

RESEARCH BRIEF

SNAP Consumer Choice¹



Why SNAP Matters

The Supplemental Nutrition Assistance Program (SNAP) is one of the crown jewels of U.S. public policy. Sen. Robert Dole described it as the most important social program since the creation of Social Security. SNAP provides nutrition assistance to a very large cross-section of people in America. In its first decade, health researchers studying SNAP, then known as food stamps, found that “no program does more to lengthen and strengthen the lives of our people than the Food Stamp program.”²

Forty million people — including children, parents earning low wages, older adults, people with disabilities, military veterans, members of the active-duty military, unemployed working-age adults, and others — receive SNAP in an average month. Over time, bipartisan reforms have improved the program so that it can efficiently and equitably provide food to those in need, coordinating efforts between the private and public sectors. In all 50 states, D.C., the Virgin Islands, and Guam, SNAP is the cornerstone of the nation’s nutrition safety net.

A surge of research has shown how vital SNAP is to achieving a wide variety of the nation’s most important health, employment, education, and other goals. SNAP is invaluable to:

- reduce food insecurity
- reduce poverty and deep poverty (research has shown SNAP is the most effective government program in lifting children out of poverty)
- support economic stability
- increase economic self-sufficiency
- improve academic outcomes
- improve dietary intake
- reduce the incidence of metabolic syndrome
- protect against obesity
- improve physical and mental health outcomes
- reduce health care utilization and costs (one estimate is that savings are \$1,409 per SNAP participant)³

In addition to the program’s effectiveness, SNAP is efficient because it provides access to normal streams of food commerce. Beneficiaries have access to the grocery stores, supermarkets, farmers’ markets, and other SNAP-authorized retailers selling food in their communities. In turn, SNAP supports farmers, food distributors, ranchers, fishermen, and small businesses across the country, which is why every SNAP dollar generates between \$1.50 and \$1.80 in economic activity. SNAP participants can buy culturally preferred food for their households, and purchase food according to individual and household nutrition and health needs. SNAP also preserves the dignity of beneficiaries by making food





purchase smooth and akin to all other commercial food purchases through an Electronic Benefit Transfer (EBT) card. Above all, SNAP uplifts diversity through equity, empowering program participants to make choices about what food is right for them.

Because SNAP works with existing channels of commerce, SNAP also supports local economies. With 97 percent of benefits redeemed by the end of the month,⁴ SNAP is particularly important in times of economic crisis. Through the Great Recession and the COVID-19 pandemic, SNAP substantially addressed food security and kept families from falling further into poverty, relieving pressure on the charitable emergency food system made up of food banks and food pantries.

The Faces of SNAP

SNAP reaches people between jobs, after changes in family circumstances, and in a variety of other ways that create a movement of households in and out of the program:

- Each month in recent years, about one in eight people participated in SNAP — over 40 million people per month.⁵ But there is much movement in and out of the program every month, as some people lose jobs or face lowered hours or wages, while others become employed or get more work hours, or second jobs, or higher hourly wages.
- Over longer periods of time, naturally, the program reaches an even larger share of the population. An estimated one-half of all children will receive SNAP benefits at some point during childhood, and half of all adults will use SNAP at some point by age 65.⁵

Opposition to SNAP

Attacks on SNAP and its beneficiaries often are based on stereotypes that do not acknowledge the actual demographics — that the face of SNAP is the face of much of America. Proposals to reshape the program through benefit cuts, eligibility reductions, restrictions on food choice, or different delivery mechanisms, typically fail to recognize this as well.

Stereotypes used to denigrate SNAP have often relied on judgments about people with low incomes. And they have unfortunately worked: In 2023, the Fiscal Responsibility Act increased the age of those subject to Able-Bodied Adults Without Dependents time limits, decreasing access to SNAP for unemployed and underemployed older adults. The reality is, though, that the time limit does not lead to a meaningful increase in employment, but does substantially reduce SNAP participation. SNAP serves a diverse swath of American society and keeps families afloat through emergencies, like natural disasters and economic crises, and long-term challenges, such as inflation and the rising cost of living. Although the program is successful, stereotypes and misinformation result in misguided attempts to restrict SNAP choice, further stigmatizing our neighbors who receive food assistance.

Singling out SNAP participants through restricting SNAP choice will also result in burdensome changes: increased paperwork and administrative costs, lost benefits due to confusion about eligible and non-eligible foods, and wrangling between bureaucrats over which kinds of foods are “in” and “out.” However, restricting SNAP choice will not improve health outcomes for SNAP households.

Protecting SNAP Consumer Choice

What makes SNAP households different from non-SNAP households is not what they buy. SNAP participants are a diverse group, but the only difference between SNAP and non-SNAP customers is the use of an EBT card. SNAP participants generally purchase types of food and drinks at the same proportion as non-SNAP participants.⁶ Dignity and equity issues aside, this is reason enough to not single out SNAP participants.

Research shows that the differences between SNAP recipients' purchases and diets and those of other consumers are scant.⁷ It should not be surprising that the dietary patterns of SNAP recipients are much like everyone else's. Restricting SNAP choice under the guise of creating healthier eating habits is an attempt to attack a symptom of the concurrent obesity and diabetes epidemics that is not limited to Americans with low incomes, and does not solve the root of the problem that people with low incomes face: SNAP households have less access to affordable and nutritious food and drinks. Restrictions already exist due to inadequate monthly SNAP benefits or lack of access in communities with a high proportion of SNAP participants. Far too many people do not have access to healthy food, and if they do, they do not have adequate SNAP benefits to purchase those healthy foods.

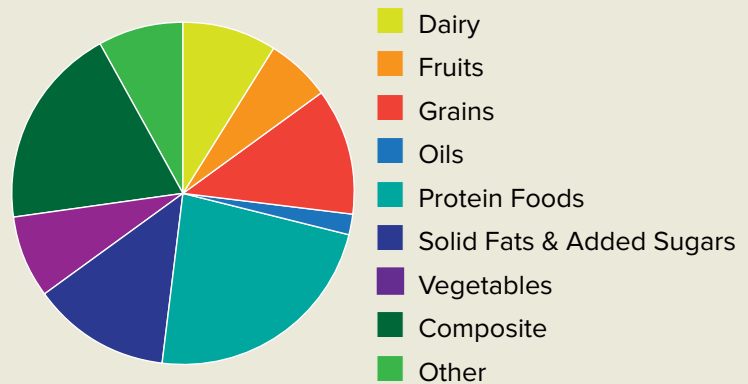
Households experiencing food insecurity are more likely to have limited access to healthy food and beverages. A 2021 U.S. Department of Agriculture (USDA) survey found that 61 percent of SNAP participants reported that affordability was the largest obstacle to a healthy diet. Obstacles to healthy food and drink, though, go far beyond just affordability.⁸ SNAP-eligible households are more likely to live in areas that do not have access to healthy food and beverage options. A 2017 survey found that households receiving SNAP, in comparison to the SNAP-eligible households that did not receive SNAP, had a lower percentage of households owning cars and higher travel costs to their primary store.⁹

Areas with food access issues — including absence of grocery stores and lack of healthy food options — are commonly known as “food deserts”.¹⁰ The lack of access to grocers and to healthy food is along racial lines, with lowest access to supermarkets in communities with the highest percentage of Black households due to historical and contemporary

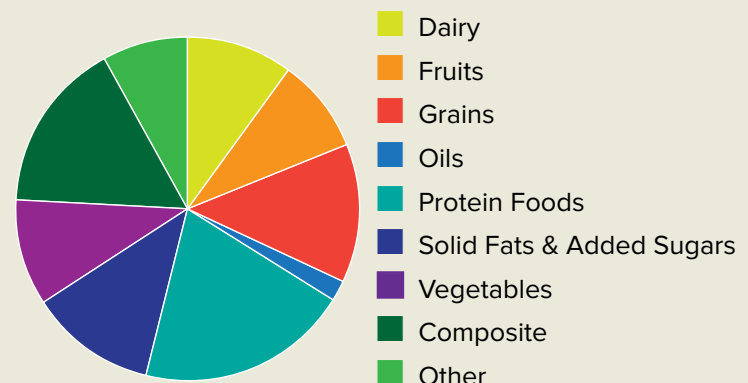
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Proportion of Food Expenditure of SNAP and Non-SNAP Participants by USDA Categories, 2016

SNAP PARTICIPANTS



NON-SNAP PARTICIPANTS



disinvestment.¹¹ SNAP households may choose to buy shelf-stable snacks because of their lower access to public transportation that limits the number of times per month SNAP households can visit the supermarket. That said, there are generally few, if any, differences between the purchasing habits of SNAP and non-SNAP households.¹²

Maintaining access to SNAP choice is an equity issue, and SNAP recipients bear the brunt of national and regional issues of environmental and social injustice. If the door to restricting choice is opened, then a slippery slope is created, without solving any of the fundamental issues of benefit inadequacy or lack of access to healthy and affordable food.

Below is a partial list of foods, food categories, or beverages that various proponents of restrictions have proposed to ban from the program in the last decade:

- bottled water
- steak
- “luxury meats”
- crab, lobster, shrimp, or any other shellfish
- any animal-based product (e.g., dairy, meat, poultry, seafood)
- soft drinks
- energy drinks
- ice cream
- candy
- cookies
- chips and other snack foods
- imported foods
- decorated cakes
- “luxury frozen foods”¹³

A concerning issue with various beverages being targeted — especially bottled water — is that access to healthy hydration with SNAP benefits is not only critical but also an issue of equity since Black and Latinx populations are most likely to live in communities with water insecurity.¹⁴ This is concerning for two reasons: (1) Tap water insecurity is linked to food insecurity,¹⁵ and (2) SNAP benefit spend is truncated due to infrastructure inequities. To the first point, research shows that “adults who avoided tap water had 21% higher odds of food insecurity compared with those who drank tap water. The probability of any food insecurity doubled between 2005–2006 and 2017–2018 and was consistently higher for tap water avoiders.” When communities have tap water insecurity, then that leads to the second point: Their already limited SNAP benefits get used on bottled water — which is much more expensive than tap water. This expense can “eat up \$100 of a monthly food budget. For context, maximum monthly SNAP benefits are \$835 for a family of four.”¹⁶ In a time of increased inflation at grocery stores, stagnant wages, and crumbling infrastructure across the nation, the links between water insecurity and food insecurity cannot be overstated. If bottled water and other forms of healthy hydration are restricted from SNAP, it would have devastating consequences in water insecure parts of America.

As the political pendulum swings, so does support for SNAP consumer choice. During the pandemic Public Health Emergency (PHE) beginning in 2020, SNAP received increased support. Now, proposals in favor of SNAP restrictions have been gaining attention. A 2023 Iowa bill sought to limit SNAP to the barest of bare bones; if passed, SNAP participants would not be able to purchase white grains, fresh meat, or even bottled water with SNAP.¹⁷ As another example of attempts to limit SNAP choice, a 2024 op-ed by the American Enterprise Institute fails to recognize the impact of food deserts and food apartheid on the health and nutrition of SNAP recipients.¹⁵

Although restricting SNAP choice has failed in the past, supporters of SNAP choice continue to advocate to protect SNAP access and participants’ dignity and equity in the face of continued threats to the program.¹⁸ Rather than a fiscally responsible decision, maintaining and enforcing a list of SNAP-eligible foods would carry significant costs — \$400 million in upfront costs and \$600 million annually just for retailers and USDA to track purchases at the point of sale.¹⁹ If states begin policing SNAP purchases, it will threaten the accessibility and equity inherent in SNAP purchases. With more than 650,000 food and beverage products on the market today and approximately more than 20,000 introduced each year, creating and maintaining those standards would be incredibly burdensome and would require significant staffing increases at USDA and state agencies to manage.

On the other hand, previous expansions of SNAP have reduced health care costs. Medicaid costs slowed when Massachusetts increased SNAP benefits during the 2008 recession — demonstrating the direct correlation between increased benefits and decreased health care costs.²⁰ Additionally, SNAP participation is also linked to reductions of emergency department use,²¹ decreasing health care costs. On the other hand, after monthly benefits decreased in 2013, Medicaid hospital admissions growth increased.²²



Additionally, nutrition recommendations are not static, but are constantly evolving. Legislating nutrition can conflict not only with science-based recommendations, but also with cultural preferences and religious and individual dietary needs. Through SNAP, people with lived experience of hunger and poverty can make decisions for themselves and their families, and use their purchasing power to make those decisions without shame or stigma. Should SNAP restrictions be enacted, SNAP recipients would lose the equity of using an EBT card to purchase food like any other customer. Instead, they would spend time in stores verifying whether the food and beverage they sought to purchase was SNAP-eligible or have items taken away from them at checkout, with the irony being that their time to prepare fresh food at home would be further limited.

Improving SNAP Benefits Adequacy

A study by the Institute of Medicine (IOM) revealed some of SNAP’s greatest shortcomings — and identified opportunities to make the program stronger. The IOM outlined the factors that explain why the SNAP allotment is not enough to get most families through the month with a minimally adequate diet. These factors include, among others, the lag in SNAP benefits keeping up with inflation, coupled with reducing SNAP benefit amounts at a time of inflation,²³ households’ shelter costs that consume income that SNAP rules incorrectly treat as available for food purchases (therefore reducing SNAP allotments), the cost-time trade-offs in obtaining a nutritious diet,²⁴ and the affordability of a healthier diet.²⁵

An analysis by Food Research & Action Center (FRAC) found that SNAP benefits also are inadequate because they are based on USDA’s flawed Thrifty Food Plan.²⁶ The plan:

- is justified by USDA by assuming impractical lists of foods;
- lacks the variety called for in the Dietary Guidelines for Americans;
- unrealistically assumes adequate facilities and time for food preparation;
- unrealistically assumes food availability, affordability, and adequate transportation;
- ignores special dietary needs; and
- even accounting for these shortcomings, costs more than the SNAP allotment in many parts of the country.

This last point was underscored by an Urban Institute study that concluded, “the SNAP benefit does not cover the cost of a low-income meal in 99 percent of U.S. continental counties and the District of Columbia.”²⁷ The result is a food plan that is an artificially constructed model that obscures the reality of the near-impossible struggles of people with low incomes trying to cope with its shortcomings. Raising benefits, however, is associated with more time preparing food, and an increase in diet quality.²⁸

Following the Evidence: The Way Forward

Expanding SNAP has a remarkable record of enhancing food security and combating poverty. Older adults who participate in both SNAP and Medicaid are more likely to successfully adhere to doctors' instructions for their medicine than non-SNAP participants on Medicaid.²⁹ After the temporary increase in benefits created by the American Recovery and Reinvestment Act (ARRA) of 2009 (an increase that was terminated in 2013), inpatient Medicaid cost growth significantly declined, especially among people with chronic illnesses. Expanding SNAP, rather than restricting it, is an evidence-based solution to enhance dietary adequacy. While emergency room visits or inpatient hospitalizations for hypoglycemia typically rise at the end of the month among adults with lower incomes, this effect was reduced to non-significance during the temporary 2009 ARRA boost in SNAP benefits. In fact, SNAP participants have, on average, lower medical costs than non-SNAP participants with low incomes to the tune of \$1,400 per year, with increased cost savings for adults with hypertension and coronary artery disease.³⁰

In 2021, USDA reevaluated the Thrifty Food Plan, which SNAP benefit levels are based on, with USDA's experts calculating average costs of a market basket of nutrient-dense foods for the first time, leading to a modest increase in purchasing power by \$1.19 per person per day, the first ever increase in purchasing power since the plan's introduction in 1976.³¹ Reevaluating the plan kept 2.3 million people out of poverty and had the greatest impact on Black and non-Latinx children.³²

The recalculation of the Thrifty Food Plan is just the first step that USDA can take to expand SNAP's potential. The Thrifty Food Plan remains inadequate to get families through the month. It also assumes that working individuals and families have the time and resources to balance employment, child care, and food preparation from scratch, ignoring that SNAP recipients are more likely to live in areas that have limited access to fresh food in the first place. It also makes impractical assumptions that do not follow from what people facing food insecurity experience, namely having the time and storage space for food preparation that they simply do not have. After all, the Thrifty Food Plan is the bare minimum standard: Family courts, bankruptcy courts, and the military, all utilize the Low-Cost or Moderate Food Plans, which allow for greater flexibility and better consider individual dietary needs, thus, enhancing SNAP's equity. It's time for USDA to follow suit to make sure that cost is not a barrier for SNAP participants to access and afford healthier food.

Research shows what happens when SNAP is expanded substantially. The disruption caused by the COVID-19 PHE could have led to mass hunger, but instead, the Families First Coronavirus Response Act allowed states to give the maximum SNAP benefit level to all participants starting in March 2020. These Emergency Allotments kept families food secure, allowed them to purchase even more nutritious food during the pandemic, and reduced poverty by nearly 10 percent, but these benefits expired on March 1, 2023, cutting family SNAP payments by up to \$250 overnight.³³ After Emergency Allotments ended in March 2023, food insufficiency among SNAP recipients increased by 21 percent.³⁴

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To enhance access to fruits and vegetables, USDA and states can incentivize the purchasing of healthy fruits and vegetables. Nutrition incentive programs, where SNAP recipients receive money on their EBT card after buying fruits and vegetables, are strongly associated with more fruits and vegetables in the diets of SNAP recipients.³⁵ Participants in incentive programs eat more vegetables than the average American, exceeding the average intake by a quarter of a cup per day.³⁵ In Massachusetts those participating in the Healthy Incentives Program

bought 1.23 servings of fruits and vegetables every day from local growers — a benefit for both the SNAP customer and the local economy.³⁷

These nutrition incentive programs are known by several names, including Double Up Food Bucks, Fresh Checks, and Fresh Match. Supported by USDA's Gus Schumacher Nutrition Incentives Program (GusNIP), these programs connect SNAP recipients with fresh and often locally grown produce. Currently, only a handful of states accept nutrition incentives at grocery stores while the bulk of participating vendors continue to be farmers' markets. This maintains inequities in access to fresh food since many households, including households of color, have challenges accessing farmers' markets.³⁸ Expanding these programs into grocery stores and increasing awareness about them will make fresh food more affordable for families, especially when coupled with general support for SNAP enrollment, access to healthy food, and nutrition education.

Restricting SNAP choice is ineffective and burdensome at the least, and an attack on equity and dignity at worst. Scapegoating SNAP participants with methodology not backed up by science will not provide better health outcomes or alleviate poverty. If Congress is concerned about the health of people living in the U.S., policymakers should push for changes across the food industry rather than single out SNAP participants.

Strengthening SNAP

Improving benefit adequacy and other strategies (e.g., increasing access to healthy, affordable foods in underserved communities; supporting use of SNAP at farmers' markets and in other farm-to-consumer venues; enhancing SNAP Nutrition Education) build on, rather than undercut, SNAP's strengths. Proposals for food choice restrictions make the program weaker. It's time to double down on what makes SNAP successful. We saw during the pandemic and in the aftermath of recent natural disasters that expanding SNAP access reduced poverty, improved health outcomes, and increased access to healthy food and beverages. SNAP participants are not lab subjects, and restricting SNAP choice for people with low incomes will only make life more difficult for families experiencing food insecurity, and weaken our country's first line of defense against hunger.

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Endnotes

- ¹ This paper condenses and/or updates earlier FRAC reports and analyses on SNAP benefits, impacts, and policy proposals, including: [SNAP Benefits Need to Be Made Adequate, Not Cut Or Restricted; A Review of Strategies to Bolster SNAP's Role in Improving Nutrition as well as Food Security; Replacing the Thrifty Food Plan in Order to Provide Adequate Allotments for SNAP Beneficiaries](#); and [The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being](#).
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