



SNAP: An Evidence-Based Program to Improve Food Security, Health, and Well-Being

AUGUST 2026

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This report examines the growing body of evidence demonstrating that SNAP is one of the nation's most effective public health interventions and explores how recent federal and state policy changes threaten those gains. It summarizes the latest research on SNAP's impact on nutrition, physical and mental health, cognitive development, health care utilization, and health care costs across the life course, while examining the implications of H.R. 1, state food-purchase restrictions, and the loss of national food security surveillance. Taken together, the evidence shows that strengthening SNAP improves health, reduces long-term public costs, and advances food security, whereas policies that restrict access to benefits or weaken program administration are likely to increase food insecurity, worsen health outcomes, and widen health disparities.

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Overview

The Supplemental Nutrition Assistance Program (SNAP) is the largest nutrition assistance program in the U.S. Administered by the U.S. Department of Agriculture (USDA), SNAP is the nation's first line of public policy defense against hunger and undernutrition. Through an efficient Electronic Benefit Transfer (EBT) system, the program provides Americans with very low income targeted assistance to purchase food at grocery stores, farmers' markets, and other authorized, regular commercial food outlets.

Given its size, reach, and demonstrated effectiveness, SNAP has frequently been the focus of efforts to improve the nutrition and health of people with low incomes and wages, a particularly vulnerable group that faces disproportionately worse health risks and outcomes.^{1,2,3} In recent years, renewed attention to SNAP has been driven in part by the growing emphasis on the emerging concept of "nutrition security" in federal nutrition assistance and by state and federal initiatives surrounding the Make America Healthy Again movement. Unfortunately, misconceptions and misinformation about SNAP and the dietary behaviors of its transitional participants have too often resulted in policies that are unsupported by evidence and undermine, rather than improve, nutrition and health outcomes.

Implications of H.R. 1 for SNAP and Health

One of the most consequential recent policy changes occurred with enactment of the budget reconciliation law (H.R. 1, also known as the "One Big Beautiful Bill Act") on July 4, 2025, which fundamentally weakened SNAP by reducing access to benefits for millions of people.⁴ The law substantially altered SNAP by expanding work requirements to adults through age 64; eliminating exemptions for veterans, individuals experiencing homelessness, and youth transitioning from foster care; requiring many caregivers of children age 14 and older to satisfy work requirements that historically applied only to adults without dependents; increasing the state share of administrative costs from 50 percent to 75 percent beginning in fiscal year (FY) 2027; and for the first time in the program's history, requiring states to finance a portion of SNAP food benefit costs beginning in FY 2028. The law also eliminated SNAP eligibility for several categories of lawfully present humanitarian immigrants,



Hunger is one of the most serious consequences of inadequate access to food, and any level of food insecurity is linked to poorer health and well-being. While researchers distinguish between food insecurity and low food security for measurement purposes, both indicate households struggling to consistently afford enough food. Overemphasizing these classifications risks obscuring the broader reality that all food insecurity is harmful and can create opportunities to justify reduced benefits or support based on arbitrary thresholds. Public policy should prioritize preventing and reducing food insecurity in all its forms, rather than relying on distinctions that may leave struggling families with fewer resources and greater health risks.

SNAPshot

Overview of SNAP Participants and Households

SNAP provides benefits to approximately 41.4 million people on an average month based on fiscal year 2024 data.⁵ SNAP recipients are diverse with regards to race and ethnicity; many have earned income; most are U.S. citizens; and the vast majority of SNAP households do not receive cash welfare benefits.⁶ Among households participating in the program, 79 percent include a child (under 18 years old), older adult (age 60 or older), or an individual with a disability.⁷ In fact, 83 percent of all SNAP benefits go to these households.

including many refugees and asylees. Furthermore, the law weakened SNAP food-purchasing power through changes affecting SNAP benefit adequacy and defunded SNAP-Education (SNAP-Ed), the program's primary nutrition education initiative.

Early implementation data suggest these changes are already affecting program participation. By April 2026, more than 5 million individuals had lost SNAP benefits nationwide since the law was enacted, exceeding Congressional Budget Office projections (see graph for SNAP participation decline).⁸ In addition, leading experts in public health, medicine, nutrition, law, and economics describe how the fallout from H.R. 1 is likely to exacerbate health disparities, reduce program participation, increase food insecurity, contribute to negative nutrition and health outcomes, and undermine SNAP's ability to effectively and quickly respond to unfavorable economic conditions.^{9,10,11,12,13,14,15,16,17} Two physicians recently observed:

"The proposed funding and structural changes thus represent more than budgetary adjustments; they amount to a rollback of a major population health intervention. SNAP's role in reducing food insecurity, improving health, lowering health care costs, and supporting children's development is well documented and cost-effective. Weakening the program would predictably lead to higher rates of preventable illness, greater economic inequality, and diminished productivity, with costs borne across generations."

*"Just as environmental standards function as primary prevention against pollution-related illness, SNAP serves as primary prevention against the health and economic harms of hunger. Policies in either domain will lead to population health consequences that are both foreseeable and avoidable."*¹⁸

Other Recent Federal Policy Changes

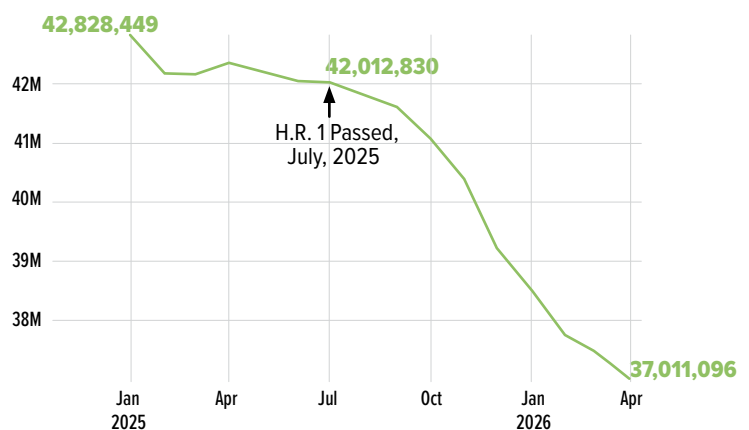
In addition to the harms from H.R. 1, beginning in 2025, multiple states implemented restrictions on the purchase of certain foods and beverages with SNAP benefits, despite the absence of evidence that these policies improve diet quality or health and despite longstanding concerns that they undermine participants' dignity, choice, and autonomy.¹⁹ Although a federal district court issued a significant ruling in June 2026 that invalidated USDA's approvals of SNAP food-restriction demonstrations in five states, demonstrations remain in effect in 18 other states.^{20,21} According to a commentary in the *American Journal of Public Health*, "evidence does not support the assertion that setting nutrition standards for eligible SNAP purchases will improve diet quality or health."

"Decades of policy experience and empirical research suggest that the most effective SNAP policies are those that reduce procedural barriers and increase flexibility in the use of benefits, while policies focusing on conditional requirements for eligibility often undermine participation without necessarily delivering corresponding gains in effect or efficiency."

Source: Caputo, V., & Just, D. R. (2025). Adjustments, evidence and political tensions in the US Supplemental Nutrition Assistance Program. *Nature Food*, 6, 1115–1123.

SNAP Decline Since January 2025

5.8 million people have lost SNAP between January 2025 and April 2026



March and April 2026 data are preliminary and may be revised in future months.
 Chart: FRAC. Source: USDA

On the contrary, evidence suggests that should restrictions be implemented, they may instead produce a paradoxical effect through accumulation of new stressors that exacerbate preventable health disparities.²²

Monitoring the consequences of H.R. 1, as well as other harmful policies directed at federal nutrition assistance, has become substantially more difficult following USDA's termination of the Household Food Security Report and the associated Current Population Survey Food Security Supplement (FSS), the nation's gold-standard measure of household food insecurity.²³ For over 30 years, the FSS offered consistent, nationally representative data that helped researchers, policymakers, and public health officials measure the prevalence and severity of food insecurity.²⁴

By identifying the most at-risk populations and assessing how economic trends and policy shifts affected food insecurity over time, these data informed peer-reviewed research, guided federal and state policies, influenced public and private investments, and provided an objective way to determine if anti-hunger efforts were successful.²⁵

The loss of this surveillance system creates a substantial evidence gap precisely when major changes to federal nutrition and health programs are expected to affect millions of households. Eliminating the nation's primary food-security monitoring system does not reduce hunger; rather, it limits the ability to detect emerging trends, evaluate policy impacts, and respond before worsening food insecurity translates into higher rates of chronic disease, increased reliance on charitable food assistance, greater health care utilization, and deeper economic hardship. In many respects, this mirrors the experience of the early 1980s, when the Reagan administration cut SNAP and other economic mobility programs, causing a hunger crisis that the Reagan administration denied because there was no scientific way to capture the data, leading clinicians, mayors, researchers, and charities to document a growing crisis only after it had become widespread.²⁶

All of these concerns are further compounded by broader federal policy changes affecting health care access. Given SNAP's demonstrated effectiveness in improving food security and health, as will be discussed in the remainder of this report, reductions in SNAP participation are expected to increase preventable illness, uncompensated care, and overall health care spending. At the same time, new Medicaid work requirements are projected to cause millions of eligible adults to lose health insurance coverage primarily because of administrative barriers rather than changes in employment, increasing the number of uninsured individuals and shifting health care costs to hospitals, health care providers, taxpayers, and state governments already facing significant fiscal constraints.^{27,28} Because H.R. 1 simultaneously increased states' share of SNAP administrative costs and introduced a new state cost-

“Eliminating the Household Food Security Report will make it easier for the Trump administration to obscure the effects of H.R. 1, limiting the ability of policymakers, researchers, and advocates to evaluate the full impact of the SNAP cuts and other program changes.”

Source: Bleich, S.N., & Seligman, H. (2026). Federal nutrition assistance programs 2021 to 2025: Policy expansion and contraction. *Milbank Quarterly*, online ahead of print.

sharing requirement for food benefits, these Medicaid and SNAP policies collectively place substantial additional fiscal pressures on state governments.²⁹

Protecting and Strengthening SNAP

Unless Congress modifies the recent damaging provisions affecting SNAP — as well as Medicaid and the FSS — through legislation, the combined effects are likely to include worsening health outcomes, higher public expenditures, greater administrative burdens, and diminished capacity to evaluate the public health consequences of federal nutrition policy.

In short, dismantling SNAP and making the program more difficult to access, administer, and evaluate are counterproductive strategies for improving nutrition and health. Decades of research demonstrate SNAP's role in alleviating poverty; improving food security, nutrition, and health outcomes; and reducing health care utilization and costs. The program's impacts are even more profound when benefits are increased to more adequate levels and program access is expanded through meaningful policy change. This brief highlights research published since the 2017 release of FRAC's *The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*.³⁰ Together, these two reports demonstrate that SNAP is — and always has been — a profoundly effective public health program. Increasing program access and improving benefit levels would further SNAP's role in improving the public's health without weakening the program or compromising participant dignity.

The Effectiveness of SNAP Across Multiple Economic and Health Domains

The health-related consequences of poverty and food insecurity have costly implications for individuals, families, the economy, and the health care system. Therefore, public health and policy efforts to alleviate poverty, support economic stability, and reduce food insecurity are critical to mitigating harm. SNAP achieves these goals and plays a vital role in improving nutrition, cognitive, mental health, and physical health outcomes for program participants and reducing health care spending, as highlighted in the following selection of studies and reports.

Alleviates Poverty and Supports Economic Stability

- ▶ A National Academies of Sciences, Engineering, and Medicine expert committee estimated that the child poverty rate would have increased from 13 percent to 18.2 percent in 2015 in the absence of SNAP benefits.³¹ The absence of SNAP was also estimated to nearly double the proportion of children in deep poverty. Based on these and other analyses, the committee concluded that, “SNAP is by far the single most important federal program for reducing deep poverty.”
- ▶ Nationally, more than 6.6 million people — including 3 million children — were lifted above the poverty line by SNAP benefits according to 2015–2019 Census data.³² The analyses were based on the alternative poverty computation that counts SNAP as income and adjusts for underreporting of SNAP participation.
- ▶ Using fiscal year 2024 data, USDA estimated that SNAP lifted 16 percent of households out of poverty and 10 percent of the poorest households out of deep poverty, when counting SNAP as income.³³
- ▶ SNAP exposure in early childhood reduced the likelihood of poverty in young adulthood, based on analyses of data from 1968 to 2019 that took advantage of SNAP’s rollout starting in the 1960s.³⁴ The reduction was especially strong for Black respondents with less-educated parents. This specific group also experienced larger reductions in the likelihood of deep poverty when compared to White respondents and Black respondents with more-educated parents.



SNAPshot

Impact of Food Insecurity on Health and Well-Being

According to the most recent USDA figures, approximately 33.8 million adults (13 percent of all adults) and 14 million children (19.5 percent of all children) live in food-insecure households.³⁵ Across life stages, food insecurity — even at less severe levels — is detrimental to health and well-being in the short and long terms. For example, food insecurity is associated with suboptimal dietary intake, increased chronic disease risk, pregnancy complications, developmental risk (for children), poor mental health, and higher health care utilization and costs. Households facing resource constraints also frequently use health-compromising coping strategies to stretch limited budgets, such as engaging in cost-related medication non-adherence, postponing medical care, or forgoing the foods needed for special medical diets. These and other consequences have been consistently observed across multiple research reviews that compiled decades of research on the topic.^{36,37,38,39,40,41,42,43,44}

- ▶ Also taking advantage of SNAP’s rollout in the 1960s, researchers linked national survey data to administrative data for more than 17 million adults born between 1950 and 1980.⁴⁵ Those with access to SNAP in utero and before 5 years old experienced an increase in their human capital, economic self-sufficiency, neighborhood quality, and life expectancy in adulthood, and a decreased likelihood of being incarcerated.

Reduces Food Insecurity at the Household and Individual Levels

Households

- ▶ Economists analyzed national survey data and found that SNAP reduced the probability of food insecurity by almost half among the most vulnerable low-income households.⁴⁶
- ▶ Based on 2009 to 2019 data from nearly all U.S. counties, a greater increase in state-level policies that encourage SNAP participation was associated with lower county-level food insecurity rates.⁴⁷ One simulation found that substantial adoption of policies that reduce barriers to SNAP participation would have translated to 6.5 million fewer individuals experiencing food insecurity in 2019. (In this study, state-level SNAP policies were measured using the USDA SNAP Policy Index, which calculates a score for each state based on whether specific state-level SNAP policies were expected to encourage or discourage SNAP participation, such as asset test exemptions or fingerprinting requirements.)
- ▶ According to national survey data from 23,693 low-income families, negative income shocks, moves, and changes in household size increased the probability of household food insecurity, whereas SNAP reduced the probability of household food insecurity by 7.1 percentage points.⁴⁸
- ▶ During the COVID-19 pandemic, the prevalence of food insecurity increased among all households in a sample of 470 households with children; however, the increase was less pronounced among SNAP households (4.5 percentage points) compared to non-SNAP households (23.6 percentage points).⁴⁹ The authors concluded that the findings “highlight the protective effect of SNAP participation during emergencies.”
- ▶ In a nationally representative sample of 135,074 households with children, SNAP-participating households had a 12 percent lower likelihood of food insufficiency than nonparticipating households.⁵⁰ The likelihood was even lower, at 29 percent, among Black households with children.
- ▶ Although racial disparities in food insecurity were observed, two studies using national data concluded that these disparities were smaller or less persistent among low-income households participating in SNAP compared to low-income households not participating in SNAP.^{51,52}



Similarly, another study using national data found that SNAP reduced food resource gap differences between minority and White households.⁵³ (Food resource gaps were determined based on the amount needed to meet basic household food needs.)

Children and Young Adults

- ▶ Based on FSS data on more than 31,000 children, SNAP reduced the probability of food insecurity among children in immigrant households by 23.3 percentage points and among children in nonimmigrant households by 21.0 percentage points.⁵⁴
- ▶ Children’s HealthWatch researchers found that families with young children (i.e., under 3 years old) who participated in SNAP were 28 percent less likely to be household food-insecure, 33 percent less likely to be child food-insecure, and 27 percent less likely to report health cost sacrifices, when compared to families not participating in the program.⁵⁵ (In this study, health cost sacrifices were defined as when families paid for needed medical care, but subsequently experienced extreme difficulty paying for other basic needs, such as food, housing, or utilities.)
- ▶ SNAP receipt (versus non-receipt) during childhood was associated with a more than three-fold higher odds of improved food security status in adulthood among those who grew up in low-income households eligible to participate in the program.⁵⁶ The finding came from a longitudinal study of national data.
- ▶ In a small study of California college students seeking food assistance, food insecurity decreased by 63 percent after six months among those who received SNAP benefits.⁵⁷ The students participating in SNAP had 89 percent lower odds of food insecurity compared to their peers whose SNAP applications were not approved.

Improves Nutrition Outcomes

- ▶ Children and adolescents in SNAP households reported consuming significantly more daily servings of fruits and vegetables than those from non-SNAP households, according to a study of families with low income in Flint, Michigan.⁵⁸
- ▶ Households with young children participating in both SNAP and Head Start reported greater food and nutrition security, better control over dietary choices, better perceived availability of healthy foods in nearby stores, and fewer barriers to healthy food access and utilization, when compared to other combinations of social safety net program participation in a study set in Nebraska.⁵⁹
- ▶ Conversely, SNAP benefit loss was associated with suboptimal intake of certain dietary components in one study based on a national sample of low-income households.⁶⁰ More specifically, benefit loss for more than a year was associated with lower scores for adult dairy and lower scores for child/adolescent greens and beans, whole grains, and dairy, when compared to current SNAP participants. A similar study found that SNAP benefit loss in the preceding year adversely impacted dietary quality scores for food-at-home purchases, especially for fruits and whole grains.⁶¹



Improves Cognitive Performance and Mental Health Outcomes

- ▶ Maternal participation in SNAP had a positive effect on their child's aggregate development, cognitive, receptive communication, and expressive communication scores up to 2 years old.⁶² This study of approximately 1,500 pregnant women in Memphis indicates that SNAP participation by the mother has positive impacts on her child's early life skills development.
- ▶ Both fluctuating and persistent household food insecurity during childhood were associated with a greater risk of psychological distress in young adulthood in a national sample; however, household participation in SNAP attenuated this risk.⁶³ The authors concluded that, "policies and interventions that expand access to SNAP ... may help prevent youth mental health problems rooted in experiences" of household food insecurity during childhood.
- ▶ In a study using national data, SNAP participation was found to have a protective effect on all-cause mortality at the population level.⁶⁴ Among those adults 40 to 64 years old, SNAP also was associated with reduced mortality from "deaths of despair" (i.e., alcoholic liver disease or cirrhosis, poisoning, or suicide). Similarly, higher rates of SNAP participation were associated with lower overall and male suicide rates in a study that examined 16 years of data across all U.S. states.⁶⁵
- ▶ Several studies indicate that SNAP participation has a protective effect on cognitive health and function among older adults, although the magnitude may vary by duration of SNAP participation and race or ethnicity.^{66,67,68,69} For example, SNAP participation was associated with slower declines in global cognition, memory, and executive function in a nationally representative, longitudinal study of adults aged 50 years and older.⁷⁰ However, the protective effect on global cognition in this study was weaker among Black and Hispanic SNAP participants compared to White SNAP participants, indicating a need for more research to explore disparities.

Improves Health Outcomes Across the Life Course

Infants and Young Children

- ▶ An additional month of SNAP participation was associated with an increased likelihood that an infant received five or more well-child visits in the first year of life, according to SNAP and Medicaid data from more than 50,000 mother-infant pairs in Missouri.⁷¹ However, leaving SNAP or unstable SNAP receipt reduced the likelihood of these preventive visits.
- ▶ Researchers estimated the impact of per capita federal transfers on state-level infant mortality rates from 2004–2013 across all 50 states.⁷² (Federal transfers refer to money transferred by the federal government to state and local governments to administer public health, nutrition, and other programs, including Medicaid, SNAP, and the Special Supplemental Nutrition Program for Women, Infants, and Children, WIC.) After accounting for state-level differences, increases in federal transfers were associated with lower state-level infant, neonatal, and post neonatal mortality rates. These effects were especially profound for Black infants. In addition, a \$200 increase in the amount of federal transfers per capita was estimated to save one child's life for every 10,000 live births.
- ▶ Compared to young children whose families did not participate in SNAP, young children (i.e., under 3 years old) whose families participated in SNAP were 8 percent less likely to be only in fair or poor child health, 18 percent less likely to be at risk of developmental delays, 9 percent less likely to be at risk

of underweight (a sign of undernutrition), and 3 percent less likely to be at risk of obesity.⁷³ This was based on data analyzed by Children's HealthWatch across five U.S. cities.

- ▶ Experiencing household food insecurity in early childhood was associated with lower scores on the American Heart Association Life's Essential 8 (LE8) score in young adulthood.⁷⁴ However, SNAP mitigated this association, leading researchers to conclude that, "optimizing family use of SNAP in childhood may help promote more healthful [body mass index] and better [cardiovascular health] across the life course." (The LE8 is a summary measure of eight health factors and behaviors, including blood lipids, blood pressure, body mass index, and diet.)



SNAPshot

Public Health Benefits From Expanding SNAP Eligibility

Multiple states have adopted policies that expand SNAP eligibility by eliminating the asset test and/or increasing the income limit. Compared to states without such policies, state efforts to expand SNAP eligibility are associated with the following at the population-level: lower rates of major depressive episodes, mental illness, serious mental illness, and suicidal ideation among adults;⁷⁵ lower prevalence of suicidal thoughts and suicide attempts among adolescents;⁷⁶ lower risk of any bullying, bullying at school, and e-bullying among adolescents;⁷⁷ and increased mammography among women with low income eligible for breast cancer screening.⁷⁸ Other public health benefits include reductions in firearm-involved homicide deaths among Black youth;⁷⁹ decreased rates of firearm-involved suicide deaths;⁸⁰ fewer child protective services-investigated reports;⁸¹ lower rates of interpersonal violence among those aged 12 years and older;⁸² and lower rates of alcohol use disorder, opioid misuse, illicit drug use disorder, and substance misuse and use disorders among adults.⁸³

Children and Adolescents

- ▶ Based on national survey data of nearly 25,000 low-income children 0 to 17 years of age, SNAP participation was associated with a reduced likelihood of experiencing household food hardship, reduced likelihood of visiting the emergency department in the past year, and a greater likelihood of excellent health status.⁸⁴ The effect sizes were larger among children with special health care needs (SHCN) compared to children without SHCN.
- ▶ Compared to low-income youth just over the income-eligibility threshold, SNAP-eligible youth had significantly better scores for overall cardiometabolic risk, based on a large national sample of children 2 to 18 years old.⁸⁵ However, the effects varied based on food security status, leading the researchers to conclude, “SNAP may be most beneficial to the most disadvantaged households.”
- ▶ Among a national sample of SNAP-eligible children, each additional month of SNAP participation decreased the probability of needing but being unable to afford dental care or eyeglasses, and decreased the number of types of care they needed but were unable to afford.⁸⁶
- ▶ According to national survey data of more than 2,600 children 2 to 17 years old, those receiving



SNAP benefits were 1.53 times more likely to meet recommended daily physical activity guidelines than children not receiving SNAP benefits.⁸⁷

- ▶ Among U.S.-born children of immigrants, each additional year of parental SNAP eligibility before age 5 was associated with improvements in overall health status and developmental health outcomes at 6 to 16 years old.⁸⁸ This study examined national data and took advantage of variation in federal and state policies relating to immigrant eligibility for SNAP.

SNAPshot

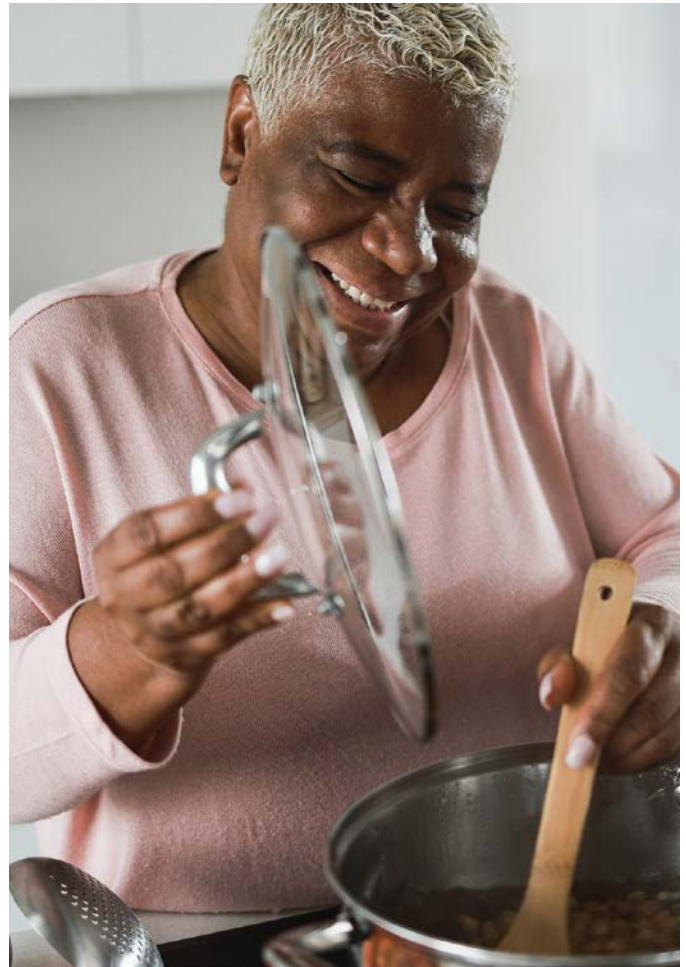
Harmful Health Impacts of SNAP Work Requirements

Several studies have examined the health impacts of SNAP work requirements for able-bodied adults without dependents (ABAWDs). These requirements limit the time a participant can receive benefits unless they meet specific work or training criteria. ABAWDs who lost their SNAP eligibility had an increased incidence of experiencing physically unhealthy days, and no change in individual employment status, based on Behavioral Risk Factor Surveillance System data across U.S. states.⁸⁹ The health consequences extend to mental health as well: Exposure to SNAP work requirements was associated with increased mental health care visits for mood disorder and anxiety among West Virginia adults dually enrolled in SNAP and Medicaid, with earlier effects for women than men.⁹⁰

ABAWD work requirements not only significantly reduced SNAP enrollment in a study of Medicaid recipients in Connecticut, but disproportionately affected individuals with more chronic disease burden, older ABAWDs, and those with the lowest incomes.⁹¹ However, there was no change in Medicaid coverage, indicating self-sufficiency was not achieved with the work requirements. The researchers concluded, “in this cohort study, SNAP work requirements were associated with large reductions in SNAP coverage among the targeted populations with no evidence that they increased self-sufficiency. The largest coverage losses occurred among the most clinically and socioeconomically vulnerable populations. Work requirements in SNAP disenrolled the neediest populations, with potentially adverse consequences for beneficiaries and the safety net.”

Adults

- ▶ Based on 2004 to 2014 data from nearly all U.S. counties, a greater increase in state-level policies that encourage SNAP participation was associated with a lower annual increase in county-level, adult diabetes prevalence.⁹² State-level SNAP policies were measured using the USDA SNAP Policy Index, which calculates a score for each state based on whether 10 specific state-level SNAP policies were expected to encourage or discourage SNAP participation (e.g., asset test exemptions, fingerprinting requirements).
- ▶ Participating in SNAP for less than 12 months in the prior year (compared to all 12 months) was associated with greater cost-related medication nonadherence and emergency department use among nonelderly adults who were prescribed medication.⁹³ A similar relationship with cost-related medication nonadherence was observed in the subsample of adults with hypertension, cardiovascular disease, and asthma. The researchers, who relied on a large national dataset, concluded that, “the observed associations suggest that policies supporting sustained SNAP participation may help improve disease management in income-eligible adults who are prescribed medications, and potentially reduce related health care expenditures.”
- ▶ In a national sample of 6,692 patients with hypertension, SNAP benefit receipt was associated with a 13.6 percentage point reduction in nonadherence to antihypertensive medications for those who were food-insecure but not those who were food-secure.⁹⁴ According to the study’s authors, “these findings suggest that SNAP may potentially mitigate against the risk of nonadherence to antihypertensive medications due to food insecurity.”
- ▶ Among a national sample of SNAP-eligible adults, each additional month of SNAP participation increased the probability of reporting very good or excellent health status, decreased the probability of needing but being unable to afford dental care or eyeglasses, and decreased the number of types of care needed but that they could not afford.⁹⁵
- ▶ According to a sample of approximately 500 adults with low income in a five-state pilot study, those with higher nutrition security and who participated in SNAP had lower odds of diabetes/prediabetes when compared to those with lower nutrition security and who did not participate in SNAP.⁹⁶ In a companion study, very low food security significantly increased the odds of having at least one cardiometabolic condition (i.e., hypertension, hyperlipidemia, or diabetes) among non-SNAP participants, but such an association was not observed among SNAP participants.⁹⁷ These and other findings indicate that SNAP participation mitigates the cardiometabolic risks linked to very low food security status.



Older Adults

- ▶ According to two analyses of national survey data, participation in SNAP may help older adults better afford and adhere to their medication treatment regimens. More specifically, older adults participating in SNAP were 4.8 percentage points less likely to engage in cost-related medication nonadherence than eligible nonparticipants.⁹⁸ Similarly, adults 65 years and older with diabetes who were participating in SNAP were 5.3 percentage points less likely to engage in cost-related medication nonadherence than eligible nonparticipants.⁹⁹
- ▶ SNAP participation was associated with antihypertensive medication adherence among Medicaid-insured older adults¹⁰⁰ and Medicaid-insured older Black adults¹⁰¹ with hypertension, according to studies that analyzed Missouri Medicaid and SNAP administrative claims data for those at least 60 years old. The likelihood of medication adherence was greater with longer SNAP enrollment.
- ▶ Food assistance program participation — i.e., SNAP, Meals on Wheels, or other food assistance — reduced the risk of hospitalization in the preceding year by 43 percent among 1,094 Medicare recipients ages 65 and older with diabetes.¹⁰²
- ▶ Moderate and severe food insecurity were associated with increased allostatic load in a nationally representative sample of more than 14,000 adults aged 50 years and older; however, SNAP participation significantly attenuated these associations.¹⁰³ (Allostatic load refers to the cumulative wear and tear on the body from chronic stress exposure.)
- ▶ Based on a large longitudinal dataset from a representative sample of older adults, very low food security was significantly associated with poor physical health.¹⁰⁴ However, SNAP participation mitigated this relationship, “indicating that SNAP may have prevented poor physical health resulting from very low food security.”
- ▶ Older adults and adults with disabilities newly enrolled in SNAP due to the expansion of eligibility to recipients of Supplemental Security Income (SSI) were less likely to report being food-insecure, more likely to report being in excellent/very good health, and less likely to report cost-related medication nonadherence



SNAPshot

SNAP Administrative Churn and Health Care Utilization

SNAP “churn” occurs when a household temporarily leaves SNAP and re-enters within four months. This brief period of disenrollment is often the fallout from administrative challenges during the recertification process. Not only does churn result in lost benefits for households and unnecessary administrative costs,¹⁰⁷ but there is a growing body of evidence that churn negatively affects health outcomes and health care utilization.¹⁰⁸ For instance, SNAP churn has been associated with increased Medicaid claims for inpatient visits among adults,¹⁰⁹ and decreased Medicaid claims at the pharmacy and primary care for both children and adults.¹¹⁰ Researchers of the latter study concluded, “preventing SNAP churn may help reduce instances where adult and child participants forgo necessary care.”¹¹¹

at follow-up.¹⁰⁵ The findings come from a small study in California. In a companion qualitative study, newly enrolled recipients reported being able to buy more nutritious foods because of SNAP benefits and freeing up financial resources for non-food needs.¹⁰⁶

Reduces Health Care Spending

- ▶ Among adults dually enrolled in Medicare and Medicaid in Pennsylvania, SNAP participants had 16 percent lower total health care costs and 21 percent lower pharmacy costs within the first year of SNAP enrollment, when compared to eligible nonparticipants.¹¹² Comparable reductions — 16 percent and 20 percent, respectively — were observed during the second year of SNAP enrollment. The cost savings were mainly found among those who had higher levels of functioning and independence.
- ▶ Researchers took advantage of a change in SNAP time limit requirements to examine health care savings after providing SNAP benefits to able-bodied adults without dependents (ABAWDs) enrolled in public health insurance in Minnesota.¹¹³ Each additional month of SNAP receipt was associated with a \$98.80 reduction in average annual health care spending per person, driven primarily by fewer inpatient admissions and outpatient visits. The researchers concluded that, “together, this suggests that allowing people who are categorized as ABAWDs to receive SNAP even in months when they are not working could provide benefits on three levels: ABAWDs would receive much-needed food to support their health and ability to find employment, it would reduce this population’s public health expenditures, and it would reduce the administrative burden of demonstrating disability among a highly vulnerable population.”
- ▶ Among older adults in North Carolina dually eligible for Medicaid and Medicare, SNAP enrollment was associated with \$2,360 fewer dollars in annual Medicaid expenditures per person.¹¹⁴ These savings were consistent with other study findings: SNAP enrollment was associated with fewer inpatient hospitalizations, emergency department visits, and long-term care admissions over the course of approximately 22 months.



More Adequate SNAP Benefits Strengthen SNAP's Effectiveness

Inadequate SNAP benefits — SNAP's biggest weakness — severely limit the program's ability to do even more to alleviate food security and positively impact nutrition, health, and well-being. The nation ran three, large natural experiments involving more adequate benefits in recent years — i.e., the increase in SNAP benefits from the American Recovery and Reinvestment Act (ARRA),* COVID-19 pandemic relief,[†] and the Thrifty Food Plan revision.[‡] The increases were only temporary or have since been rolled back, even though research indicates that they were effective on a variety of metrics. The latter is reinforced by additional research focused on SNAP benefit adequacy. As highlighted in the following selection of studies and reports, there are numerous economic and health advantages to boosting the purchasing power of SNAP.

SNAPshot

End-of-the-Month Effects on Food Security and Health

Even though low-income households employ a variety of coping strategies to stretch limited food budgets,¹¹⁵ numerous studies have observed the adverse impacts on food security, nutrition, health, and well-being when SNAP benefits are running low or depleted at the end of the monthly benefit cycle (i.e., end-of-the-month effects). These adverse impacts include declines in food security;^{116,117} decreases in food spending;¹¹⁸ worsening parental food insecurity and worry about food availability;¹¹⁹ greater reliance on food pantries;¹²⁰ declines in overall dietary quality;^{121,122} reductions in purchases of fruits and vegetables;¹²³ greater likelihood of purchasing less expensive, energy-dense foods;¹²⁴ lower college admission test scores;¹²⁵ increases in ER claims for childhood injuries;¹²⁶ and more difficulty managing diet-sensitive chronic disease.¹²⁷ The findings add to the existing body of evidence that SNAP benefits are inadequate to last the whole month.¹²⁸



* During the Great Recession, average SNAP benefits starting in April 2009 reflected a temporary boost in allotments pursuant to the American Recovery and Reinvestment Act (ARRA) of 2009 — initially by 13.6 percent for those receiving the maximum allotment. This increase was in recognition of the effective and quick stimulative effect of SNAP benefits on the economy as well as the recognition that hard-hit families needed additional assistance. Unfortunately, the temporary ARRA boost ended prematurely effective November 1, 2013, and benefits were reduced for all SNAP participants.

† In order to address the various challenges facing the nation during the COVID-19 pandemic, including alarming and disproportionate increases in food insecurity, the federal government took multiple actions to provide relief for struggling families. This included a number of legislative and executive actions that temporarily increased SNAP benefit allotments (i.e., SNAP emergency allotments) and program access during the COVID-19 public health emergency.

‡ The monthly SNAP allotment is based on the Thrifty Food Plan. A long overdue revision of the Thrifty Food Plan was released in August 2021. The end result was that the purchasing power of the Thrifty Food Plan increased by 21 percent, which meant that almost all SNAP households saw a modest increase in their SNAP benefits starting in October 2021. However, H.R. 1 constrained future updates to the Thrifty Food Plan, which will result in declines in SNAP benefits over the next decade. For more information, see FRAC's *Impact of H.R. 1 on Thrifty Food Plan* at www.frac.org.

More Adequate SNAP Benefits Support Food and Economic Security

American Recovery and Reinvestment Act (ARRA) Boost

- ▶ According to a USDA report, SNAP redemptions had a positive impact on county-level employment in nonmetro and metro counties during the Great Recession (2008–2010).¹²⁹ It was during this period of time that SNAP benefits were temporarily increased pursuant to ARRA. Per dollar spent, the employment effects of SNAP redemptions during the recession were greater than the effects from other government transfer payments and from total federal government spending.
- ▶ After the ARRA benefit increase, low food security declined by 11.2 percentage points and food-at-home spending increased by \$22 more among SNAP households living in high-cost areas than for non-participating low-income households living in high-cost areas, according to a study using data from the Current Population Survey Food Security Supplement as well as regional price data.¹³⁰ Conversely, following the ARRA benefit decrease, very low food security increased by 8.7 percentage points for SNAP households in high-cost areas.
- ▶ The increase in SNAP benefits from ARRA was associated with improvements in material well-being for SNAP households at all expenditure levels, according to a study analyzing national survey data from more than 20,000 households.¹³¹ However, the ARRA repeal reduced material well-being for the most disadvantaged SNAP households, which was largely driven by changes in food spending. (In this study, material well-being was defined as total nondurable expenditures, which includes, for example, spending on food, personal care, transportation, and household operations.)
- ▶ After the ARRA repeal, the likelihood of food insecurity increased by 7.6 percent and very low food security increased by 14 percent among SNAP-participating households when compared to other low-income households, according to a study of a national sample of low-income households.¹³² These effects were “strongly driven” by households with children. The study compared food insecurity in December 2012 to December 2014.

COVID-19 Pandemic Relief

- ▶ According to an analysis from the Urban Institute, the increase in SNAP benefits from SNAP emergency allotments during the pandemic kept 4.2 million people out of poverty in the fourth quarter of 2021, reducing poverty by 9.6 percent.¹³³ Child poverty was reduced by 14 percent. The greatest decrease in poverty was observed among Black, non-Hispanic children — poverty fell by 18.4 percent in that population. The poverty-reducing impacts were even greater when the researchers considered the combined effect of the Thrifty Food Plan changes and SNAP emergency allotments (14.1 percent overall and 21.8 percent for children).
- ▶ Multiple studies demonstrate that the temporary increase in SNAP benefit levels during the pandemic resulted in reductions in food insecurity,^{134,135,136,137} food insufficiency^{138,139,140,141,142} (including child food insufficiency¹⁴³), food hardship (among households with children),¹⁴⁴ and visits to food pantries.¹⁴⁵ Perceptions of SNAP benefit adequacy also improved for participants during this time period.^{146,147} In addition, SNAP households in states that issued emergency allotments made more transactions and redeemed their benefits at a slower rate, compared to households in states without these allotments.¹⁴⁸ According to one group of researchers, their positive findings “highlight the protective effect of SNAP participation during emergencies, and therefore, the need to ensure the adequate reach of the program during such difficult times.”¹⁴⁹
- ▶ On the other hand, the expiration or premature termination of the temporary SNAP benefit boosts were linked to decreased program participation;¹⁵⁰ increased food insecurity;¹⁵¹ increased food insufficiency (especially among households with children and among households with adults recently out of work);^{152,153,154,155,156,157,158} greater food pantry use and more difficulty paying expenses;^{159,160} reports of benefit inadequacy;^{161,162} reduced grocery store expenditures;¹⁶³ and greater reliance on credit cards to pay for groceries.¹⁶⁴ This is consistent with pre-pandemic research on the negative impact of SNAP benefit loss or reductions on food security.¹⁶⁵

Thrifty Food Plan Revision

- ▶ According to an analysis from the Urban Institute, the increase in SNAP benefits from the reevaluated Thrifty Food Plan kept nearly 2.3 million people out of poverty in the fourth quarter of 2021, reducing poverty by 4.7 percent.¹⁶⁶ Child poverty was reduced by 8.6 percent. The greatest decrease in poverty was observed among Black, non-Hispanic children — poverty fell by 12.2 percent in that population. And as already mentioned, the poverty-reducing impacts were even greater when the researchers considered the combined effect of the Thrifty Food Plan changes and increased benefits from the SNAP emergency allotments during the pandemic (14.1 percent overall and 21.8 percent for children).
- ▶ Another Urban Institute report concluded that the changes to the Thrifty Food Plan helped close the food affordability gap, but did not completely eliminate it.¹⁶⁷ In 2020, before the change to the Thrifty Food Plan, the maximum SNAP benefit did not cover the average cost of a modestly priced meal in 96 percent of U.S. counties. That figure dropped to 21 percent after the revision.
- ▶ Persistent affordability challenges are reinforced in qualitative research. SNAP participants in Massachusetts reported that the increase in SNAP benefits from the Thrifty Food Plan revision, while helpful, was not enough to offset the concurrent rise in food prices.¹⁶⁸ The researchers concluded that, “SNAP benefits may need to be further increased to meet the nutritional needs of families.”
- ▶ Using USDA fruit and vegetable price data to simulate the impact of the SNAP benefit increase from the Thrifty Food Plan revision, researchers concluded that the increase in SNAP benefits would increase fruit and vegetable affordability for participating households.¹⁶⁹ However, they also cautioned that households experiencing food prices greater than the national average could still face tradeoffs in purchasing a balanced diet.

Additional Studies on Benefit Adequacy

- ▶ Another way to look at benefit inadequacy is to consider how much more SNAP recipients report needing to spend each week to buy just enough food to meet the needs of their household. SNAP households struggling with hunger report needing an additional \$18 or \$25 per person per week to meet their households' basic food needs.¹⁷⁰ According to another estimate, increasing weekly benefits by \$42 for all SNAP households would reduce food insecurity by 62 percent.¹⁷¹ This \$42 represented the amount of additional money that food-insecure SNAP households reported needing each week to become food secure.
- ▶ The robust body of evidence underscores why bipartisan groups of experts have concluded that a boost to the SNAP benefit amount would be critically important in reducing child poverty and advancing health equity.^{172,173}



More Adequate Benefits Improve Dietary Quality

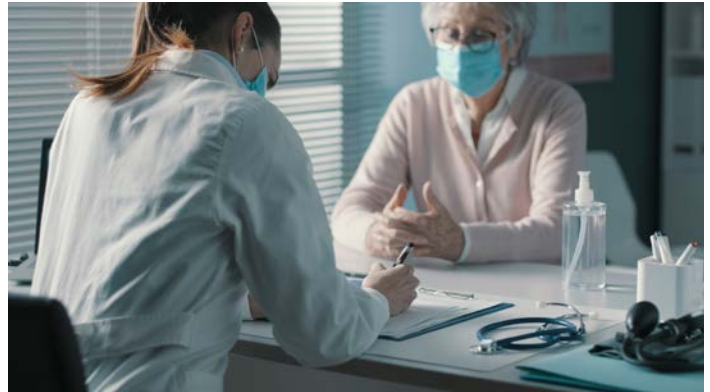
- ▶ According to national survey data among working-age adults in SNAP, caloric intake and eating-occasion frequency decline each additional day after SNAP benefits are received, with the effects being most pronounced at the end of the benefit month (i.e., week four).¹⁷⁴ Among adults living with children, this cyclic food intake pattern starts even earlier in the benefit month (around week two), presumably because adults try to shield children from hunger. Researchers found that this cyclic food intake over the benefit month was reduced during the ARRA period, leading the authors to conclude that, SNAP “benefit increases could help reduce or eliminate this cycling behavior and the attendant direct and indirect health costs.”
- ▶ When SNAP benefits were increased due to the COVID-19 emergency allotments, SNAP shoppers in North Carolina had higher increases in fruit, vegetable, nut, and legume purchases, when compared to non-SNAP shoppers.¹⁷⁵ Several analyses also indicated that increased SNAP benefits from the emergency allotments contributed to a decrease in the purchases of sugar-sweetened beverages among SNAP shoppers. These and other improvements in purchasing behavior were even greater when factoring in the increase in SNAP benefits from both the emergency allotments and the Thrifty Food Plan update.
- ▶ Qualitative data indicate that the SNAP benefit increases from the 2021 Thrifty Food Plan revision¹⁷⁶ as well as during the COVID-19 pandemic^{177,178,179} allowed participants to purchase a greater variety of foods and higher quality foods, including more fresh fruits, vegetables, seafood, and meat. Conversely, the expiration of pandemic relief strained food budgets.¹⁸⁰ For example, a cross-sectional study set in Virginia found that the expiration of the SNAP emergency allotments made it more difficult for those who were food-insecure to purchase fruits and vegetables.¹⁸¹ They also reported more difficulty buying enough food.
- ▶ In a simulation analysis using national food-purchasing data, a 27 percent increase in average SNAP benefits was associated with significant increases in food-at-home spending, overall dietary quality, dietary fiber, folic acid, iron, magnesium, calcium, and potassium among all SNAP households.¹⁸² The increases were greater in magnitude for SNAP households with children. (The 27 percent increase is roughly equivalent to average benefit levels under the revised 2021 Thrifty Food Plan.) In addition, the food spending and dietary improvements were even more substantial when simulating a 40 percent increase in average SNAP benefits, which is fairly comparable to what benefits would be if they were based on the Low-Cost Food Plan (rather than the Thrifty Food Plan).
- ▶ Other research has considered the impacts of broader federal economic assistance during the pandemic beyond SNAP alone. In these studies, food healthfulness and access improved for U.S. adults when compared to the pre-pandemic period,¹⁸³ and diet-related inequities were reduced for low-income families.¹⁸⁴



More Adequate Benefits Improve Health Outcomes

American Recovery and Reinvestment Act (ARRA) Boost

- ▶ A large study of approximately 38,500 children in low-income households found that the ARRA increase in SNAP benefits was associated with a 65 percent reduction in outstanding medication needs due to affordability among SNAP-eligible children.¹⁸⁵ This and other findings led the researchers to conclude that, “SNAP receipt and higher benefit levels reduces children’s outstanding health care needs.”
- ▶ The ARRA boost to SNAP benefits was associated with several healthier weight outcomes for SNAP-eligible toddlers, preschoolers, and adolescents.¹⁸⁶ For instance, in this national sample of children 2 to 18 years old, SNAP-eligible toddlers were less likely to be overweight, and SNAP-eligible adolescents were less likely to be obese after the benefit increase.
- ▶ The temporary benefit boost from ARRA was associated with improvements in several nutrition-sensitive cardiometabolic outcomes at the population-level among those eligible for SNAP, including less of an increase in hemoglobin A1c for both young and middle-aged adults, and lower total cholesterol for young adults¹⁸⁷ (Hemoglobin A1c measures blood glucose levels over the past few months.)
- ▶ In a nationwide study, the post-ARRA decrease in SNAP benefits was linked to increased Medicaid admission growth and \$6.4 billion in additional Medicaid inpatient costs.¹⁸⁸ Monthly Medicaid admission growth fell from 0.80 to 0.35 percentage points after the 2009 ARRA boost, but then rose to 2.42 percentage points after the ARRA boost ended (and SNAP benefits decreased). Inflation-adjusted monthly inpatient Medicaid expenditures followed a similar pattern and were associated with \$26.5 billion in savings over the 55 months of the ARRA increase and \$6.4 billion in additional costs over the first 14 months of the SNAP benefit decrease.



COVID Pandemic Relief

- ▶ SNAP pandemic relief mitigated the harmful impact of food insecurity on psychological distress based on Household Pulse Survey data from April 2020 through August 2021 for more than 2.2 million people.¹⁸⁹ These effects were greater for non-Hispanic Whites than for other racial-ethnic groups.
- ▶ The temporary increase in SNAP benefit levels during the pandemic from the SNAP emergency allotments was associated with a modest reduction in anxiety symptoms in a large, national sample of SNAP-eligible individuals.¹⁹⁰
- ▶ During the pandemic, food insecurity was associated with poorer health, lower access to and affordability of care, a greater financial burden of care, and financial hardships, based on a national study using longitudinal data on more than 10,000 adults.¹⁹¹ However, the magnitude of these associations was smaller for adults with SNAP benefits compared to adults without SNAP benefits or Medicaid coverage, indicating a protective effect of SNAP during the pandemic.
- ▶ Conversely, when the SNAP emergency allotments expired, the number of past-month poor physical health days increased among SNAP participants in a separate study that also was based on a national sample of SNAP-eligible adults.¹⁹² Similarly, the termination of the emergency allotments in Nebraska was associated with an increased percentage of inpatient hospital beds used for COVID-19 and non-COVID-19.¹⁹³

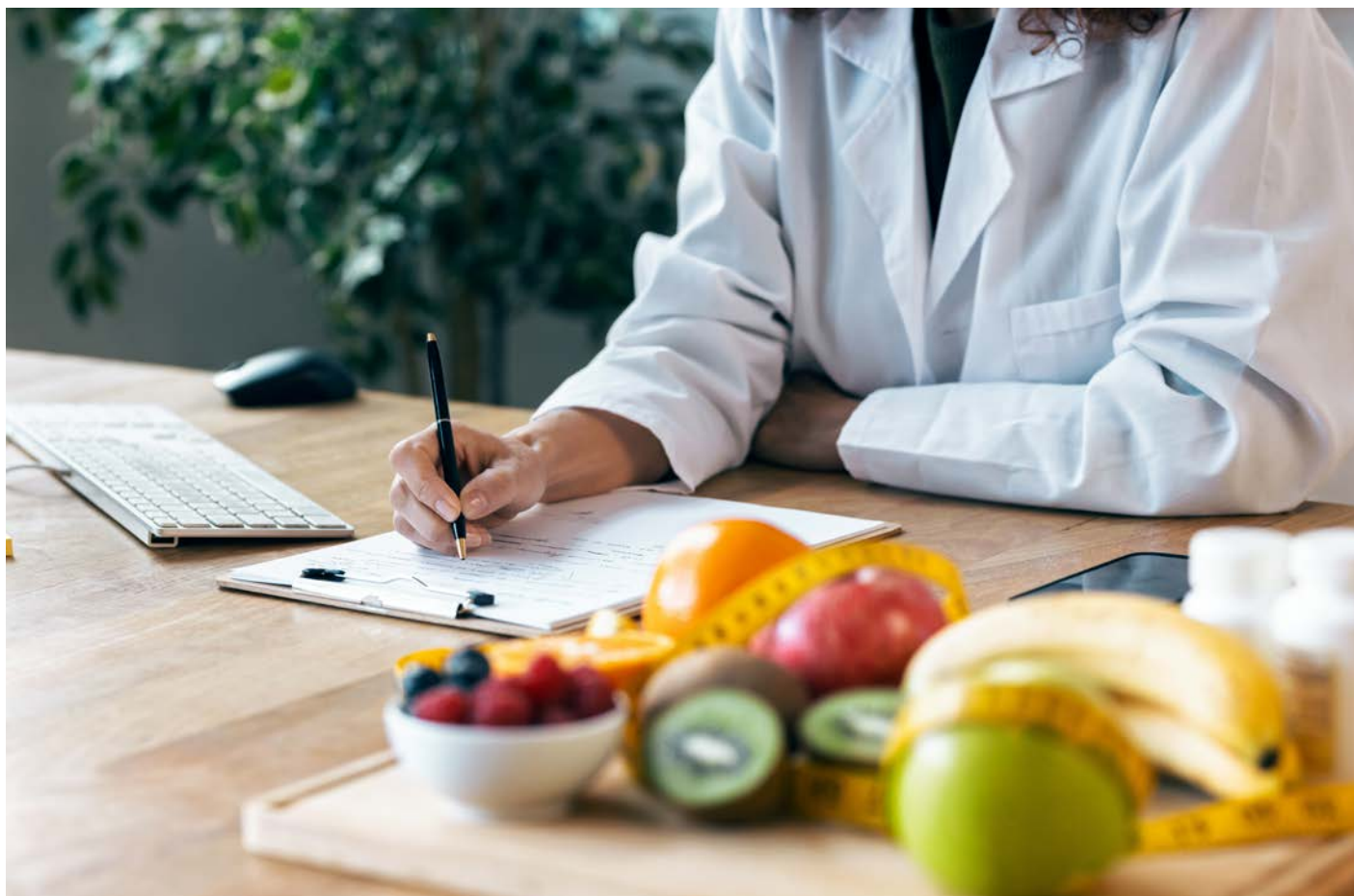
Additional Studies on Benefit Adequacy

- ▶ Research from Children's HealthWatch demonstrates that families with young children whose SNAP benefits were reduced or cut off due to increased earned income were at risk of poor parent and child health, child developmental delays, maternal depressive symptoms, household and child food insecurity, as well as other material (housing instability, energy insecurity) and health care hardships.¹⁹⁴
- ▶ According to a study that used Missouri SNAP and Medicaid data, a higher SNAP benefit amount was associated with a lower probability of having a hypertension-related/hypertensive emergency room (ER) claim.¹⁹⁵ The inverse relationship between ER claims and SNAP benefits was more pronounced for those receiving smaller (i.e., less generous) allotments.
- ▶ In another study relying on Missouri SNAP and Medicaid claims data among adults, increased SNAP benefits were associated with a decreased likelihood of pregnancy-related ER claims.¹⁹⁶ According to one estimate, a \$100 increase in SNAP benefits would reduce the average number of pregnancy-related claims per 100,000 ER claims by 3.85 percent.
- ▶ A higher SNAP benefit amount was associated with a reduction in ER visits for childhood asthma, according to a third study using Missouri SNAP and Medicaid claims data.¹⁹⁷
- ▶ Conversely, the Center on Poverty and Social Policy at Columbia University estimated that every \$1 cut in SNAP benefits for families with children costs the nation between \$14 and \$20.¹⁹⁸ According to their statistical models, the economic losses were primarily driven by poorer child health and longevity as well as lower future earnings in adulthood. The findings build on their prior analyses that reductions in SNAP benefits from revoking the 2021 TFP's adjustment would increase poverty, especially among children and in rural areas.¹⁹⁹



Conclusion

SNAP plays a critical role in supporting the food security, health, and well-being of participants. However, flawed policy and programmatic changes have undermined and threatened SNAP's effectiveness. Weakening SNAP has serious, costly consequences for individuals, families, and society as a whole. On the other hand, investing in and strengthening SNAP through improved benefit levels and program access offers evidence-based approaches to improving the health of our nation's most vulnerable.



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