



INCREASING NEED FOR FOOD ASSISTANCE

By *Stephen J. Sills PHD & Carolyn Bucknall*

While food prices continue to climb, temporary SNAP benefits introduced during the pandemic expired in February leaving more than 41 million Americans with a reduction in food access.

The Supplemental Nutrition Assistance Program, or SNAP for short, is a federal program carried out by the states meant to help low-income individuals buy nutritious foods. As part of the program, eligible households are given benefits each month based on their income and household size that they can spend with their Electronic Benefit Transfer (EBT) card at grocery stores and other retailers.

Previously known as Foods Stamps, the program began in 1939 in response to plummeting crop prices and large surpluses from America's farmers. The program was meant to help farmers by increasing the purchasing power of the American people. The program's goals did not shift to feeding the poor until the 1961 pilot program and later the 1964 Food Stamp Act expanded the scope of food aid across the country. The Food Stamp Act has been amended many times over the last 60 years - most notably establishing eligibility and work requirements and lifting the purchase requirement. Today, SNAP is the nation's largest nutrition assistance program helping to feed more than 42 million Americans each month has been proven to reduce food insecurity, improve the health and educational outcomes of children, and act of a key stabilizer for family well-being.

With a few exceptions, SNAP is meant to be for anyone who can meet the program's income and work requirements. In order to qualify, a household's gross monthly income must be 130% of the federal poverty level and their net monthly

income (after tax and deductions) must be 100% of the federal poverty level. In addition, able-bodied adults without dependents (ABAWD) between the ages of 18 and 49 must work or participate in a work program as well as meet other work requirements in order to receive benefits beyond three months. Both the income and work requirements make exemptions for the elderly and individuals with disabilities. With a few exceptions, SNAP is meant to be for anyone who can meet the program's income and work requirements. In order to qualify, a household's gross monthly income must be 130% of the federal poverty level and their net monthly income (after tax and deductions) must be 100% of the federal poverty level. In addition, able-bodied adults without dependents (ABAWD) between the ages of 18 and 49 must work or participate in a work program as well as meet other work requirements in order to receive benefits beyond three months. Both the income and work requirements make exemptions for the elderly and individuals with disabilities. College students are generally not eligible for SNAP, but were able to receive benefits during the COVID-19 public health emergency. Lawfully present non-citizens can be eligible, but must be under 18 years old, receiving disability assistance, or have lived in the U.S. for at least five years.

Recent evidence consistently shows that benefit levels are too low to provide for a realistic, healthy diet, even with households contributing their own funds towards groceries. Based on this evidence, and the 2018 Farm Bill that ended the requirement that the Thrifty

Food Plan (TFP) used to calculate benefits be cost neutral, in 2021 the USDA determined that the cost of a nutritious, practical, cost-effective diet is 21% higher than the current benefit levels. For the first time in 45 years, the USDA increased the purchasing power of the TFP by an average of \$36.24 per person per month. Although many households face less food insecurity due to improved benefits, many will also face cuts in 2023 with the end of emergency pandemic allotments and households in one in five counties will continue to experience a gap between their allotted benefits and a modestly priced meal.

The North Carolina Department of Health and Human Services (NCDHHS) division of Food and Nutritional Services (FNS) serves more than 1.6 million FNS participants. Among the households served by SNAP, 86% contain children, elderly members, or individuals with a disability. North Carolina has one of the lowest SNAP participation rates in the country at 69% meaning more than 30% of the state's eligible households are not a part of the program. This gap is more pronounced among working poor, immigrant, and mixed-immigration-status families that face barriers to accessing services including transportation, limited time, internet access, language, trust, stigma, and awareness that they may be eligible for food assistance. North Carolina also bans people with some drug-related felony convictions from SNAP which has a disproportionate impact on communities of color. Even if they aren't banned from the program, justice-involved individuals have a harder time meeting the work requirements for SNAP because of their record. Advocates call for the program to be more accessible,

include a greater number of region-specific traditional foods that can be purchased with EBT, and for states to get rid of their bans against justice-involved individuals.

Supplemental Nutrition Program for Women, Infants, & Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal program that supplements the SNAP benefits of women, infants, and children, although households do not have to receive SNAP benefits in order to be eligible for WIC. Adequate nutrition is critical for infants and young children's cognitive and physical development. WIC aims to ensure pregnant women have the nutrients they need to deliver healthy babies and those babies have the nutrients to develop into healthy children. As part of the program, WIC participants are given additional benefits they can spend with their EBT cards to purchase specific items including milk, baby food, and formula as well as separate "cash value benefits" to purchase fruits and vegetables. Participants also have access to nutrition counseling, healthcare referrals, and breast-feeding support at their local WIC clinic.

The 1969 Commodity Supplemental Food Program was the first federal program to fight malnutrition among low-income mothers and children by targeting food assistance to those groups. The program was piloted in 1972 and made permanent in 1975 with later amendments adding nutrition education, healthcare referrals, and breast-feeding promotion as important pillars of the modern program. Today, WIC serves approximately six million women, infants, and children and has contributed to healthier births, improved health outcomes, and greater academic achievement.

Pregnant, postpartum, and breastfeeding individuals, infants, and children up to age 5 are eligible if they meet income guidelines and are at "nutritional risk" as determined by a healthcare professional. To be eligible for WIC benefits, applicants must have a gross household income at or below 185% of the federal

poverty line but can also qualify if they receive other means-tested benefits such as SNAP or Temporary Assistance for Needy Families (TANF).

Like other means-tested food assistance programs, WIC benefits were increased in response to the COVID-19 pandemic. Under the American Rescue Plan, the amount of the monthly cash value benefit for fruits and vegetables was temporarily increased from \$11 per month to \$35 per month with benefit increases set to expire in September 2023. The American Rescue Plan also included \$53 million in grant funds to help WIC improve outreach, modernize their technology and service delivery, expand access to farmers markets, improve shopping experience and convenience, and diversify their workforce.

Participation in WIC increased by 21% in North Carolina during the pandemic (2020-2022) – the greatest increase in participation in the country. Among states' mixed response to the pandemic in which overall national WIC participation rates dropped, North Carolina's shift from requiring in-person meetings to determine WIC eligibility to remote telephone interviews, increased food benefits, and additional program flexibilities contributed to an increase in enrollment by reducing transportation, work schedule, and childcare barriers. The state still has a long way to go – over 30% of North Carolinians who are eligible for WIC aren't enrolled and enrollment from children 1 to 5 years old lags behind infant enrollment. In the rural eastern and western parts of the state, people living in underserved locations have limited access to WIC offices and report lack of variety in WIC-approved foods and the social stigma of participating in the program as major barriers. The decline in WIC participation among Tribal Organization WIC agencies is another reflection of the barriers Native American communities in these parts of the state face to accessing benefits, including low access to food, longer travel distances to clinics and stores, and limited phone and internet services. Mothers who reported unplanned pregnancies, had few social supports, and faced more structural

barriers were also less likely to participate. States should continue to build on what they have learned from the pandemic to advance nutrition security and equity among underserved groups with a new focus on targeted outreach and partnerships, clinic experience and modernizing technology, and retention of children ages 1 through 5.

The Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) are both programs designed to provide nutrition assistance to low-income individuals and families in the United States. Despite being one of the wealthiest countries in the world, the United States has a significant number of people who are food insecure. According to the USDA, in 2021, 10.2% of households in the U.S. were food insecure at some point during the year. SNAP and WIC help to alleviate this problem by providing assistance to those in need. Low-income families often have limited access to nutritious food, which can lead to poor health outcomes such as obesity, diabetes, and heart disease. SNAP and WIC provide assistance in the form of money or vouchers that can be used to purchase healthy food such as fruits, vegetables, and whole grains. Expanding these programs would help to improve the health and nutrition of low-income individuals and families. SNAP and WIC not only help individuals and families to access nutritious food, but they also have positive economic benefits. For example, research has shown that every \$1 spent on WIC results in \$1.77 in economic activity, while every \$1 spent on SNAP generates \$1.50 to \$1.80 in economic activity. By expanding these programs, we can not only improve the health and well-being of low-income individuals and families but also provide a boost to the economy.

The COVID-19 pandemic has had a significant impact on the U.S. economy, with many people struggling to make ends meet. Inflation has also led to an increase in food insecurity. Many families are now struggling to put food on the table. Expanding SNAP and WIC would help to provide much-needed assistance to those who have been affected by the pandemic and the resulting economic conditions.