

## POLICY | EMPLOYMENT

# How Cutting Food Stamps Can Add Costs Elsewhere

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The Department of Agriculture recently finished work on a new rule that may take food stamps away from nearly 700,000 Americans by tightening work requirements. Several times in the last year, the government has proposed cutting food stamp eligibility. The new rule is intended to save almost \$8 billion over five years.

It's not clear how much money would actually be saved, research suggests, given the costs that might come from a decline in the health and well-being of many of the country's 14.3 million "food-insecure" households.

The Department of Agriculture defines food insecurity as a lack of consistent access to enough food for an active, healthy life. It affects low-income, single-parent, and black and Hispanic households the most, but it cuts across many demographic lines and affects 11 percent of American households over all.

Citing a strong job market, the Trump administration has said helping able-bodied adults was no longer necessary. Sonny Perdue, the agriculture secretary, said, "We need to encourage people by giving them a helping hand but not allowing it to become an indefinitely giving hand."

Catherine Drennan, director of communications and public affairs at the Greater Boston Food Bank, emphasized that many people receiving assistance are underemployed or "the working poor." (The Greater Boston Food Bank distributes almost 57 million meals each year in partnership with 500 food pantries, colleges and other agencies in eastern Massachusetts.) "They work one



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A volunteer delivering donated produce to a food pantry at South Congregational Church in Pittsfield, Mass.

or two jobs but still aren't earning enough to meet all their basic needs," she said.

Food insecurity is linked to worse health outcomes, including poor mental health, high blood pressure and diabetes, with children particularly vulnerable.

Low-income people may be eligible for federal Supplemental Nutrition Assistance Program (SNAP) benefits, better known as food stamps. The details vary by state.

"SNAP recipients often work, but their employment can be unsteady," said Dr. Seth A. Berkowitz, an internist and assistant professor at the University of

North Carolina School of Medicine. Seasonal variation in some labor markets — like agriculture or even retail consumer jobs when sales may spike around the winter holidays — can put people temporarily out of work, making it hard for them to keep food on the table. "The way these work requirements are imposed could pull support out from under people even when they are working."

One study that Dr. Berkowitz led found that receiving SNAP benefits was associated with a reduction in annual health care spending of about \$1,400 per person among low-income adults. Another study found that each addi-

tional \$10 of monthly SNAP benefits was linked with a lower risk of hospitalization for Maryland residents enrolled in both Medicare and Medicaid. In Massachusetts, an increase in SNAP benefits slowed the increase in Medicaid hospitalization costs.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is similar to SNAP, but as its name suggests, it provides nutritional support only for low-income mothers and their young children. A recent report from the Centers for Disease Control and Prevention found that the prevalence of obesity declined from 2010 to 2016

among toddlers receiving WIC benefits. Experts suggest this may be a result of policy changes in 2009 made to better align WIC food packages with current nutritional and clinical guidelines.

For additional help, people often turn to local food pantries, like those that partner with the Greater Boston Food Bank. Research suggests food pantries are also effective at providing immediate relief. They have far fewer eligibility requirements than SNAP or WIC — sometimes none — but limit when and how often clients can receive food. Some pantries are even on college campuses, helping the almost 40 percent of college students who report struggling to afford food.

Food pantries also serve as a community entry point for a variety of initiatives, including cooking and nutrition classes.

A review of 12 pilot pantry-based programs found these could improve participants' nutritional knowledge and diet. One of the interventions studied a novel approach to food pantry design that allows clients to choose their own food and take part in monthly nutritional goal setting. Three months in, participants were less likely than those using a traditional food pantry to experience severe food insecurity. A year later, they were eating more fruits and vegetables.

Food pantries can also connect people to the health care system, particularly for diabetes diagnosis and management. Feeding America, a national network of 200 food banks, estimates that one-third of the households that use their affiliated food pantries have a member with diabetes.

One study — conducted within Feeding America's network —

randomly assigned almost 600 food pantry clients with diabetes into a pantry-based diabetes management pilot program. About 75 percent of participants struggled with food insecurity. The intervention group received diabetes-tailored food boxes, blood sugar monitoring, a primary care referral if needed and diabetes self-management counseling. After six months, those in the intervention group experienced less food insecurity and were eating more fruits and vegetables. There was no significant clinical improvement related to their diabetes, suggesting that, while food pantries are a good start, further study is needed on how to best marry community intervention and the health care system.

While such interventions can help, they are not long-term solutions, nor do they address underlying problems, like food deserts (communities where healthy food is hard to find) and food swamps (those where unhealthy food abounds). We eat what's available and affordable, even if that's bad food.

"The Greater Boston Food Bank is expanding its scope into several other policy efforts that get to the root causes of food insecurity," Ms. Drennan said. "For example, we recently supported an increase to the minimum wage and are supporting a healthy housing initiative that would help food-insecure Massachusetts residents experiencing homelessness."

Feeding America estimates at least 30 percent of those with food insecurity nationwide aren't eligible for SNAP. In some states, it's nearly 50 percent. Tightening eligibility for the program, as new work requirements would do,

would only increase that number.