

Providing Support, Promoting Health: Maximizing SNAP Dollars for Good Nutrition

A Summary of the SNAP & Health Roundtable Proceedings

Community Health Partnership: Oregon's Public Health Institute (CHP:OPHI) in collaboration with the Oregon Hunger Task Force received a one-year capacity-building grant in January 2009, from the Kaiser Permanente Community Fund at the Northwest Health Foundation. The project goal was to examine nutrition and health within the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program. With this funding CHP:OPHI convened a series of roundtables with stakeholders from the food security, public health, and nutrition advocacy communities as well as from State food and nutrition assistance programs to share expertise and information, form new relationships, and contribute to ongoing conversations about how best to promote health and good nutrition for low-income Oregonians.

Roundtable Recommendations

Secure funding and identify the appropriate entity to create and evaluate the results of a comprehensive data surveillance system to develop program and policy improvements in the delivery of services to optimize the health and welfare of Oregonians.

RATIONALE: *To understand the relationship among food security, chronic disease, poverty, food assistance and food access, nutrition education, outreach, benefit spending, and their impact on the health status of Oregonians.*

Identify funding to convene a group to coordinate effective program service delivery, data collection and analysis, training, evaluation, accountability, and health promotion messages across SNAP, SNAP-Ed, and other FNS-funded agencies (WIC and Child Nutrition Programs).

RATIONALE: *To maximize cross-programmatic and policy collaboration among public food assistance and nutrition programs and assure that such collaborations are well coordinated to support the health of low-income Oregonians.*

Promote healthy food choices with SNAP benefits by providing adequate program funding allocations, strengthening the connection between SNAP and SNAP-Ed, and through collection and analysis of relevant data.

RATIONALE: *To assure that policies and programs are developed so that SNAP benefits support good nutrition and health.*

Create a statewide public/private on-going retail advisory task force to improve access by low-income families to affordable, nutritious food, SNAP benefits, and nutrition information and education at retail food outlets to support improved nutrition for all Oregonians.

RATIONALE: *To assure policy and programs are developed that support health and good nutrition by building and leveraging mutually beneficial relationships between SNAP and the retail food community.*

Improve low-income Oregon residents' access to affordable, locally-grown fruits, vegetables and other healthy food options.

RATIONALE: *To support a strong Oregon food system with policies and programs designed to improve the health of Oregon's most vulnerable population as well as the State's economic health.*

Develop SNAP outreach policies and programs so that individuals in Oregon receive consistent and coordinated messages about SNAP benefits as a vehicle to promote good nutrition and health.

RATIONALE: *To promote SNAP utilization, inform the eligible population of the benefits of program participation, and promote good nutrition and health.*

Background

Poverty is one of the most consistent predictors of poor health. Families living in poverty routinely experience food insecurity, stress and limited access to health services, all of which contribute to chronic disease. Low income is associated with higher rates of overweight and obesity across age, gender and racial/ethnic lines.¹ The association is particularly clear and quite strong for women living below the poverty line², and maternal obesity is one of the strongest predictors of obesity in children.³

Food insecurity refers to the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources. Oregon currently has one of the highest rates of very-low food security in the nation. There is good evidence that food insecurity contributes to obesity and its subsequent health problems, particularly among women.^{1,5,6} The reasons for the association between food insecurity and obesity are unclear, however several potential pathways have been proposed.⁷⁻¹²

During 2006-2008, over 13% of Oregon households were food insecure, 6.6% severely so.⁴

Since the late 1990s, Oregon has struggled with one of the highest hunger rates in the country. Oregon's hunger rate is currently on the rise even though SNAP participation rates are high. Almost 80% of eligible Oregon households are now participating, compared to 56% of eligible households nationwide. Thanks to an active hunger relief community led by the Oregon Hunger Task Force and the work of the Department of Human Services, in 2008-2009, Oregon was able to extend outreach and eligibility services to enroll families in SNAP and increase the number of participating households from approximately 240,000 to over 300,000.¹⁵

Current rates of obesity in Oregon are on the rise, with 61% of adults considered overweight or obese, and 23.8% obese.¹³ This represents a 140% increase since 1990.¹³ Our children are increasingly becoming obese as well, with 25.9% of 8th graders now in that category.¹³ Oregon spent approximately \$781 million in 2005 on the direct costs of obesity and its health consequences, and over \$1 billion in indirect costs such as lost productivity. A study commissioned by the Northwest Health Foundation showed found that 34% of the increase in Oregon's health expenditures between 1998 and 2005 could be attributed to the rising obesity prevalence.¹⁴

SNAP is an important piece of Oregon's economy generating \$1.73 for each \$1 spent.¹⁶

SNAP is an important piece of Oregon's economy. In 2008 \$542 million federal SNAP dollars generated new economic activity which benefited Oregon farmers, grocers, and small businesses.¹⁵ Since 1992, State SNAP agencies have had

the option to provide nutrition education for persons who are eligible for SNAP. Oregon's SNAP-Ed nutrition education program provides direct instruction with its funding (\$6.2 million in 2009). While Oregon has the 22nd largest SNAP recipient population in the US, it is the 12th highest funded state in the nation for SNAP-Ed.

The primary purpose of SNAP is to provide families with additional resources for food in order to reduce food insecurity. Reducing food insecurity alone is an important health outcome. However, people living in poverty have different levels of access to healthy foods than the general population and creating more equitable opportunities would further reduce the disparities in health. Improvements in Oregon SNAP have proven effective in the fight against hunger. However, we also have a crisis in health and health care, with rates of obesity and diabetes at alarming levels. As a preventive measure, is Oregon doing enough to make sure that SNAP, while aiding families economically, also supports good health?

Roundtable Process and Proceedings

The initial SNAP & Health Roundtable provided participants with a snapshot of SNAP & SNAP-Ed, and an overview of the health-obesity-nutrition connection. There was also an opportunity to think "outside the box" to identify goals for the capacity-building work in the context of a learning community. The goals of participation in the roundtable process were to: 1) facilitate communication; 2) support organizational learning; and 3) share information among key stakeholders and experts. The roundtable steering committee created stakeholder-driven agendas with these overarching capacity-building

"Both WIC & SNAP serve the same at risk and low-income populations. WIC promotes improved nutrition whereas SNAP provides economic assistance to buy food."

- roundtable participant

goals in mind. It became clear after the first two roundtables that, in addition to the capacity-building goals, participants wanted a more concrete end-product from this work. The steering committee thus set the path for creation of roundtable recommendations, included in this summary, by using the following steps:

- Establish common understanding
- Identify and focus on specific issues
- Develop objectives for health improvement in SNAP
- Translate to broad programmatic and policy recommendations

Roundtable participants explored supports and barriers that impact SNAP recipients' health by inviting two SNAP recipients to share their experiences. The roundtable also explored the similarities and differences between SNAP and WIC (The Special Supplemental Nutrition Assistance Program for Women, Infants, and Children) including each program's history, current practices, and future directions for improvement.

“At the roundtable, we can collectively identify opportunities and barriers to influence local, state, and federal policy and practice.”

- roundtable participant

During the last three roundtables, participants worked diligently in three small groups to hone their understanding of issues, identify opportunities for improvement, compile a list of potential strategies and translate them into broad programmatic and policy recommendations. The three workgroups included:

- **Outreach** – How Oregonians are informed about SNAP services
- **Administration** – How SNAP is administered
- **Food Access** – How SNAP dollars are spent

Expertise from roundtable participants was tapped for a panel presentation of local and national innovations. These presentations included an example of a state-wide healthy food network, a call for support of Food and Nutrition Services (FNS) program collaboration in Oregon, a social marketing campaign focused on fruits and vegetables, a garden-based nutrition education program, and healthy food access initiatives such as farmer's market incentives, healthy corner stores, and fresh food financing. This outstanding innovations panel served as a catalyst for the visionary recommendations in this summary.

Lessons Learned

As an advocacy organization focused on achieving effective, meaningful and sustainable public health policy, coalition-building around pressing public health issues is what CHP:OPHI does best. By convening stakeholders and experts from the different disciplines of food security, nutrition, health, and public health to discuss how best to optimize SNAP dollars for health, CHP:OPHI has supported and fostered the diverse perspectives and approaches around providing and advocating for food access, good nutrition, and population health in Oregon. Convening the roundtable has allowed all stakeholders to build relationships and has provided an opportunity for learning from other disciplines as we collectively face the public health issues of obesity and food insecurity.

“There are assumptions that SNAP recipients are buying soda & junk food.”

“How do we leverage opportunities to impact the food system with SNAP dollars?”

- roundtable participant

The facilitated group process built a valuable learning community that provided a structure and forum in which roundtable participants were able to ask difficult questions, express differing opinions, explore approaches to tackling pertinent issues, and work together to develop broad recommendations. The majority of roundtable participants were able to agree on six broad overarching recommendations that are reflective of the capacity-building work. As part of the process toward developing the recommendations, much of the detailed ideas, concepts, and strategies identified by roundtable participants are intentionally

not included as part of this summary, but are being tabled for future discussion, prioritizing, and vetting as funding becomes available.

During the roundtable proceedings the diverse set of existing opinions and ideas generated more questions than were able to be answered. Although the roundtable proceedings allowed for rich and valuable discussion and inquiry, additional time and funding would be beneficial to build on the initial roundtable work.

Conclusion

As evidenced by the year-long active participation of many governmental and non-governmental advocacy, policy and academic organizations in the SNAP and Health Roundtable, there is a strong core group of public health, nutrition, and food security stakeholders. In addition to the roundtable recommendations, this core group has developed a better understanding of the intersection between health, hunger, food insecurity, and the efforts in Oregon and nationally to address these issues. This group is poised to continue partnering and working together to explore strategies that impact the six broad roundtable recommendations. The SNAP and Health Roundtable will serve as a spring-board for future work aimed at improving health and nutrition for Oregon's most vulnerable populations.

For a full report on the SNAP & Health Roundtable, please contact Rachel Burdon, Project Coordinator, at rachel@communityhealthpartnership.org

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REFERENCES

- 1 National Health and Nutrition Examination Survey, National Center for Health Statistics, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, accessed at their website: <http://www.cdc.gov/nchs/nhanes.htm> on Sept 23, 2008.
- 2 Crawford, P., "A Snapshot of the Obesity Problem in the U.S., With a Focus on Low- Income and Minority Populations," *Proceedings of the Roundtable on Understanding the Paradox of Hunger and Obesity*, Food Research and Action Center, Washington, D.C., 2005.
- 3 Olson, C.M., "The Relationship Between Hunger and Obesity: What Do We Know and What Are the Implications for Public Policy," *Proceedings of the Roundtable on Understanding the Paradox of Hunger and Obesity*, Food Research and Action Center (FRAC), Washington, DC, 2005.
- 4 Nord, Mark, Margaret Andrews, and Steven Carlson. *Household Food Security in the United States*, 2008. ERR-83, U.S. Dept. of Agriculture, Econ. Res. Serv. November 2009
- 5 Townsend MS, et al "Food Insecurity Is Positively Related to Overweight in Women" *J. Nutr.* 131: 1738–1745, 2001
- 6 Sarlio-Lahteenkorva, Lahelma E, "Food Insecurity Is Associated with Past and Present Economic Disadvantage and Body Mass Index" *J. Nutr.* 131: 2880–2884, 2001
- 7 Olson, C.M., "The Relationship Between Hunger and Obesity: What Do We Know and What Are the Implications for Public Policy," *Proceedings of the Roundtable on Understanding the Paradox of Hunger and Obesity*, Food Research and Action Center (FRAC), Washington, DC, 2005.
- 8 Drewnowski, A. and S.E. Specter, "Poverty and obesity: the role of energy density and energy costs," *American Journal of Clinical Nutrition*, 79 (2004): 6-16.
- 9 Samuels, S.E., *Environmental Strategies for Addressing Childhood Obesity*, Berkeley Media Studies Group, January 2003.
- 10 Boyle, M., S. Stone-Francisco, S.E. Samuels, "Environmental Barriers and Solutions to Gaining Access to the Essentials of Nutritional Health in Low-Income Communities," *Proceedings of the Roundtable on Understanding the Paradox of Hunger and Obesity*, Food Research and Action Center (FRAC), Washington, DC, 2005.
- 11 Neault, N., J.T. Cook, V. Morris, D.A. Frank, *The Real Cost of a Healthy Diet: Healthful Foods Are Out of Reach for Low-Income Families in Boston, Massachusetts*, Boston Medical Center Department of Pediatrics, August 2005.
- 12 Jones, S., "Research Needs to Better Understand the Relationship Between Hunger and Obesity and to Develop Sensitive and Effective Policy Solutions," *Proceedings of the Roundtable on Understanding the Paradox of Hunger and Obesity*, Food Research and Action Center (FRAC), Washington, D.C., 2005.
- 13 Oregon Overweight, Obesity, Physical Activity, and Nutrition Facts Physical Activity and Nutrition Program Department of Human Services, accessed at: www.healthoregon.org/hpcdp/physicalactivityandnutrition
- 14 Thorpe K, Galactionova K "The Impact of Obesity on Rising Medical Spending in Oregon from 1998 to 2005" Study Released April 6, 2009 © 2009 Northwest Health Foundation
- 15 Oregon Department of Human Services website, Food, Cash, & Housing. Data & Reports, accessed at <http://www.oregon.gov/DHS/assistance/data/main.shtml>
- 16 United States Department of Agriculture, Food and Nutrition Services, SNAP State Outreach Plan Guidance, 2008, accessed at http://www.fns.usda.gov/SNAP/outreach/guidance/Outreach_Plan_Guidance.pdf