

Food Freedom: Combatting Paternalism in SNAP

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## Introduction

*We got a picture of a gorge, with farm surpluses on one cliff and under-nourished city folks with outstretched hands on the other. We set out to find a practical way to build a bridge across that chasm – Milo Perkins, first Administrator of the Food Stamp Program*

The Supplemental Nutrition Assistance Program (SNAP) is the largest food assistance program in the United States. SNAP provides nutritional assistance for 45 million low-income Americans to help them afford an adequate diet (SNAP to Health), which costs around \$75 billion annually (Policy Basics). SNAP is the second most expensive safety net program, behind the Earned Income Tax Credit (EITC) (Safety Net Programs). Most of the budget, about 93 percent, goes directly toward benefits (Policy Basics). The typical SNAP recipient receives \$127 in SNAP credit a month, which is about \$4.23 a day or \$1.41 a meal. The remaining seven percent of the budget is spent on administrative costs, eligibility determinations, and employment and training. It was estimated that in 2012, SNAP lifted 5 million Americans, including 2.2 million children, out of poverty (A Short History of SNAP). Created in 1964, the original Food Stamp Program (FSP) sought to bolster the agriculture economy and provide resources to improve nutrition among low-income households (A Short History of SNAP). The FSP demonstrated immediate success with participation rates around four million. The program continued to expand throughout the end of the 20<sup>th</sup> century and into the 21<sup>st</sup> in pursuit of becoming more effective and efficient. In the late 1990s, the program shifted to using Electronic Benefit Transfer (EBT) instead of printed coupons. This shift not only increased efficiency, since participants could immediately receive and use their benefits as opposed to waiting for their coupons in the mail, but also reduced stigma since EBT cards closely resemble traditional debit cards. In 2008, the program was renamed the Supplemental Nutritional Assistance Program (SNAP) and epitomizes the program today. In its current state, SNAP only has a few restrictions

in place. First, since SNAP is a food assistance program, SNAP credit can only purchase foods that are meant for consumption. The few caveats include hot food and food sold for consumption in the store, and beer, wine, and liquor (Eligible Food Items). SNAP is meant to supplement the grocery store bill, so it makes sense that SNAP credit cannot be used in restaurants or on ready-made-food in grocery stores. Alcohol, on the other hand, falls within its own category of food products. Since consumption of alcohol must abide by legal restrictions because of the drinking age, it makes sense that SNAP would restrict alcohol altogether in order to avoid additional regulations that must adhere to the law.

In recent years, however, a movement has emerged that aims to add sugar-sweetened beverages (SSBs) to the list of restricted items. Sugar-sweetened beverages are any beverage with added sugar, such as soda, sweetened teas and coffees, sports drinks, energy drinks, flavored milk, and fruit juices that contain added sugar. Thus, 100% fruit juice is not considered a SSB since it only contains naturally occurring sugar and not added sugar. The growing prevalence of cardiovascular disease in this country has spurred legislators and public health advocates to find ways to promote more positive health outcomes, and SNAP has come under fire as a prominent program aimed at promoting health that continues to majorly fund the sugar-sweetened beverage industry, spending approximately \$608 million in 2011 (Foods Typically Purchased). Debate over this topic comes from all sides. In 2011, former New York City mayor Michael Bloomberg attempted to ban SNAP participants from purchasing sugar-sweetened beverages claiming that the purpose of SNAP is to promote health outcomes, and that allowing SNAP recipients to purchase sugar-sweetened beverages directly contradicts the goals of the program (U.S. Rejects Mayor's Plan). After federal officials rejected Bloomberg's proposal to ban soda from SNAP in 2011, he stated: "We think our innovative pilot would have done more

to protect people from the crippling effects of preventable illnesses like diabetes and obesity than anything else being proposed elsewhere in this country — and at little or no cost to taxpayers.” However, there are a variety of reasons why people oppose the restriction. For example, Governor of New Jersey Chris Christie believed Bloomberg’s restriction was just government overstepping its boundaries: “I just think it's government run amok. Government run amok. People have to make choices. Sometimes they're going to make good choices, sometimes they're going to make bad choices. But I don't think we should have a daddy state” (Governor Christie Rejects Bloomberg). According to Marlene Schwartz, a restriction would make SNAP participants “feel singled out as being irresponsible and incapable of making well-informed food purchased,” which could affect participation rates and subsequently prevalence of food insecurity (Schwartz, 2016).

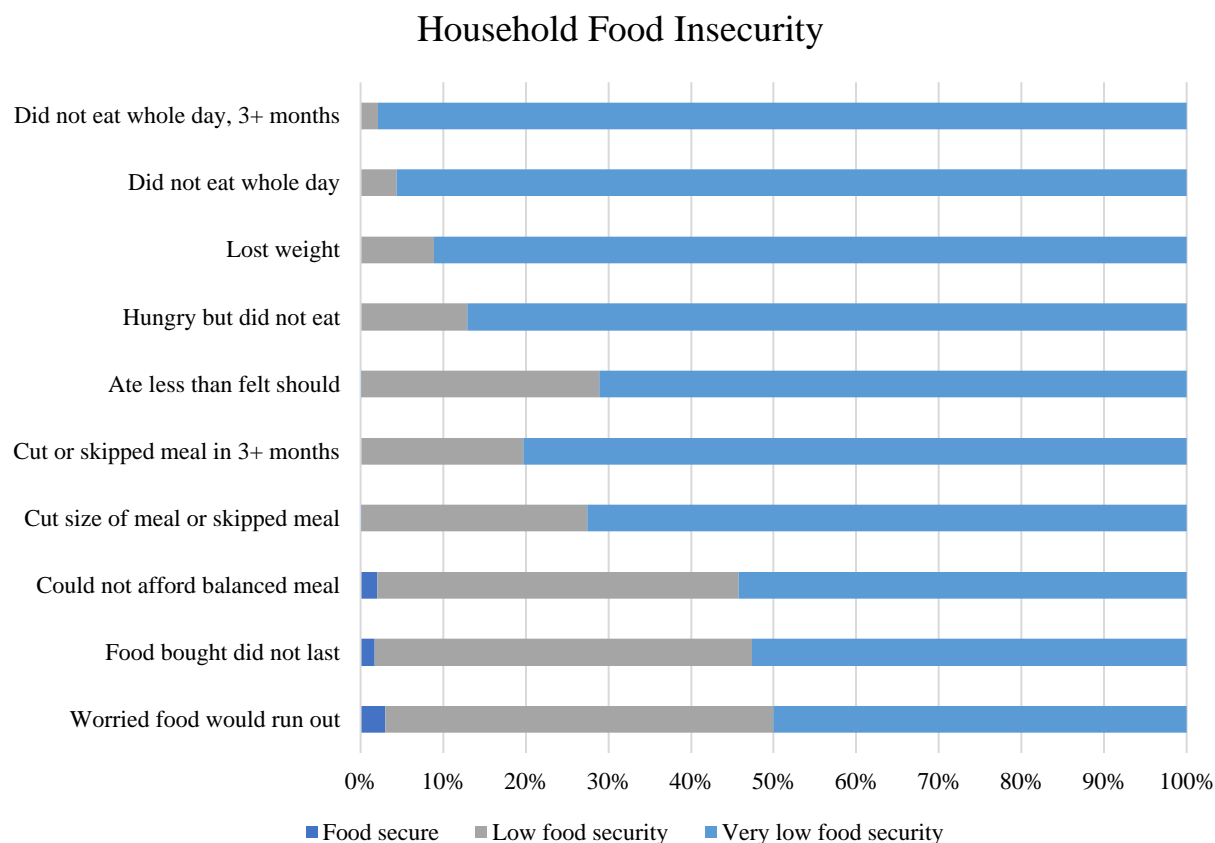
I argue against the sugar-sweetened beverage restriction for three reasons. First, the SSB restriction would be ineffective. The poor health outcomes displayed by SNAP participants are not entirely linked to SSB consumption. Instead, the frequent consumption of SSBs is driven by an overarching food insecurity issue that is more significantly associated with negative health outcomes. Secondly, SNAP participants are no more likely than any other American to consume sugar-sweetened beverages. Specifically targeting SNAP participants because of their SSB consumption is stigmatizing and takes advantage of a vulnerable population. Thirdly, the SSB restriction would be paternalistic and violate human capabilities. The United States does not have a codified nutrition grading system. A SSB ban would give the power and put the burden on manufacturers and grocery stores to dictate which foods are considered “healthy” and “unhealthy.”

Therefore, in order to bring about positive health outcomes, I advocate for increasing the monthly allotment received by SNAP participants. Previous research suggests that an increased budget would give SNAP participants the opportunity to purchase more nutritious foods, and therefore increase health outcomes. Moreover, this proposal would respect the dignity of SNAP participants by respecting their liberty to make decisions.

### **Food Insecurity and Health**

Previous research has suggested a significant link between food insecurity and decreased health outcomes. In the United States, food insecurity has reached unprecedented heights. In 2015, 12.7 percent of households, or about 42 million Americans, experienced food insecurity some time during the year (Frequency of Food Insecurity; Hunger and Poverty Facts and Statistics). The USDA divides food security into four categories, including high food security, marginal food security, low food security, and very low food security (Definitions of Food Security). Both households who are categorized as low food security and very low food security are considered food insecure. High food security occurs when households do not report any indication of problems or limitations related to food. Marginal food security arises when households report anxiety because of a shortage of food in the household, although consumption of food either does not change or only changes a little. Households can report concern regarding food and still be classified as food secure. Low food security occurs when households must reduce the quality or desirability of food consumed because of shortages. However, once again consumption is not reduced, but sacrifices must be made presumably because of cost or availability. Very low food security is categorized by reduced or disrupted eating patterns because of a decrease in the quantity of food available. Only households who fall into the very

low food security category report actually restricting food intake. When households begin restricting food intake, however, is when issues related to hunger arise. The USDA considers hunger to be a potential consequence of food insecurity that occurs because of a prolonged involuntary lack of food (Definitions of Food Security). While food insecurity is the precursor of hunger, not all instances of food insecurity lead to hunger. According to these definitions, only very low food secure households have the potential to experience actual hunger. SNAP does not typically deal with issues of life or death. Instead, SNAP aims to provide households with the comfort of knowing there is enough food, and that the food is what people actually want to eat and enjoy eating. Moreover, there are fewer households in the very low food security category as compared to the low food security category. Approximately five percent, or 6.3 million households experience very low food security as compared to the 7.7 percent, or 9.5 million, households that experience low food security (Definitions of Food Security). In terms of the specific issues cited by food insecure households, below is a graph outlining the most prominent complaints reported:



Low food secure and very low food secure households both experience comparable rates of worrying about food running out, food actually running out, and the inability to afford a balanced meal. The most striking findings from this graph occur mainly for very low food secure households that report skipping meals, experiencing hunger, and not eating at all.

When individuals consistently do not consume a balanced meal, skip meals, or go days without eating, health suffers. Alvarez, Lantz, Sharac, and Shin (2015) took the data from the 2009 Community Health Center Patient Survey and analyzed reported health status and food insecurity. The survey contained data from 4,562 participants. Overall, 10.9 percent of participants were defined as experiencing food insecurity. Roughly a third, or 31.9 percent, of participants reported their current health status as fair or poor. Regression results revealed that the likelihood of participants who reported fair or poor health was 70 percent higher in food

insecure than food secure participants. To expand upon these findings, Miner, Westgard, Olives, Patel, and Biros (2013) conducted a three-year longitudinal study that tracked the emergency room visits of 7,852 participants. During those three years, the portion of patients reporting hunger significantly increased, as well as the prevalence of patients forced to choose between food and medicine. Moreover, doctors reported a wide range of symptoms associated with their food insecure patients, such as obesity, cardiovascular disease, and more overall hospital visits. Therefore, research provides a link between food insecurity and decreased health outcomes.

### **SNAP and Food Insecurity**

The main goal of SNAP is to reduce food insecurity and subsequently increase health outcomes; however, research suggests that the effectiveness of SNAP in reducing food insecurity is moderate. Research by Leung, Ding, Catalano, Villamor, Rimm, and Willett, 2012 has found that SNAP participants consume less nutritious foods than income-eligible non-SNAP participants. A dietary analysis measured the dietary intake of SNAP participants and household food insecurity in comparison to income-eligible non-SNAP participants. The researchers first found that regardless of SNAP participation status, most low-income adults surveyed did not meet the national dietary guidelines. Median whole grain consumption ranged from 0.2 to 0.5 servings a day, median fruit consumption ranged from 0.3 to 0.6 servings a day, and median vegetable consumption ranged from 0.7 and 1.0 servings a day. Additionally, median processed meats consumption exceeded 2 servings a day, median sweets and bakery desserts exceeded 2.5 servings a day, and median sugar-sweetened beverage consumption exceeded 4 servings a day. However, when the researchers computed further analyses to compare dietary intake between SNAP and non-SNAP participants, they found significant differences between the two groups.



SNAP participants consumed 39 percent fewer servings of whole grains, 44 percent more servings of 100% fruit juice, 56 percent more servings of potatoes, and 46 percent more servings of red meat. From their secondary analyses, it seemed as if another factor was influencing food insecurity measures between SNAP and non-SNAP participants.

To untangle any potential underlying influences on food insecurity rates, the USDA conducted its own study on food insecurity. They discovered a self-selection effect of food insecure individuals into SNAP (Measuring the Effect of SNAP Participation). That is, there is a difference in reported food insecurity between SNAP participants and income-eligible non-SNAP participants. The households that apply for SNAP benefits are households that lack resources associated with acquiring food, whether monetary or access resources. There can be systematic differences between households that participate in SNAP and that do not participate even if they are income-eligible that would create noise within a simplistic study. No significant results would arise if a SNAP household and a non-SNAP household were compared at one point in time. Therefore, successful studies must control for the selection bias by first comparing households that have just entered the program with households that have already been on SNAP for at least six months, and second by following new households that have entered SNAP for the first six months of participation.

In 2013, the USDA ran a longitudinal study to control for the self-selection effect to fully and clearly examine the effects of SNAP on food insecurity. The USDA claims that since SNAP is designed to reduce food insecurity, the study was meant to: “assess how food security and food expenditures vary within SNAP participation” and “examine how relationships between SNAP and food security and between SNAP and food expenditures vary by household characteristics and circumstances” (Nord & Golla, 2009). Participants in this study completed an

18-question food security survey assessing the previous 30 days. They found that after six months of participation in SNAP, food insecurity decreased by 4.6 percentage points in the cross-sectional sample and decreased by 10.6 percentage points in the longitudinal sample for food insecure households. For very food insecure households, food insecurity decreased by 5 percentage points in the cross-sectional sample and decreased by 6.3 percentage points in the longitudinal sample. That is, households that had been on SNAP for six months were about 5 percentage points less food insecure than households that had just entered the program. Additionally, after a household enters SNAP, food insecurity is estimated to decrease by 10 percentage points after six months (Nord & Golla, 2009).

To expand upon research suggesting a self-selection effect, a study by Ratcliffe, McKernan, & Zhang (2011) measured food insecurity of low-income households and those slightly out of range for SNAP eligibility in order to consider households along the margin. Participants answered five questions pertaining to whether they had enough to eat and if they had enough money for a balanced meal that were sensitive enough to capture differences between low food secure and very low food secure households. Question number four, for example, stated: *“In the past four months did you or the other adults in the household ever eat less than you felt you should because there wasn’t enough money to buy food?”* After controlling for the self-selection effect, the researchers found that participation in SNAP reduced the likelihood of being food insecure by 31 percent, and reduced the likelihood of being very food insecure by 20 percent. Because of the self-selection effect, simple comparisons of food insecurity found better outcomes for household who do not receive SNAP than households who did. That is, since SNAP households are on average more food insecure than non-SNAP households, a comparison between non-SNAP and SNAP households likely suggests that SNAP is not helping to reduce

food insecurity, but in reality, non-SNAP households were already less food insecure than SNAP households.

To provide anecdotal evidence regarding the role SNAP plays for food insecure households, the USDA conducted 9,811 phone interviews between October of 2011 and February of 2012 (SNAP Food Security Interviews). These conversations between USDA interviewers and SNAP participants revealed the crucial importance of this program for millions of families. The major topics included financial shortages related to food, strategies households use to cope with financial shortages related to food, and what SNAP participants' ideal diet would look like income permitting.

Many SNAP families experience financial shortfalls related to food. As a supplemental program, SNAP was meant to provide low-income households with additional grocery money to allow for a healthier, balanced meal. Instead, "SNAP is the basic building block of the monthly budget," and the consensus among participants was that "they [had] more 'month' than money" (SNAP Food Security Interviews). According to one member of a three-person low food secure household, there is not enough SNAP credit each month relative to the cost of food:

...the little bit of money that I get really doesn't help. I mean, it helps but it really doesn't help because the food cost, the food is so high. The cost of everything is so high so they've got to take that into consideration a little bit more. They can't raise the price of steak or chicken and expect you to still get the same amount. Our cost of living jumps up a dollar when something else jumps up \$3.00. Remember back in the day \$120 would have been a lot. Now it actually doesn't mean nothing. It's just a little more reconsideration as far as the average person goes (SNAP Food Security Interviews).

As mentioned earlier, the average SNAP recipient receives \$127 in SNAP credit a month, which is about \$4.23 a day or \$1.41 a meal (Policy Basics). A dollar increase on a food product may be the line between a SNAP recipient having a well-balanced diet.

Because of the thin line between affording food and not, many SNAP households have deliberate coping strategies to meet food needs. For example, a mother of a four-person very low food secure household likened reserving food for the end of the month when benefits run out to a camel's hump:

March I ran out of stamps on the 23rd. So I had a whole week, but I go to my reserve in my pantry, all my stuff that I store. I like frozen vegetables but I will keep canned goods. That's when you make spaghetti. I keep stuff you can survive on, beans and rice, I actually make those from scratch. But in a can I like Bush beans, something like that. I keep a couple of cans of chili, for chili dogs or nachos, things like that. That's why a camel has a hump, for reserve. You just reserve [so] you won't die (SNAP Food Security Interviews).

As the month goes on, the diet of a low food secure household often shifts from more fresh foods to whatever is left in the pantry. This often means more hearty foods like spaghetti, baked beans, and chili. Another mother in a very low food secure household reported that to cope at the end of one month, she and her family ate hamburger helper without meat:

I looked in the kitchen and there is nothing in the refrigerator, there's like no milk or nothing. And I'm like there's ketchup, mustard, mayonnaise, and jelly. I'm like, 'What the hell happened?' And it's nowhere near Friday [when SNAP comes in], and the Ramen—we had one bag of Ramen left. No more hamburger, no more meat in the freezer at all. There's a frozen vegetable in the freezer and that was it. And so I was just like this is going to be interesting. So I had some of the, you know like the Hamburger Helper things, and I just made those minus the meat (SNAP Food Security Interviews).

The reality for low food secure households, especially at the end of the month, is a meal that is mostly grain-based, high in fat, and contains processed meats while lacking fresh fruits and vegetables. One SNAP participant noted that ordering a hamburger from McDonalds is the cheapest way to eat several different food groups, as it includes bread, meat, cheese, lettuce, and tomato (SNAP Food Security Interviews). To recreate the same variety of food groups at home, she said, would cost much more.

The effectiveness of SNAP seems moderate at first glance, but it is paramount to take into consideration the impact of the self-selection effect of more food insecure households into SNAP. Treating SNAP participants and income-eligible non-SNAP participants equally ignores the significant impact that food insecurity has on the health outcomes of SNAP participants.

### **SNAP and Health**

Since there is a link between food insecurity and worsened health, and the main goal of SNAP is to decrease food insecurity, it follows that SNAP should lead to increased health outcomes. As explored above, there are prominent health problems associated with food insecurity. As a food assistance program, a major goal of SNAP is to reduce food insecurity in hopes of bringing about positive health outcomes. While SNAP does reduce food insecurity, the outcomes are only moderate. However, since food insecurity is associated with poor health outcomes, and SNAP (moderately) decreases food insecurity, it follows that SNAP should have tangible effects on health outcomes. However, this is not the case.

For example, SNAP spent approximately \$608 million on sugar-sweetened beverages in 2011 (Foods Typically Purchased). Moreover, there is a known link between frequent consumption of sugary beverages and type 2 diabetes. Malik, Popkin, Bray, Despres, Willett, and Hu (2010) conducted a meta-analysis to compare sugar-sweetened beverage consumption to prevalence of metabolic syndrome and type 2 diabetes. Analysis of 19,431 participants across 11 studies suggested that participants who consumed 1-2 servings of sugar-sweetened beverages a day were 26 percent more likely to develop type 2 diabetes as compared to those who consumed less than 1 serving of sugar-sweetened beverages a day. And, grocery store data suggests that SNAP participants are consuming a lot of sugary beverages. A study by Andreyeva, Luedicke,

Henderson, and Tripp (2012) gathered data from a grocery store scanner to measure purchases made by SNAP households with their EBT cards. The data distinguished between full payment with an EBT card and whether the purchase was split between an EBT card and cash. They found that 58 percent of beverage volume purchased by SNAP households either fully with EBT or with EBT and cash consisted of sugar-sweetened beverages. Within the total grocery bill, SNAP participants spend 5 percent of their monthly budget on sugar-sweetened beverages. A central limitation to this study, however, is that there is no comparison between SNAP households and non-SNAP households.

Therefore, the absence of a positive association between SNAP participation and health outcomes suggests that SNAP has room for improvement. While many have narrowly focused on the consumption of sugar-sweetened beverages by SNAP participants, I urge readers to consider the broader picture of the negative effects of food insecurity. Focusing solely on sugar-sweetened beverage consumption does not take into consideration other prominent influences on health. Therefore, I argue against the restriction in exchange for a solution that considers all factors at play.

### **A Restriction Would Be Ineffective**

Arguments proposing a sugar-sweetened beverage restriction are compelling, but they do not consider the entire picture of food insecurity plaguing SNAP recipients. Since SNAP spends roughly \$600 million on sugar-sweetened beverages, and since they offer no nutritional value, it follows that restricting these beverages from SNAP could lead to increased health outcomes. In fact, consuming at least one sweetened beverage a day may increase women's risk for developing diabetes by 83 percent (Barnhill, 2011). Therefore, proponents of the restriction

argue that if sugar-sweetened beverages are ineligible to be purchased with SNAP credit, not only will SNAP no longer majorly fund the sugar-sweetened beverage industry, but SNAP participants will then have more freed up credit to spend on foods that satiate (Barnhill, 2011). However, this argument is problematic for several reasons.

First, SNAP participants could simply purchase sugar-sweetened beverages with their own discretionary spending (Barnhill, 2011). Since SNAP is a supplemental program, it is expected that recipients use SNAP credit to supplement their own grocery money. While the restriction would make it so SNAP would no longer be funding these unhealthy choices, if the concern is about the health of SNAP participants instead of which products SNAP is funding, then this fact should also be problematic for proponents of the SSB restriction.

Secondly (and putting aside the issue of food insecurity for a moment), Basu, Seligman, Gardner, and Bhattacharya (2014) examined two different theoretical proposals to encourage healthier food choices by SNAP participants. The researchers used a computer simulation model to estimate the effects altered food consumption could potentially have over a span of 10 years on rates of body mass index (BMI) and risk for type 2 diabetes in adherence with two proposed policy changes. In the first policy, sugar-sweetened beverages were restricted completely from SNAP. The second policy included a subsidy in which every SNAP dollar spent on fruits and vegetables credited 30 cents back to the participant. The simulation included two factors: price elasticity and marginal propensity to consume. Price elasticity provides an estimate on how change in the price of a food item would alter consumption and the likelihood of substituting another food item, and marginal propensity to consume estimates how much SNAP participants would reduce their consumption of SSBs because of reduced purchasing power and whether SNAP participants would use discretionary income instead to purchase SSBs. For the SSB

restriction, the simulation lowered consumption of SSBs among SNAP participants and redistributed the SNAP credit not spent on SSBs to other beverage substitutes. For the subsidy proposal, the simulation increased fruit and vegetable consumption due to the lowered cost of these purchases with SNAP credit because of the subsidy. The simulation also tracked potential changes in consumption of other foods because of the increased purchasing power due to the lowered price of fruits and vegetables based on the subsidy. Results from the proposed SSB restriction were moderate. The simulation predicted that SNAP participants would consume 15.4 percent less calories from sugar-sweetened beverages a day under the restriction. However, the simulation predicted that the sugar-sweetened beverage ban would increase daily 100% juice consumption by 17.1 percent. Overall, the simulation suggested that a SSB restriction would decrease the calories consumed by a SNAP participant by 0.6 percent a day. The estimated weight change in SNAP participants who exchanged their sugar-sweetened beverages for 100% juice over the 10-year span of the simulation was 1.15 pounds, which amounts to approximately a 2.4 percent decline in rates of obesity between actual SNAP participants and participants in the simulation. Results from the subsidy were mostly nonsignificant. The simulation estimated that a fruit and vegetable subsidy would increase the consumption of these products by 2.1 percentage points, or the equivalent of .24 cups. The subsidy did not have a significant impact on either calorie intake or obesity and type 2 diabetes prevalence, however. The researchers estimate that the results of the SSB restriction would reduce obesity prevalence for 281,000 adults and 141,000 children. However, 422,000 out of 45 million is 0.01 of the SNAP population. Based on this data, a SSB restriction would be drastically undermining the autonomy of SNAP participants for improved health outcomes for less than one percent of the SNAP population. It is not that the improved health of these 422,000 individuals is not important. It is that there could be more



effective methods that could bring about more significant change that would not additionally override the autonomy of millions of people. The most prominent benefit from this study is that the subsidy would encourage and allow more SNAP participants to purchase fresh fruits and vegetables because of the reduced price. The major limitation of the study is that it was theoretical and based on a simulation. However, simulations are common for economists and legislators to use in order to make informed policy decisions.

Overall, when programs create too many obstacles for its participants, the costs begin to outweigh the benefits. This is highly problematic when addressing food insecurity, because the alternative is less resources to purchase nourishing foods. When people can choose what they eat, in addition to the resources to make it possible, we are promoting liberty and the implication that people can make responsible choices about what to eat—regardless of participation in a food assistance program or not.

### **A Restriction Would Be Stigmatizing**

To address the comparison between SNAP and non-SNAP household limitation in the grocery store study Andreyeva et al. (2012), Todd and ver Ploeg (2014) compared the consumption of sugar-sweetened beverages among all households and found that SNAP and non-SNAP households purchase SSBs at comparable rates. They compared the probability of SNAP and non-SNAP households consuming SSBs and found no significant difference between the consumption of SSBs. That is, SNAP households were no more likely to consume SSBs than non-SNAP households. The USDA also ran a study to determine foods typically purchased by SNAP and non-SNAP households, and they only found a small difference between the products purchased by SNAP and non-SNAP households (Foods Typically Purchased). The second most

prominent product purchased by SNAP households was sweetened beverages, at 9 percent of the total grocery bill, whereas sweetened beverages were the fifth most prominent product purchased by non-SNAP households, at 7 percent of the total grocery bill. This difference in percentages is not substantial. For every dollar spent on staple foods, such as meat, poultry, seafood, fruits, vegetables, milk, and eggs, the average SNAP household spent 41 cents and the average non-SNAP household spent 44 cents (Foods Typically Purchased). For every dollar spent on sweetened beverages, prepared desserts, salty snacks, and candy, the average SNAP household spent 23 cents and the average non-SNAP household spent 20 cents.

Moreover, while soda may typically be the first beverage that comes to mind when considering sugar-sweetened beverages, SSBs include a wide variety of drinks, from flavored milk, soda, sweetened tea, fruit drinks, sports drinks, and sweetened coffee. There are many common beverages filled with sugar consumed more heavily across a variety of demographics (Sweet Comparisons). Below is a table comparing the amount of added sugar in popular drinks:

<b>Product</b>	<b>Fluid Ounces</b>	<b>Grams of Sugar</b>	<b>G/Fl Oz</b>
Pepsi	20	69	3.45
Monster Energy	16	54	3.38
Coca Cola	20	65	3.25
Red Bull	16	52	3.25
Dunkin Donuts Iced Caramel Latte	16	37	2.31
Arizona GreenTea w/ Ginseng & Honey	23	51	2.22
Naked Berry Blast Smoothie	15.2	29	1.91
SunnyD	16	28	1.75
Gatorade Cool Blue	32	56	1.75
Powerade Mountain Berry Blast	32	56	1.75
Starbucks Iced Flavored Latte	16	28	1.75
Lipton Lemon Iced Tea	20	32	1.60
Bolthouse Farms Berry Boost Smoothie	15.2	24	1.58
Generic Skim Milk	8	11	1.38
Silk Vanilla Soymilk	8	8	1.00

Although it seems as though soda would be the main beverage affected by the sugar-sweetened beverage restriction, many other products—including products more frequently consumed by demographics not widely represented in SNAP—contain significant amounts of added sugar. All of these products and more contribute to the overconsumption of sugar in this country, and consumption of at least one of these products is plausibly represented throughout all demographics. Moreover, this list only includes a few select beverages, and does not begin to consider the presence of added sugar in all food products, such as bread. Therefore, targeting SNAP participants ignores the overconsumption of sugar by all Americans. The issue is not that SNAP participants consume sugar. The issue is that sugar is a major staple in all food items and is nearly impossible to avoid.

On another note, a restriction would add additional stigma to the program that the USDA has worked hard to get rid of as to not deter applicants. A significant reason behind the switch from food stamp to the EBT card was to reduce stigma (A Short History of SNAP). A major strength of the switch from food stamps to EBT cards was discreetness. If we believe that there is nothing about participation in SNAP that makes an individual intrinsically different from their non-SNAP counterpart, namely any person not on SNAP regardless of income status, then there is no need to distinguish between SNAP and non-SNAP participants in the grocery store. The fact that a mother is using an EBT card to buy her family dinner does not need to be made known to the rest of the individuals in the grocery store unless she herself wants it to be known. To bring attention to the use of an EBT card is stigmatizing and suggests that participation in SNAP is something to be ashamed or embarrassed about. The beauty of a social safety net is that it is available for anyone who needs it. It should not be discriminatory or stigmatizing. Thus, the USDA voiced concern over the possibility of SNAP participants feeling embarrassed if they

were unaware of the change and tried to purchase soft drinks, fruit drinks, energy drinks, or sweetened teas and coffees (Brownell & Ludwig, 2000). The SSB restriction could reverse a fundamental aspect of SNAP, that its participants are not openly stigmatized for using the program, because cashiers would have to tell participants that they cannot use SNAP to pay for their sugar-sweetened beverages. This restriction may discourage people from using the program because of worries about stigmatization or even frustration regarding the new rule (A Short History of SNAP). Additionally, some have suggested attempting to notify SNAP participants about the change, however this would just be an additional cost for taxpayers. Adding restrictions seems to undermine efforts by the USDA to reduce this stigma. Efforts to shame SNAP recipients from purchasing sugar-sweetened beverages should consider the previously mentioned fact that all Americans purchase sugary beverages, and that singling out SNAP participants knowing the comparable rates of sugar-sweetened beverage consumption promotes categorizing SNAP participants as second-class citizens.

### **A Restriction would be Paternalistic**

*If the fundamental mission of your work is to protect the basic rights and dignity of people living in poverty, it makes sense that you would not agree with any policy that exerted control over how some citizens spend their money just because they are poor – Marlene Schwartz (Schwartz, 2016)*

My last major concern regarding the sugar-sweetened beverage restriction is that it would be paternalistic in the sense that it would exert control over SNAP participants in a non-dignified way. This restriction holds moral implications about the dignity of SNAP participants because restricting sugar-sweetened beverages from SNAP would imply that “poor people (and the bad choices they make) are the problem, when in fact the problem is inadequate physical and financial access to healthy food” (Barnhill, 2011). The issues regarding food insecurity described

in the interviews with SNAP participants did not suggest that the SNAP participants did not know how to eat healthy or that all they purchase is soda and candy (SNAP Food Security Interviews). Instead, the issues described by actual participants of SNAP are much deeper, much more complex, and much systematic-based. As considered above, the consumption of sugary beverages is a facet of a larger issues regarding food insecurity. By restricting sugar-sweetened beverages, we are somehow punishing SNAP recipients for being food insecure. We are saying that we do not value the decisions made by people simply because of their status as a SNAP recipient.

Additionally, there are issues related to the practicality of the restriction that would require heavy oversight regarding the choices made by SNAP participants. The United States does not have a codified nutrition grading system (USDA Implications). The burden would fall on several parties ranging from manufacturers to grocery stores to come up with a nutritional grading system to categorize foods as healthy or unhealthy. This is problematic because food is rather complex. While some products, such as soda for example, may be easier to define, 100% fruit juice serves as a prominent example of the research required to draw black and white lines regarding nutrition. While considered by the USDA to not be a sugar-sweetened beverage since it does not contain added sugar, the sugar in 100% fruit juice has the same metabolic effects as a beverage with added sugar (Bergersen, 2011). The natural sugars found in fruit do not act the same as added sugars because of the presence of fiber. When fruits are turned into fruit juice, the fiber is stripped away, causing the natural sugars to act like added sugar. Therefore, the burden of assessing the nutritional value of foods is not as easy as discerning between added and natural sugar. Moreover, a sugar-sweetened beverage restriction would create a precedent for restricting products that would cost time, energy, and a significant amount of money.

Instead, I argue there is a way to promote health outcomes of SNAP recipients that is effective, does not increase stigma, and is not paternalistic. Moreover, if we are required to spend money anyway to promote health outcomes, it makes sense to spend that money in a way that gives individuals the autonomy to make decisions about their diets in a meaningful way.

### **A Dignified Solution: Increasing Cash for SNAP Recipients**

Therefore, what would be effective would be providing SNAP participants with more money each month. A pilot program conducted by the USDA found a significant link between increased funding and increased health. A major limitation cited by SNAP participants in the USDA interviews was that SNAP credit does not increase during the summer when children cannot rely on school meals (SNAP Food Security Interviews). The USDA conducted a pilot program called the Summer Electronic Benefits Transfer for Children that provided SNAP households with children an extra \$60 in benefits per summer month (Summer EBT). Not only did the extra money reduce food insecurity during the summer months by one third for very low food secure households, but parents reported the ability to buy healthier foods for their children. Specifically, the pilot program allowed parents to purchase 13 percent more fruits and vegetables, 30 percent more whole grains, and 10 percent more dairy products in comparison to the control groups. A smaller spinoff of the pilot program that provided SNAP households with an additional \$30 a month also significantly reduced hunger for very low food secure households, but had smaller effects in terms of reducing overall food security (Summer EBT). Regardless, the pilot program suggested that simply providing households with a little more money per month significantly reduces food insecurity and gives families the opportunity to purchase more fresh and nutritious foods.

While it is plausible that if SNAP participants are provided with more money, they will simply continue to purchase unhealthy foods. However, I find this argument problematic because it makes assumptions regarding the choices SNAP participants make regarding food choices, and it ignores the impact of food insecurity on food choice. Participants in the Summer EBT program purchased more nutritious foods because they could afford them, suggesting that when households are provided with more money, they will purchase more nutritious foods. Moreover, the SNAP interviews concluded with the interviewers asking SNAP participants what their ideal grocery list looks like. Most participants reported they would purchase more fruits, vegetables, and leaner meats such as chicken and fish (SNAP Food Security Interviews). Only a few said they would probably not change their food purchasing habits. However, many desired the ability to purchase treats for their children on occasion, such as ice cream or frozen pizza—a subtle reminder of the humanity of SNAP participants.

The social safety net exists in part to help impoverished and low-income individuals take part in societal and cultural norms. Martha Nussbaum's ten central capabilities provides a framework through which to think about the discrepancy between the opportunities and freedoms experienced by SNAP participants and non-SNAP participants. As human beings, we have certain values that we aspire to achieve that can range from growing old to turning inherent skills into valuable careers and contributions to society. The capabilities approach is associated with quality of life and considered each person as an end (Nussbaum, 2011). There are two prongs of this approach: capabilities and functionings. Capabilities are what a person is able to do and to be. These substantial freedoms are the range of opportunities individuals are able to choose from and to act upon. Capabilities are both the inherent abilities within an individual and the opportunities to act upon those abilities within the social, economic, and political environment.

Functionings, on the other hand, are the beings and doings that arise from one's recognized capabilities. Thus, capabilities lead to functionings. Without the opportunity or freedom to choose and act upon capabilities, however, individuals cannot fully act upon their functionings.

To extend the notion of capabilities to the sugar-sweetened beverage restriction, creating a barrier for SNAP participants specifically deals with issues of social inclusion, a prominent capability. As noted earlier, there is no significant difference in sugar-sweetened beverage consumption between SNAP and non-SNAP participants. Creating this restriction excludes SNAP participants from the same functioning of non-SNAP participants. Anecdotal evidence from the SNAP interviews suggests that some SNAP recipients rely heavily on their SNAP credit to eat. In fact, many SNAP recipients describe running out of SNAP credit and food before the end of the month (SNAP Food Security Interviews). Therefore, the sugar-sweetened beverage restriction could mean the inability to purchase SSBs at all. That is, the restriction could eliminate the ability to purchase an entire category of products for some SNAP participants. As mentioned several times earlier, SNAP participants are more food insecure than income eligible non-participants. Therefore, many participants do not have much, if any, discretionary spending outside their SNAP budget. Since SNAP provides the resources for food insecure households to purchase food, any restriction could prevent SNAP households from the ability to purchase sugar-sweetened beverages at all. This restriction would deny SNAP participants the liberty to purchase whatever food products they want because of their participation in SNAP in comparison to Americans who are not limited due to being food insecure. More so, it is not as if the SNAP program is voluntary if the alternative is starvation. Claiming that food insecure households do not have to participate in SNAP if they do not like the rules is short-sighted of the potential consequence of not having any food to eat. Most importantly, at the center of the



capabilities approach is a concern for human dignity. To echo Martha Nussbaum, humans are invaluable and must be treated as an end in of itself.

## **Conclusion**

The purpose of this paper was to state the case that we ought not to restrict sugar-sweetened beverages from SNAP because it would be ineffective, stigmatizing, paternalistic, and would violate human capabilities. Moving forward, I think what ought to be done to further decrease food insecurity and increase positive health outcomes would a movement toward more cash benefits. As of now, SNAP (and most other safety net programs) receive in-kind benefits, which gives power to the provider to make rules and regulations regarding how the money is spent. Since SNAP is a food assistance program, making benefits in-kind ensures that participants will spend the credit on food and not on other products, such as household products. However, this means that SNAP has the power to enforce a sugar-sweetened beverage restriction if the USDA wanted to do so. I do not believe the USDA should have the power to exert that kind of control over SNAP participants because of the potential for harm. The SSB restriction would be in direct violate of one's capabilities as discussed earlier. In the extreme, I understand that my argument goes against all in-kind benefits. While I do not necessarily think SNAP needs to move toward exclusive cash assistance, I think maintaining freedom to choose which food products one desires within the program is on par with protecting one's capabilities and liberty. Additionally, as seen in the USDA pilot study on summer EBT, increasing how much SNAP participants receive a month would bring about significant health changes that advocates of the restriction want without compromising freedom and opportunity. While it appears providing SNAP participants with more money is just going to make an already expensive program even

larger, this approach could achieve the desired results from the restriction in an effective manner. Moving forward, we should reconsider the status of SNAP as a supplemental program by providing more participants with more money that would in turn help decrease food insecurity and promote positive health outcomes while maintaining the inherent dignity of all people.

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