure small stores in low-income neighborhoods and rural areas to fully participate in stocking more healthy products and sharing data. | None. Waivers would not be required for pilots but would require voluntary participation by small stores in low-income and rural areas. |
| Evaluate an in-store nutrition education program that includes services like cooking demonstrations, taste tests led by dieters or nutrition students, or meal kits. | For a pilot:  
- A pilot that combines pricing and placement strategies would be most effective.  
- In-store education would benefit all shoppers, not just SNAP recipients. A pilot could test the effect for both SNAP and non-SNAP recipients.  
- The pilot could provide nutrition education around the time when recipients receive their monthly benefits. For example, collecting email addresses and sending seasonal recipes and other food preparation tips. | For a pilot:  
- Some stakeholders felt that this strategy may be ineffective because it is difficult to change purchasing behaviors.  
- Some voiced an opinion that grocery stores are already doing enough to encourage people to buy healthier foods.  
- It may be difficult to offer meal kits in stores at price points that are affordable for retailers and SNAP recipients. | None |
Additional Pilot Ideas

Additional ideas for pilots that came up during the convenings and interviews, but were not unanimously agreed upon by stakeholders, include:

- Increase the amount of SNAP benefit
  - Increase the benefit from USDA’s Thrifty Food Plan to the Low-Cost Food Plan (an average increase of $50 per person per month). Assess the effect on SNAP participants’ diets and health and retailers’ profit margins. Build in a transition back to the lower level of benefit at the end of the pilot to avoid a cliff effect.
  - This could be combined with increasing the distribution of the SNAP benefit from monthly to twice monthly.

- Focus on seniors
  - Explore ways to increase SNAP participation among seniors. According to stakeholders, the benefit for seniors in Pennsylvania can be as little as $16 per month.
  - Double the benefit for seniors and test online ordering and grocery delivery.

- In-store marketing
  - Move SNAP in-store signage (ex: “we accept SNAP”) away from junk foods and near healthy foods.
    - Consideration: Philadelphia has a content-neutral law for marketing, but stakeholders feel that it is unenforceable. Many expressed that in order to eliminate unhealthy food marketing in stores you need to eliminate unhealthy foods from store shelves, like the work that has been done to reduce the presence of tobacco in retail food establishments.
In-store marketing for sugary beverages is more likely to be present at the beginning of the month. Explore the timing and quantity of unhealthy food marketing promotions (coupons, ads in circulars, in-store signage, displays, etc.) in relation to when SNAP benefits are distributed.

- Leverage healthcare partnerships
  - Explore produce prescriptions as a method for supplementing SNAP benefits.
  - Provide medically-tailored food packages for SNAP recipients with chronic diseases.

- Technology
  - Pilot improvements in technology for more seamless retail transactions. Look at how smart phone technology (apps) could be used to promote incentives for healthy food purchases, especially fresh fruits and vegetables.
  - Provide technology for farmers markets in rural areas so they can accept SNAP and test incentive strategies.

- Other incentive strategies
  - Test a city-wide pilot in which all retailers offer fruit and vegetable incentives and provide procurement support for small retailers.
  - Test incentives for other healthy staple foods like water, low-fat dairy, and whole grains.
  - Pilot a program that allows SNAP to be used for healthy prepared foods.
  - Partner with a retailer on an ugly fruit campaign to reduce food waste and increase affordable produce options.
  - Offer recipients the option to redeem some of their
benefits through a low-cost produce delivery service that procures boxes of seconds/ugly produce from farms, food distributors, and grocery stores. Consider partnering with Hungry Harvest, a Baltimore-based company, which already offers these services.

♦ Experiment with different ways to promote fruit and vegetable incentives like in-store circulars or providing a list of retailers offering incentives to SNAP recipients when they receive their EBT card.
Next Steps

Implications for Pennsylvania: Pursuing a Pilot and Its Evaluation

The next phase of this project will be to implement one or more pilots in one or more localities in Pennsylvania. As needed, CSPI will support interested stakeholders as they work to: ascertain the size and number of pilots; identify one or more researcher(s) to conduct and evaluate the pilot(s); select locations for the pilot(s); and secure funding.

CSPI will also communicate the results and recommendations with Pennsylvania state policymakers who participated in the regional convenings and with others in the Governor’s office, Human Services, and other relevant Pennsylvania state officials, and with U.S. Senators Bob Casey and Pat Toomey.

If funding allows, we recommend that Pennsylvania stakeholders work with researchers to conduct focus groups with retailers and SNAP recipients to assess their attitudes and beliefs about the recommended pilot strategies. It could be important to hear from low-income individuals and store owners directly about how they think changes would support healthy eating, potentially impact their participation in the program (either positively or negatively), impact stigma, and/or provide a meaningful incentive to participate in SNAP. Focus group and polling results also are important for framing communications and building support from the public, policymakers, and other advocates.

Given the number of strategies for supporting healthy eating through SNAP that surfaced during these discussions, we also recommend that anti-hunger and public health groups consider incorporating these ideas in their programmatic goals.

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CSPI is currently working with researchers from Pennsylvania to secure funding for a pilot program in which SNAP eligible individuals can opt into a program that offers them increased benefits (incentives) for fruit and vegetable purchases if they agree not to purchase sugary beverages.
National Implications: Using this Strategy to Ignite Support for Healthy Eating Through SNAP Across the Country

A number of promising strategies to support healthy eating through SNAP surfaced during the Pennsylvania interviews and convenings. CSPI will share the findings with researchers across the country through conversations with individual researchers and at conferences and other convenings. For example, CSPI had the opportunity to share the preliminary findings with researchers at a roundtable CSPI was invited to facilitate at the annual conference of the Robert Wood Johnson Foundation’s Healthy Eating Research (HER) project and in meetings with researchers at Harvard School of Public Health, University of Texas Dell Center for Healthy Living, and a gathering of researchers brought together by HER to develop a research agenda for healthy beverage consumption for preschoolers. We also will share the recommendations with members of the National Alliance for Nutrition and Activity, including partners, such as the American Heart Association, the Academy of Nutrition and Dietetics, and Partnership for a Healthier America.
Endnotes