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Recommendations

for a Healthy Eating SNAP Pilot in North Carolina



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Advisory Committee

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The advisory committee members helped identify North Carolina SNAP stakeholders, reviewed documents disseminated to convening attendees, and participated in the convenings. The report analysis was performed by CSPI. The findings and conclusions of the report reflect the viewpoints of the SNAP stakeholders who participated in this project and do not necessarily represent the views of the advisory committee members.

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June 2021

The Problem.....	5
The North Carolina Project.....	9
Top Pilot Recommendations.....	12
Recommendations with High Support.....	15
Recommendations with Mixed Levels of Support.....	17
Next Steps.....	19
Appendix A: Key Informant Interviews.....	21
Appendix B: Focus Groups and Interviews with SNAP Participants.....	24
Sub-Appendix B1. North Carolina Focus Group Moderator Guide.....	42
Sub-Appendix B2. Phone Screener Guide (Focus Groups).....	48
Sub-Appendix B3. Recruitment Flyer (Interviews).....	51
Sub-Appendix B4. North Carolina Interview Guide.....	52
Appendix C: Background Materials.....	60
Building Support for a Healthy SNAP Pilot in North Carolina Project Summary, Fall 2020.....	60
SNAP in North Carolina.....	64
Research and Strategies to Strengthen Nutrition in the Supplemental Nutrition Assistance Program (SNAP).....	72
COVID-19 and Federal SNAP Policy.....	83
The Farm Bill.....	89

The Problem

Our current food system perpetuates preventable disease. Poor diet quality is a leading contributor to death and disability, and food insecurity is associated with diabetes, heart disease, and numerous poor maternal, infant, and child health outcomes.^{1,2,3}

The food system maximizes profits by pushing cheap, unhealthy calories, creating nutrition insecurity. Far too many people lack sufficient resources to access nutritious foods, including people who have long been impacted by biased policies that exacerbate food insecurity, such as relegating racial minority groups to neighborhoods experiencing food deserts and food swamps.

Individuals should not have to fight an upstream battle alone against the many factors that conspire to serve food industry profit over our health. Both population-level and targeted health approaches are needed to address these pressing health disparities. Leveraging the Supplemental Nutrition Assistance Program (SNAP) to help people afford nutritious food, and to improve the built food environment, are important strategies that hold promise in improving diets for SNAP participants as well as the general population.

SNAP is the largest of 15 federal food assistance programs, providing benefits to millions of Americans, including over 1.4 million North Carolina residents.⁴ In 2019, SNAP provided over \$55 billion in benefits to approximately 35 million Americans with over 240,000 participating retailers.⁵ SNAP benefits are used primarily at superstores, large and combination grocery stores, and convenience stores.⁶ Changes in SNAP can have an immediate impact on the program's participants (half of whom are children) and have the potential to reshape the retail food environment for all.

There is compelling evidence that SNAP alleviates food insecurity, but evidence of SNAP's effect on diet quality is mixed.^{7,8,9} SNAP's public health and nutrition impact can be strengthened by a range of evidence-based approaches, especially if they are grounded in

diverse stakeholder input and do not increase stigma or barriers to access. Better addressing nutrition through SNAP can also help to inoculate the program from attacks by opponents whose aim it is to defund the program.

In January 2015, the National Hunger Commission¹⁰—a congressionally 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 participants to purchase fruits, vegetables, high-quality proteins, whole grains, and other healthy foods and 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 the purchase of healthy products with SNAP benefits and link it to SNAP eligibility for stores;
- Not permitting sugar-sweetened beverages (SSBs) to be purchased with SNAP benefits; and
- Reforming SNAP-Education to ensure that states use state-of-the-art nutrition education that is effective, relevant, and meaningful to SNAP participants and are likely to lead to measurable improvements in the eating patterns of SNAP participants.

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.¹¹ 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 while avoiding privacy concerns (USDA currently lacks the authority to routinely collect and share product-specific and store-level SNAP food-purchase data, making it difficult to evaluate diet quality and the purchasing patterns of SNAP participants);
- 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; and
- Strengthening SNAP-Education infrastructure to better support implementation and evaluation of the program.

As much as \$4 billion in SNAP benefits nationally are spent on soda and other nutritionally devoid SSBs each year, contributing to obesity and potentially diverting funds from the purchase of healthier food.¹² 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 test disallowing sugar-sweetened beverage purchases with SNAP benefits. Future initiatives can build on these proposals to reduce SSB consumption while promoting equitable access to healthy foods.

Based on stakeholder engagement events in Pennsylvania, Massachusetts, and Iowa, the Center for Science in the Public Interest (CSPI) developed a model for identifying and building consensus on strategies to strengthen SNAP's public health and

nutrition impact (including those recommended by experts) and working with jurisdictions to study promising and scalable approaches.

The North Carolina Project

Over a nine-month period (January 2020-September 2020), CSPI worked with diverse stakeholders across North Carolina to develop consensus around a set of SNAP pilot recommendations. Project activities included:

- Three virtual regional discussions based out of Central, Western, and Eastern North Carolina. Over 50 key stakeholders in public health, anti-hunger, research, government, and members of the SNAP community participated.
- Key informant interviews with nine North Carolina-based experts across nutrition, public health, research, government, and anti-hunger (**Appendix A**).
- Focus groups and interviews with SNAP participants. North Carolina-based Food Insight Group conducted two in-person focus groups (one in English with 17 participants and one in Spanish with 10 participants). During the COVID-19 crisis, one-on-one interviews were conducted over the phone with 14 participants. A total of 41 SNAP participants from five counties were represented (**Appendix B**).
- A five-member advisory committee to help guide the project, including by informing the interviewee list and reviewing background documents. The advisory committee contributed depth and breadth of knowledge and experience in public health, nutrition, food insecurity, social justice, and the SNAP program, and represented organizational leaders and senior policy and program staff.

Prior to each roundtable and interview, CSPI shared relevant background information (**Appendix C**), including a summary of CSPI's Healthy SNAP project in North Carolina, a list of questions for breakout group discussions, a summary of SNAP participant focus group and interview feedback, an overview of SNAP in North Carolina, an overview of expert strategies for strengthening nutrition and public health in SNAP, a summary of COVID-19 and federal policy, and an overview of the farm bill.

For the breakout discussions, convening attendees self-selected into one of two groups for focused discussions on pilot ideas related to: 1) incentives and disincentives and 2) healthy retail. These two themes were selected because they are among the top expert recommended strategies for exploration and further consensus-building. To provide consistency and structure with similar convenings in other states, CSPI led facilitated discussions for each convening.

The two groups were brought back together to share their pilot proposal ideas. They engaged in additional discussion to identify top recommendations for SNAP pilots and a virtual ranked-choice poll was used to vote on ideas they generated (**Table 1**). Because each group of stakeholders at the three convenings generated their own list of SNAP recommendations during the discussion, no two groups voted on the same list of strategies.

Table 1: SNAP strategies from each regional convening in order of preference

SNAP Recommendations from the Eastern Region (n= 14)	
1 st place	Streamline enrollment in SNAP, WIC, and Medicaid
2 nd place	Opt-in pilot linking SSB disincentives to fruit and vegetable incentives
3 rd place	In-store promotions of healthy foods and beverages
4 th place	Waive delivery fees for SNAP participants and offer technical support for retailers participating in the online SNAP pilot
5 th place	Provide nudges for healthier options for online SNAP
SNAP Recommendations from the Central Region (n= 28)	
1 st place	Expand SNAP incentives to other types of healthy food (<i>i.e.</i> , whole grains)
2 nd place	Waive delivery fees for online SNAP
3 rd place	Provide nudges for healthy options through online SNAP, including the ability to buy community-supported agriculture (CSA) boxes online
4 th place	Opt-in pilot linking SSB disincentives to fruit and vegetable incentives
5 th place	Combine stocking standards with marketing standards for SNAP retailers (both in-store and online)
SNAP Recommendations from the Western Region (n= 18)	
1 st place	Expand SNAP incentives to more types of retailers (<i>i.e.</i> , dollar stores)
2 nd place	Incentivize small stores to become SNAP retailers and stock more produce
3 rd place	Expand accessibility for online SNAP (<i>i.e.</i> , waive delivery fees, expand to more retailers)
4 th place	Tailor SNAP incentives to at-risk populations
5 th place	Allow SNAP benefits to be used for hot, prepared foods

Key informant interviewees included those who were unable to attend the virtual convenings as well as 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 approaches to supporting healthy eating through SNAP.

Additionally, CSPI contracted with Food Insight Group to conduct SNAP participant focus groups to add to knowledge about potential impact, barriers, opportunities, and support for strategies. SNAP participants were asked broad, open-ended questions about strategies to support healthy eating, followed by prompts about specific strategies proposed by experts—marketing, incentives, disincentives (including paired with incentives), and education.

Qualitative data from the regional convenings, interviews, and focus groups were coded for themes, and commonly discussed pilot strategies were ranked as either a top recommendation, a recommendation with high support, or a recommendation with mixed levels of support^a.

The following box summarizes the top recommendations across all groups for healthy SNAP pilots that could be tested in North Carolina.

TOP RECOMMENDATIONS FOR HEALTHY SNAP PILOTS

- **Expand healthy SNAP incentives to cover more types of healthy items (whole grains, lean protein, low-fat dairy, etc.) and cooking supplies, include more types of retailers (large chain grocery stores, dollar stores, etc.), tailor incentives to at-risk groups, and provide more education about incentive programs.**
- **Healthier in-store marketing, such as providing price promotions on healthy items, highlighting affordable healthy options, and implementing healthy stocking and marketing standards.**
- **Increase monthly SNAP benefits.**

^a Support was gauged by voting on recommendations (at regional convenings), directly asking opinions about specific strategies (at SNAP participant focus group/convenings, key informant interviews, and regional convenings), and discussing during open-ended dialogues about healthy eating (at SNAP participant focus group/convenings, key informant interviews, and regional convenings). Top recommendations were unanimously and highly supported by all three groups: 1) SNAP participants, 2) key informants, and 3) convening stakeholders. Recommendations with high support were generally supported by all three groups, but encountered some opposition or were not raised by all groups during open-ended discussions. Recommendations with mixed levels of support were supported by some groups, but faced significant opposition from others.

Top Pilot Recommendations

These strategies had strong consensus among all groups.

Expand healthy SNAP incentives

Stakeholders (key informants and convening attendees):

Healthy SNAP incentives, such as having more spending power when using SNAP benefits to purchase produce, were widely supported by stakeholders. Pilots to expand incentives were supported by all key informants and these were among the top recommendations at two of the three regional convenings. Expansion includes allowing SNAP incentives to be redeemed at more types of retailers (such as large chain grocery stores and dollar stores) and incentivizing more types of healthy items, such as whole grains, in addition to produce. Stakeholders also suggested offering produce incentives for participating in education programs, such as SNAP-Ed.^b They expressed that they would like to also see non-food items that can assist with healthy eating offered as incentives, such as cooking supplies and food preservation tools.

SNAP participants:

Many SNAP participants from the focus groups and interviews viewed the Double Up Food Bucks incentive program favorably. They also supported expanding incentives to more retailers and more types of foods, including dairy, proteins, whole grains, and eggs. There was a strong preference for incentives to be issued instantaneously rather than for use at a later date.

Healthier in-store marketing

Stakeholders (key informants and convening attendees):

In-store marketing to promote healthy items in retail settings were among the top five recommendations at all three regional

^b SNAP-Ed is a federal grant-funded direct education program for SNAP participants about nutrition and cooking.

convenings and were viewed favorably by the key informants. The specific recommended strategies included highlighting healthy items in the store, encouraging small stores to stock more healthy items by providing incentives to the retailers, and combining stocking standards^c with marketing standards.

SNAP participants:

SNAP participants noted that removing unhealthy items at the point-of-sale displays and eliminating price promotions on junk food would help discourage purchasing them. Many mentioned that pricing greatly influenced their purchases, and therefore they purchase both healthy and unhealthy items when they are on sale. However, they reported that price promotions seem to be more prevalent for unhealthy items compared to healthy foods and beverages. In one focus group, a SNAP participant suggested that advertising junk food to children should not be allowed in stores. Another participant felt like they were “attacked in the grocery store” by junk food in the checkout aisle. These findings indicate that marketing and stocking standards would be helpful to promote healthy purchases.

Increase monthly benefits

Stakeholders (key informants and convening attendees):

Many individuals at the regional convenings emphasized the importance of increasing SNAP benefits to improve diet quality. One key informant recommended a pilot that tests the amount by which SNAP benefits need to increase in order to measurably improve food security, diet quality, and purchasing behavior. Research measuring the effect of SNAP benefit increases on diet quality has produced mixed conclusions.^{13,14} Future pilots can help determine the appropriate benefit increase for optimal nutrition-related outcomes.

^c The 2014 Farm Bill required SNAP-authorized retailers to have at least three varieties of items in each of four staple food categories. This was put forth in a final rule in 2016.

SNAP participants:

When SNAP participants were asked what would help them purchase more healthy items with SNAP, the overwhelming response was to increase the amount of SNAP benefits. Health was regarded as very important to the participants, but they believed that more SNAP benefits would allow for them to truly feed themselves and their families the healthy foods they need to thrive.

Recommendations with High Support

These strategies were generally supported, but may have encountered some opposition or were not specifically discussed among all groups.

Opt-in program linking incentives to disincentives

Stakeholders (key informants and convening attendees):

Modeling studies and a randomized controlled trial demonstrate that combining SNAP incentives for healthy foods and disincentives for SSBs (a top source for calories) could significantly improve diets and health.^{15,16} This approach was among the top recommendations for two of the three regional convenings, with the specification that SNAP participants should be allowed to opt into this approach. This strategy received support in national polls and from stakeholders who participated in the healthy SNAP convenings in Pennsylvania and Iowa.

SNAP participants:

In the focus groups, some SNAP participants liked the combined incentives and disincentives approach. They appreciated that limiting unhealthy choices could result in more money for healthier food. Some thought the change would help make healthy purchase decisions easier. In the phone interviews, 13 out of 14 participants supported the combined disincentives and incentives approach. The SNAP participants that did not support this strategy wanted their SNAP benefit funding to be consistent and not change based on the healthfulness/unhealthfulness of their shopping cart.

Streamline SNAP with other services

Stakeholders (key informants and convening attendees):

Many stakeholders noted that it makes sense to align SNAP with other programs that serve low-income households. The Bipartisan Policy Center also recommended that aligning SNAP and Medicaid can help leverage these programs for better health.¹⁷ At the Eastern

regional convening, streamlining enrollment in SNAP, WIC, and Medicaid was among the top five recommendations.

SNAP participants:

The focus groups and interviews with SNAP participants did not specifically ask about their feelings towards aligning SNAP enrollment with other programs, and this topic did not emerge during open-ended discussions.

Allow SNAP benefits to purchase hot, prepared foods

Stakeholders (key informants and convening attendees):

Under current law, hot, ready-to-eat foods are not allowed to be purchased with SNAP benefits, except for the few states participating in the state-run Restaurant Meals Program (this is not available in North Carolina). Some key informants and convening stakeholders agreed that allowing hot, prepared foods for purchase with SNAP benefits would make it easier for some participants to eat fresh meals, especially people experiencing homelessness, those who do not have access to a kitchen, and people who have physical difficulties preparing meals. This strategy was among the top five recommendations at the Western regional convening.

SNAP participants:

The focus groups and interviews with SNAP participants did not specifically ask about their feelings towards using SNAP benefits to purchase hot foods. During an open-ended question about healthy SNAP strategies, some participants mentioned that hot food purchases with benefits would help support healthy eating.

Recommendations with Mixed Levels of Support

These strategies were supported by some groups but encountered significant opposition from others.

Sugary beverage tax supporting SNAP incentives

Stakeholders (key informants and convening attendees):

Excise taxes on SSBs have been proposed in many areas of the United States to address the high consumption of sugary beverages across all income levels and its associated contribution to chronic diseases while also generating tax revenue. During the regional convenings, stakeholders discussed the possibility of having a statewide SSB tax in North Carolina with revenue earmarked for SNAP fruit and vegetable incentives. Participants agreed that this strategy had positive attributes, including its impact on all consumers (rather than singling out SNAP participants) and its potential to help sustain funding for SNAP incentives. Despite its viability, many did not believe this was a possible policy option because of political factors. For this reason, this strategy was not identified as among the top five recommendations at any of the regional convenings.

SNAP participants:

The focus groups and interviews with SNAP participants did not specifically ask about their feelings towards having a sugary beverage tax support SNAP incentives, and this topic did not emerge during open-ended discussions.

Increase access and healthy options with online SNAP retailers

Stakeholders (key informants and convening attendees):

In 2019, the USDA launched the SNAP Online Purchasing Pilot, through which SNAP participants can use their benefits to select and purchase groceries online. North Carolina enrolled in the pilot in April 2020. Many convening stakeholders recommended changes to the pilot that would make the program more accessible

and increase healthier options for SNAP participants. These included waiving delivery fees for online SNAP purchases (top recommendation at all three convenings), providing healthier online options (top recommendation at two of the three convenings), and combining stocking standards with marketing standards for both in-store and online retailers (top recommendation at one convening).

SNAP participants:

Online grocery shopping with SNAP benefits was not widely supported among focus group participants and interviewees. The focus group participants did not want other in-store shoppers selecting their groceries, especially fresh produce and meats. Similarly, 12 of 14 interviewees did not want to shop online (10 of whom responded that they did not want a stranger handling their groceries). Of the people who supported using SNAP online, they appreciated that it might help them access items that may not be in stock nearby and believed online shopping would be a convenient way to get food while having to watch young children at home. Some also predicted that online shopping may not expose them to junk food like in grocery store checkout lanes.

There were several other recommendations for healthy SNAP that were important to individual stakeholders but were not widely discussed or recommended across all project activities:

- Mark SSBs with warning labels to signal that they are bad for health;
- provide mobile markets to SNAP participants who cannot easily shop at stores;
- strengthen education about the health benefits of reducing SSB consumption;
- provide community kitchens for SNAP participants to prepare and share food;
- connect retailers with local food growers; and
- encourage more retailers to participate in online SNAP.

Next Steps

The next phase of this project is to conduct one or more pilots in North Carolina. CSPI is currently offering state and local funding opportunities to pursue USDA waivers to test the combined incentives and disincentives strategy in locations where there is broad stakeholder support, as well as funding for policy campaigns to improve healthy food marketing in larger food stores and to improve SNAP access, such as aligning social service programs and closing the SNAP gap for populations facing barriers to enrollment.

Strengthening both nutrition for SNAP participants and access to the program helps ensure more widespread and equitable improvements for public health.

CSPI will also communicate the results and recommendations with policymakers, researchers, and advocates in North Carolina and across the country.

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

Endnotes

- 1 [Micha et al., PLoS One \(2017\).](#)
- 2 [U.S. Department of Agriculture, Economic Research Service. Food Insecurity, Chronic Disease, and Health Among Working-Age Adults \(2017\).](#)
- 3 [Gundersen and Ziliak, Health Aff \(2015\).](#)
- 4 [North Carolina Department of Health and Human Services. FNS Caseload Statistics Reports \[accessed 1/29/21\].](#)
- 5 [U.S. Department of Agriculture, Food and Nutrition Service. Supplemental Nutrition Assistance Program \(SNAP\) National Level Annual Summary \(2020\).](#)
- 6 [U.S. Department of Agriculture, Food and Nutrition Service. Retailer Management Year-End Summary \(2019\).](#)
- 7 [Keith-Jennings et al., Am J Public Health \(2019\).](#)
- 8 [Nguyen et al., Am J Public Health \(2015\).](#)
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- 12 [Shenkin and Jacobson, Am J Public Health \(2010\).](#)
- 13 [Collins and Klerman, Am J Prev Med \(2017\).](#)
- 14 [Waehrer et al., Econ Hum Bio \(2015\).](#)
- 15 [Mozaffarian et al., PLoS Med \(2018\).](#)
- 16 [Harnack et al., JAMA Intern Med \(2016\).](#)
- 17 [Bipartisan Policy Center. Leading with Nutrition: Leveraging Federal Programs for Better Health \(2018\).](#)

Appendix A: Key Informant Interviews

Key informants of SNAP in North Carolina indicated support for strategic pilots to assess effective approaches for strengthening nutrition and public health through SNAP. Key informants were identified by colleagues as statewide and regional experts on SNAP in NC.

Nine individuals were interviewed and asked the same series of questions as used in the convening breakout groups. Interviews were conducted with three researchers who work with SNAP participants, two NC food bank staff, two community public health professionals, and two government employees (at the state and county levels).

There was unanimous support for pilots related to expanding incentives and improving in-store marketing strategies (**Figure A1**). Increasing stocking standards at food retailers was supported by 88% (eight out of nine) of key informants and combining disincentives with incentives was supported by 77% (seven out of nine) key informants. Opportunities and concerns were coded and analyzed if they were mentioned at least once throughout the interview (**Figures A2 and A3**).

Figure A1: Percentage of key informants who expressed support for various strategies

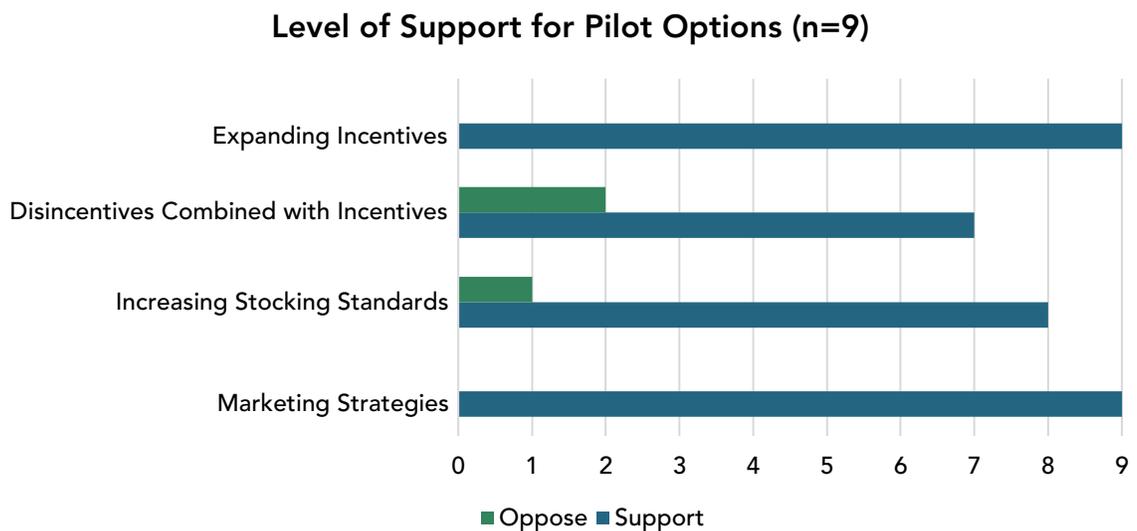


Figure A2: The number of key informants who noted opportunities for various SNAP strategies at least once during the interview

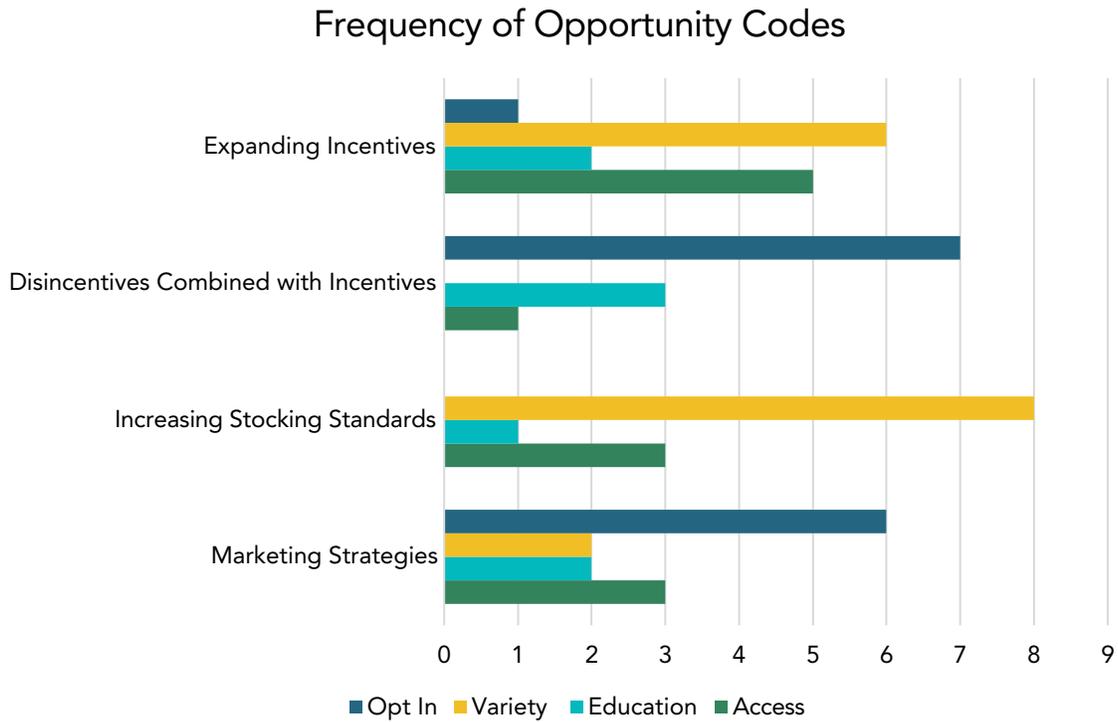


Table A1: Explanation of opportunity codes used in Figure A2

Codes for Opportunities	Explanation
Access	Opportunity to increase access to healthy foods and beverages for SNAP participants
Education	Opportunity for SNAP participants to learn more about healthy behaviors
Variety	Opportunity for SNAP participants to have more variety in purchasing healthy foods
Opt In	Opportunity for SNAP participants to have additional purchasing power for healthy items in exchange for not purchasing less healthy options

Figure A3: The number of key informants who noted concerns for various SNAP strategies at least once during the interview

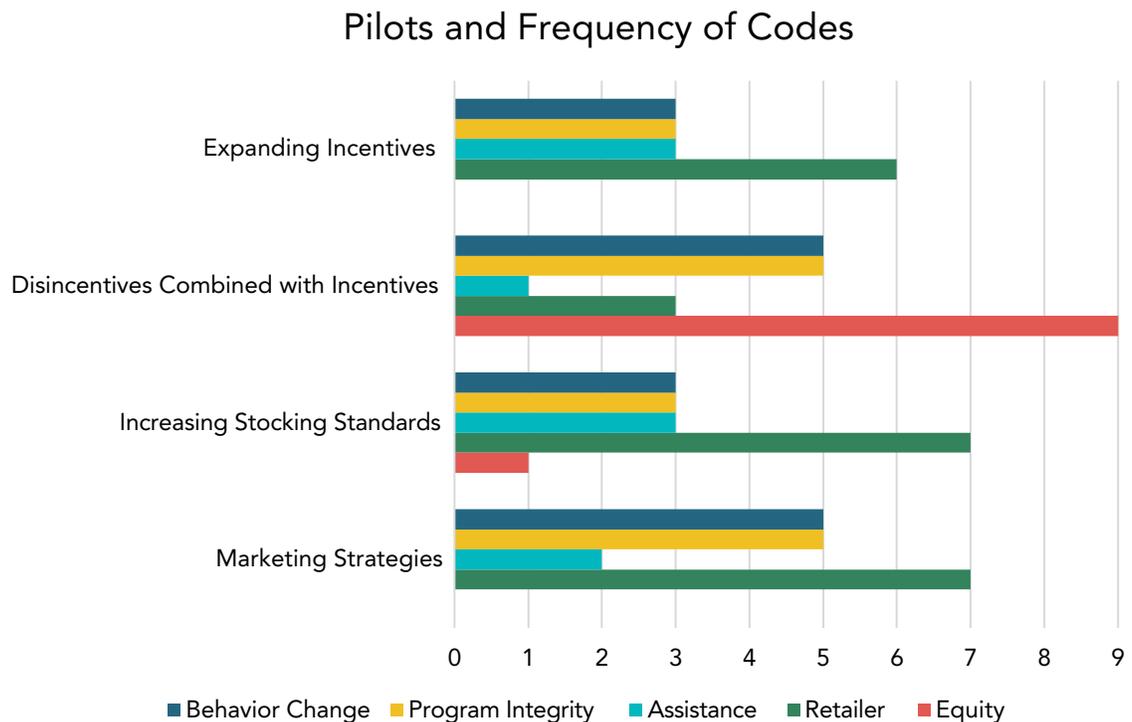


Table A2: Explanation of concern codes used in Figure A3

Codes for Concerns	Explanation
Equity	Concern about pilot increasing stigma or inequities for SNAP participants
Retailer	Concern about cost or hardship for retailers
Assistance	Concern that pilot is difficult to implement and may require technical assistance or hardship waivers
Program Integrity	Concern that funding the program will be difficult or will be underutilized by SNAP participants, including reduced participation in the program
Behavior Change	Concern that pilot will not improve diet quality or purchasing behaviors

Appendix B: Focus Groups and Interviews with SNAP Participants

Really Listening: SNAP benefits in the time of COVID

Prepared by: Dr. Linden Thayer, Food Insight Group

In collaboration with: Abby Holmes, MountainWise

Executive Summary:

The Supplemental Nutrition Assistance Program (SNAP) provides financial help for food purchases for low-income households in the United States. SNAP is effective at mitigating hunger, but evidence of SNAP's effect on diet quality is mixed. Strategies to strengthen the nutrition and public health impact of SNAP are needed.

To understand the perspectives of North Carolinians on strategies for improving nutrition security through SNAP, focus groups and interviews were conducted with adults who have recently used the program. These discussions revealed that participants want to make healthful food purchases for their families, but they are limited by the meager amount of SNAP benefits, which comprise most of the money spent on food for the household. In addition, participants throughout the state indicated that financial incentives for making healthy purchases and limiting junk food visibility in stores would improve their ability to eat healthfully. Some also suggested that healthy incentives that are paired with disincentives for unhealthy items, like sugary beverages, could improve individuals' purchasing decisions.

Recommendations from SNAP participants should inform future pilots to test and identify the most effective approaches for leveraging SNAP to improve food and nutrition security.

Background:

SNAP is a federally funded program that provides supplemental financial resources to individuals and families in need of food assistance. The Center for Science in the Public Interest (CSPI) is

engaging with current and recent SNAP participants to gather their experiences and ideas in order to support community-informed improvements to SNAP.

Focus groups with SNAP participants have already been conducted in Massachusetts, Pennsylvania, and Iowa. As part of CSPI's commitment to gathering diverse perspectives, CSPI contracted Food Insight Group (FIG) to conduct 2-3 focus groups with 6-8 SNAP individuals in North Carolina (NC) who have received SNAP benefits in the past 12 months.

Less than two months after CSPI and FIG began this work, COVID-19 shut down much of the United States. At that point, FIG had completed two focus groups (in rural southeast NC, and in the Triangle Area with Spanish-language participants). CSPI and FIG jointly agreed to pivot the work and gather additional insights through interviews conducted by phone or online conference platforms. Interviews were conducted in Durham, NC by FIG, and in Western NC by our partners at MountainWise, a community organization within the Macon County Department of Public Health.

Methodology:

Focus Groups

Focus group guides (**Sub-Appendix B1**) were modified from the original scripts used by CSPI in Massachusetts to allow for some comparison across groups. Language was adapted to the NC context.

Focus group recruitment was conducted in partnership with community organizers in Duplin and Orange Counties. All participants were at least 18 years of age, current or recent SNAP participants, and represented the primary food shopper for the household. All focus group participants received \$50 in cash for their time. In Duplin County, the organizer was compensated for organizing and recruitment, and they asked that their compensation be directed to the nonprofit community center where

we met; in Orange County, the organizer was paid for their time organizing, recruiting, and leading the session PLUS translation of all documents and responses between Spanish and English.

Light snacks and water were available at the Orange County focus group, as well as childcare activities. Lunch was provided at the Duplin County focus group by another research team that immediately preceded our focus group session.

Interviews:

Interview guides were adapted from the previously approved NC focus group guides. CSPI, FIG, and MountainWise collaboratively adapted the questions to refocus discussions in light of COVID-19 and to fit the one-on-one phone/online conference system platforms. CSPI was focused on hearing stories of SNAP during COVID-19 as a way to highlight what works, what does not work, and what needs to change around SNAP policies and implementation for healthful eating.

Interviewees were recruited through FIG and MountainWise networks in Durham, NC and Western NC, respectively. Participants were screened by phone; all participants were at least 18 years of age, current SNAP participants, and represented the primary food shopper for the household. All interviewees received \$50 for their time (cash, Venmo, or check in Durham; VISA gift cards in Western NC).

Timeline:

	Description	Event(s)
Focus Group: Duplin County	English language, rural area. Seventeen total participants: 15 Black participants; 2 white participants; 1 Latinx participant; 3 males, 14 females; 11 older adults (>50 years), 6 adults (18-49 years). Also in attendance: two children under 2 years of age.	February 2020
Focus Group: Orange County	Spanish language, suburban area. Ten participants total: all Latina; all young to middle age women; most identify as mothers. Also in attendance: 6 children ages 10 and under.	March 2020
Interviews: Durham County	Interviews: Urban/suburban, mixed gender, mixed aged, mixed race	July 2020
Interviews: Western NC (Haywood/Swain Counties)	Interviews: Rural, mostly male, mostly White	July 2020

Focus Group Findings:

Grocery shopping with SNAP benefits

Both groups (Duplin and Orange Counties) reported that groceries are typically purchased at big box stores (*e.g.*, Walmart) and large grocery stores (*e.g.*, Food Lion). Orange County participants also reported an increase in SNAP purchases at tiendas and other Latin-focused stores; produce was named as something purchased at smaller tiendas, citing quality concerns and food preferences when compared to larger stores. Duplin County participants traveled further to the larger grocery stores and fresh produce (up to 45 minutes by car).

Duplin County participants reported buying items that were on

sale, that were a “good deal”; Orange County participants reported buying “what is necessary.” This indicates that low prices and having enough food to feed their families is a top priority while grocery shopping.

Both groups mentioned purchasing items that “kids want.” Duplin County participants shared a belief that shopping with kids means extra items (mostly junk food) inevitably end up in the shopping cart; Orange County participants agreed, with one caveat: [translated] “In Mexican stores we don’t buy them junk food because it’s more expensive in there. Junk food is cheaper in places like Walmart.”

Both groups described purchasing a variety of foods (fresh, frozen, processed; some healthy, some not healthy items as described by participants).

Barriers and facilitators to healthy eating

Duplin County participants focused more on external barriers to healthy eating, such as cost, access to land, and targeted marketing.

“The cost of eating healthy is ten times more than what SNAP benefits can cover.”

“If you’re trying to feed a family of four fruit for a week, that alone could be \$100.”

“Grow in the backyard” (one person’s suggestion, followed by) “We don’t have space for that.”

“I think [advertising junk food to kids] should be illegal—the same way they found it illegal to market cigarettes to children should be the same as things like candy and sodas and all the things cuz mostly we have a lot of kids in our community who are prediabetic and hypertension and I don’t see why the government doesn’t do something...”

Orange County participants talked more about **internal barriers to healthy eating, such as cultural influences.**

“In my house we don’t eat salads...we eat the way our parents fed us and it doesn’t have a lot of vegetables. It’s a lot of beans and guacamole and eggs.”

Translated

One Orange County participant pointed out that American foodways were affecting their health.

“In my house we are used to eating the Mexican style, but because we’re getting American food and ideas, we’re getting really overweight.”

Translated

Orange County participants also echoed Duplin County participants’ sentiments that price is a barrier to healthy food access.

“Broccoli for example is \$1.99 but the kind that is processed and in a bag is 99 cents and so I’ll choose it instead because it’s cheaper even if it’s not better. Especially if they lower my amount of food stamps.”

Translated

Participants in both counties reported SNAP dollars themselves do not appear to affect *what* food items are bought; SNAP dollars just allow the purchase of food. In other words, the participants would purchase the same food items while grocery shopping even if they could not use SNAP.

SNAP dollars, no matter how small a monthly allotment, make up a majority of dollars spent on food that month.

When prompted to think about ways to remove barriers to healthy eating, participants in both groups agreed that removing point of sale displays of junk food would help them not purchase unhealthy foods. Orange County participants reported purchasing both more junk food and more healthy items when they were on sale; Duplin County participants reported only junk food appeared to be on sale when they shopped. The two groups also agreed that two-for-one and other sales on junk food like sodas directly contributed to their purchase. These responses indicate that lowering the cost of

nutritious food and eliminating price promotions for unhealthy food, like soda, are strategies worth testing.

SNAP incentives and disincentives

Focus group facilitators laid out three potential incentive/disincentive scenarios for each group.

Option A: “Some stores and farmers markets offer extra SNAP benefits to buy fresh fruits and vegetables, like for every dollar you spend on fresh fruit or vegetables you get a dollar extra or a set of coupons to buy more fresh fruit or vegetables.”

Option B: “Some policymakers are considering not counting sugary drinks (like full-calorie sodas or sweetened sports and energy drinks) as items that could be purchased with SNAP benefits (this ban does not include 100% juice, flavored milk or diet soda).”

Option C: “Another option under consideration is if you got extra SNAP benefits—like more money to buy fruits and vegetables—as an incentive to not use your SNAP EBT card to buy sugary drinks.”

Relatively few participants in either group were familiar with double bucks-style programs (Option A) at farmers markets or grocery stores. Those that had used them did like double-bucks programs because the benefit was instantaneous. Orange County residents pointed out that any program that incentivizes healthy purchases through future promotions or coupons is less helpful: “I think it would be better if they gave you the benefit instantly because I forget about it,” and “I think that if I have to fill out surveys or things like that it’s too much work. I never do those and I throw them away.”

Duplin County participants had a very strong reaction to restricting SNAP benefits to not allow sugary beverage purchase with SNAP dollars (Option B); namely, they did not want more restrictions on what they can and cannot purchase with SNAP dollars. As one participant pointed out, “That’s not fair - [sugar is] an addiction just like anything else.” Orange County participants were much more comfortable with SNAP benefit limitations, either because

they felt they didn't purchase sodas so it would not affect them and/or because the limitation would help make individual health decisions easier.

"It would help to keep me more health conscious because that way my kids and husband won't buy sodas anymore."

Translated

"We try to buy as little soda as possible but to change things it's very difficult. At one point having no sodas at home was like not having water."

Translated

Orange County participants also liked the idea of receiving extra SNAP dollars for purchasing healthy food (Option C). One Orange County participant emphasized the need for stores to support healthy purchasing and limit unhealthy purchasing through pricing: [translated] "I would like for stores to take money off when you buy healthier food. If I buy something unhealthy though they don't have to take money off."

Duplin County participants were much more wary of healthy incentives and disincentives for unhealthy items. The idea of "yo-yo" amounts of SNAP dollars, where the amount of dollars month to month could change significantly based on the healthfulness/unhealthfulness of the shopping cart the previous month, was unnerving for Duplin County participants.

Online purchasing

Online purchasing was a divisive issue in Duplin County; some participants disliked the idea of someone else selecting their groceries, especially fresh produce and meats, while others saw the benefits. "In rural NC, I like to watch cooking shows. But we can't get a lot of things... And I like to try a lot of new things. I would like [online shopping] because that would give me the option of having more things to choose from." This participant felt like an

online delivery program could bring in items and ingredients that nearby stores would not stock.

Another Duplin County participant said, “I feel like I’m being attacked in the grocery store. You know all those little candy bars at check out, and you know they attack me…” Online shopping would allow this participant to avoid the small junk item purchases at check out.

Other ideas for strengthening nutrition in SNAP

Duplin County participants were unaware that SNAP dollars could be used to purchase seeds, starts, and edible plants. There was consensus that this information was not communicated effectively by SNAP programs, and that it could be a great benefit to people living in rural communities in particular.

These participants commented on cultural barriers that should be addressed when considering improvements to nutrition security for families using SNAP.

“The other day I tried to go to a store that is more healthy like that and it wasn’t as expensive as I thought it would be. But when I go to places like Whole Foods it’s way more expensive. I think that you can tell that a white person started these stores and not someone Hispanic because everything is expensive.”

Translated

This demonstrates a pervasive idea that not only is healthy food financially inaccessible, but that it is also inaccessible to people identifying with racial minority backgrounds.

“I never asked for help because my parents taught me not to do that. They wanted to get help but my dad refused to. When I bought my house we were doing fine but suddenly my husband was going through troubles and we almost didn’t get help but my sister convinced me to. I didn’t want to get food benefits but eventually I did and now I’m used to it.”

Translated

This is indicative of a cultural stigma associated with participation in food assistance programs, which is a barrier to alleviating food insecurity.

Interview Findings: Demographics

Location	Demographics
Western NC	White, female, 70 years White, male, 46 years White, male, 61 years White, male, 38 years
Durham NC	White, female, 29 years Black, female, 29 years Black, female, 28 years White, female, 44 years Black, male, 63 years Black, male, 66 years Asian, male, 37 years Black, female, 63 years Black, female, 56 years Black, female, 30 years

COVID-19 and food security

These interviews were conducted about four months after North Carolina issued its first statewide stay-at-home order. Participant concerns fell into two categories: concern for physical safety from the virus, and concerns around access to food. Older participants were more likely to voice concerns about going into stores to buy food (personally wearing masks and gloves, shopping when there was less foot traffic in the stores, the sanitation practices of the store staff, sending relatives to shop on their behalf). Participants of all ages expressed concern over perceived or real shortages of food, especially meat, as well as rising prices of those items.

"You get more help during an epidemic than regular life and we could still come up short."

"I don't have enough food for myself and my family. At the grocery store I can't find the meat that I want. I'm concerned we're running out of food."

Grocery shopping with SNAP benefits (pre-COVID and during COVID)

Of 14 interview participants, only three reported changing shopping locations because of COVID - two went to different stores to try to find items that were unavailable in their usual shopping locations; one felt the usual shopping location was too crowded. Eleven out of 14 participants reported no change in shopping location. One participant reported praying before each shopping trip for safety throughout the process, but she still goes out shopping. Frequency of shopping trips has decreased for many participants.

“I used to go every day or every couple of days because I took my two-year-old daughter because it was an outing for her. Now it’s just me. Now I buy as much as I can at one time instead of going multiple times.”

A majority of participants report only using SNAP benefits for food; their families do not have an additional food budget for additional items beyond the SNAP benefits provided. Participants generally reported purchasing a variety of items, including proteins, grains, and produce; one participant reported buying water and another said that each adult was allowed one “splurge” item per shopping trip (described as a treat or dessert-type item). Generally, participants’ shopping carts reflected what they identified as “healthy foods.”

Older adults (over 55 years old) were more likely to identify diabetes as a concern when food shopping, and a challenge to support healthy eating given the SNAP benefits they received. One older adult with diabetes described relying on food pantries for a majority of her meals (she receives a very small amount of SNAP benefits).

Barriers and facilitators to healthy eating

A majority of respondents reported that eating habits had not dramatically changed during COVID compared to before COVID.

Several people reported eating less meat; a few reported eating less overall.

“I think I’m still doing good at feeding our family healthy options. It might be different vegetables than we’re used to getting based on prices and what’s available... Pretty much doing the same thing we were doing before but the amounts we purchase is less.”

A few participants reported an increase in healthy eating with newfound time for cooking at home, which limits the amount of convenience foods purchased. One participant reported using COVID as a time to transition her family to a more plant-based diet, something she had been meaning to do but the combination of a tight food budget and more cooking time had provided the opportunity.

“We try to cook fresh here... I think it has changed a little bit. I used to buy a few more processed foods before, but not now.”

The interviewer asked about external marketing forces at work in food retail locations. Many participants reported more marketing for unhealthy rather than healthy foods (*e.g.*, junk food at the register); several participants maintained a belief that they were unaffected by those types of promotions and marketing.

“It’s up to me to go in there and get healthy food or not.”

SNAP incentives and disincentives

Interviewers laid out three potential incentive/disincentive scenarios for each group.

Option A: “Some stores and farmers markets offer extra SNAP benefits to buy fresh fruits and vegetables, like for every dollar you spend on fresh fruit or vegetables you get a dollar extra or a set of coupons to buy more fresh fruit or vegetables.”

Option B: “Some policymakers are considering not counting sugary drinks (like full-calorie sodas or sweetened sports and energy drinks) as items that could be purchased with SNAP benefits (this ban does not include 100% juice, flavored milk or diet soda).”

Option C: “Another option under consideration is if you got extra SNAP benefits—like more money to buy fruits and vegetables—as an incentive to not use your SNAP EBT card to buy sugary drinks.”

A snapshot of participant responses to each incentive/disincentive option:

	Number of participants in favor (out of 14)
Option A - Double-bucks style program	14
Option B - Restricting sugary beverages	5
Option C - Additional benefits for healthy purchase behaviors	13

All participants are in favor of double-buck style programs where they receive matching dollars to spend on fresh produce, particularly if they are expanded to grocery stores (not just farmers markets). Most participants were in favor of expanding double-buck style programs to include frozen vegetables and fruits, proteins, whole grains, dairy, and eggs. Several participants have previously used double-buck style programs at farmers markets.

Restrictions of SNAP shoppers’ choices were generally negatively received.

“I mean once again it’s not something I drink, but... parents have a right to choose what their children drink.”

“Some people need to have a sugar drink with diabetes; they got to have it and they can’t really afford it.”

Of the five participants who said they would accept restrictions

of sugary beverage purchases, three of the five were indifferent about this option because they believed it would not impact their behavior; two of five believed sugar did not contribute to good health and actively supported this kind of a restriction to improve overall health behaviors.

“I mean—I’ve honestly always been an advocate that if you’re getting food stamps and getting assistance you shouldn’t be able to buy cookies and stuff with your benefits because you’re buying empty calories.”

Thirteen out of 14 participants were in favor of earning extra SNAP dollars for previous healthy shopping behaviors. The one person who was not in favor described never checking their SNAP benefit balance, so there was a belief that they would never know they had extra dollars to spend.

Online purchasing

None of the 14 participants had tried online shopping with SNAP. One out of 14 participants was eager to try it (a parent with four young children). One out of 14 was open to trying it during COVID because they are now home to receive the delivery, whereas during non-COVID times they would be at work and away from the home. Twelve out of 14 participants were not interested in online shopping at this moment in time; 10 of those 12 shared a lack of trust in a stranger selecting and handling their groceries.

“I’d kinda rather shop in person that way I can pick my own stuff you know. I don’t want to trust somebody that doesn’t care what I get to pick out my meat and my vegetables.”

Other ideas for strengthening nutrition in SNAP

The overwhelming response for ways to make SNAP purchases healthier was simply to increase overall benefits to each individual or family.

Other suggestions included: facilitating direct-from-farmer purchases with SNAP dollars, for example a CSA share or produce box paid for with SNAP dollars; requiring retailer marketing of all new SNAP programs (*e.g.*, requiring retailers to heavily advertise a double-bucks style program) to increase awareness; more immediate discounts at the register; increased SNAP retailer stocking requirements (for more kinds of produce and other items); and allow some hot food purchases.

Analysis:

COVID-19 has affected all interview and focus group participants in different ways, including adding new participants to the SNAP program as a direct result of COVID-related job loss. Despite the anxiety and danger posed by the virus, a majority of participants have not significantly changed shopping habits. Healthy eating remains a top priority among the majority of participants. Accordingly, they provided several recommendations for strategies to strengthen nutrition security through SNAP:

RECOMMENDATIONS FROM SNAP PARTICIPANTS:

- Increase SNAP benefits, especially for participants with chronic diseases
 - Implement healthy marketing interventions specifically at superstores and large grocery stores
 - De-emphasize unhealthy products in stores, especially in advertisements targeting children and at point-of-sale locations
 - Expand incentives for healthy food
 - Combine incentives for healthy foods with disincentives for unhealthy items
 - Broader dissemination about resources and programs available for SNAP participants
 - Decrease cultural barriers for using SNAP, such as stigma and unhealthy perceptions of non-White cuisines
-

The need for adequate SNAP benefits was a persistent theme throughout the focus groups and interviews. Health was very important to these participants,^d and there is an ongoing struggle to “eat healthy” with SNAP dollars. A majority of participants reported using only SNAP dollars for food purchases as other financial resources were used for other household expenses. The participants, by and large, want to feed their families well, and they believe that an increase in SNAP benefits per person and per family would allow them to buy all of the nutritious foods they need. A subset of older adults (n=6) appeared to face increased food insecurity with relatively more mention of single meals eaten per day, reliance on food pantries for meals outside of what SNAP dollars could provide, and concerns about diet-related illness management.

The SNAP participants highlighted that the retail environment can play a major part in influencing the healthfulness of store purchases. Many of the participants believe that stores create predatory environments for shopping, where the shoppers’ resolve to buy nutritious food is worn down by advertisements for junk food. They noted that de-emphasizing unhealthy products in stores, especially advertisements targeting children and unhealthy items at point-of-sale locations, can help maintain healthful shopping practices. In agreement with SNAP usage data from the USDA, the participants reported purchasing most of their groceries at superstores and large grocery stores, indicating that interventions to support nutrition security and health would be most impactful in these retail environments.

Programs for healthy food incentives were popular approaches among all demographics of SNAP participants. This includes double bucks style programs at farmers markets and grocery stores that incentivize fresh produce purchase, or a program that increases SNAP benefits for overall healthy shopping behaviors. Some participants were interested in disincentivizing junk food purchase

^dNote from authors: Participants in these kinds of focus groups and interviews may be biased towards a healthier approach to shopping and eating as compared to the average SNAP participant because they self-identified to talk about healthy shopping and eating.

when it was paired with a financial incentive for healthy items as they believed it would help increase individual purchase decisions. Disincentives for unhealthy food as a standalone strategy (without incentives) were generally not popular, highlighting cultural preferences for ‘freedom to choose’ prevalent in many communities across the United States. Latinas in the Orange County focus group, one Asian-American participant, and one White male participant were comfortable with standalone restrictions on SNAP purchases, which may reflect cultural identity group norms that are more focused on the collective good rather than individual rights.

Participants also voiced that they wanted to be more informed about the programmatic activities of SNAP. Many did not know that double bucks programs are available to them, and they were unaware that edible plants for home gardens are SNAP-allowable purchases. One suggested solution was a requirement for SNAP retailers to advertise changes to SNAP, including the addition of new incentive programs.

The need for cultural sensitivity also was reflected in the participants’ discussions. SNAP can be inaccessible for people who experience stigma related to participating in the program. There was also a sentiment that expensive healthy foods are most prevalent in stores catering to White customers. SNAP participants may benefit in additional efforts to make the program more culturally accessible.

Summary:

Current and recent SNAP participants in North Carolina, from the mountains to the coast, from rural to urban regions, all want to feed their families well. Larger forces, including but not limited to COVID-19, affect participants’ financial security and physical/emotional wellbeing. COVID-19 has exacerbated hunger and highlighted vulnerabilities due to diet-related chronic diseases, underscoring the need for increased food assistance and improved nutrition security. SNAP provides the opportunity to address both of these pressing concerns, but the program currently falls short. It is more crucial than ever to pilot test innovative, culturally sensitive

strategies to improve the food environment and maximize nutrition and health for SNAP participants.

Appendices:

Focus group script (English/Spanish)

Phone Screener script

Recruitment flyer

Key informant interview script (English)

Sub-Appendix B1. North Carolina Focus Group Moderator Guide

Introduction

Thank you for coming and speaking with us today. As part of a broader research collaboration, the Center for Science in the Public Interest is interested in learning about your experiences with SNAP. I'd like to start by introducing our team. I'm XXX and this is YYY. I'll be leading the group and YYY will be assisting with recording and note taking during the discussion. We are holding focus groups because your ideas and perspective are important for shaping and informing improvements to the program.

We are here to learn from you; to hear about your ideas and learn about your experiences. There are no right or wrong answers in our discussion today, and we welcome all perspectives. It is OK to disagree with each other, but please be respectful of your fellow group members, even if you have a different point of view. The goal of this discussion is not to reach agreement on anything, but to hear your views, which will help inform the development of strategies that foster a more supportive food environment for purchasing healthy foods with SNAP benefits in North Carolina. We will also be speaking with North Carolina researchers, nonprofits, and advocacy groups. Ultimately, we will compile a summary of the recommendations.

We want to make sure that we provide a welcoming space for everyone to participate. I encourage you to speak to each other, and I will be here to listen and ask some specific questions. In order to be respectful of your time and the task at hand, I may need to interrupt at times in order to move us forward. Thank you for your cooperation if those circumstances arise.

To facilitate a discussion where everyone feels comfortable sharing their thoughts, here is a list of some group norms. [Review the pre-printed norms on flip chart paper, see Appendix at the end of this document.] Are there any group norms you cannot support? Are there any group norms you would like to add? [Complete these

changes before moving on, and leave flip chart group norms visible throughout the hour-long discussion.]

Being part of this group is voluntary. You may leave at any time you wish. There will be no penalty for doing so. Today's discussion will last 60 minutes. We will record the interview for notetaking purposes, but information shared during this discussion is confidential, and we will not include your name or identifying information in our final report.

Also, so that we can give each other our full attention, I ask that everyone please turn off their cell phones.

Do you have any questions for me before we begin? [Answer any questions]

Great, now we will begin! I'm going to start recording now.

Now we'd like everyone to get to know each other a little bit.

A. Icebreaker (5 minutes)

A.1. Spring is coming (we hope)! Tell us your first name, and one thing you are looking forward to in the Springtime in [insert place of focus group]?

B. Experience with SNAP (10 minutes)

B.1. Where do you and your family typically buy your groceries?

B.2. What foods do you typically buy with your SNAP benefits?

C. Barriers and facilitators for healthy eating and sticking to healthier drinks (15 minutes)

C.1. What do you think that you do well when it comes to eating healthy and providing healthy options for your family?

Based on previous research, after answering this question participants often follow up by noting things that make it harder to eat healthy. When they bring this up, moderator can probe on

issues related to the strategies being considered:

- How do your shopping habits change when you have your kids with you?
 - Soda and junk food at checkout; do your kids ask for candy at checkout; if stores sold healthier options, like water, fruit, and snacks with less sugar, at checkout, would you buy them?
 - Price promotions like 2-for-1 deals and coupons for soda or unhealthy food
 - Prominent displays throughout the store for soda, candy or other unhealthy foods
 - Cost of healthy food, like whole wheat bread or fruits and vegetables
 - Lack of availability of healthy options in stores where you shop
- C.2. Does having your children with you while you shop affect your purchases? What else is likely to affect what you buy?
- C.3. Can you think of any changes that could be made in the stores where you buy your food that would change what you purchase? (Probe for ways to make healthier purchases)
- C.4. Thinking of how you've shopped for food while using and not using SNAP, does using SNAP affect what you buy?

D. Reaction to different initiatives being considered (20 minutes)

Intro: We're interested in learning what you think about some options to promote healthy food and beverages in stores.

Retail strategies: pricing, promotion, and placement

- D.1 Some retailers are using in-store promotions, pricing, and placement to make healthy options more visible. Let's talk through each one.
- Provide background information about deceptive

marketing practices (include a primer on deceptive marketing practices, real world examples).

- ◆ Example: Study from Moran et al showed that in-store marketing for sugary beverages were highest during SNAP benefit issuance days [https://www.ajpmonline.org/article/S0749-3797\(18\)31639-8/abstract](https://www.ajpmonline.org/article/S0749-3797(18)31639-8/abstract)
- Has anyone noticed in-store signs or labels on shelves pointing out healthy options in the store? What do you like about this approach for promoting healthy options? Is there anything that you don't like about it? Do you think it changed what you bought?
- Has anyone used pricing strategies—like 2-for-1 specials or coupons? What do you like about this approach for promoting healthy options? Is there anything that you don't like about it? Do you think it changed what you bought?
- Has anyone noticed placement strategies—like having healthy options in checkout lines or end of aisles displays? What do you like about this approach? Is there anything that you don't like about it? Do you think it changed what you bought?

Incentives & Disincentives

[Background for moderator: Incentives would likely be in the form of: discounts at the point of sale (or possibly a coupon received prior to purchase); match (\$1 back for every \$2 spent on specific foods. Often provided as a voucher or token); rebate (cash back after purchase); subsidy (provides a fixed cash value for the purchase of specific foods. Usually provided ahead of time in the form of a voucher, token, or coupon)] [We're essentially probing for thoughts and feelings about INCENTIVES vs. DISSINCENTIVES.]

- D.2. Some stores and farmers markets offer extra SNAP benefits to buy fresh fruits and vegetables, like for every dollar you spend on fresh fruit or vegetables you get a dollar extra or set of coupons to buy more fresh fruit or vegetables.

- Has anyone used this kind of program? What did you like about it? Is there anything that you didn't like about it? How did it affect what you bought? For how long? (Just that shopping trip, or subsequent trips as well?)

For those who haven't had these incentives, what are your thoughts? Would you like to have additional SNAP benefits specifically to buy fresh fruits and vegetables?

- For everyone, would you like to get extra SNAP benefits to use for other items besides fresh fruits and vegetables—like for frozen fruits and vegetables, for whole wheat bread and other whole grains, or for milk?

D.3. Some policymakers are considering not counting sugary drinks (like full-calorie sodas or sweetened sports and energy drinks) as items that could be purchased with SNAP benefits.

[Note to moderator: this does not include 100% juice, flavored milk or diet soda]

- What do you think about not using SNAP to buy soda and other sugary drinks?
- Is this a good idea or a bad idea? Why?
- How would this affect what you/ your family buys/ drinks?

D.4. Another option under consideration is if you got extra SNAP benefits—like more money to buy fruits and vegetables—as an incentive to not use your SNAP EBT card to buy sugary drinks.

- Do you like or dislike this idea? Why?
- How would this affect what you/ your family buys/ drinks?

D.5. What are some other ways SNAP could make it easier to purchase?

- More fresh fruits and vegetables? More fruits and

vegetables overall—including frozen and canned?

- More healthy foods (give examples: whole grain products, low-fat dairy, lean protein, etc.)
- Less candy, sugary drinks, and other junk food?

Closing

E. Thinking about everything we have talked about today regarding highlighting options in stores, extra benefits for fresh produce, and not allowing sugary beverages, what changes or improvements would you like to see to SNAP?

- Probe for healthy eating

F. Is there anything else you would like to share today?

Thank you for your time! (Closing procedures, incentives, etc.)

- Preprinted Group Norms
- Be brave, take risks.
- Be here now.
- Use “I” statements.
- Nothing about us without us is for us.
- Respect yourself and others.
- One voice at a time.
- Step up, step back.

Sub-Appendix B2. Phone Screener Guide (Focus Groups)

Phone screener for Supporting Healthy Eating through SNAP focus groups in North Carolina

Thanks so much for calling about the focus group. My name is XXX and I am a [title] with [institution]. We are recruiting people for an upcoming focus group in which a group of 6-8 people will be asked to share their thoughts and feelings about some new ideas to promote healthy eating through SNAP. Would you mind answering a few questions to see if you are able to participate in the study?

Screening Questions

1. Are you at least 18 years old?

[Yes]

[No]—Thanks so much for your time, but we can only include people aged 18 and over. Is there someone aged 18 and over in your household who might want to participate? (If yes, attempt to speak to the person at that time. If the person is unavailable, collect the person's name and contact information and call back.)

2. Have you received SNAP benefits in North Carolina in the last year?

[Yes]

[No]—Thanks so much for your time, but this focus group is meant for people who have used SNAP benefits in the last year.

3. Are you comfortable answering questions and sharing your ideas in [English or Spanish, depending on session]?

[Yes]

[No]—Thanks so much for your time, but this particular session will be held for people comfortable with speaking [English or Spanish].

4. Will you be able to attend a discussion in-person for an hour and a half?

[Yes]—Wonderful, you are eligible to participate in the focus group.

[No]—I'm sorry to hear you won't be able to join us for this session. You are eligible to participate, so would you like us to reach out to you again if we hold another focus group? (If yes, ask for their phone number, email (if they have one), and first name + first initial of last name. Ask for preference regarding contact: phone call, text, email, or combination.)

5. The event will take about one and a half hours and will be recorded. Your participation and everything you say during the discussion will remain confidential. You will receive \$50 for participating and we will have light snacks and beverages before the group discussion starts. [Confirm date, location, and time if already set.] Are you interested in participating in this focus group?

[YES]—That's wonderful to hear. [Share details of focus group date, time, location plus parking / public transportation if known. If still being determined, ask for general availability and preference among the 2-3 preselected locations]

Can you share some information with me so that we can reach you about the focus group?

First name and first initial of last name:

Phone number:

Email address (if you have one):

Best way to reach you (phone call, email, text, combination):

I would like to send you details of the event, as well as the number to call if you find yourself unable to attend. We are only inviting a few people, so we would be grateful if you could let us know if your plans change. Would you prefer this by text

or email?

[NO] - Thanks for your time. I'm sorry to hear this isn't of interest but appreciate your calling us.

Sub-Appendix B3. Recruitment Flyer (Interviews)

Does your family use SNAP-EBT?

The Center for Science in the Public Interest (CSPI) wants to hear YOUR voice!

Food Insight Group (FIG), in partnership with CSPI, is hosting phone interviews with SNAP-EBT beneficiaries to record your thoughts, feelings, and ideas about SNAP generally, as well as SNAP during COVID. The purpose of the interviews is to collect stories to share with policy makers to inform how SNAP-EBT works in the future.

What you need: a phone and 60 minutes to share your stories

What you receive: \$50 cash

Limit one interview per household.

Must be 18 years or older.

At this time Spanish language interviews are complete, so we are only conducting interviews in English.

Interested in participating? Call or text Dr. Linden Thayer at 301-461-7838, or email linden@foodinsightgroup.com to learn more.

Interviews will be completed by the end of June. This process is first come, first serve.

Sub-Appendix B4. North Carolina Interview Guide

Introduction

Thank you for speaking with me today. As part of a broader research collaboration, the Center for Science in the Public Interest wants to learn about your experiences with SNAP, especially since the onset of the COVID-19 pandemic. The crisis has changed food pricing and availability, and we want to know how it has affected the way you shop and what you buy and how you eat.

I'd like to start by introducing myself. I am XXX and I will simply be guiding the conversation. We are holding interviews because your ideas and perspective are the most important for shaping and informing improvements to the SNAP program. I am here to hear about your ideas and learn about your experiences. There are no right or wrong answers in our discussion today, and all perspectives are welcome. The goal of this discussion is to hear your views, which will inform the development of more supportive food environments for purchasing healthy foods with SNAP benefits in North Carolina. Interviewers will also be speaking with North Carolina researchers, nonprofits, and advocacy groups. Ultimately, we will compile a summary of all the recommendations.

We want to make sure we provide a welcoming space for you to participate. I will be here to listen and ask some specific questions. In order to be respectful of your time and the task at hand, I may need to interrupt at times in order to move us forward. Thank you for your understanding if those circumstances arise.

Because I am here to listen, there may be long pauses between your responses as I hold space to make sure you have felt heard and shared all you wanted to share. I am also happy to try and clarify any questions you have along the way.

Being part of this interview is voluntary. You may leave any time you wish. There will be no penalty for doing so. Today's discussion will last no more than 60 minutes. We will record the interview for note taking purposes, but information shared during this discussion is confidential, and we will not include your name or

identifying information in our transcript of the call or any final report.

It costs you nothing to participate in this interview today. At the end of the interview you are eligible to receive \$50 for your time.

Also, so that we can give each other our full attention, I ask that you take this call from somewhere where you will not be interrupted.

Do you have any questions for me before we begin? [Answer any questions]

If you have any questions about this research, please call the Project Coordinators Linden Thayer at 301-461-7838. You can email linden at linden@foodinsightgroup.com.

Do you want to participate today? By saying “Yes,” you agree to be in this study. You also agree that you have been read the study consent form (above) and you will call or email the project coordinators if you have any questions. [PAUSE FOR RESPONSE]

[IF NO] That’s fine. Any other questions?

[IF YES] Great. We can mail you a copy of your consent form, would you like a copy of that form? [PAUSE FOR ANSWER] If yes, I will capture your address information at the end of the call.

Great, now we will begin! I’m going to start recording now.

A. Opening (5 minutes)

1. Let’s just warm up real quick. If you could have any meal in the world right now, what would that meal be and why? And moving right to the meat of our work today...
2. What are your most pressing concerns when it comes to COVID-19 and food security/access to healthy food?
3. Looking forward, what impact do you expect COVID-19 will have on your community,

especially when it comes to access to food?

B. Experience with SNAP (10 minutes)

1. Where do you and your family typically buy your groceries? Before COVID? During COVID?
2. What foods do you typically buy with your SNAP benefits? Before COVID? During COVID? Has the COVID-19 pandemic affected the types of food that you buy with your SNAP benefits?

C. Barriers and facilitators for healthy eating and sticking to healthier drinks (15 minutes)

Note to moderator: When asking about ways to improve healthy eating, we want to know about shopping since the pandemic. Discussion about pre-pandemic is fine as long as they compare it to current times.

1. How do you describe healthy food for you and your family?
2. Considering the hardships brought on by the pandemic, what do you think you do well when it comes to eating healthy and providing healthy options for your family?

Based on previous research, after answering this question participants often follow up by noting things that make it harder to eat healthy. When they bring this up, moderator can probe on issues related to the strategies being considered:

- How do your shopping habits change when you have your kids with you?
- Soda and junk food at checkout; do your kids ask for candy at checkout; if stores sold healthier options, like water, fruit, and snacks with less sugar, at checkout, would you buy them?
- Price promotions like 2-for-1 deals and coupons for soda or unhealthy food

- Prominent displays throughout the store for soda, candy or other unhealthy foods
 - Cost of healthy food, like whole wheat bread or fruits and vegetables
 - Lack of availability of healthy options in stores where you shop
4. Who are you shopping for? How does this affect what you buy?
 5. Can you think of any changes that could be made in the stores (or online) where you buy your food that would change what you purchase? (Probe for ways to make healthier purchases)
 6. Thinking of how you've shopped for food while using and not using SNAP, does using SNAP affect what you buy?
 7. Have you tried using SNAP benefits to purchase food online (explain online shopping as necessary)? If so, how does shopping for groceries online vs. in store affect how you use SNAP?

D. Reaction to different initiatives being considered (20 minutes)

Intro: We're interested in learning what you think about some options to promote healthy food and beverages in stores (or in online stores). [If it's clear that thinking about healthy food just isn't on the interviewee's radar right now because of myriad other challenges in the world...you may need to offer to skip this section even though it's exactly what CSPI wants feedback about. We have to be understanding that healthfulness, as defined by a majority white public health class, may not be relevant in this moment.]

Retail strategies: pricing, promotion, and placement

1. Some retailers use in-store promotions, pricing, and placement to make healthy options more visible. Let's talk through each one.

- Throughout the coronavirus crisis, how have stores supported healthy eating? How have they not supported healthy eating? How would you like stores to support healthy eating, during COVID-19 and beyond?
 - ◆ Probe: Have you noticed in-store signs or labels on shelves pointing out healthy options in the store? What do you like about this approach for promoting healthy options? What do you like about it? Do you think it changes what you buy?
 - ◆ Probe: Have you used pricing strategies—like 2-for-1 specials or coupons? What do you like about this approach for promoting healthy options? What do you not like about it? Do you think it changes what you buy?
 - ◆ Probe: Have you noticed placement strategies—like having healthy options in checkout lines or end of aisles displays? What do you like about this approach? What do you not like about it? Do you think it changes what you buy?

Incentives & Disincentives

[Background for moderator: Incentives would likely be in the form of: discounts at the point of sale (or possibly a coupon received prior to purchase); match (\$1 back for every \$2 spent on specific foods. Often provided as a voucher or token); rebate (cash back after purchase); subsidy (provides a fixed cash value for the purchase of specific foods. Usually provided ahead of time in the form of a voucher, token, or coupon)] [We're essentially probing for thoughts and feelings about INCENTIVES vs. DISINCENTIVES.]

2. Some stores and farmers markets offer extra SNAP benefits to buy fresh fruits and vegetables, like for every dollar you spend on fresh fruit or vegetables you get a dollar extra or set of coupons to buy

more fresh fruit or vegetables.

- Have you used this kind of program? What did you like about it? What do you not like about it? How did it affect what you bought? For how long? (Just that shopping trip, or subsequent trips as well?)
- If not: what are your thoughts? Would you like to have additional SNAP benefits specifically to buy fresh fruits and vegetables?
- Would you prefer to use incentives at grocery stores, farmers markets, or small convenience stores?
- Would you like to get extra SNAP benefits to use for other items besides fresh fruits and vegetables—like for frozen fruits and vegetables, for whole wheat bread and other whole grains, or for milk? Other?

3. Some policymakers are considering not counting sugary drinks (like full-calorie sodas or sweetened sports and energy drinks) as items that could be purchased with SNAP benefits.

[Note to moderator: this does not include 100% juice, flavored milk or diet soda]

- What do you think about not using SNAP to buy soda and other sugary drinks?
 - Is this a good idea or a bad idea? Why?
 - How would this affect what you/ your family buys/ drinks?
4. Another option under consideration is if you got extra SNAP benefits—like more money to buy fruits and vegetables—as an incentive to not use your SNAP EBT card to buy sugary drinks.
- Do you like or dislike this idea? Why?
 - How would this affect what you/ your family buys/ drinks?

5. What are some other ways SNAP could make it easier to purchase...?

- More fresh fruits and vegetables? More fruits and vegetables overall—including frozen and canned?
- More healthy foods (give examples: whole grain products, dairy, protein, etc.)
- Less candy, sugary drinks, and other junk food?

Closing

E. Thinking about everything we have talked about today highlighting food options in stores and online, changes to stores during the pandemic, extra benefits for fresh produce, and not allowing sugary beverages, what changes or improvements would you like to see to SNAP?

- Probe for healthy eating
- Probe for how nutrition/healthy eating should be incorporated (or not) into the SNAP program

F. Is there anything else you would like to share today?

Demographic Survey

1. How do you describe your gender?
2. How do you describe your race?
3. How do you describe your ethnicity?
4. What is your age?

Thank you for your time!

Closing procedures

[TURN OFF ANY RECORDING DEVICES] The recorder is now off. For participating today, we can offer you \$50 for your time. What is the best way to get that \$50 to you? May I take your name and address and mail the cash incentive to your home? Do you prefer to use Venmo? If so, what is your exact Venmo username? [For folks

out West if you need to do a direct handoff of cash in an envelope
Abby I can send money to MountainWise and then you can
distribute as needed. [If they requested a copy of the consent form,
that will be mailed by FIG along with the incentive.]

Appendix C: Background Materials

Building Support for a Healthy SNAP Pilot in North Carolina Project Summary, Fall 2020

Project Goal

In tandem with efforts to protect access and increase benefits, the Center for Science in the Public Interest (CSPI) is working to ensure that affordable, healthy food is accessible for all Supplemental Nutrition Assistance Program (SNAP) participants.

Based on our model of stakeholder engagement and consensus-building thus far utilized in Pennsylvania, Massachusetts, and Iowa, CSPI proposes to convene North Carolina stakeholders to explore interest in policies or research related to strengthening nutrition in SNAP, including but not limited to ensuring that SNAP dollars are spent on wholesome, nutritious foods.

By evaluating the SNAP landscape across states, stakeholder recommendations will help inform the best ways to advocate for a stronger SNAP in future farm bills.

Background

SNAP is the nation's largest food assistance program. 40 million people (half of whom are children) relied on this program pre-COVID. Six to seven million more have turned to SNAP in recent months, with caseloads likely to remain high for the length of the economic downturn. SNAP is also an effective economic support program. During a recession, \$1 in SNAP benefits contributes \$1.50-\$1.80 in economic activity. That's a massive responsibility. But it's also an incredible opportunity.

Protecting access to SNAP and providing adequate benefits are essential to helping millions of people put nutritious food on the table. As it stands, many individuals face significant barriers to accessing SNAP, and benefits average \$1.40 per person per meal. Families tend to cope with insufficient food budgets by purchasing inexpensive, unhealthy food, so protecting access and benefits is a

crucial nutrition priority.

Focusing on nutrition in SNAP is essential because low-income families and children face numerous health disparities and suffer at higher rates from chronic diet-related diseases including obesity and Type 2 diabetes. This incidence of disease can be traced, among other contributing factors, to differences in access to nutrition and predatory marketing of food items with little or no nutritional value, such as sugary drinks.

Activities

CSPI will work with North Carolina stakeholders that interface with SNAP through policy, research, participation, and implementation to develop consensus on one or more proposals for pilot project(s) to strengthen nutrition in SNAP. This work is guided and informed by members of an advisory workgroup representing the North Carolina Alliance for Health, North Carolina State University, MANNA FoodBank, Albemarle Regional Health Services, and MountainWise.

Major elements of this project include but are not limited to:

- conducting expert interviews with key stakeholders (estimated 10);
- focus groups and interviews with North Carolina residents who have participated in SNAP within the past year;
- three virtual roundtable discussions across the state (western, Piedmont Triangle, and central NC); and
- disseminate findings in a report to stakeholders and work with interested partners to implement and evaluate the pilot(s) in one or more localities in North Carolina.

2020 Timeline (delayed because of COVID-19 pandemic)

	January	February	March-August	September	November	December
Workgroup meetings						
Focus groups/ interviews						
Key informant interviews						
Convenings						
Reporting and dissemination						

Pilot recommendations from our previous convenings include combining healthy food incentives (additional spending power) with strategies to limit purchases of sugar-sweetened beverages; expanding fruit and vegetable incentives beyond farmers markets to SNAP-authorized retailers; retail marketing strategies that emphasize healthy foods and beverages; sugary beverage taxes; and nutrition education.

The results of this work will generate actionable evidence on how to maximize SNAP to further reduce health disparities, improve nutrition and long-term health outcomes, and reduce medical costs.

Why North Carolina?

North Carolina is a key state because residents experience high rates of food insecurity and diet-related chronic disease, but it also has a strong network of food security and public health advocates as well as nutrition researchers and SNAP experts. North Carolina has led innovative initiatives in nutrition assistance, including the Healthy Small Food Retailer Program, supporting healthy options in small retailers located in “food desert” zones. At the federal level, Reps. Alma Adams (D, NC-12) and David Rouzer (R, NC-7) are on the House Agriculture Committee. Rep. Adams holds the Vice Chair position of the Nutrition Subcommittee, which oversees federal nutrition programs, including SNAP.

Why CSPI?

CSPI has a strong track record of convening partners to build consensus on nutrition policies, priorities, and strategy. CSPI co-founded and coordinates the National Alliance for Nutrition and Activity (NANA), the largest nutrition and obesity prevention coalition in the country. Through NANA, CSPI coordinated advocates to help pass the Healthy, Hunger-Free Kids Act and its implementing regulations to get soda and junk food out of schools and improve the nutrition standards for school meals, which impact 30 million children each day. For the past two years, CSPI has led statewide convenings with diverse stakeholders to identify strategies for supporting healthy eating among Supplemental Nutrition Assistance Program participants.

CSPI believes that population-level food system change that puts vulnerable communities first promotes equitable access to health and well-being.

This work is made possible with support from the From Now On Fund.

SNAP in North Carolina

North Carolinians experience high rates of food insecurity and diet-related chronic diseases, conditions that can co-exist due to risk factors associated with economic and social disadvantage. The pandemic and economic downturn are exacerbating nutrition disparities in North Carolina and across the nation.

- Nearly 20% of North Carolinians may face hunger in 2020, up from 14% pre-pandemic (compared to a projected 17% nationwide in 2020).
- 33% of adults and over 15% of high school students in North Carolina have obesity (compared to 31% of adults and 15% of high school students nationally).

The Supplemental Nutrition Assistance Program (SNAP) is the nation's largest food program and a powerful tool for mitigating suffering. At the federal level, North Carolina policymakers play a vital role in SNAP policies. Representative Alma Adams (D) and David Rouzer (R) are on the House Agriculture Committee, which is responsible for a range of federal agriculture and nutrition policy, including SNAP legislation and the Farm Bill. Adams is Vice Chair of the Agriculture Committee and on the Subcommittee on Nutrition.

SNAP at the state level

SNAP is known as Food and Nutrition Services in North Carolina and is run by the Department of Health and Human Services (NCDHHS). It is one of ten states that shares program administration with county agencies.

Participation and Benefits:

- Participation increases during economic downturns. In July 2020, SNAP reached 1,431,972 individuals, or nearly one in seven North Carolinians (a 12.5% increase since January 2020).
- Participants are mostly households with children and are

White or African American. In 2018:

- ◆ 63% of SNAP participants lived in households with children and 29% with seniors or individuals with disabilities.
- ◆ 43% of households were headed by a White, non-Hispanic participant and 46% by an African American participant (despite African Americans representing only 22% of the state population, a disparity linked to historically biased policies).
- Benefits are modest. In 2018, the average monthly household benefit was \$244, roughly \$8/ day.

Retail

- Most benefits are redeemed at large food stores.
 - ◆ In 2019, approximately 8,830 North Carolina retailers were authorized to accept SNAP.
 - ◆ Large retailers (superstores, supermarkets, and grocery stores) accounted for 51% of authorized retailers and 93% of redemptions.
 - ◆ Convenience stores represented 45% of all stores but less than 6% of redemptions.
 - ◆ Farmers markets represented less than 1% of all stores and redemptions.
- Access to nutritious food is unevenly distributed in North Carolina. There are many areas with few or no full-service grocery stores.
 - ◆ A 2018 analysis found that 83% of SNAP retailers in North Carolina were limited-variety stores and 17% are full-variety stores. Communities with high SNAP participation typically had access to 0 full-variety stores and 4 limited-variety stores in urban areas and 3 full-variety stores and 17 limited-variety stores in rural areas.

- ◆ An evaluation of 90 SNAP participating dollar stores in southern and western North Carolina found that none offered fresh produce.
- ◆ An assessment of 108 SNAP-authorized drugstores in 25 counties in North Carolina found that some offer healthy items, but few offer fresh produce.
- ◆ In a 2018 survey, 1 in 4 respondents said that it is not easy to buy fresh produce in their neighborhoods, with participants across the state noting transportation as a barrier to accessing healthy food nearby (especially in rural areas).

Programs

Farmers to Families Food Box Program

In April 2020, USDA announced the Farmers to Families Food Box Program, an initiative to purchase and distribute up to \$3 billion of agricultural products nationally. The program sparked controversy, with many urging the federal government to instead bolster existing food security programs, such as food banks and SNAP. Four contractors were selected in North Carolina for the first round of purchases that occurred from May 15 through June 30, and all four were extended in the second round from July 1 through August 31.

Contractor	Location	Box Type	Value (\$)
Baptists on Mission	Cary, NC	Fresh Fruit/Fresh Vegetable Box, Precooked Meat Box (Pork and Chicken), Fluid Milk	\$1,760,000 \$312,000 \$64,000
Farmers Foodshare	Durham, NC	Fresh Fruit/Fresh Vegetable Box	\$163,300
Ford's Produce Co	Raleigh, NC	Fresh Fruit/Fresh Vegetable Box	\$609,644
Greenville Produce Company	Greenville, NC	Fresh Fruit/Fresh Vegetable Box	\$1,714,080

Gus Schumacher Nutrition Incentive Program (GusNIP)

Known as Double Up Food Bucks (DUFB) in North Carolina

- When customers buy eligible foods with their SNAP benefits, they receive a \$1: \$1 match to spend on fruits and vegetables in select grocery stores, online food hubs, and farmers markets. The model and incentive cap varies across sites.
- Current grantee (through 2023): MountainWise operates DUFB in nine western counties.
- Past grantee (2015-2016): Guilford County Department of Health and Human Services

Produce Prescriptions:

- Patients participating in SNAP at select health centers receive an extra \$40/month for WIC-authorized fresh or frozen fruits and vegetables without added sugar or sodium.
- Current grantee (through 2021): Reinvestment Partners operates Bull City Bucks, SuperSNAP, and Healthy Helping at Food Lion stores across North Carolina. Note: Healthy Helping is a recent addition to assist with healthy eating during the pandemic (detailed in policy section).

Healthy Food Small Retailer Program (HFSRP)

- In 2016 and 2017, North Carolina allocated \$250,000 to launch HFSRP, which funds small retailers that accept SNAP and WIC to stock “nutrient- dense foods” in the 349 “qualified food desert zones.”
- After one-year, small retailers in the pilot significantly increased the availability of healthy foods in their stores. There was no significant change in customer dietary patterns.
- Additional funding was allocated for HFSRP in the 2017-2018 and 2018-2019 budgets. There is no current funding for this program.

Online SNAP

- North Carolina began participating in the SNAP Online Purchasing Pilot in April 2020.
- Amazon and Walmart are the only retailers accepting SNAP payments online in the state.

SNAP-Ed

- Nine SNAP-Ed implementing agencies provide nutrition education for participants throughout the state.
- The North Carolina 2019 SNAP-Ed Program Outcomes Evaluation Report demonstrates that the program significantly improves self-reported fruit consumption in children, teens, and adults, and vegetable consumption in adults. Direct education did not influence sugar-sweetened beverage consumption.
- Researchers at UNC Chapel Hill, North Carolina State, and UNC Asheville conducted a study, with funds from the North Carolina General Assembly, to connect high-risk patients with SNAP-Ed and a produce prescription.

Policy

COVID Relief Packages

- The Families First Coronavirus Response Act temporarily suspends SNAP work requirements and allows North Carolina to increase benefits and access. Specifically, North Carolina:
 - ◆ Allotted emergency supplemental benefits for participants not previously receiving the maximum monthly amount (but leaves out the 40% already receiving the max)
 - ◆ Offered meal replacement benefits through SNAP for households with children who lost subsidized school meals (called Pandemic EBT or P-EBT)
 - ◆ Temporarily relaxed administrative barriers to

accessing SNAP, including by extending certification periods and adjusting interview requirements. USDA has indicated it may begin rolling back these flexibilities in September.

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act allocates funds to cover existing SNAP benefits for the rising number of applicants due to the pandemic; does not expand eligibility or increase benefits.
 - ◆ The North Carolina General Assembly set aside \$2.5 million from CARES Act funding for “Healthy Helping”, a produce prescription program for SNAP participants impacted by COVID-19.

Broad-Based Categorical Eligibility (BBCE)

- North Carolina leverages BBCE to eliminate the SNAP asset test and extend eligibility to those with income up to 200% of the federal poverty guideline.
- The proposed federal rule to restrict categorical eligibility would cause 11% of SNAP households in North Carolina to lose all benefits by re-imposing the asset test and lowering the gross income eligibility to 130%. It would also cause many children to lose automatic eligibility for free or reduced-price school meals.

Disaster SNAP (D-SNAP)

- D-SNAP provides replacement benefits for SNAP households that lose food due to a disaster and extends benefits to other households that ordinarily would not be eligible for SNAP, such as undocumented immigrants.
- In late March, North Carolina requested authority from the President to use D-SNAP to respond to COVID-19, but this request has not been granted.

Waiver for Eligible Foods

- In March 2020, North Carolina submitted a waiver request to allow hot foods and hot food products prepared for immediate consumption to be considered “eligible foods” when purchased from FNS-authorized retailers. This request has not been granted.

Drug Felony Disqualification

- Federal law permanently disqualifies individuals convicted of a felony drug offense from receiving SNAP benefits but allows states to modify or opt out of the ban.
- North Carolina imposes a modified ban with a temporary disqualification period and required participation in a drug treatment program.

Requirements for Able-Bodied Adults Without Dependents

- Federal law states that able-bodied^e adults without dependents^f (ABAWDs) can only participate in SNAP for three months out of a 36-month period. States may waive this policy for SNAP participants who live in areas of high unemployment or lack of sufficient jobs.
- Since 2016, North Carolina has not allowed these waivers, making it difficult for those struggling to meet or document the requirements to remain food secure.
- A new federal regulation that would make it harder for states to waive these work requirements would not affect North Carolina because it already disallows these waivers.

^e Able-bodied individuals are persons without a disability. The USDA defines “disabled” individuals as those receiving disability payments through the Social Security Act or other disability benefits. This definition misses a significant number of people who fit other definitions of “disabled,” like that used by the US Census Bureau.

^f For the USDA work requirement, dependents are defined as individuals under age 18 living in the same household. The requirement still applies to SNAP participants supporting children who do not reside with them.

Medicaid Transformation

- Plans to transition North Carolina Medicaid from fee-for-service to managed care are on hold.
- The Healthy Opportunities Pilots: once the transformation launches, initiatives will test and evaluate the impact of providing high-need Medicaid enrollees with non-medical interventions, such as nutrition, food assistance, transportation, and housing.

State Legislation

During the 2019-2020 legislative session, four SNAP-related bills were introduced, but not enacted, to:

- Exclude certain foods with limited nutritional value from eligible purchases with SNAP
- Allow for waivers from work requirements for able-bodied adults without dependents
- Require parents to cooperate with child support enforcement as a condition of SNAP eligibility
- Increase expenditure reporting for SNAP and TANF

Research and Strategies to Strengthen Nutrition in the Supplemental Nutrition Assistance Program (SNAP)

A nutrient-rich diet—consisting of fresh fruits and vegetables, whole grains, low-fat dairy, and lean proteins—can help protect against leading causes of death and disability, including heart disease, cancer, and type 2 diabetes.

Most people in the United States do not consume recommended levels of fruits and vegetables and exceed recommended levels of added sugars, saturated fats, and sodium, yet a nutrient-rich diet is particularly hard to attain for low-income families. Compared to higher income households, lower income households are more likely to be food insecure, defined by USDA as “the lack of access at all times to enough food for a healthy life.” Data on food purchases and consumption also indicate that lower-income households consume fewer fruits and vegetables, fewer whole grains, and more calories from solid fats and added sugars.

Existing research highlights promising strategies to address these inequities. As the largest federal food assistance program, the Supplemental Nutrition Assistance Program (SNAP) can play a powerful role in helping millions to attain a healthy diet.

Low-Resourced Households Face Barriers to Healthy Eating

Low-income individuals are susceptible to the double burden of malnutrition, experiencing both hunger and obesity at the same time. Financial constraints and psychosocial barriers contribute to food insecurity and lower diet quality for low-resourced families. These include:

- Insufficient financial resources for nutrient-rich food
- Lack of time to prepare meals
- Stress from housing, employment, and food insecurity
- Targeted marketing of unhealthy food to consumers living in low-income neighborhoods

People with marginalized racial backgrounds are more likely to

live in poverty and face barriers to accessing healthy foods as they have long been impacted by biased policies that hinder fair access to home loans, worker protections, and well-resourced schools. The COVID-19 pandemic has deepened these existing health and economic inequities.

Research on Diet Quality and SNAP

There is compelling evidence that SNAP alleviates food insecurity, a condition independently associated with obesity, diabetes, heart disease, depression, and numerous poor maternal, infant, and child health outcomes. Research links SNAP use in childhood with better self-reported health, fewer hospitalizations, and reduced incidence of metabolic syndrome in adulthood. Adult SNAP participation is associated with reduced health care spending and hospitalizations and higher SNAP benefits are associated with fewer nursing home admissions.

The relationship between SNAP and diet quality is complex. Many studies find that SNAP participants have similar or lower dietary quality than comparison groups of income-eligible or higher-income nonparticipants (although these comparison groups present limitations as households with unmet food needs are more likely to apply for SNAP). Controlling for food security status yields more nuanced findings. Participating in SNAP and being food insecure are independently associated with lower diet quality. Participating in SNAP is associated with higher diet quality for food insecure participants, particularly among non-Hispanic White people. A large body of evidence demonstrates that higher household weekly SNAP benefits are associated with higher household diet quality.⁸

The relationship between SNAP and diet quality also differs by race and ethnicity. One study found that Hispanic^h households purchase fewer calories from junk foods than Whiteⁱ households, regardless of SNAP status. Hispanic nonparticipant households

⁸ Further supported by Rose et al. and Mabli et al.

^h Hispanic is used to describe people identifying their ancestry with Spanish speaking countries.

ⁱ White is used to describe people with European and Middle Eastern ancestry. It was an intentional decision to capitalize White as to not imply that this is a default racial classification.

purchase more sodium than White nonparticipant households, but this disparity is not significant among SNAP-participating households (suggesting a potential ameliorative effect of SNAP). Black¹ households purchase more sugar, sodium and calories than White households, regardless of SNAP status. Future studies can assess the links between SNAP usage, race, and diet quality while also controlling for food security status.

Recommended Strategies for Prioritizing Nutrition in SNAP

There are numerous promising strategies for strengthen SNAP to further promote health and nutrition for the families, children, and seniors who rely on the program.

In 2018, the Bipartisan Policy Center’s SNAP Task Force, a 13-member task force co-chaired by former Senate Majority Leader Bill Frist and former agriculture secretaries Dan Glickman and Ann Veneman, made recommendations to better support healthy eating in SNAP. Their report emphasized that SNAP benefits were “meager” and they opposed any changes to the program that would decrease access or benefit levels. The Task Force recommendations also included:

- Adding diet quality as a core SNAP objective
- Removing SSBs 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 lacks authority to collect product-specific and store-level SNAP food-purchase data, making it difficult to evaluate diet quality and the purchasing patterns of SNAP recipients)
- Strengthening SNAP retailer standards by implementing stronger stocking rules that increase the availability of healthy foods at SNAP retailers

¹ Black is used to describe people with African ancestry.

- 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

The bipartisan National Commission on Hunger 2015 report included similar recommendations to exclude SSBs as a SNAP-approved item, incentivize healthy foods, and strengthen SNAP retailer standards.

Strategy Background: Healthy Incentives

In recent years, new SNAP policies have emerged to help low-income households overcome financial barriers to accessing healthy foods. The 2008 Farm Bill authorized funds for the Healthy Incentives Program (HIP), a pilot that offered a 30-cent rebate on every SNAP dollar spent on targeted fruits and vegetables at participating retailers.^k The success of HIP and the Michigan-based Double Up Food Bucks program led to the creation of the Food Insecurity Nutrition Incentive (FINI) program in the 2014 Farm Bill, later made permanent and renamed the Gus Schumacher Nutrition Incentive Program (GusNIP) in the 2018 Farm Bill.

GusNIP offers competitive grants (with required state or philanthropic matched funds) for projects that incentivize fruit and vegetable purchases among SNAP participants. Organizations across the country are encouraged to apply, yet funds are not distributed evenly. Some states and organizations have greater capacity to match federal funds and manage applications, and larger grants are easier for USDA to administer. Since the program started, Michigan has received the most GusNIP dollars, followed by California.

^k Fruits and vegetables targeted for purchase in the HIP are those allowed by federal regulations for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) National Fruit and Vegetable Voucher. They include most fruits and vegetables – frozen, canned, and dried – without added sugars, fats, oils, or salt. White potatoes are excluded, but yams and sweet potatoes are allowed.

Research:

- A 2019 systematic review of healthy incentive programs demonstrated that pricing incentives increase fruit and vegetable purchases and consumption. Incentive structure and size varied widely, ranging from \$1.30 to \$10 per week and a 10%-100% discount or match. Discounts were most common (13 studies), followed by rebates (seven), subsidies (seven) and matches (two). The following features were associated with statistically significant increases in consumption and purchases of healthy foods:
 - ◆ Electronic issuance (rather than vouchers or coupons)
 - ◆ Long-term (more than 24 weeks) and repeated incentives
 - ◆ A broad selection of healthy foods (e.g., including frozen and canned fruit and vegetables, rather than only fresh produce)
 - ◆ Redemption in stores (in contrast to just farmers markets)
- More research is needed to determine: 1) the impact of incentives on overall diet quality, and 2) optimal program characteristics, including incentive size and structure, outreach, training, and co-interventions.

Strategy Background: SSB Limitations in SNAP

State and federal policymakers have proposed amendments to SNAP to limit purchases of SSBs, which provide nearly half of all added sugar intake and are a top source of calories in our diets. A typical 20-ounce bottle of regular cola contains 16 teaspoons of sugar, more than the daily limit (9 teaspoons) recommended by the American Heart Association. Consumption of SSBs is linked to obesity, diabetes, tooth decay, and heart and kidney disease.

Minnesota, New York and Maine have requested waivers to disallow SSBs (and candy in MN and ME) from being purchased with SNAP benefits. USDA has denied all such waiver requests,

expressing concern related to the “rationale, feasibility and potential effectiveness” of the strategies. State legislators in California, Illinois, Maine, and West Virginia have introduced bills to pilot and/or request waivers designating certain unhealthy foods as ineligible.

At the federal level, Senators Harkin (D-IL) and Coburn (R-OK) tried to amend the 2014 Farm Bill to allow SNAP demonstration projects in two states to promote healthier SNAP purchases, suggesting projects that include SSB restrictions. In 2013, mayors of 18 major cities called on Congress to “test and evaluate approaches limiting SNAP’s subsidization of products, such as sugar-sweetened beverages, that are contributing to obesity.”

Research:

- A 2016 Minnesota randomized clinical trial examined the effects of pairing an incentive (30% rebate on fruits and vegetables) with disallowing SSBs, sweet based goods and candies through a SNAP-like benefit. The study found significant differences in both the incentive-only and disallowance-only groups but found a bigger effect in the combined group (incentives combined with disallowance). Compared to the control group, the combined group significantly reduced calorie intake; reduced intake of SSBs, sweet baked goods, and candies; increased intake of (whole) fruit; and improved Healthy Eating Index (HEI) scores by 4.1 points.
- Economic simulation studies suggest SSBs restriction could improve health.
 - ◆ One study found that disallowing SNAP purchases of SSBs would significantly reduce obesity prevalence and type 2 diabetes incidence, particularly among adults ages 18–65 and some racial and ethnic minorities.
 - ◆ Another study compared a 30% fruit & vegetable incentive, a 30% F&V incentive combined with SSB disincentive, and a broader incentive-disincentive (a

30% incentive for a range of healthy foods combined with a 30% disincentive for a range of unhealthy foods). All three scenarios were cost-saving, but the broader incentive-disincentive condition had the largest public health impact and generated the largest savings in healthcare costs.

- In 2014, The Illinois Public Health Institute conducted a Health Impact Assessment (HIA) to analyze the range of potential impacts of eliminating SSBs from SNAP.
 - ◆ In focus groups, SNAP participants identified cost, access, and marketing as key barriers to healthy eating and were more open to the idea of eliminating SSBs from SNAP if paired with an incentive.
 - ◆ The report questioned the efficacy of the disincentive because recipients could still purchase SSBs with cash. They also raised equity concerns about singling out low-income people when all groups consume large amounts of SSBs.
 - ◆ The report recommended a “multi-pronged approach to improving nutrition in the SNAP program” that includes adequate benefits and increased SNAP-Ed funding for education. Specifically, it proposed a geographically small-scale pilot to test combining restrictions with incentives and education.

Strategy Background: Sugary Beverage Taxes

Given the high consumption of SSBs across all income levels, policy approaches to reduce overall SSB consumption merit consideration. State SSB taxes could also earmark revenue for SNAP healthy food incentive programs and a national SSB tax could earmark revenue for healthy incentive programs or a SNAP benefit increase.

Berkeley, San Francisco, Oakland, Albany, Philadelphia, Boulder, and Seattle have implemented a tax between 1 and 2 cents per ounce. Similar sugary drink tax measures have been introduced in Washington, DC and Bethel, AK. In response to the success of

local SSB taxes, the beverage industry is pursuing state-level efforts (preemption; through legislation or ballot initiatives) to limit local governments' authority to tax food and beverages.

Research:

- Philadelphia (1.5 cents per ounce): Sugary drink sales dropped 38% after the city started taxing soda and other sweet beverages in 2017. On a given day after the tax was implemented, a person was 40% less likely to drink a regular soda compared to people in nearby comparison cities. The likelihood of consuming energy drinks was 64% lower and the likelihood of consuming bottled water was 58% higher. The tax raised \$191.7 million in its first 2 ½ years.
- Seattle (1.75 cents per ounce): Sales volume of taxed beverages fell, on average, by 22% in the first year following the implementation of the tax. The tax raised over \$22 million in its first year.
- Berkeley (1 cent per ounce): Soda sales decreased by 10% and water sales increased by 16% in the first year. The tax raised \$3 million in its first two years.
- Nationwide: A modeling study of a nationwide SSB tax of 1 cent per ounce is estimated to result in a 20% decrease in SSB consumption and a 0.16 decrease in BMI, resulting in a \$23.6 billion reduction in health care costs over 10 years.

Strategy Background: Healthy Retail Initiatives

SNAP retail policies could play a key role in improving the food environment for SNAP participants and other consumers. Most retailers accept SNAP and to participate retailers must meet specified stocking standards. SNAP participants redeem over 80% of their benefits at superstores and supermarkets, making these retail environments a prime target for influencing healthy eating. Manufacturers of unhealthy food regularly feature their products prominently in store displays to influence shoppers, and innovative SNAP policies could help to alter these standard practices and

promote a healthier food environment.

The 2014 Farm Bill increased from three to seven the minimum number of food varieties that SNAP-authorized retailers must stock in each of four “staple food” categories and increased from two to three the number of staple food categories that must contain at least one perishable staple food variety. In 2017 and 2018, Congress temporarily barred USDA from requiring retailers to stock an increased variety of staple foods and, in 2019, USDA proposed a rule that would so dilute the meaning of “variety” as to invalidate the 2014 Farm Bill breadth of stock improvements (permitting items such as “canned spray cheese” to count as staple foods).

The 2014 Farm Bill also mandated a pilot to test allowing retailers to accept SNAP benefits online, and in response to spikes in food insecurity and the need for social distancing, USDA has rapidly expanded the pilot. Online grocery sales are the fastest-growing US sales category online, so this pilot marks a critical step in ensuring SNAP participants have the same shopping options as other consumers. Research can help inform how to ensure delivery services are affordable and accessible, and that online grocery platforms promote healthy eating.

Strategies have been proposed to increase availability, visibility, and affordability of healthy foods in retailers, including:

- Increasing the minimum stocking standards for healthy food and beverages, especially in small retail food stores, paired with marketing standards.
- Eliminating junk food and SSBs from checkout aisles and replacing them with healthy snacks and beverages.
- Reducing prominent in-store placement and pricing promotions for SSBs.

Research:

- A 2016 systematic review of healthy food retail interventions (the majority of interventions being some combination of food labeling, promotions, campaigns,

increased availability of healthy foods, and price interventions) found that in-store changes are generally effective at promoting healthy food purchases and consumption. Promotional campaigns alone were generally not effective, and the most effective interventions were economic incentives. The review also identified store owners' attitudes and cooperation as critical factors for success.

- ◆ Rural SNAP retailers were surveyed on how to best implement marketing-mix and choice-architecture strategies for SNAP. They identified shelf labeling and changes to location as highly feasible approaches to promote healthy products. Changes to unhealthy products were the least feasible strategy.
- Evaluation of 2014 Farm Bill stocking standards (put forth as a final USDA rule in 2016):
 - ◆ Before the stocking standards were implemented, an audit of small food stores across seven states found that only about 30% met all the final rule's requirements, indicating an opportunity to increase staple food offerings in smaller retail settings. Another study across six states found that rural stores in particular were worried about maintaining their SNAP retailer license, handling perishable items, and adhering to food delivery requirements.
 - ◆ One year after stocking standards were implemented in January 2018, an analysis of stores in Albany, New York demonstrated a significant short-term decrease in convenience stores participating in SNAP and a long-term increase in SNAP participation at farmers markets and stores run by non-profit organizations. The stocking standards did not increase fresh produce availability after six to eight months after its full implementation.
- Emerging research related to online grocery and online snap:

- ◆ CSPI's 2020 report, *Scroll and Shop: Food Marketing Migrates Online*, found that online grocery shopping has the potential to increase access to and consumption of healthy foods, but current retailer practices fail to support healthy eating. Limited privacy requirements coupled with sophisticated e-commerce marketing strategies may expose low-income families to new forms of targeted marketing for unhealthy food and beverages.
- ◆ A 2020 study highlights key marketing and data practices used by eight retailers participating in online SNAP to influence online grocery shopping behavior and predicts that these practices are likely to have a disproportionate impact on people with low incomes, people of color, people with disabilities, and those living in rural areas.

Opportunities for Advocates and Researchers

The COVID-19 pandemic has deepened food insecurity and economic instability. Further, obesity and other diet-related chronic diseases are risk factors for severe COVID-19 hospitalization and mortality. It is more important than ever to ensure the tens of millions of people that rely on SNAP have access to affordable, healthy food and environments that promote nutrition.

Emerging research highlights promising strategies to promote healthy eating through SNAP. Strategies include strengthening SNAP incentives for healthy foods, amending SNAP-eligible purchases to no longer include sugary beverages, and strengthening SNAP in-store and online retailer standards. SSB taxes could also discourage sugary beverage consumption for all consumers, with revenue earmarked for SNAP incentives or other food insecurity initiatives.

More research is needed to determine how to best leverage SNAP to improve nutrition and the food environment and address barriers to healthy food access. Research could explore optimal incentive characteristics, the effect of incentives on diet quality, and

how to target incentives for geographic areas and demographics most at risk. The lack of USDA waiver issuances perpetuates some yet unexplored questions, including what effective strategies are for limiting SSB consumption through SNAP, especially when paired with healthy incentives and education. Studies can further test how enhanced stocking standards and increasing healthy options in stores impact diet quality and health while considering the cost-benefit for retailers to participate. Further research could fill existing gaps related to optimal healthy retail interventions in larger stores, where SNAP participants redeem most of their benefits, and through online platforms, a rapidly growing option for SNAP users.

COVID-19 and Federal SNAP Policy

The COVID-19 pandemic has put the nation's public health infrastructure to the test. Millions of lives and livelihoods have been threatened by the immediate health risk and the associated economic downturn, with hardship falling disproportionately on Black, Latino, Indigenous and immigrant households.

Food insecurity is double pre-pandemic levels and hunger is the most common hardship among workers with reduced hours and the newly unemployed. Black and Hispanic workers face steeper employment declines and hunger spikes. Two in ten White and four in ten Black and Hispanic households with children report not having enough to eat — a devastating statistic with lifelong consequences.

The Supplementation Nutrition Assistance Program (SNAP) is a powerful tool for mitigating this suffering. SNAP is the nation's largest food program and an effective safety net and economic stabilizer, with participation rising during economic downturns and falling when the economy recovers. The first three months of the pandemic saw unprecedented caseload growth of greater than six million people, or a 17 percent increase nationally. New federal policy has also increased SNAP benefits for some and allowed states to temporarily change SNAP procedures to facilitate remote enrollment and recertification.

How has Congress addressed food security priorities during the pandemic?

The Families First Coronavirus Response Act, enacted on March 18th:

- Allows states to relax administrative barriers to accessing SNAP and to increase SNAP benefits for some, yet the poorest 40 percent of participants, including five million children, have yet to see any benefit increase.
- Suspends SNAP work requirements for able-bodied¹ adults without dependents^m (ABAWDs) during the public health emergency.
- Other food security provisions:
 - ◆ Allows the U.S. Department of Agriculture (USDA) to approve state plans for Pandemic Electronic Benefit Transfer (P-EBT), a food benefit for households with children who lose access to subsidized school meals due to school closures. The average benefit is \$5.70/day per student.
 - ◆ Gives USDA authority to issue waivers to expand access to meals through child nutrition programs and the Child and Adult Care Food Program (CACFP). In late August, USDA extended these waivers to allow continued operation through December 31, 2020.
 - ◆ Allocates \$500 million for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); \$400 million for the Emergency Food Assistance Programs (TEFAP) for food banks; \$250 million for home-delivered and congregate meals; and \$100 million for food assistance in U.S. territories.

¹ Able-bodied individuals are persons without a disability. The USDA defines “disabled” individuals as those receiving disability payments through the Social Security Act or other disability benefits. This definition misses a significant number of people who fit other definitions of “disabled,” like that used by the US Census Bureau.

^m For the USDA work requirement, dependents are defined as individuals under age 18 living in the same household. The requirement still applies to SNAP participants supporting children who do not reside with them.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, enacted on March 27th:

- Allocates \$15.8 billion to cover existing SNAP benefits for the rising number of applicants due to the pandemic; does not expand eligibility or increase benefits.
- Other food security provisions:
 - ◆ Allocates \$8.8 billion for child nutrition programs and \$450 million for emergency food assistance to partially address increased demand, however emergency relief funding is needed to cover increased costs to school food service programs such as labor and transportation.

What is Congress working on now?

The HEROES Act, passed by the House on May 15th, and stalled in the Senate, would:

- Temporarily boost the max SNAP benefit by 15 percent (an average of an additional \$25 per month) to help the poorest households that have not yet seen a benefit increase.
- Increase the minimum benefit level from \$16 to \$30.
- Suspend implementation of administrative rules that restrict SNAP for millions of people through onerous work requirements, income, asset and deduction standards.
- Allow for use of SNAP to purchase hot foods from SNAP authorized retailers.
- Exclude Pandemic Unemployment Assistance (PUA) as countable income for SNAP benefit calculation.
- Other food security provisions:
 - ◆ Provide \$3 billion for schools and childcare feeding providers to cover their meal programs and expands P-EBT food assistance for families that have lost access to subsidized school meals.
 - ◆ Increases the amount children and mothers receive

through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for fruits and vegetables from \$9 for children and \$11 for women per month to \$35 per month.

- ◆ Provides \$150 million for food banks to meet the increased demand.

On July 27, Senate Republicans announced the Health, Economic Assistance, Liability Protection, and Schools (HEALS) Act.

- HEALS would provide no additional nutrition assistance support.

How has administrative SNAP policy been affected by COVID-19?

In the past few years, through a series of regulations, the federal government has put roughly four million people in danger of losing SNAP and nearly one million children in danger of losing subsidized school meals. In light of the COVID-19 pandemic and economic downturn, these rules likely threaten an even greater number of individuals. COVID-19 has also impacted the likelihood of several of these regulations being implemented, including:

- **ABAWD: The Requirements for Able-Bodied Adults Without Dependents final rule** makes it harder for states to use data on insufficient jobs to waive time limits on SNAP eligibility for certain adults with barriers to work. If implemented, it would eliminate SNAP for nearly 700,000 adults.
 - ◆ The rule was finalized in December 2019, but 15 states and NYC filed a lawsuit. In March 2020, a federal district court issued a nationwide injunction blocking the new rule from taking effect, recognizing the COVID-19 public health emergency. USDA announced it would fight against this court ruling.
- **Broad-Based Categorical Eligibility (BBCE):** Proposed rule to eliminate categorical eligibility, removing a streamlining process states use to certify/enroll people on SNAP if they

are also receiving TANF benefits. Would take away SNAP eligibility from greater than three million individuals and threaten school meal access for nearly one million children.

- ◆ In April 2020, a group of state attorneys general urged USDA to drop the rule making, particularly in light of the pandemic.
- Public Charge: The Inadmissibility on Public Charge Grounds final rule makes it easier for individuals to be denied entry and/or a green card if they are deemed likely to receive even modest assistance from a wide range of public benefits, including SNAP, at any point in their lifetime. Most people eligible for SNAP are not likely to go through a public charge determination, but the rule has sowed fear and confusion in communities across the country, precluding roughly one in five immigrant families from signing up for or staying on public benefits, including SNAP.
 - ◆ The rule was finalized in August 2019 and quickly enjoined by multiple courts. In January 2020, the Supreme Court lifted the injunction and the rule took effect in February. In April, Attorneys General in New York, Connecticut, and Vermont asked the Supreme Court to reconsider its decision, saying the regulation was hurting immigrant communities hard-hit by COVID-19. The Supreme Court denied the request but in July a US district court halted the policy for the length of the national emergency. In August, a federal appellate court limited the order to block nationwide implementation, allowing the policy to continue in every state except New York, Connecticut, and Vermont.
- Additional administrative attempts to weaken SNAP include:
 - ◆ Stocking Standards: Proposed rule to allow more junk food to count as a staple food as part of a retailer's

eligibility for SNAP (Stocking Standards rule or “Spray Cheese” rule).

- ◆ Standard Utility Allowance (SUA): Proposed rule to standardize state heating and cooling standard utility allowances, potentially cutting benefits for up to three million households.

How will the fiscal year 2021 federal budget address SNAP?

Despite being an entitlement program, SNAP is funded through annual appropriations. Federal policymakers have thus far proposed the following appropriations related to SNAP:

- The president’s budget proposal would cut SNAP by \$181 billion over the next 10 years and make deep cuts to other safety net programs.
- The House FY2021 Agriculture spending bill would allocate \$68.3 billion in mandatory spending, including \$3 billion in reserve to cover any unexpected costs.

Specifically, it would:

- ◆ Contest USDA regulations that restrict access to SNAP, blocking the ABAWD and SUA rules, encouraging USDA to withdraw its BBCE rule, and prohibiting use of funds to implement the relaxed stocking standards requirements until USDA amends the definition of the term “variety”.
- ◆ Direct USDA to share information on student eligibility requirements, share best practices to assist eligible college students in accessing SNAP, and submit a funding proposal to address college hunger.
- ◆ Direct USDA to report on the ways that states, especially those that have lifted or modified the SNAP drug felony ban, can help those transitioning out of incarceration to access SNAP, and to publicize these findings.
- ◆ Direct USDA to continue reviewing and evaluating the verification process of earned income at certification

and recertification of applicant households for SNAP by using electronic data matching, as per the \$2 million provided in the FY 2020 bill for this purpose.

- ◆ Note: the House bill likely includes insufficient funding for SNAP because it is based on pre-COVID-19 funding assumptions and participation has increased rapidly in recent months. Many have long pointed out that SNAP and child nutrition programs are vulnerable to insufficient funding and a government shutdown at the beginning of the fiscal year. These experts suggest the House and Senate Appropriations Committees provide “advanced appropriation” for the following year and “such sums as may be necessary” to fulfill the requirements of the underlying entitlement law.”
- The Senate has not yet marked up an Agriculture appropriations bill for FY2021.

The Farm Bill

What is the farm bill?

The farm bill is a package of agriculture and nutrition legislation passed roughly every five years, which includes a nutrition title (Title IV) that authorizes most federal food programs. The nutrition title comprises nearly 80% of the budget for the farm bill, and the Supplemental Nutrition Assistance Program (SNAP) accounts for the vast majority of the Title IV spending.

How did the 2018 Farm Bill impact the SNAP program?

Following months of contentious negotiations, the Agriculture Improvement Act of 2018 (2018 Farm Bill) preserved SNAP eligibility and benefit levels for the greater than 40 million individuals who rely on the program. The final legislation also enhanced some SNAP initiatives and introduced several innovative programs.

SNAP benefits

- Protected the structure and funding of SNAP. Rejected all measures included in the House version to cut benefits and eligibility and attempts in the Senate to expand work requirements and require photo identification when using the SNAP EBT card.
- Required USDA, by 2022 and in 5-year intervals, to re-evaluate and publish market baskets of the Thrifty Food Plan (TFP) based on current food prices, food composition data, USDA dietary guidelines, and consumption patterns.

Incentives

- Reauthorized the Gus Schumacher Nutrition Incentive Program (GusNIP, formerly the Food Insecurity Nutrition Initiative or FINI) and established mandatory baseline funding of \$250 million over five years (\$50 million per year).
 - ◆ GusNIP is a grant program that aims to increase fruit and vegetable intake among low-income consumers. The largest funding opportunity is point-of-sale produce incentives for SNAP participants. The bill also created Training, Technical Assistance, Evaluation, and Information Centers.
- Created a Produce Prescription Program pilot: “prescriptions” for low-income individuals with (or at risk of developing) diet-related health conditions (created through 2018 Farm Bill with up to 10 percent of annual GusNIP funding).
- Established a \$20 million incentive pilot for milk (discretionary funding).

Additional initiatives and programs

- SNAP-Ed: protected funding for evidence-based nutrition education interventions and required an electronic reporting system, technical assistance, and annual reports

to USDA. Established an online information clearinghouse to share best practices.

- **Public-Private Partnerships:** authorized \$5 million for up to ten pilot projects to test public-private partnerships that improve the effectiveness and impact of SNAP, develop contextualized solutions to poverty, and strengthen the capacity for communities to mitigate food insecurity and poverty.
- **Mobile pilot projects:** created mobile pilot projects to leverage technology to verify applicant identities and income.
- **Online SNAP:** required nationwide implementation of online acceptance of SNAP benefits following completion of the pilots created in the 2014 Farm Bill and removed the requirement for USDA to report to Congress on the pilot results.
- **SNAP Employment and Training (SNAP E&T):** expanded SNAP E&T operations and slightly increased funding.
- **Child support cooperation requirements:** directed USDA and HHS to evaluate state policies on SNAP child support cooperation requirements.

SNAP strategies for consideration in the 2023 Farm Bill

In 2023, Congress has another opportunity to leverage public investment in the nation's largest food assistance program to improve food security and healthy eating for millions of low-income families and improve the retail food environment for all (virtually all retailers participate in SNAP, impacting all customers regardless of income). The following potential strategies could help to reduce hunger and improve access to affordable, nutritious foods for those in need.

Promote food security, nutrition, and health by ensuring adequate resources for SNAP.

- **Boost SNAP** by updating the model for calculating benefits

from TFP to Low-Cost Food Plan to reflect consumption patterns and time required to buy and prepare healthy foods.

- Oppose all cuts to SNAP funding and proposals that would decrease access.

Improve nutrition and health outcomes for vulnerable populations by increasing consumption of fruits, vegetables, and other healthy foods and decreasing consumption of unhealthy foods.

- Add diet quality as a core objective of SNAP. The current core objectives of food security and fiscal integrity could be supplemented with an additional focus on nutrition, as recommended by the 2018 Bipartisan Policy Center SNAP task force.
- Increase funding for GusNIP.
 - ◆ Expand the program to additional retailers.
 - ◆ Waive the dollar-for-dollar organizational match requirement to help direct funding towards communities most in need.
 - ◆ Automate incentives through the SNAP EBT card.
 - ◆ Collect data to evaluate the purchase and health impacts of the program.
 - ◆ Restore funding, increase staff capacity, and protect scientific integrity at the National Institute of Food and Agriculture (NIFA).
 - ◆ One potential vision for GusNIP is nationalizing it so that it transforms from a grant program to an automatic incentive on every participant's EBT card.
- Promote healthy food purchases with SNAP benefits.
 - ◆ Remove sugary beverages from the list of items that can be purchased with SNAP benefits, as recommended by the 2015 National Commission on Hunger and the 2018 Bipartisan Policy Center SNAP

task force.

- ◆ Alternatively, pilot an opt-in in which participants receive fruit and vegetable incentives and sugary beverages do not qualify as a SNAP-eligible purchase.
- Improve SNAP retailer standards to increase the availability and visibility of foods that promote health.
 - ◆ Strengthen the definition of variety (i.e., prevent spray cheese from counting as a staple food) and accessory and staple foods (i.e., ensure less junk foods count as staple foods), and increase depth of stock (i.e., from three to six; which would require 168 items: 4 staple food categories x 7 varieties for each x 6 units for each).
 - ◆ Allow for hardship waivers for smaller stores to meet requirements.
 - ◆ Improve and make publicly available SNAP retailer data to inform public health interventions. USDA currently lacks the authority to collect product-specific and store-level SNAP food-purchase data, making it difficult to evaluate diet quality and the purchasing patterns of SNAP participants. In addition, make this data available under the Freedom of Information Act.
 - ◆ Determine other areas for improvement, including promotions, placement, and marketing standards. Study the feasibility of including evidence-based product-placement strategies and restrictions on the marketing of unhealthy products by SNAP retailers.
- Authorize research funding to pilot test additional evidence-based approaches that could boost healthy eating while maintaining access and limiting stigma for SNAP participants.
- Restore funding and protect scientific integrity for the Economic Research Service (ERS) for vital research on nutrition, hunger and food security, and obesity prevention.

- Protect and support continued innovation in SNAP-Ed.
- Align SNAP and Medicaid to improve nutrition and lower health care costs. Recommendations from the Bipartisan Policy Center's SNAP Task Force include:
 - ◆ Call on USDA and HHS to create model joint waivers for states to leverage both programs to improve food security and health.
 - ◆ Streamline SNAP and Medicaid eligibility criteria and income accounting rules to facilitate joint applications and joint re-certifications.
 - ◆ Work across congressional agriculture and health committees to better align SNAP, Medicaid, Medicare, and other federal programs to improve the health of participants. Joint hearings and select committees could identify potential synergies. A more ambitious step would be to move toward portfolio budgeting in which all nutrition- and health-related programs, expenditures, and tax policies are considered together.

Stimulate economic development, create jobs, and improve access to nutritious food communities by supporting farmers and healthy food retailers.

- Sustain funding for small food retailers such as farmers markets, community food programs, and agriculture marketing development initiatives, and support increased access of incentive programs to more types of food retailers, including large grocery stores, to improve outcomes, meet demand, and maximize impact.
- Increase access to SNAP EBT technology at farmer's markets, farm stands, online grocery delivery services, and other non-traditional food retailers to improve access and increase consumption of fruits and vegetables.